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The Double Burden of Malnutrition

Katie Gallagher

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The Double Burden of Malnutrition

 Malnutrition continues to plague The Gambia. Malnutrition can be defined as, “The condition that develops when the body does not get the right amount of the vitamins, minerals, and other nutrients it needs to maintain healthy tissues and organ function” (*Dictionary.com*1). Commonly, society only views malnutrition as a condition of being underfed, rather than the condition of nutrient deficiency. Nutrient deficiency may exist in the overfed or underfed condition. The double burden of malnutrition in The Gambia arises from the two extreme ends of the malnutrition spectrum that the society encounters. They struggle with the underfed, undernourished end as well as the overweight, hypertensive end of the continuum. These conditions exist due to the social, cultural, political, economic, and environmental circumstances. The realm of these challenges indicates progress; however remain unchanged under the encompassing umbrella of poverty. Although nutrition is a factor impacted by poverty, Mr. Gibril Sumbunu, the Health Program Manager states that the, “problem is not lack of food, but rather lack of awareness”. (Sumbunu, 2014). The Gambia possesses the power to create change, but struggles to defeat malnutrition and hypertension due to a general lack of cognizance.

 The Gambia faces an array of health challenges due to a compilation of various societal issues. These problems appear to fall under the overarching umbrella of poverty and the lack of available resources. “According to the latest National Household Poverty Survey in 2003, 61% of the population lives below the poverty line” (National Nutrition Agency, 2010). Though poverty severely hinders the progression of The Gambia, the country looks to improve in all areas of health. The Gambians work very diligently on cultivating a successful healthcare system. In doing so, nutrition emerges as a major focus in the initiative. The culture is slowly changing their views on the importance of nutrition as an imperative piece in all of health.

Food remains a central aspect of the Gambian culture. Gambians insist on eating as a community and is often considered a celebration. In the area of nutrition, concerns arise from social and cultural aspects because the culture treats eating as a very social and important event to be shared among those in the community. Food exists as a pivotal event in celebrations, other gatherings, and even just in daily practices. Gambians do not eat alone; the act of eating subsists as a very vital socializing moment for the culture. This impacts how much, what, and how they eat together, which in turn impacts their decisions regarding nutrition. The cultural rituals and beliefs that are held heavily impact the foods that the Gambians consume. Mr. Gibril Sumbunu, the Health Program Manager for the Peace Corps states, “Many of the Gambians think that only animals eat vegetables” (Sumbunu, 2014). With that said, Gambians consume limited amounts of vegetables and if they do, the vegetables are often overcooked, thus depriving the vegetables of many of their nutrients. Sumbunu also references cultural beliefs such as the idea that ingesting fish would give a child worms or that if a pregnant woman eats eggs, she will give birth to a dumb child. With these social stigmas regarding some nutrient rich foods in the culture, the population is deprived of the health benefits they offer in their efforts to afford them.

 Due to cultural beliefs, the society does not consume many vegetables. Vegetables are considered to be a food for the animals and not for human beings. If they do have vegetables, they are usually overcooked and cooked in high fat oil, practices that deplete the major nutrient content of the foods. Fruits are found much more frequently in the country. Mango trees grow throughout and make for an excellent and portable snack. Bananas, watermelon, papaya, oranges, jackfruit, and baobab are other common fruits found in The Gambia (*Tropical Fruits Grown in Gambia,* 2009). Weather stands as an enormous contributor to the availability of fruits and vegetables. The two major seasons are the wet season, lasting about five months, and the dry season, lasting about seven months. The rainy season truly determines the success of the crops throughout the rest of the year and severely limits the access to certain foods for the population, unlike the United States that can afford to import most of their goods and does not face food shortages due to weather conditions as frequently.

 The employment of traditional medicine and traditional healers heavily influences nutrition as well. Traditional healers stand as well-trusted members of the village. Villagers often seek a traditional healer’s advice before seeking outside help at a clinic or hospital. The healers offer advice and treatment in all areas of health, nutrition included. After meeting with Dr. Hammond, a local traditional healer, some light was shed on the methods of practice. Much of his practice was passed on from his father, but he has additional methods to treat hypertension and diabetes that he taught himself. Treatment for hypertension includes herbal mixtures that are believed to relieve the condition. He also has a treatment for malnutrition, which is comprised of mixing herbs into a liquid and drinking this mixture twice a day. The villagers rely on their traditional medicine and often follow the healer’s instruction. Due to the traditional healers’ trusted position in the community, the healthcare system learns to work with the healers instead of denying their input.

 As in any culture, the standard diet ultimately the drives the nutritional status of the nation. The Gambian diet does not consist of nutrient dense foods, therefore creating many nutrient deficiencies. Diet staples are comprised of high fat foods such as peanuts and oils, fish, chicken, many stew-like dishes that are very high in sodium, minimal vegetables, and a uniform fruit selection. During the time in The Gambia, nutrient insufficiencies became obvious. The major cultural dishes include Yassa, Benechin, and Domoda. Each dish comes from a different tribe in the country. Through firsthand experience in working in the kitchen at the National Nutrition Agency, the true natures of the entrées were revealed. Yassa is comprised of chicken that is first boiled and then fried, sautéed onions, peppers, and carrots, large amounts of mustard, various bouillon cubes, black pepper, hot sauce, soy sauce, served atop white rice. The particular cooks did not use measurements for any of the ingredients and served large portions. Often the meal is served with chips, also known as French fries. The Gambians consume Yassa fairly regularly as a part of their mainstream diet. The bouillon cubes and soy sauce contain an absurd amount of sodium that the cooks were not aware they were adding. Fried chicken, mustard, and French fries offer an extreme amount of highly saturated fats. This meal is very high in sodium and fat and very low in dense nutrients due to the overcooked vegetables and refined grains. This high sodium, high fat, low nutrient diet drastically contributes to the incidence of hypertension.

 The previously described circumstances afflicting The Gambia ultimately define the nutritional status of the country. Malnutrition subsists as a foremost health condition plaguing the country in the form of undernourishment. “In the Gambia, under-nutrition continues to be a major health problem exacerbated by poverty, food deficit, rural-urban migration, environmental degradation, poor dietary habits, low literacy level, poor sanitation, infections, and a high population growth rate” (National Nutrition Agency1, 2010). The most vulnerable populations are women and children under the age of five years old. About 25% of children are stunted by malnutrition throughout the country (National Nutrition Agency2, 2014). Another study completed by a VAMU found that about 9% of urban women were undernourished (National Nutrition Agency1, 2010). During the wet season, malnutrition reaches an all time high due to the high rates of malaria and other infectious diseases that infect the children. The National Nutrition Agency began observing a significant trend in malnutrition in the through the transition period from breast-feeding to a normal diet. This can be attributed to the poor sanitation and the lack of immunity of the newly weaned children. The highest incidence of nutrient deficiencies includes iron deficiency anemia, vitamin A deficiency, iodine deficiency, zinc, and selenium (National Nutrition Agency1, 2010). Through personal experience working throughout clinics and observing the true nature of the country, malnutrition emerges as a prevalent issue. Often in clinics there are designated areas specifically for malnourished children, given they have the resources and space.

 The Gambia is working diligently on eradicating under-nutrition throughout the nation. The National Nutrition Agency works very closely with the United Nations International Children's Emergency Fund, UNICEF, to manage the epidemic. UNICEF aids in the provision of ready-to-use therapy foods, RUTFs. The Gambia employs the F-100, F-75, and Plumpy Nut as their most widely used RUTFs. Plumpy Nut can be found in many of the hospitals, clinics, community health workers, and village nurses throughout the nation. It is designed specifically to promote weight gain and nutrient sufficiency through the high fat, high protein content and rich supplementation of vitamins and minerals. Along with the distribution of RUTFs, the National Nutrition Agency revised their malnutrition protocol and instituted it in all health care facilities in the country. Though the protocol is not implemented correctly every single time, the effort illustrates actions in the right direction to eradicate malnutrition as a whole. Mr. Sanya, Health Educator from UNICEF, states that he is optimistic in the direction the malnutrition program is heading (Sanya, 2014).

 The opposing end of the spectrum deals with the condition of over-nutrition. Over-nutrition is defined as, “a form of malnutrition in which nutrients are oversupplied relative to the amounts required for normal growth, development, and metabolism” (*Dictionary.com*2). As the Gambian culture begins to adapt to a more Western culture, obesity and an overweight population steadily rises. Much of this change can be attributed to a less nutritious diet and more processed food products. “A study in 1997 found 2.3% obesity in a 1% population sample of adults over 15 years of age” (National Nutrition Agency1) and a study in 2005/2006 found that, “2.3% of children under five years are obese” (National Nutrition Agency1). As obesity increases, the rates of hypertension also continue to increase.

 Hypertension rates have become a very rampant problem throughout the country. The prevalence rates are currently about 24.4% respectively (National Nutrition Agency1). In urban areas, 25% of the population is overweight and 17% is overweight (National Nutrition Agency1). This condition also stands as the second leading cause of maternal death in The Gambia next to hemorrhaging (Reproductive and Child Health, 2014). Hypertension proves to be an observable health problem in the country. Clinics are offered at the Poly Clinic in Banjul to screen and offer medication and nutritional advice for patients. The clinics provided a valuable resource for the country, however it requires much improvement before it will be truly effective. Of twelve patients screened in the clinic during a personal observation period, seven were hypertensive. Once these patients were assessed, a representative from the National Nutrition Agency would provide nutrition counseling. This counseling included diet recommendations such as reducing fat, reducing sodium, increase physical activity, and drinking more fluids. Many patients accredited their hypertension to stressful lifestyle, which may in fact contribute to their condition, however they often did not consider diet as a major factor.

 As described previously, the Gambian diet is saturated in sodium, fats, and nutrient poor foods. The Gambians tended to be unaware of the nutrition information in many of the foods that they consumed, such as the dangerous amounts of sodium in Yassa. Another important factor to consider in the case of hypertension is the conviction that the state of being overweight is a sign of wealth and prosperity. This idea comes from the belief that one can afford to be well fed illustrates wealth in the culture. Those that are less fortunate are expected to be thin from all of the physical labor in the fields and other forms manual labor. A shapelier woman is also considered to be a standard of beauty in the Gambian culture. Thus, being overweight or obese is considered a very positive trait that an individual might have which strongly shapes the hypertensive state much of the population faces.

 This double burden plagues the Gambian society as the culture transitions into a more developed nation. The two extremes of malnutrition that exist create difficulty in solving opposing health problems. On one end, severe malnutrition exists in the most exacerbating form of under-nutrition, whereas on the other hand, malnutrition arises in the overweight, obese condition of over-nutrition. The conditions of malnutrition and hypertension continue to be impaired by the cultural stigmas and practices, economic state, diet staples, and lack of knowledge regarding nutrition. The 2014 Gambian culture demonstrates a progressing society that in turn creates new health problems, such as hypertension and other non-communicable diseases, in which they have not faced before. Through intervention programs, The Gambia attempts to lower the incidence of both malnutrition and hypertension during the exciting period of change.

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