



# Malnutrition in Peru

## Catherine Achy

University of California, Los Angeles



### Problem

- Malnutrition today:
  - 10% in urban regions.
  - 30% in rural regions.<sup>1</sup>
- In 1993, 48% of children were malnourished.<sup>2</sup>

### Causes

- Children are not receiving adequate nutrients or adequate breastfeeding.
- Breastfeeding is becoming less and less popular.
- There is a lack of access and knowledge of nutritious foods.
- Lack of maternal education is a contributing factor.<sup>3</sup>

### Consequences

- Stunting: 50% of Andean children experience stunting.<sup>4</sup>
- Infant mortality: 2/3 of these deaths are attributed to malnutrition.<sup>5</sup>
- Vitamin deficiencies: anemia is the most common.
- Diarrheal diseases.<sup>6</sup>
- Poor performance in school and other activities.



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<http://www.projects-abroad.org/volunteer-projects/medicine-and-healthcare/nutrition/volunteer-peru/>  
 Pan American Health Organization (2004). ProPAN: Process for the promotion of child feeding. 1-  
<http://www.csmmonitor.com/World/Americas/2008/0729/p01s01-womn.html>  
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### Programs

#### Complementary Feeding Programs

- There is a lack of proper nutrients with complementary feeding during breastfeeding.
- ProPAN is a research program that identifies nutritional and dietary problems and suggests combinations of foods that would satisfy nutritional requirements using local foods.<sup>7</sup>
- Optifood is a computer based program that collects data on what foods are being fed to children, gives recommended nutrient intakes, and identifies the lowest cost but nutritionally best diet.<sup>8</sup>

#### Child Nutrition Education Program

- The Integrated Management of Childhood Illness (IMCI) has identified nutrition education as a way to achieve the goal of improved breastfeeding and complementary feeding practices. They implemented an intervention in Trujillo, Peru.
- The intervention promoted nutrition messages, counseling, and demonstrations of preparing nutritious complementary foods.<sup>9</sup>

#### School Breakfast Programs

- FONCODES, the National Compensation and Social Development Fund, provides a daily breakfast with the majority of daily nutrients to 500,000 children throughout Peru.<sup>2</sup>
- In 1993, the Instituto de Investigacion Nutricional in Lima provided a ready to eat breakfast that would satisfy a child's daily vitamin and mineral requirements.<sup>4</sup>

Table IV-2. The monitoring and evaluation conceptual framework: An example from a Peruvian program (Creed-Kanashiro *et al.*, 1998).

Goals: Reduction of anemia among women and children				
Inputs →	Outputs →	Outcomes →	Impacts →	Benefits
Training of "community kitchen" cooks	Chicken livers provided three times weekly to women and children attending "community kitchens"	Increased consumption of chicken liver at "community kitchens" by women and children	Reduced prevalence of iron-deficiency anemia among women and children	Improved learning and work capacity
Adequate supplies of chicken livers				
<i>Monitoring</i>			<i>Evaluation</i>	

### Results

- The use of ProPAN and Optifood to recommend effective complementary feeding practices has promoted community kitchens that prepare recommended foods. The community kitchens have helped reduce anemia.<sup>7</sup>
- In Trujillo, children in the intervention area gained more weight than children in non-intervention areas. Stunting was reduced to 4.7% and the infant mortality rate decreased to 7.3 deaths per 1000 children in the intervention area.<sup>9</sup>
- School breakfasts have caused anemia to drop from 66 to 14%. There is an increase in school attendance with lower dropout rates. Verbal skills have also improved. The government has decided to continue its funding for these breakfast programs.<sup>4</sup>

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