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Malnutrition in Ethiopia

Today, if you were told to picture a young person in Ethiopia, a small child with a bloated belly and decayed teeth would typically come to most American's minds. Many people would instantly think of the child as having no education and little food on a daily basis. For some families in Ethiopia, this is true. But, according to the 2011 Ethiopian Demographic and Health Survey, the child mortality due to malnutrition has been slashed by more than half, dropping the rate from 20% 20 years ago to 8.8% (Maasho, 2011). Reports in 2008 by United Nations child agency, UNICEF, claimed that up to 6 million children were at risk of malnutrition due to increase prices of cereal and lack of rains (The World Bank, 2012). These high numbers and statistics can affect anyone in the country, but the malnourished children are a huge concern. Although the mortality rate in Ethiopia has been cut by a quarter in the past 8 years, the infant mortality rate, as of 2012, is still 75.29/1,000 births (Mundi, 2012). With inadequate health care and little to no sanitation services, the children become sick and malnourished very easily and very quickly. In less than three years, the Ethiopian government has decided to take an active role in battling malnutrition in children. The government has paired up with different Non-Governmental Organizations to devise new ways to educate parents on proper ways to feed their children.

The average Ethiopian family consists of 5 to 7 children with one father and one mother. Most families either do not have enough money to buy food or it is not directly available to them. Living off of only \$23 a month, food is not always an option that is instantly accessible (Ethiopian Community Profile, 2012). Water availability in Ethiopia is equally as scarce. Only 42% of the Ethiopian population has access to an improved water system, and a scarce 11% has access to adequate sanitation services (Ethiopian Community Profile, 2012). Plus, the 5% of households that actually have access water have to walk approximately 1 hour just to collect it, and there is never the guarantee that it will be completely safe to use or consume (Silva, 2005). In the rural areas of Ethiopia, these statistics drop even further. This means that of the 85 million people in their country, about 49 million people lack safe drinking water and 75 million people don't have access to a sanitation source or service. (Mundi, 2012)

On an average day, the mother of the family would have to care for her family household by doing chores and cleaning their dirt-floored, door and windowless home. In order to raise enough money to support a whole family, the mother of the household usually takes part in an alternative income project. An alternative income project can be known as a "part-time" or a "side" job in America. A typical job for this might be sweeping the streets or selling foods in their villages. Another common project that is done for the females is making carpet and rugs to sell in their communities. While the father is the authority of the household, the mother enforces the rules for the children.

The father of the family plays a huge role in supporting his family, as well. While the mother stays at home most days, the father is normally working at an outside job. You could find him working in the field as a planter or harvester. In fact, over 80% of the Ethiopian population is working as farmers on a larger or smaller scale (As Sy, 2010). The average per capita income for an Ethiopian is \$380 a year (UNICEF, 2013). In order to produce a knowledgeable worker out of his son, the father has to train him. This usually happens around the son's sixth birthday.

In most Ethiopian families, it's not just the mother and father doing all the work for the family and household. The children of the families partake in the daily chores as well. Since only 30% of all children in Ethiopia attend secondary school (Ethiopian Community Profile, 2012), most children spend their extra time working at jobs. In fact, about 53% of the children in Ethiopia are working daily as laborers in jobs

outside of the household (Maasho, 2011). Female children, though, typically help their mothers by fetching water or sweeping the house. Female children are admired for their work in crafting, cleaning, and cooking. The male children usually help their fathers in planting, weeding, gardening, and caring for cattle (Bauer, 1997).

One side-effect of chronic malnutrition is growth stunt. When children have frequent infections and long-term insufficient nutritional intake, they can become too short for their age, which can eventually lead to death. Growth stunting is not uncommon in Ethiopia in any way. In fact, more than 44% of all children under age 5 suffer from stunted growth (As Sy, 2010).

The relationship between the mother and child also plays a role in the child's nutrition. Studies have shown that the mother's education level can affect the child's nutrition level in many ways. Research shows that "Maternal education has been identified as a significant determinant of children's health"(Silva, 2005). Only 23% of females attend secondary school in Ethiopia, which leads to an even greater amount of improper health for the children (UNICEF, 2013). Studies have been shown that If parents of children are uneducated about how to properly care for their children, that puts the child at an even greater risk of malnutrition.

One example of how a mom's education can affect a child is a story of a mother by the name of Zenitu Sheperaw who lived in Ethiopia was not given the proper instructions on how to care for her baby. She found her child up all night sick and crying. This is probably because she was only feeding her child boiled sugar, water, and butter. Her next experience with raising a child changed dramatically. With her second baby, she started learning about the proper care for her child and how it would affect the child's health for the present and the future through a working organization known as The World Bank. She gave her second child colostrum immediately after birth and breast milk within an hour. Now that she knows how to properly care for her child, she says she will feed them even when they are sick because she knows the importance of it. (Maasho, 2011)

Poor hygiene and improper disposal of waste products is another key factor involved in malnutrition. In many places, good quality sanitation services are not offered, nor can families afford their own running water or electricity. Without these essential things, people don't have an opportunity to get the proper hygiene in order to stay healthier. Another factor that plays a part with the sanitation and hygiene is the proper disposal of urine and feces. Only about 90% of people in the world have access to in-home toiletry functions and only about 5% of rural households in Ethiopia with piped water, the water sources are more than likely to be contaminated, anyway (Silva, 2005). Conditions can be more sanitary when children's waste products are thrown into a toilet, latrine, or buried in the yard. Most homes in Ethiopia do not have access to toilets in them, so, often times, families are unaware of how to get rid of their waste products and end up throwing the stools outside the home or yard or rinsing it away. This can become a big health factor and rise to a nutritional risk factor, as well.

With these poor services and hygiene practices, Ethiopia also doesn't offer high quality medical centers or doctor offices. In fact, a majority of the population in Ethiopia are dealing with diseases like AIDS and HIV. When the mother has little to no education, they usually don't grow up learning about how to care for their children and when to take them to the doctor. Therefore, the children have no way to get the medical attention that is needed. This also limits them to medication and treatments needed in order to maintain in a good health position.

Ethiopia's environment also plays a role in the health of their citizens. With little rain and being located close to the equator, Ethiopia has a temperate climate. When the climate is hotter with little to no rainfall, the water becomes dried up and condensed easily. It seems to be that the people living in rural areas have less of an access to water than the people living in cities since only 12% of the rural population have access to water and 81% of city dwellers have the access (Silva, 2005). But, of the 110 cubic kilometers

of renewable water sources, 86% is being used toward agriculture (Silva, 2005). Since September of 2007 into 2009, there have been many dry spells across the country of Ethiopia. These certain spells have made visible impacts in Ethiopia, with increased cases of kwashiorkor. Kwashiorkor is a protein-energy malnutrition characterized by irritability, anorexia, ulcers, and an enlarged with fatty infiltrates. In 2008, there were 126,000 children that required urgent therapeutic treatments (Rice, 2013). With these dry spells, the crops have been failing, the crop prices have been rising, and the livestock losses are also growing (Rice, 2013).

The World Food Programme is a non-profit organization with a goal of fighting hunger worldwide and supporting people with treatment at health clinics. One big thing they do in Ethiopia is give out vouchers of locally grown food to those who are in need of it. They have many large distribution centers throughout the country for their fresh foods like rice, vegetables, cooking oil, fruits, and other essential cooking and nutritional ingredients. One user of the voucher felt a little uneasy about using the voucher at first, but eventually said: "Using a voucher is like buying from a shop with cash for me. Nobody points at us." Using the World Food Programme vouchers promotes locally grown foods and gives people more food choices, but food assistance is not totally covering the whole country because the market capacity is low in some areas.

The World Food Programme's vouchers are not only helping with the availability of food in countries, but they also help with people receiving or in need of treatments at health clinics and centers. The vouchers serve as an incentive for people to take their required medications, which increases the value of the drugs and makes them work better. According to the World Food Programme: "As of 2011, 52% of adults on Anti-Retroviral Therapy (ART) medications had an improved nutritional status after six months of food assistance."

One woman using the World Food Programme vouchers stated: "When my husband died, I was left with nothing, and I had to look after his two kids from his previous marriage as well as my 5-year old daughter. After a year, I gave up hope, simply counting my days." When she started taking ART, she heard about the World Food Programme. She became enrolled in the program and started to receive a monthly ration of vegetable oil and a fortified blend of maize and soy meal. After receiving the program for six months, her nurse told her that she was able to graduate from food assistance and begin a business skills training program, offered within the World Food Programme. She quickly began training and says: "They gave me 4,000 birr (about US \$220) to start up my own business following the training. Now I grow vegetables and sell them to big hotels in town."

Another organization working to reduce child malnutrition in Ethiopia is The World Bank. The World Bank is another non-profit organization which is working toward creating different community-based nutrition programs. The Community Based Nutrition (CBN) program within The World Bank reaches to over one-million children under the age of two (Maasho, 2011). The Government of Ethiopia paired up with The World Bank, and the CBN is now a component of the Government of Ethiopia's National Nutrition Program. The CBN began in 2008 and does things like training mothers on how to properly care for their children and teaching them the importance of their child's health and nutrition, like they did with Zenitu Sheperaw. Another thing that the program of CBN does is recruit voluntary community health workers to regularly visit sick or malnourished children in the community. The volunteers also weigh the children once a month and counsel the mothers on practices through child nutrition.

The Community Based Nutrition program within The World Bank has influenced infants and young children feeding, including greater faithfulness to breastfeeding for babies younger than six months, minimum acceptable diets between 6 and 23 months, and dietary diversity for older children within the program. "The evaluation shows that the Ethiopia program is working, and as we move forward to scale-up this model, there are many things we can strengthen further," said Ziauddin Hyder, the Senior Nutrition Specialist at the World Bank. "If the improvement in children's nutritional status continues at

this pace, Ethiopia will be among those countries in Africa that have tackled child nutrition problems head-on.”

Another organization that is working with Ethiopia is called PHE-Ethiopia Consortium, which stands for Population Health Environment- Ethiopia Consortium. The main mission of this non-governmental organization is to enhance and promote the integration of population health and environment at various levels for sustainable development. They bring different people together and teach them about things like family planning, male involvement in families, improving access to health care and services, improving access to water and sanitation, contributes to better management and conservation of natural resources, and easing population pressures on local ecosystems. PHE-Ethiopia Consortium also tries to reach outward from these things into topics on how sustainable agriculture can improve child nutrition, community-based distribution of family-planning commodities, and reduction of indoor air pollution and improved household water access.

In conclusion, Ethiopia has very high malnutrition rates compared to other countries, but statistics are showing that the malnutrition rates have dropped from 20% 20 years ago to 8.8% now (Maasho, 2011). The non-profit and non-governmental organizations listed above have become major solutions and take huge roles in Ethiopia’s malnutrition rates. From handing out food vouchers within World Food Programme to teaching people about how to improve their lives within the PHE-Ethiopia Consortium, these organizations have made a great impact on Ethiopia.

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