



NCD RISK FACTORS UNHEALTHY DIETS

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SCALING UP NUTRITION FOCAL POINT

INTRODUCTION

- Nutrients are basic components of good health
- All disorders that occur due to malnutrition are non-communicable.
- Underweight, overweight and obesity, are having a direct impact on the global rise in NCDs.
- Undernutrition still affects over 1 billion people worldwide and 36 countries are considered high burden
- Poor nutrition during pregnancy and early childhood leads to poor growth (retardation and obesity) and risk for non communicable diseases later in life
- Consumption of high fat, high salt, high sugar and overindulgence in starchy foods leads to obesity and obesity is a risk factor to non communicable diseases



Introduction

- While undernutrition, obesity and die trelated chronic diseases are often perceived as separate problems, they are closely linked and often rooted in poverty, coexisting in communities and at times even within the same household.
- Foods have phytochemicals that can prevent and cure diseases
- High consumption of protein, carbohydrate and energy foods lead to obesity
- Low consumption of fruits and vegetables is a problem in Kenya

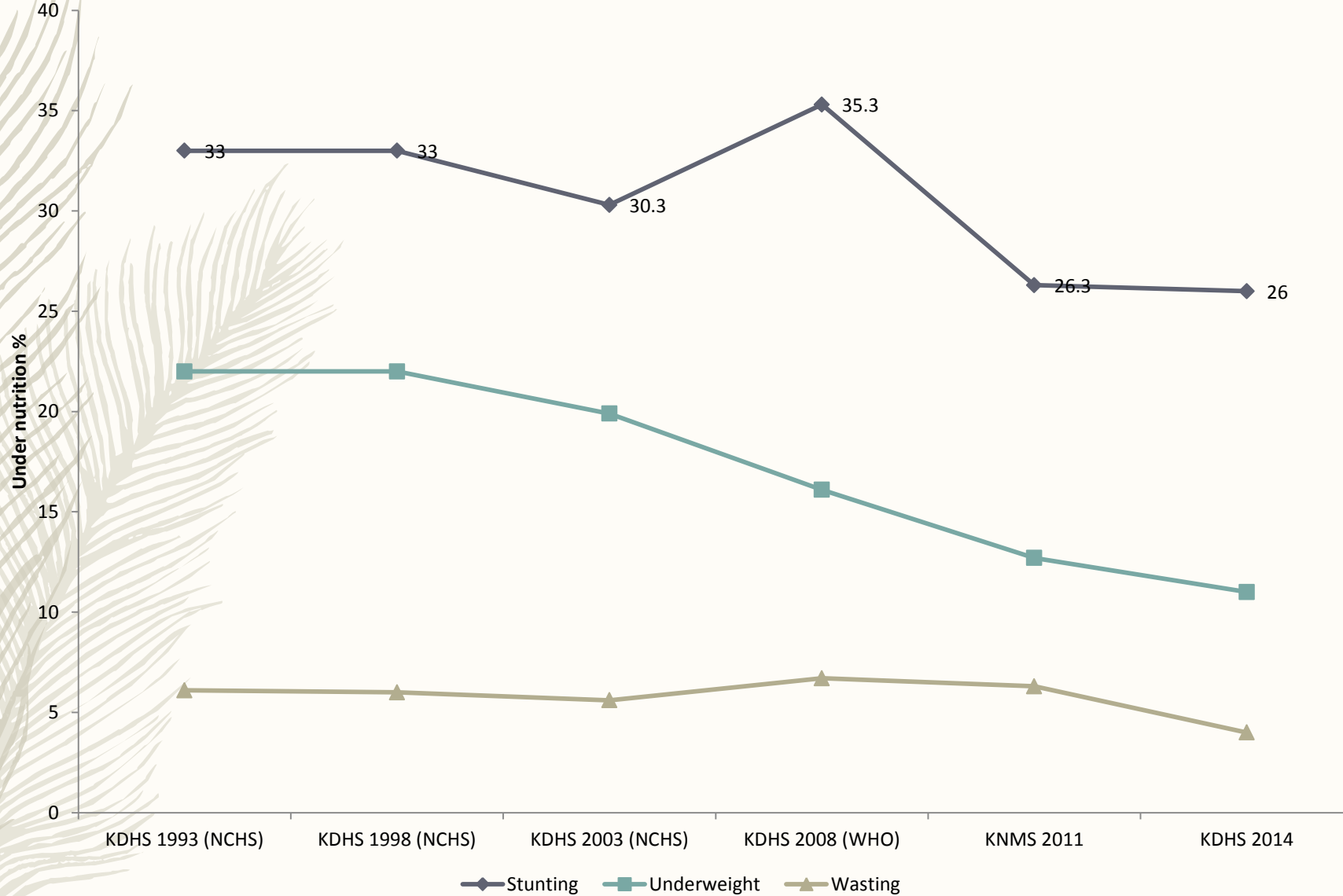
Kenyan Diets



Nutrition Situation



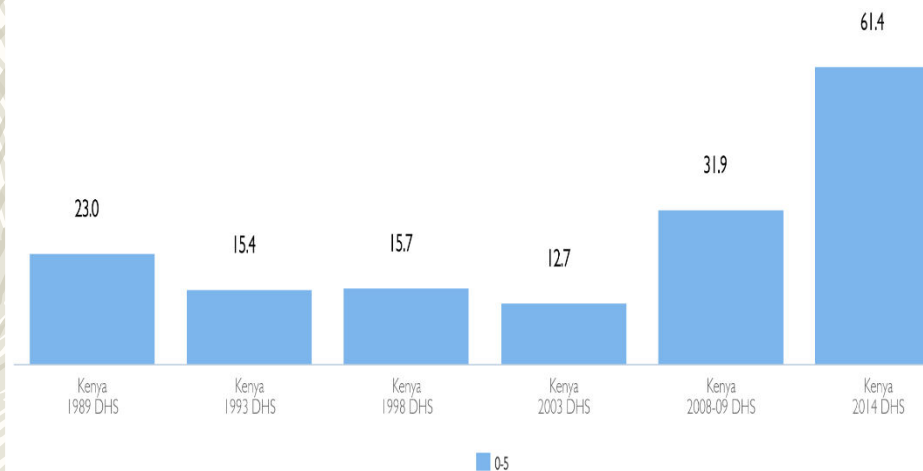
Under nutrition trends in Kenya



Exclusive Breastfeeding

Children exclusively breastfed

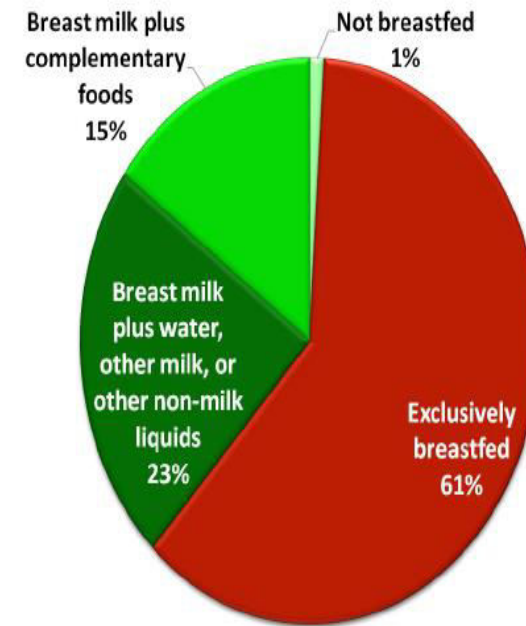
Percentage of youngest children under two years of age living with the mother who are exclusively breastfed



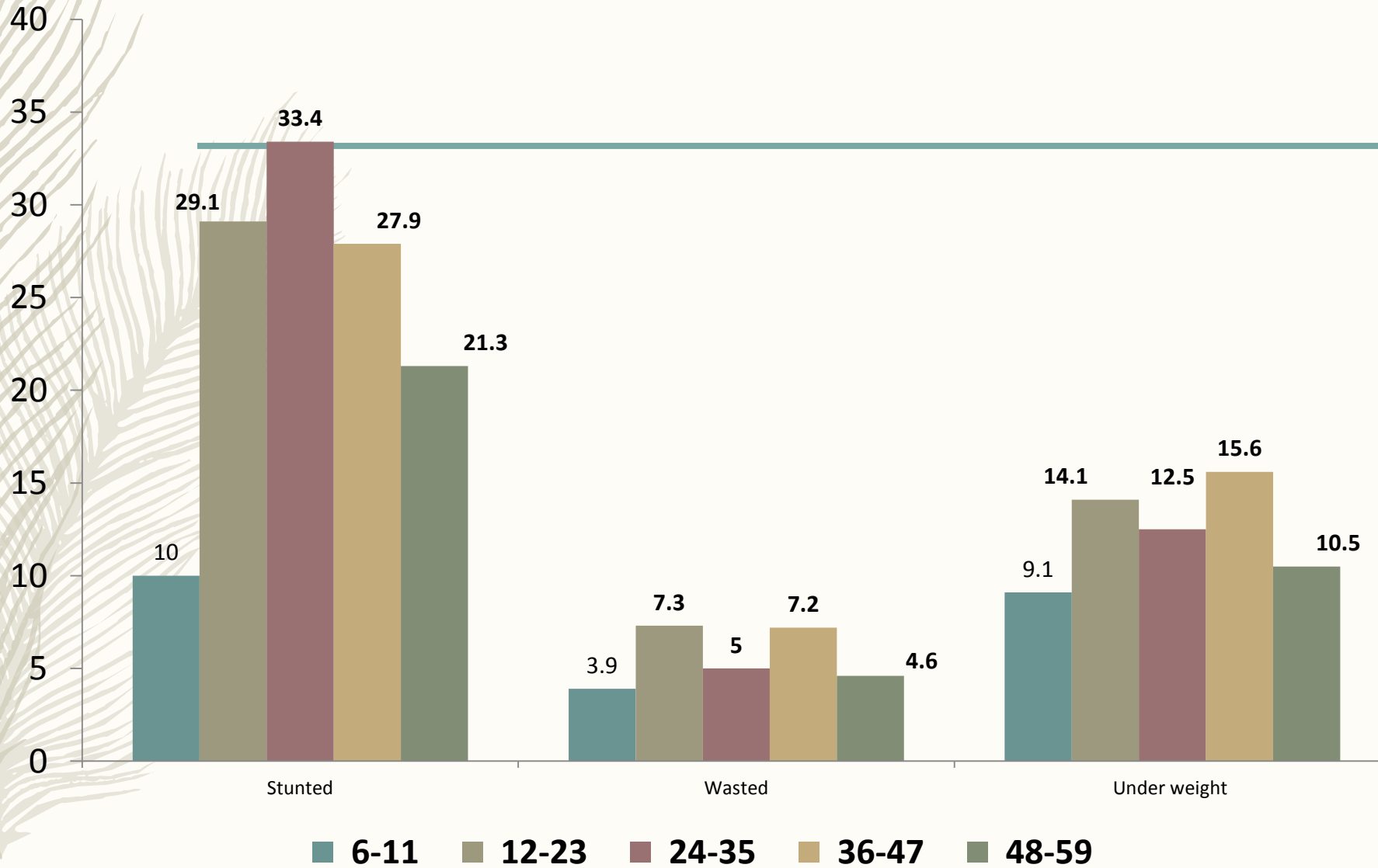
ICF International, 2015. The DHS Program STATcompiler. Funded by USAID. <http://www.dhs.com/compiler>, March 1, 2016.

Breastfeeding Status Under 6 Months

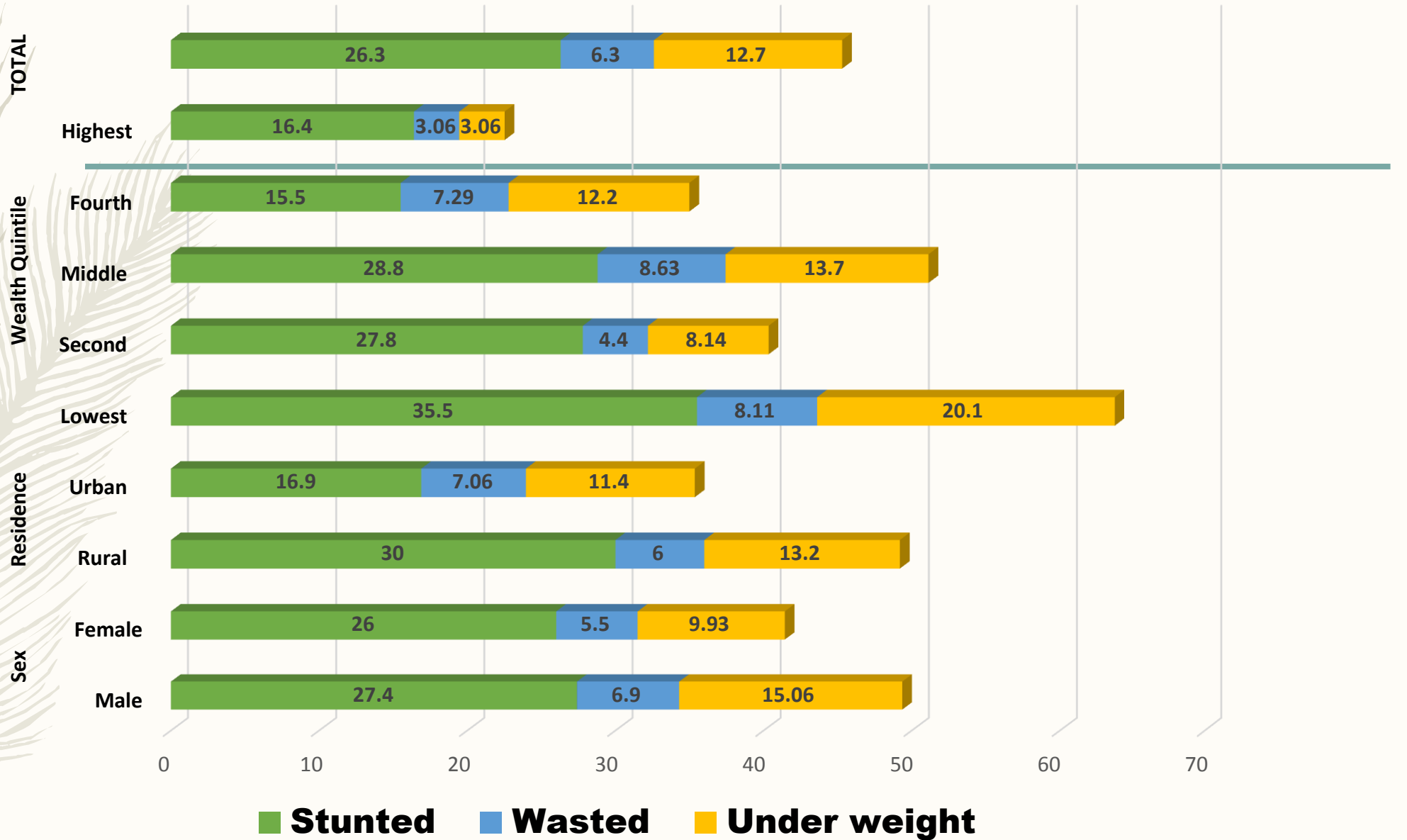
Percent distribution of youngest children under 6 months who are living with their mother by breastfeeding status



Nutritional Status of Children aged 6-59 MONTHS



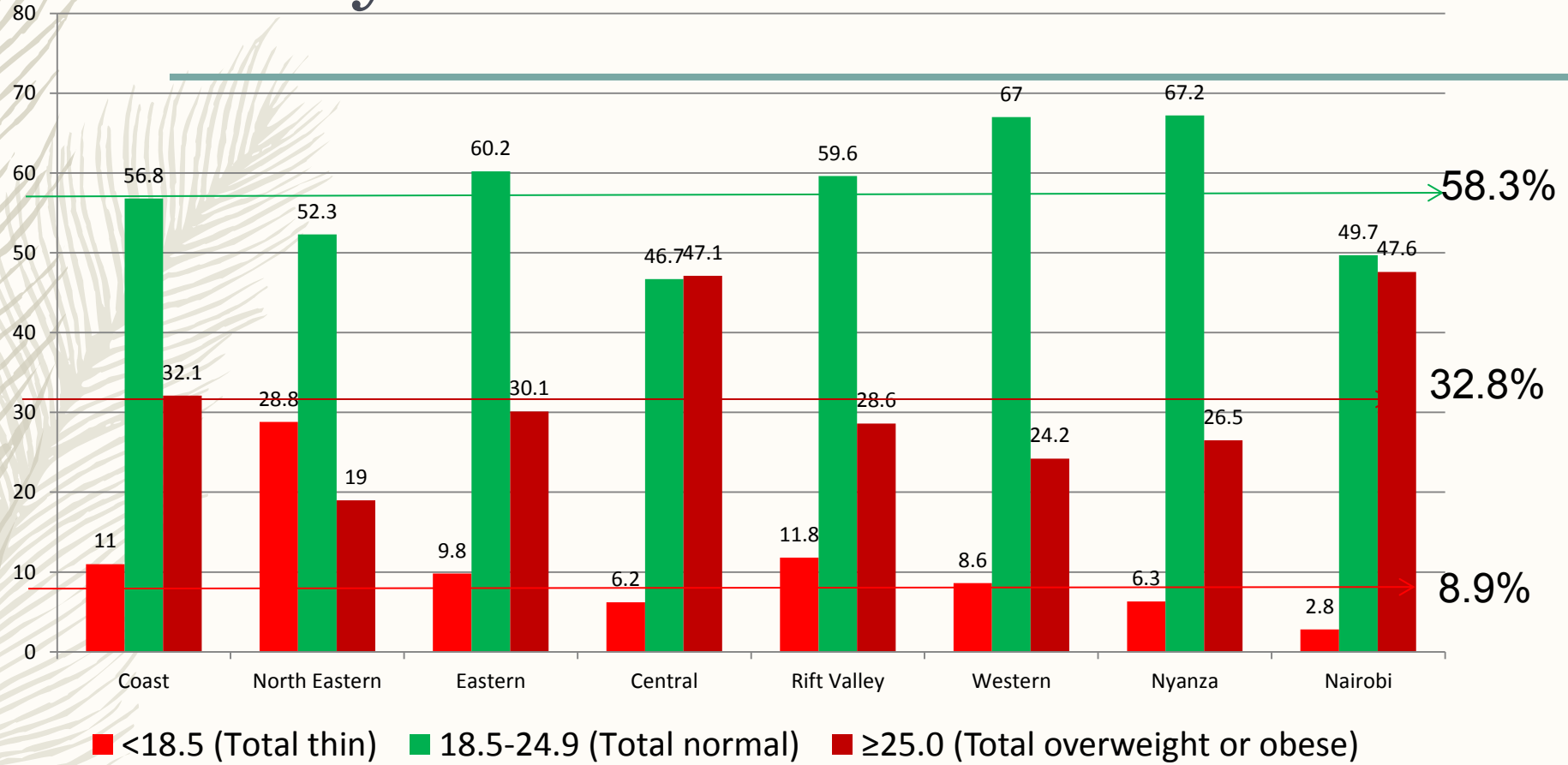
Nutritional Status by Sex, Residence and Wealth



Nutritional status in non pregnant women

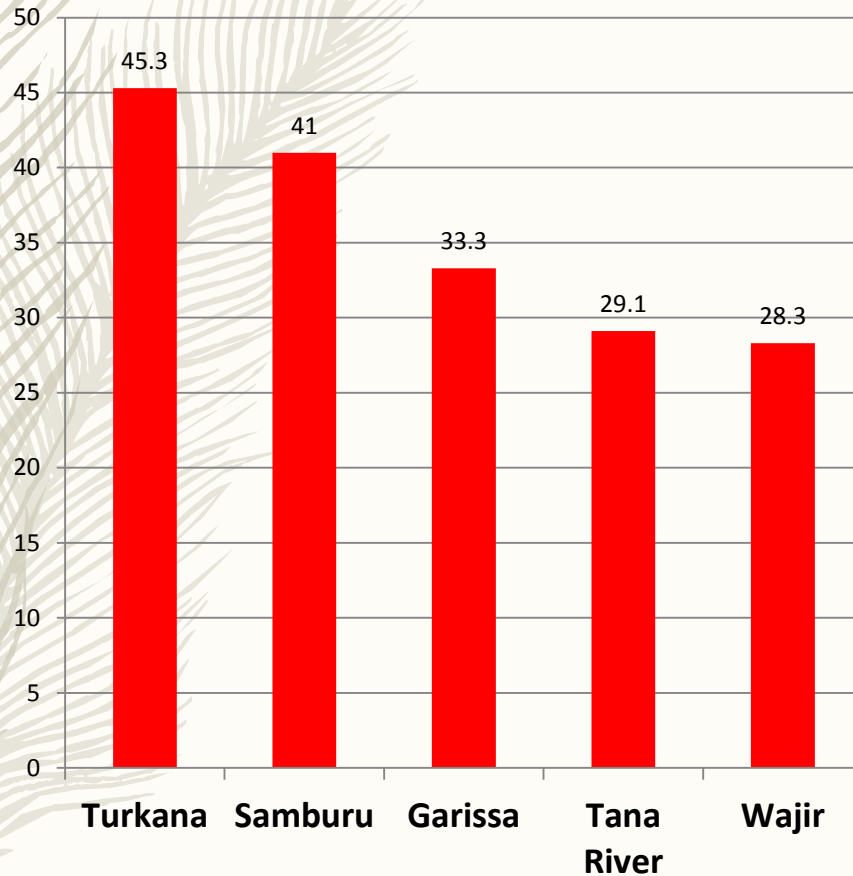
Women		Thinness (%) (BMI<18.5)	Normal (%) (BMI 18.5 – 25.0)	Overweight (%)
Residence	Rural	16.1	67.8	11.2
	Urban	9.1	55.8	23.5
Wealth index	Poorest	27.1	66.2	4.5
	Second	13.6	76.9	5.4
	Middle	11.7	64.8	21.10
	Fourth	9.7	54.8	24.50
	Richest	4.5	51.5	25.80
	Total	13.2	62.9	23.9

Nutritional status of women using Body Mass Index

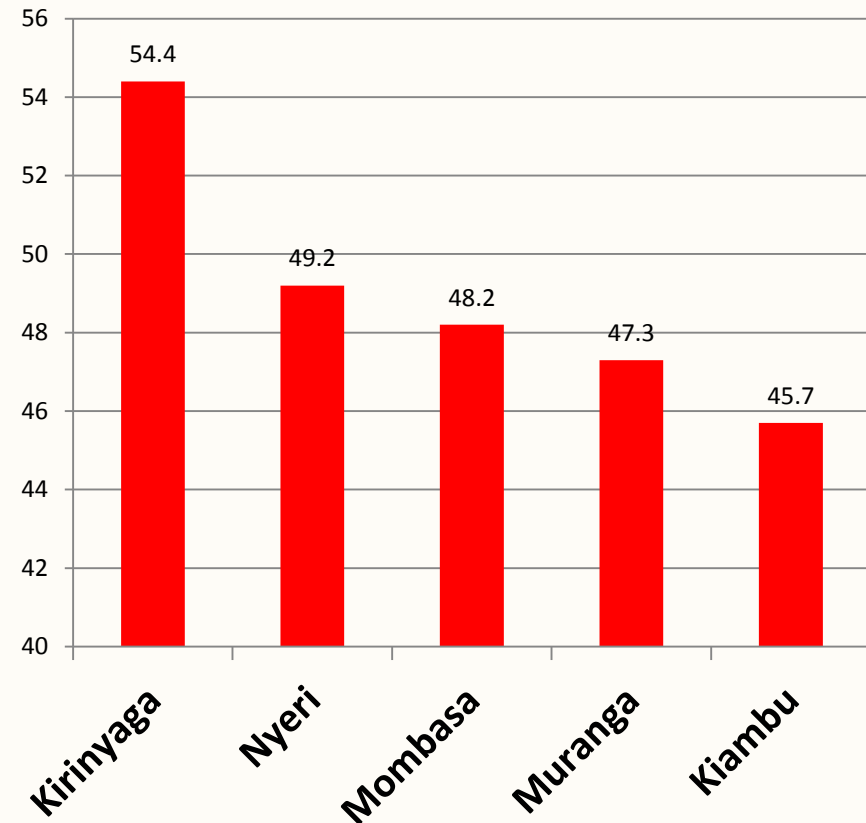


BMI by counties KDHS 2014


Counties with BMI <18.5 (Total thin)



Counties with BMI ≥25.0 (Total overweight or obese)




Nutritional status in men



		Thinness (BMI <18.5)	Normal (BMI 18.5 - <25)	Overweight & Obese (BMI >25)
Residence	Rural	30.4	60.3	9.2
	Urban	13.7	69.5	16.8
Wealth index	Lowest	55.6	40.7	3.7
	Second	19.1	72.1	8.8
	Middle	14.3	69.6	16.1
	Fourth	29.6	63	7.4
	Highest	4.3	70.2	25.5
Total		24.7	63.4	11.8

VAD in pre-school children

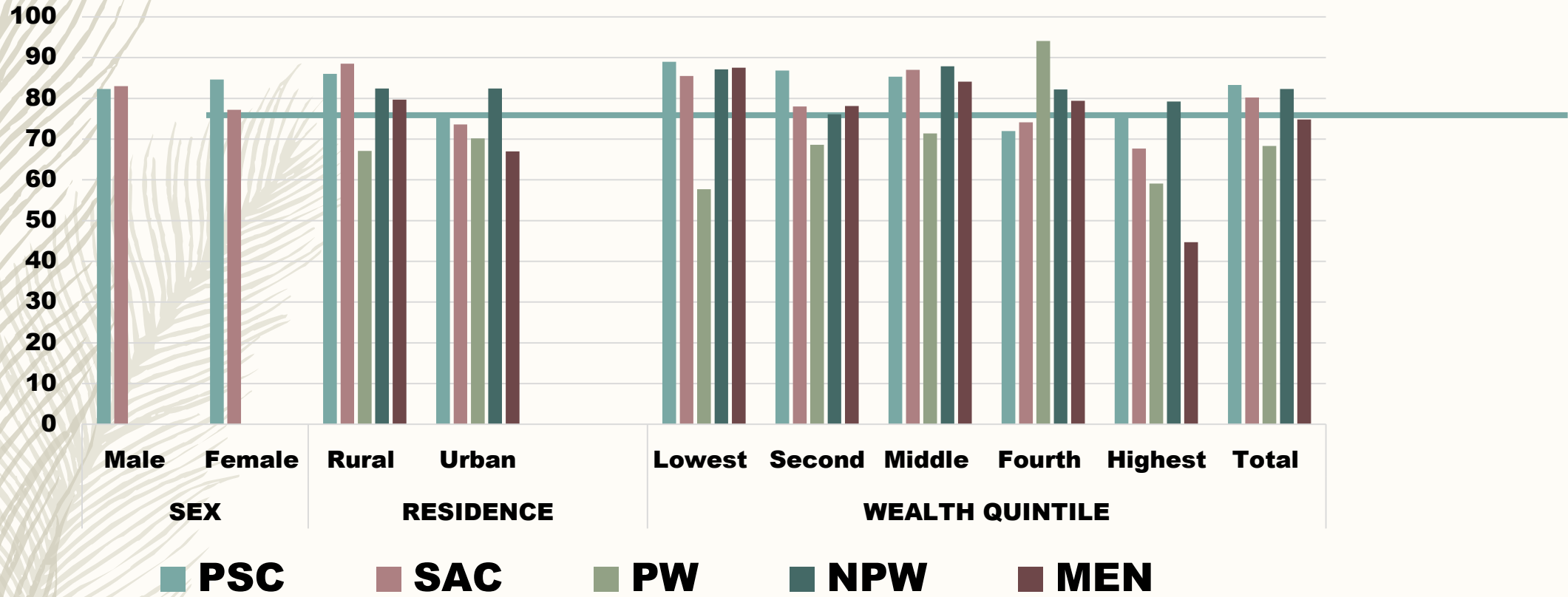


Variable	VAD1%	Marginal VAD %
Sex		
Male	10.3	54.1
Female	7.7	50.7
Residence		
Rural	8.1	51.4
Urban	12.1	55.5
Wealth quintiles		
Lowest	9.5	46.6
Second	9.1	53.5
Middle	6.7	54.7
Fourth	8.1	62.5
Highest	11.8	50.4
Total	9.2	52.6

Distribution of VAD in school age children

Characteristic	VAD %	Marginal VAD %
Age in years		
5 - 11	5.6	40.7
12 - 14	1.6	27
Residence		
Rural	5	36.4
Urban	3.6	40.7
Sex		
Male	3.8	37.7
Female	5.4	37.5
Wealth Quintile		
Lowest	10.4	43
Second	1.9	38.4
Middle	4.9	33.5
Fourth	1.5	38
Highest	0	29

PREVALENCE OF ZINC DEFICIENCY IN ALL POPULATION GROUPS



Distribution of Folate and Vitamin B12 deficiency among NPW (15-49 years)

Variables	Folate	Vitamin B12
	<10nmol/L %	<150pmol/L %
Age in years		
15 - 19	31.5	47.7
20 - 49	30.6	31.5
Residence		
Rural	25.1	36.9
Urban	40.6	30.7
Wealth quintiles		
Poorest	24.7	29.4
Second	33.7	39.4
Middle	23.9	40.9
Fourth	35.4	29.5
Highest	36.2	33
Total	30.9	34.7

Percentage Intake of food groups among women by different characteristics

	Grains	Roots	Beans	Dairy	Meat	Fish	Eggs	Fruits	Veg	Fats	Sugars	Beverages	Misc
Women 15-49years													
(n=440)	99.1	33.0	44.2	84.9	26.1	11.2	13.9	17.1	90.0	88.7	77.9	79.4	90.1
Physiological state													
NPNL (n=249)	98.7	31.7	44.9	88.3	31.0	8.5	16.8	21.2	93.5	91.4	78.9	81.3	89.7
Pregnant (n=41)	100.0	29.1	52.2	81.5	29.4	16.9	5.7	20.9	94.7	91.9	76.1	72.9	88.5
Lactating (n=150)	99.6	36.1	40.9	80.4	17.5*	14.0	11.4	9.7*	83.3*	83.8	76.9	77.9	91.1
Residence													
Rural (n=267)	99.2	32.1	45.8	81.2	19.6	10.9	5.9	13.3	86.9	83.4	72.2	78.4	89.0
Urban (n=173)	99.0	34.5	41.5	90.8*	36.5*	11.8	26.9‡	23.3*	95.1*	97.3‡	87.2*	80.9	92.0
Wealth Rank													
Poorest (n=85)	99.3	21.3	39.8	67.8	17.7	12.9	7.1	5.7	76.6	78.2	64.0	72.0	84.0
Middle (n=283)	98.8	34.5	43.9	87.7*	18.4	11.6	9.8	14.7*	92.5*	89.0*	78.0	81.5	91.2
Richest (n=72)	100.0	40.4	49.4	93.4‡	58.7‡	8.2	33.6‡	36.5‡	95.9‡	98.7‡	91.9‡	80.1	92.9

Challenges

- Change of food environment
- Low food production
- Inactivity
- low knowledge about appropriate diets and the functions of foods
- Low funding to nutrition interventions

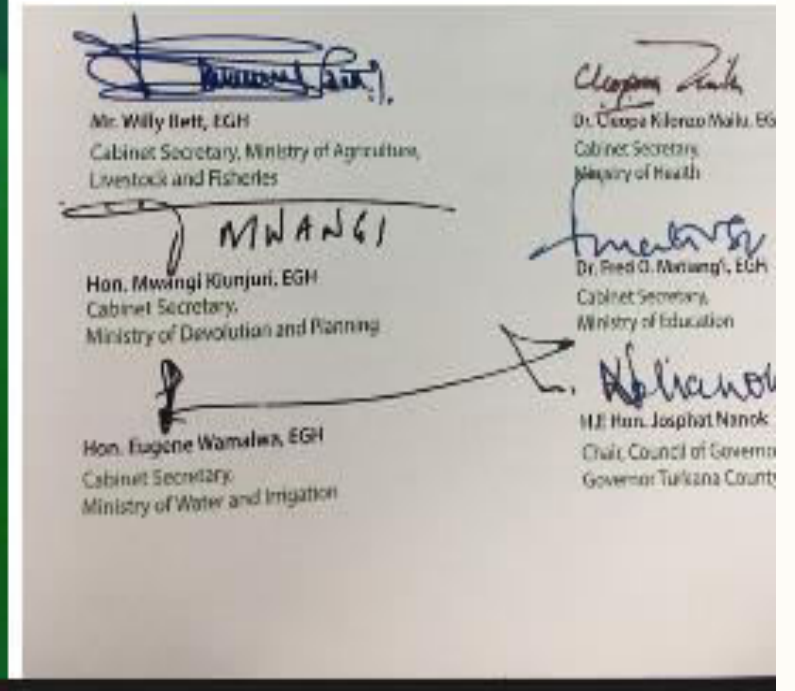
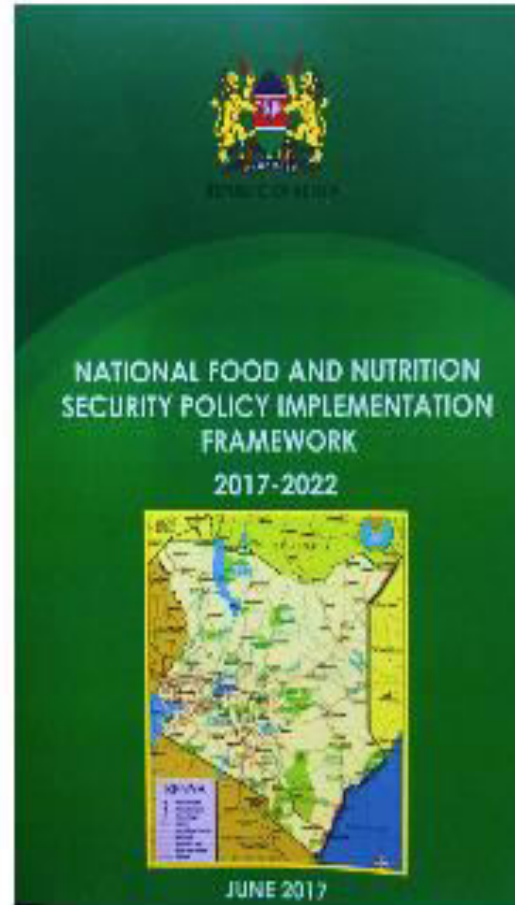
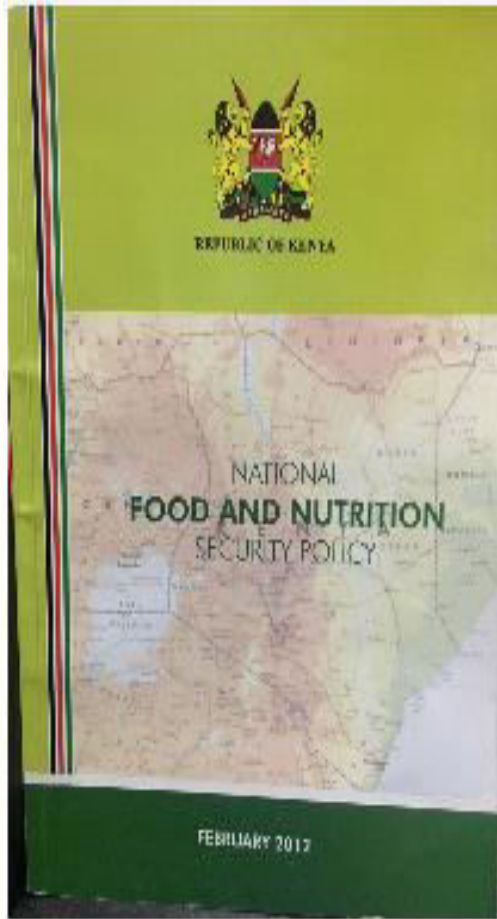
RECOMMENDED INTERVENTIONS

- Multi Sectoral approaches to address double burden of malnutrition. Implement the Food Security and Nutrition Policy – Role out the Implementation Framework to counties
- *Legislation to control the marketing and use of high sugar, high fat and high salt foods. (Control marketing, Review standards of processed foods)*
- *Implement the school meals and Nutrition Strategy (teach children about foods and diet, provide nutritious meals, regularly assess children in school)*
- *Conduct a food consumption surveys (county/ region based)*
- *Promote the use of indigenous foods – Use the newly launched food composition tables*

RECOMMENDED INTERVENTIONS

- Continued promotion of EBF, appropriate complementary feeding and implementation of the Breast Milk Substitute act
- Scale up high Impact Nutrition Interventions
- Scale up protection of the vulnerable (Drought affected, Aged, Displaced, etc)
- Promote Physical Activity
- Health and Nutrition friendly work environments
- Promote production and distribution of safe healthy foods
- Increase the number of Nutritionists working at community level

The National Food and Nutrition Security Policy and Implementation Framework (2017-2022)



The SUN Processes

Within each country, SUN Movement stakeholders are brought together around

4 key processes:

1

Bringing people together in the same space for action

Multi Stakeholder Platform
Network Forums

3

Aligning Programmes to a
Common Results
Framework
Food Security and
Nutrition Implementation
Framework

2

Policy Environment &
legal Framework

Food Security and
Nutrition Policy

4

Financial Tracking and
Resources Mobilization

Kenya Financial
Tracking Tool

Process 1: Bringing people together in the same space

The Focal Point brings people together
in a
multi-stakeholder platform (MSP)



NI WEGA

