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Bolivia, Factor 11: Malnutrition

## **Bolivia and Malnutrition**

### **INTRODUCTION**

Located in the heart of South America Bolivia is a landlocked country, about the size of Egypt. Population is ten and a half million, with sixty seven percent being urban population. "About fifty five percent of Bolivia's total population is of indigenous ancestry; largest groups are the Quechua, Aymara, Guarani, Mojeno, Chimane, and some other smaller groups. Another thirty percent are meztizo, and fifteen percent are of European decent" ("Bolivia 1"). Bolivia got its name after the independence fighter Simon Bolivar, who broke Bolivia away from Spanish rule in 1825. The capital of Bolivia is La Paz ("South America: Bolivia"). The flag of Bolivia, adopted on the fourteenth of July 1888, has three stripes: red, yellow, and green. There state flag has the national coat of arms included on it. The life expectancy for men is sixty four and for women is sixty nine. People in Bolivia enjoy life; they get everything out of an experience as they possibly can. They are not worried about time. People of Bolivia admire honesty, and believe the key to friendship is kindness, gentleness, and concern for others welfare. Eye contact in Bolivia is a must, in a conversation avoiding others eyes shows suspicion, lack of trust, or shyness. A trend of the rural Bolivian women is to wear bowler derby hats ("Bolivia 1"). With sixty five percent living in poverty, Bolivia is one of the poorest countries in Latin America ("Bolivia 2"). Therefore, improving the food stock will assist in helping the children who suffer from chronic malnutrition.

### **LAND AND CLIMATE**

There are five striking geographical areas: the high, cold, and dry mountain-rimmed Altiplano to the west; Las Yungas, a division of medium- elevation valleys northeast of La Paz and Cochabamba; the agricultural upland valleys in the middle of the country; the Gran Chaco, an expansive subtropical flatland shared with Paraguay and Argentina; and the wet, hot, forested lowlands in the east and northeast. In these lands there are many types of grasses, which make them good areas for cattle ranching. Over half of Bolivia is covered by forests and many types of trees. Yet, more needs to be done by the U.N. Food and Agriculture Organizations to educate the Bolivians on improving productivity of these lands. The low productivity in this country is due to farmers not being trained in how to diversify their soil to prevent erosion and desertification. Old farming techniques are still being used. The United States and other world powers should send scientists from agricultural colleges such as Iowa State University located in Ames, Iowa, to demonstrate how to get the most out of traditional land management practices. Large companies such as John Deere could recycle refurbished harvesting machinery to aide farmers in improving crop productivity.

### **FAMILY**

Family is of greatest importance in Bolivia society. Families that are middle and upper class tend to have one or two children. Rural families generally have many children, but a good part of the time they die in infancy. Children are basically well disciplined and well behaved. They take a part in family responsibilities. In families, the oldest daughters are considered second mothers, called mamita or little mom, for their younger brothers and sisters. In rural areas children take on many household obligations.

At age eight, boys help their fathers in the fields, and learn to be independent by puberty. Girls learn how to raise children and take on household tasks, such as washing clothes and cooking for the family. Even though children are taught the significance of education and schooling, among the poor many cannot read or write (“Bolivia 1”).

Rural area children grow up to be parents rapidly by the age of 16 or 17, they are married and starting their own families. Normally they have their own homes, living away from their parents. Formal wedding ceremonies are too costly for rural pairs to afford, and many couples live together in arrangements. As rural area children’s parents grow old and weak, their children take them in to live in their homes, as a sign of love and appreciation (“Bolivia 1”).

Urban children dedicate themselves to school, after school they spend time doing homework at their homes, or friends homes. Parents teach their children to be smart and do well in school; frequently they support them throughout their college schooling. Students that are undergraduates normally do not marry before they graduate. Grandparents in Urban areas live in their own homes until they are unable and, then they go to live in nursing or assisted living homes (“Bolivia 1”).

## **EDUCATION**

Education is essential for Bolivians from age five to eighteen. Bolivia has four educational levels: kindergarten, primary school, secondary school, and higher education. The schools have poor conditions. Almost all of the schools in Bolivia are public, but rich families send their kids to private schools. Less than half of all students finish primary school, and less than one third goes to secondary school. The students are responsible for learning their own materials and have to be responsible for buying their own uniforms. In the past all schools taught in Spanish, now schools are required to teach in Spanish and in native languages. In rural areas schools are so poor that illiteracy is very common. Students skipping school, living long distances from school, and family responsibilities also contribute to this problem. Religion is tolerated in schools (“Bolivia 1”).

Traditional teaching methods are used in the schools in which teachers instruct the class and give homework and other assignments. The necessary elements for classrooms are blackboards and desks. Teachers rarely use technology when teaching. The children all have workbooks that they have to keep clean and updated. Passing a subject includes a completed workbook. If students cheat on a test they are punished with a failing grade (“Bolivia 1”).

## **DIET**

Some common foods in the Bolivian diet are: potatoes, rice, milk products, fruits and soups which include quinoa, a protein rich grain. Bolivia has hundreds of varieties of potatoes that are prepared in different ways; chunos are freeze-dried potatoes that are used in soups or side dishes when rehydrated. Most all foods are fried and are seasoned with a spicy salsa called llajua. The most common meat in Bolivia is chicken. The people that live in southern Bolivia eat a lot of beef and have barbeques. Peanuts are also common and are used in soups or sauces. Their breakfast usually consists of tea or coffee, bread, and cheese. In rural areas, breakfast could be a warm drink called api made of corn splashed with sugar and cinnamon. Lunch is the main meal, consists of a soup and a main dish. In big cities people enjoy meat or chicken pies made with potatoes, olives, and raisins called saltenas as midmorning snacks (“Bolivia 1”).

## **MALNUTRITION**

Malnutrition is disabling Bolivia with almost five million people unable to fulfill the most basic requirements. Malnutrition poses the greatest threat to pregnant women and young children, and it is these groups of people that it hits the hardest. Twenty-five percent of Bolivian children under the age of three

have or currently suffer from malnutrition. Sadly, the rate of malnutrition for children in the poorest households is forty percent. Among Bolivian women of child-bearing age, about twelve percent are so short that they are at risk of having an underweight baby; and twenty seven percent of women at childbearing age are so anemic that they will probably pass iron deficiency to the unborn baby, lack of sanitation and inappropriate feeding of children under two are the principal causes of malnutrition in Bolivia. Hugely, due to malnutrition, infant, child, and maternal mortality rates in Bolivia are the second highest in the hemisphere (“Child and Maternal Health Issues in Bolivia”).

One out of every three children suffers from malnutrition, because the food they eat does not give them enough proper nutrients. Yolanda Cortez, head nurse of the San Andres health Center in Riberalta states, “Malnutrition is the main problem faced by children under five years of age and in particular for those under two. Babies have good weight until the age of six months, while breastfeeding, but when they begin to eat solid food the problem of low weight and height starts.” (“Toward zero malnutrition in Bolivia”). A program called Zero Malnutrition is supported by the Bolivian Ministry of health and Sports. This program focuses to reduce malnutrition through education of nutrition, appropriate food preparation and sanitation, and the distribution of food supplements. Teams of health professionals are there to help teach families about nutrition, monitor the health conditions of children and provide treatment if needed. These teams are trained and educated in healthy diet habits, breastfeeding, proper use of food supplements, and detection and treatment of malnutrition. Ms. Cortez states “Each month when children come to the center, they are examined. When a case of malnutrition is identified, the child receives appropriate treatment. The mother is also invited to attend the center’s weekly discussions about nutrition, including how to prepare nutritious foods, use local ingredients to keep foods safe” (“Toward zero malnutrition in Bolivia”). Each week new things are addressed and taught. Things such as safe and very nutritious baby feeding, which are rich in vitamins and minerals, and encouraging families to use local food in their region, such as pumpkins potatoes, and bananas. Improving a family’s nutrition status takes a long time, it’s a long term project. It takes dedication and encouragement for families to use locally available foods, and equal distribution to all communities of both men and women (“Toward zero malnutrition in Bolivia”).

## **ENVIRONMENT ISSUES**

One of the most critical environmental problems in Bolivia is soil erosion, due to cattle overgrazing and poor cultivation methods, also including slash and burn agriculture. Over the past twenty years, the use of chemical fertilizers and over exploitation of renewable resources has almost destroyed the sustainability of agricultural lands in the Cochabamba region by creating a gaping deficit between nutrients added and nutrients taken from the soil (“Child and Maternal Health Issues in Bolivia”). The soil is very poor, and because of this local farming communities surrounding Cochabamba produce very low crop yields continually every year. This troubles the health of local farmers, their children, and the land which they live on (“Child and Maternal Health Issues in Bolivia”). More environmental issues are deforestation, loss of biodiversity, and industrial pollution of drinking and irrigation water. The natural capital is often overused for little problems such as economic needs and population pressures. This leaves the country with the loss of resources that normally support the majority of the people. Large projects that have funded the country likely fail at fixing issues that focus on the areas most in need (“Child and Maternal Health Issues in Bolivia”).

The Foundation for Sustainable Development known as the (FSD) supports environmental organizations that listen to and respond to the needs of struggling rural farm families and community members that have been badly hit by current conditions. A more recent organization, established by Secretary of Agriculture, Tom Vilsack, is the Foundation for Food and Agriculture Research (FFAR). This organization could develop a prototype that could assist Bolivia in restoring their forest. A government led effort could create

an organization similar to the Peace Corp, to assist the citizens in improving the sustainable management of soil, water, and land use. An overall goal of the FSD and FFAR is to create public awareness and conduct outreach projects that offer easy solutions for food and water insecurity issues around the world. All this is done through many channels, from working directly with the local universities to teach classes and offer farmers loans, to cultivating fresh clean water, irrigation, and sewage systems. FSD supports teaching rural communities with a primary goal of developing a strong, manageable agricultural economy to ensure proper use of the land now and in the future (“Child and Maternal Health Issues in Bolivia”).

## **HEALTH**

Health in Bolivia is poor. Contaminated water is the most serious health threat, these results in cholera, hepatitis, yellow fever, malaria, and some other diseases. Also there sanitation facilities are poor. When they get water from their tap they have to boil it for it to be safe to use, but in Bolivia wood is hard to find and gas is very expensive. Great extents of the rural areas in Bolivia have no electricity and do not have access to running purified water. Responsables populares de salud community healthcare workers are trained by local nurses and doctors in basic health skills. Perhaps creating a position similar to the Surgeon General to monitor the health of its citizens and to pool resources from other countries would benefit the Bolivian citizens and the community health care workers. The recognition from being in the spotlight could provide the professional marketing necessary to get trained professionals to volunteer their time to service the needs of the rural poor. The plethora of problems such as high infant mortality rates and inadequate medical care makes a statement of the need for more assistance from research-based institutions outside of Bolivia. Many different illnesses still affect the population, including hepatitis, cholera, and chagas, which is a parasitic disease that causes stomach and intestine problems and early death by heart attack (“Bolivia 1”).

In Bolivia public health education programs educating people of the awareness and prevention of disease such as HIV/AIDS, chagas, and malaria are needed. Education of health related issues, things like sanitation practices and birth control methods need to be talked and taught about a lot more. Areas where medical care is very limited need to expand their general access health care. Hospitals and medical centers need more funding so they can make drastic improvements. The FSD foundation for sustainable development, works with local hospitals and health clinics to expand their resources, and to help them in providing education on health, medical treatments, counseling, and immunizations to at risk populations in the Cochabamba area. The FSD does research in many different areas to find out information of the efficiency of current health initiatives and to find out information about the present health issues. With better and more efficient health services, and public knowledge, the goal is that people of Cochabamba and other villages will have the things they need to properly address major medical issues and to better their quality of life (“Child and Maternal Health Issues in Bolivia”). In dire economic times, these and other organization need a government lead support group if there is to be sustainability of these programs.

## **RECOMMENDATIONS**

Bolivia needs help; it is one of the poorest countries in Latin America. More organizations, medical centers, and better education need to be adopted into the country. People are living in poverty and need help. Kids are going to very poor schools or not even going at all. Many cannot read or write. Living conditions are poor and run down. Bolivians need to find ways in which they can achieve the rich nutrients they need to live and to survive.

There is a program called “Zero Malnutrition”, as stated before, this program focuses to reduce malnutrition through education of nutrition, appropriate food preparation and sanitation, and the distribution of food supplements. Teams of health professionals are there to help teach families about

nutrition, monitor the health conditions of children and provide treatment if needed. These teams are trained and educated in healthy diet habits, breastfeeding, proper use of food supplements, and detection and treatment of malnutrition. They observe children and their mothers and if malnutrition is discovered the child, along with the mother receives the proper care they need (“Toward zero malnutrition in Bolivia”).

The “Zero Malnutrition”, program is supported by the World Bank. One of the primary goals of this program is the reduction of childhood malnutrition. What makes this program credible is that it is under the supervision of the United Nations, which has a host of other organizations involved such as UNICEF and WHO. These strong alliances have formed a partnership of nations ready to help with long-term malnutrition solutions. “This is just one aspect of the nutrition agenda. A micronutrient fortification grant funded with the Global Alliance for Improved Nutrition Food Fortification Programs aims to reinforce the production of nutritious foods, strengthen the food control and regulatory monitoring and security systems, and to increase the public awareness of the value of consuming fortified foods” (“Bolivia 2”). “The third phase of the health reform project aims to consolidate progress achieved during the previous phases in terms of further reduction of infant and maternal health care services, and strengthening the capacity of the Ministry of health” (“Bolivia 2”). The assistance under this project will be coordinated with the Bolivian Social Protection Project, which will promote the demand for health services at family level. This will address the supply health services and provide incentives to municipalities for reaching the goals in their yearly performance agreements. Both programs would aim to reach their target goal populations in the fifty third most vulnerable areas that fifteen percent of Bolivia’s very poor urban population lives in (“Bolivia 2”).

Another goal that would help Bolivia decrease food insecurity would be to improve the educational system. If a foundation with a credible board from across the country were established to assist with increasing educational funding, this country could improve the quality of their classroom environments, and learning materials. Transparency and accountability must be built into these programs through more research by leading agricultural colleges and universities. Agricultural colleges such as University California Davis, University of Lincoln, in Lincoln, Nebraska, and Texas AM College in College Station, Texas are only a few who could create best practice models for this venture. To assist with this goal, a template for marketing would ask World Powers to contribute to a model that would benefit children around the world. An argument would be made to stop the cycle of poor through global education of the less fortunate.

Donation of clothing, shoes, and school materials would be beneficial to Bolivia. Schools could set up community service projects to donate their gently used items to rural Bolivians. Volunteer organizations such as the Red Cross or the Peace Corp could be responsible for distribution. These established organizations are able to conduct small and large-scale projects and would provide the accountability and transparency needed to market an idea around the world.

## **CONCLUSION**

In conclusion, Bolivia is a very poor country with many problems such as malnutrition, diseases, poor education, poor medical facilities, poverty, environmental issues and nutritious-less foods. Nearly sixty-seven percent of Bolivians live in poverty. Sadly, forty percent of children that live in the poorest households suffer from malnutrition. Malnutrition is hurting Bolivia, almost five million people are unable to get nutrients they need to live. Malnutrition hurts pregnant women and young children the most, and those are the people its also affects the most. Malnutrition is a slow to fix problem, but over the past few years, the percentage of people who suffer from malnutrition has slowly decreased. Some foundations and educational programs help people who suffer from malnutrition and other diseases. Although there

may be additional arguments, that aide is needed in the United States, the counter argument is that the First Lady Michele Obama has started a movement for healthy nutrition that has placed an emphasis on nutrition in this country. This model along with others is one that can benefit those from largest breadbasket as well as those aboard who are not as fortunate. Zero Malnutrition is another stand-alone program funded by the World Bank just as the program of Zero Hunger in Guatemala that helps people suffering from malnutrition get the proper care they need (“Toward zero malnutrition in Bolivia”). Eradicating malnutrition among children provides countries across the globe with a common goal that leaves no child behind.

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