



KENYA NUTRITION BULLETIN

Theme: Healthy Diets and Lifestyle

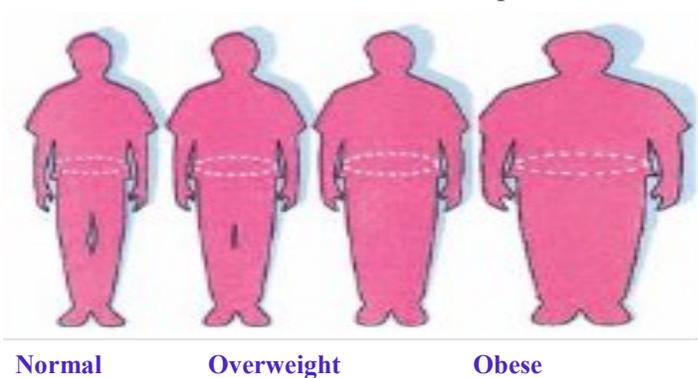
June, 2013

Reversing the rising trends of non-communicable diseases

INSIDE THIS ISSUE;

- ◆ *Reversing the rising trends of non-communicable diseases* Page 1
- ◆ *Appropriate technology for improved nutrition development* Page 2
- ◆ *Lifestyle disease prevention and control lessons from Japan* Page 3
- ◆ *Breastfeeding attitudes perceptions and support to mothers* Page 4
- ◆ *The nutrition situation in Kenya* Page 4
- ◆ *A focus on Kisumu County* Page 5

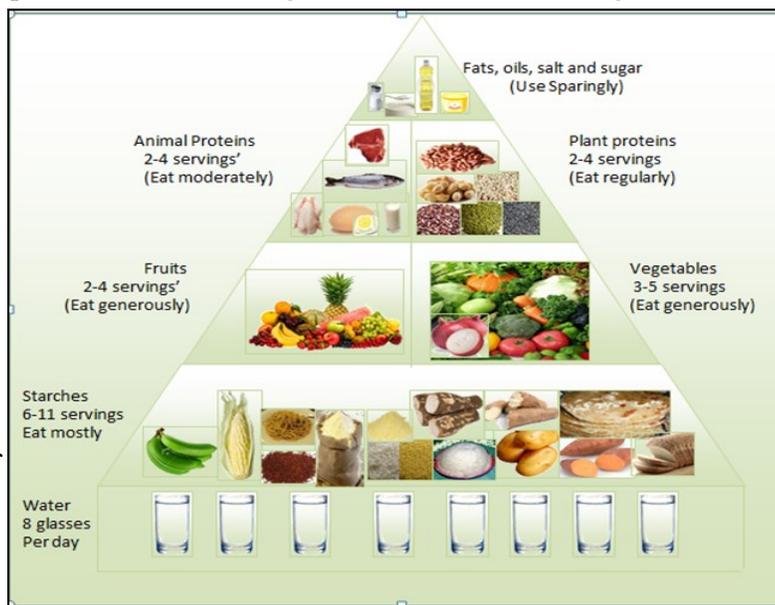
Kenya, like many other developing countries in the world, is faced with the double burden of malnutrition. Under nutrition of both macro and micronutrients in the country remains a challenge. In addition, the adoption of a modern lifestyle has led to changes in the diet that are linked to non-communicable diseases (NCDs). NCDs are of great risk, to the overall health and wellbeing of the nation. The main NCDs are heart disease, stroke, cancer, chronic respiratory disease and diabetes. Globally, NCDs account for 60% of the total 56 million reported deaths, and 47% of the total global burden of disease.



The risk factors associated with increase of NCDs include high blood pressure, high concentrations of cholesterol in the blood, inadequate intake of fruits and vegetables, overweight and obesity, physical inactivity, alcohol abuse and tobacco use (WHO, 2010). In Kenya, NCDs contribute to 33% of the total mortality, with prevalence of diabetes being reported at 4.2%

and hypertension at 12.7% nationally. A total of 18% of preschool children are overweight and 4% are obese. The proportion of women aged 15-49 that are overweight and obese according to the KDHS report of 2008/09 is 25%, with the highest proportion being reported in Nairobi at 41%.

Limited physical activity, increased stress and poor diets has increased the incidences of NCDs. On the other hand modern food production, preservation and processing techniques have improved shelf life and increased variety of foods available, making 'life easier' for consumers against their busy schedules.



Cont...pg.2

A Healthy Food Pyramid

Acknowledgement;

The Division of Nutrition wishes to thank all line ministries, development partners, implementing partners and private sector for their great effort in the last five years.

However, the foods are highly refined and over processed and have a high content of preservatives and saturated fats impacting negatively on the health of individuals, more so when their consumption is combined with low levels of physical activity. Other poor practices such as a decline in breastfeeding and increase in bottle feeding, alcohol consumption also increases the risks of NCDs. Subsequently, priority is being given to protecting good traditional eating habits, consumption of healthy foods, increased physical activity, proper child care practices and generally adapting healthy lifestyles.

The 66th World Health Assembly was held in Geneva between 20th and 28th May 2013. Senator Beth Mugo led the Kenya Delegation on behalf of the Cabinet Secretary for Health. The Health Assembly was invited to endorse the global action plan for the prevention and control of non-communicable diseases 2013–2020, and implement the policy options discussed.

The member states adopted the comprehensive global monitoring framework for non-communicable diseases that identifies twenty five indicators that will be used to monitor trends, and assess progress made in the implementation of strategies and plans aimed at achieving a 25% reduction in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases by the year 2025.

Some of the indicators related to diets and healthy lifestyles to be monitored include the proportion of the population consuming adequate servings of fruits and vegetables, the intake of salt (sodium chloride), energy intake from saturated fatty acids, harmful use of alcohol, and prevalence of raised blood sugar/diabetes, blood pressure and total cholesterol, in addition to the prevalence

of overweight and obesity and physical activity in the population. Policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans fatty acids, free sugars and salt will also be monitored, in addition to policies that limit saturated fatty acids and virtually eliminate partially hydrogenated vegetable oils in the food supply.

The availability and affordability of quality, safe and effective essential non communicable disease medicines, including generics and basic technologies and counselling in private and public health facilities will be monitored.

The Division of Nutrition is in the process of finalizing national guidelines for Healthy Diets and Lifestyle; the main objective of the guidelines will be to provide guidance on how to prevent malnutrition by promoting consumption of diets that are nutritious, acceptable and favourable which will lead to the reduced morbidity and mortality related to unhealthy diets and physical inactivity.

The guidelines will provide clear recommendations on consumption levels and frameworks for monitoring at individual level, promote healthy food choices and lifestyles and support prevention of micronutrient deficiencies and diet related NCDs. In addition, it will also establish a consistent set of dietary recommendations for the population, promote advocacy at all levels and mobilize support for prevention of malnutrition and related diseases and define indicators to be used to monitor physical activity and evaluation of interventions.

Appropriate Technology for Nutrition Development

Use of appropriate technology can greatly contribute to nutrition improvement both at household and community level in addition to saving time and energy among other resources. The Home Economics Sub-Division of the Directorate of Extension and Training in the Ministry of Agriculture has its goal to improve the livelihoods of Kenyans by enhancing nutrition and household food security. This is done through Food and Nutrition Branch and Appropriate Household Technology Branch.

The Ministry of Agriculture recognizes the close relationship between Agriculture, Nutrition, Health and Economics Development. A well fed and healthy population is an important human resource for the development and prosperity of a nation. For this reason, the Ministry is implementing technologies that enhance food and nutrition security both at the national and household level such as: promotion of production of nutrient-rich foods through crop and diet diversification strategies; promotion of increased production and consumption of traditional crops;

home gardening; and nutrition education. Traditional foods play an important role in meeting immediate nutritional food requirements as they are readily available. The Ministry of Agriculture has noted that the attitude of households and communities towards the traditional foods is changing rapidly for better with the realization that these foods are key to achieving food and nutrition security.



Figure 1: Keyhole Vegetable Garden

Nutrition Technologies

Among the technologies being promoted is the use of key hole vegetable gardens, hanging gardens, and multi-storey gardening (Figures 1, 2, 3 and 4) for improved nutrition especially the minerals and vitamins that are critical for proper growth and development and building the body immune system. Diet diversification through consumption of different kinds of vegetables can greatly reduce both the burden of under nutrition and over



Figure 2: Hanging Garden

nutrition which are both associated with forms of poor nutrition, among other factors. Use of diverse forms of vegetables especially the green leafy vegetables could reduce the burden of disease and increase chances of survival of different age cohorts starting with children up to the elderly. The Home Economics officers in the County and Sub-Counties are helping households establish multi-storey gardens for increased consumption of healthy and nutritious vegetables that can impact positively on our health.



Figure 3: Multi-storey ready for harvesting



Figure 4: Newly established multi-storey garden

LIFESTYLE DISEASE PREVENTION AND CONTROL, LESSONS FROM JAPAN

I was privileged to visit Japan in 2012, a country with the highest life expectancy in the world but one that is now faced with increasing prevalence of lifestyle diseases. The current concern of Japan is that although life expectancy is high, a significant number of people spend part of their life ill or incapacitated due to cancer, diabetes and cardiovascular diseases. The health goal of Japan is therefore to improve the quality of life with programs primarily focussed on prevention and control of metabolic syndrome (Obesity, high blood pressure, High blood sugar and high cholesterol). Some of the strategies to tackle this include;

Establishment of a Health Promotion Law: This law is a basis for funding and implementation of national, regional and local health promotion plans. It gives mandate for collaboration of other sectors on issues such as nutrient labelling, promotion of nutrition guidelines, working with restaurants to offer healthier menu choices and training of cooks on healthier cooking methods. In addition there is a specific Act of parliament '*shokuiku law*' which provides for public education on nutrition. In schools, '*shokuikuis*' is carried out by nutrition teachers who also identify overweight and underweight children and offer nutritional guidance to parents.

Health and Nutrition Surveys: The central government encourages evidence based health promotion for prevention of lifestyle diseases by collecting important data on nutrition, obesity rates, high blood pressure, diabetes prevalence as well as health behaviours like salt and fat intake, smoking prevalence, alcohol consumption and physical activity levels.

Health Check ups: To ensure early detection and control of lifestyle diseases, it is mandatory for each Health insurance company to provide health check-ups and health counselling and guidance for policy holders of 40 years and above, with specific attention paid to metabolic syndrome, (Body Mass Index, Waist Circumference, Blood pressure, abnormal fat, and high blood sugar). The citizens are expected to have a health insurance cover drawn from a 30% deduction of own income. Government supports those who cannot afford through the welfare scheme.

Nutrition Guidelines: Guidelines on healthy lifestyles have been simplified to the understanding of the common person. The proportion and type of food intake is calculated using what is known as the '*3.1.2 magic lunchbox*' This is a dish based expression of food guide where each category of persons have recommended sizes of lunch box. For instance a female aged 40 to 49 years requires about 2100 kcal in a day and 700 kcal in a single meal.

She therefore uses a 700ml size lunchbox box in which 3 parts of carbohydrate, 1 part vegetables and 2 parts protein is filled. In terms of physical activity, every person is encouraged to walk at least 10,000 steps a day. Most Japanese wear pedometers to calculate the number of steps reached.

Local government responsibility:

Every city/ municipality promotes individual and community skills development as an integral part of the overall health promotion strategy. There is a health and welfare centre equipped with screening facilities for detecting metabolic syndrome, cooking facilities and physical activity equipment. The centre offers nutrition support services among other services such as practical lessons on health and fitness assessments, setting personal health goals, diet planning and cooking demonstrations as well as group physical activity sessions conducted for community volunteers and residents.

Role of General Public:

General public/individuals also have a responsibility to seek health information and services and to participate in health promotion programs at the wellness centres to enhance their own health.

By: Belina Shisia, Department of Health Promotion

Support breast feeding mothers, promote a healthy lifestyle choice

In general terms, attitudes to breastfeeding in Kenya are positive. With the national government statistics indicating that breastfeeding is common in the country, with 97% of children having ever been breastfed. However despite a positive general attitude towards breastfeeding, there are concerns that Kenyan women lack adequate support to establish and continue breastfeeding as only 32% of children under six months in Kenya are exclusively breastfed.

Attitudes and perceptions of mothers

Women are aware of the benefits of breastfeeding, and the majority intend to breastfeed; however, they are much less aware of the potential difficulties of breastfeeding and how to address them. Prior knowledge of potential problems may help mothers cope better and continue breastfeeding.

Enjoyment and continuation of breastfeeding is linked to positive self-esteem. Self-confidence is important both in terms of a woman's ability to breastfeed and to confidently address any lactation management issues. First-time mothers and those in urban areas can lack the social and group networks of grandmothers and other mothers. These social supports all contribute to the development of the self-confidence to breastfeed successfully. Younger women, especially teenage mothers, require additional support. Some young mothers are reluctant to attend prenatal classes where they may be seen as *'just another teenage pregnancy'*, or fear the others will all be from different ages and backgrounds, which hinder getting or asking for help from health professionals to support breastfeeding.

Economic issues make for a complex set of attitudes, perceptions and behaviors concerning breastfeeding. Expectations of motherhood, breastfeeding and continuing participation in other aspects of life influence attitudes to breastfeeding with some mothers being keen to explore other means of feeding to increase their ability to do other things, such as going out to work or school.

What can be done?

Even when mothers are able to get off to a good start, all too often in the weeks or months after delivery there is a sharp decline in breastfeeding rates, and practices, particularly exclusive breastfeeding. The period when mothers do not visit a healthcare facility is the time when a community support system for mothers is essential. Continued support to sustain breastfeeding can be provided in a variety of ways. Traditionally, support is provided by the family. As societies change, however, in particular with urbanization, support for mothers from a wider circle is needed, whether it is provided by trained health workers, breastfeeding counselors, community leaders, or from friends who are also mothers, and/or from fathers/partners. There is also need to pay attention to women's experiences of breastfeeding as part of the policy-making process, if breastfeeding rates are to change.

The reinforcement of a "breastfeeding culture" and its defense against incursions of a "bottle-feeding culture" is necessary. This requires commitment and advocacy for social mobilization. Efforts should be made to increase women's confidence in their ability to breastfeed. Such empowerment involves the removal of constraints and influences that manipulate perceptions and behavior towards breastfeeding, often by subtle and indirect means. This requires sensitivity, continued vigilance, and a responsive and comprehensive communications strategy involving all media and addressed to all levels of society. Furthermore, obstacles to breastfeeding within the health system, the workplace and the community must be eliminated.



**"The key to best breastfeeding practices is continued day-to-day support for the breastfeeding mother within her home and community.
...think of it as a woman's right to breastfeed,
think of it as a baby's right to eat"**

The Nutrition Situation in Kenya

According to the Kenya Food Security Steering Group (KFSSG) 2013 short rains assessment, the food insecure population declined to 1.1 million in February 2013 from 2.1 million in August 2012. This was attributed to near average short rains crop production and improved grazing conditions compared to the 2012 August to September lean season. In addition, the Famine Early Warning Systems Network (FEWSNET) has reported that the food security situation has remained stable but Stressed (IPC Phase 2) across the country following the relatively good performance of the March to May long rains. However, the erratic ending of the long rains in the southeast and the highly likely below normal peak in the coastal strip may reduce food supply to below earlier expected levels and constrain household food availability and access between July and September.

Integrated Management of Acute Malnutrition (IMAM) program outcomes are within the sphere standards of > 75% for recovery, <10% for death rate and < 15% for defaulter rate and >75% for recovery, <3% for death rate and <15% for defaulter rate for the Severe Acute Malnutrition and Moderate Acute Malnutrition programs respectively. Trends of admissions in 2013 have remained lower than the two previous years as shown in the figures below.

A Focus on Kisumu County

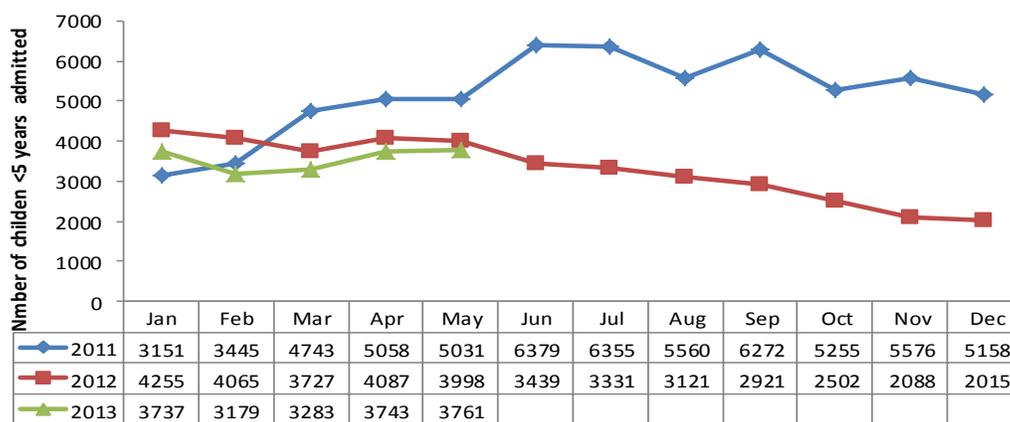
Estimated Population	1,059,733
Average HH Size	5.7%
Estimated Population Under 5 Years	176,413
Estimated Population Under 1 Year	37,730
Estimated Women of Child Bearing Age (15-49 Years)	230,394
Estimated Number of Pregnant Women	50,570
Poverty Rates based on KIHBS	47.8%

Health and Nutrition Outcomes (Kisumu East)

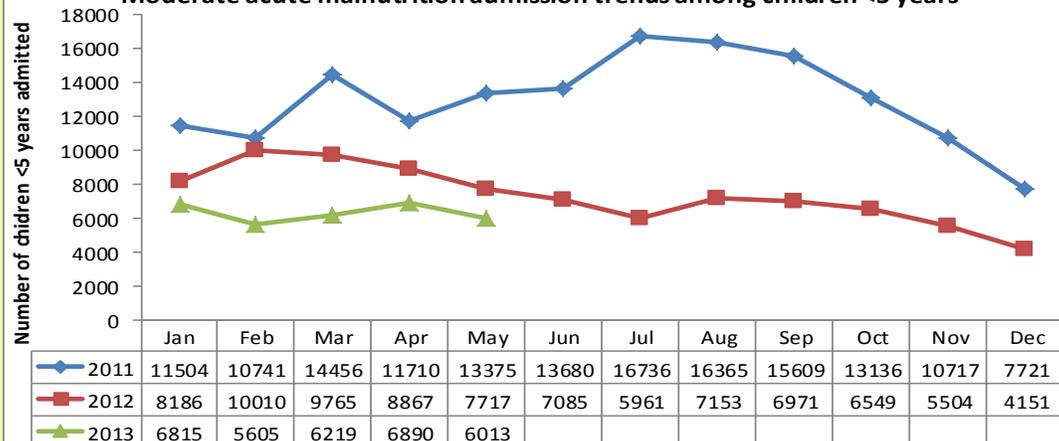
Fully Immunized Population < 1 year (2010/11)	57%
Prevalence of Global Acute Malnutrition (by MUAC)	5.9%
Prevalence of Severe Acute Malnutrition	2.8%
OTP Coverage	49.0%
SFP Coverage	58.6%
EBF Rates (0-5 months)	44.4%
Timely Initiation to Breastfeeding	66.3%
Minimum Dietary Diversity (6-23 months)	50.5%

Semi-Quantitative Evaluation of Access and Coverage (SQUEAC) coverage assessment has been conducted successfully in Kisumu East District and of interest is the successful use of the SQUEAC methodology in identifying the barriers and booster to the SFP program in Kisumu. The SFP program coverage in Kisumu East District improved significantly from 37% in 2012 to 58% in 2013. This was greatly attributed to the monthly service rounds for the program rather than the weekly or bi-weekly service rounds.

Severe acute malnutrition admission trends among children <5 years

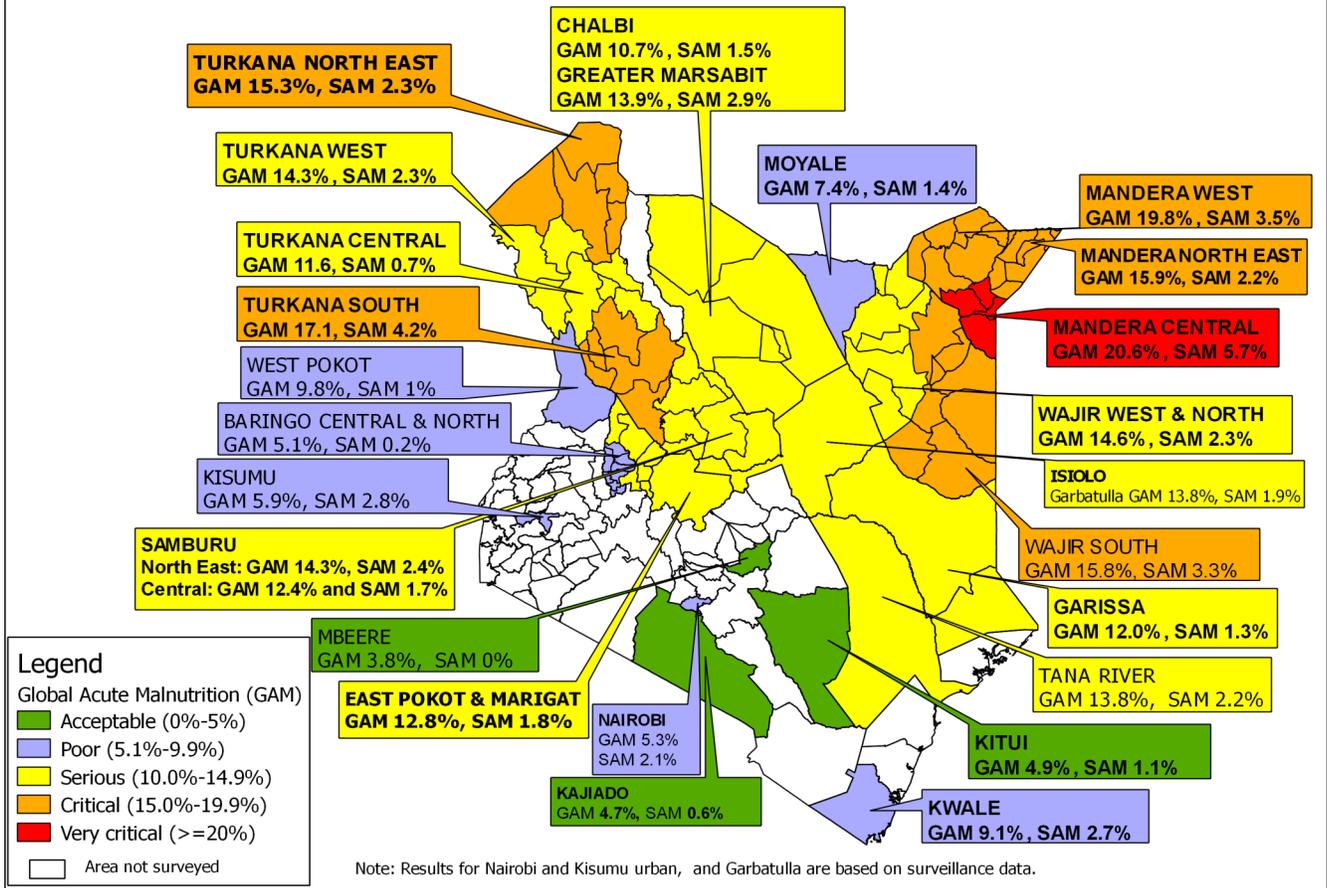


Moderate acute malnutrition admission trends among children <5 years





NUTRITION SURVEY MAP (JUL 2012- APRIL 2013)



Malnutrition status in various counties/districts in Kenya

Contributors in this issue:

Lucy Gathigi
 Faith Njoroge
 Belina Shisia
 Felicia Ndung'u

Division of Nutrition MOH
 Division of Nutrition MOH
 Dept of Health Promotion MOH
 Ministry of Agriculture

Louise Mwirigi Division of Nutrition MOH/UNICEF
 Juliana Muiruri Division of Nutrition MOH/UNICEF
 Edward Kutondo UNICEF
 Samuel Kirichu Concern Worldwide
 Division of Nutrition MOH

Designer-Martin Muteithia

Compiled by: Lucy Gathigi (MOH) and Louise Mwirigi (MOH/UNICEF)

Edited by Terry Wefwafwa HSC (Division of Nutrition MOH)

Invitation to submit publication materials to the Kenya Nutrition Bulletin

The nutrition bulletin is a quarterly publication of the Division of Nutrition, Ministry of Health.
 The deadline for submissions for next bulletin is 20th July, 2013.

The theme for the next bulletin:

"Nutrition Sector Achievements, Challenges, Lessons Learnt and Best Practice 2008 to June 2013"

To send your contributions, contact: Samuel Murage kyongo70@yahoo.com

