

《Review》

Nutritional Problems in Pakistan

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Abstract

The nutritional problems in Pakistan are discussed. Malnutrition is prevalent among people in Pakistan. Particularly, malnutrition in infants, leading to high infant mortality, is caused by poverty, inadequate hygienic conditions, poor maternal nutrition and lack of understanding of proper weaning diet on the part of mothers. Therefore, the improvement of educational opportunities for women is of utmost importance to combat malnutrition in Pakistan.

GEOPOLITICS OF PAKISTAN

Pakistan, officially the Islamic Republic of Pakistan, is a country located in South Asia and the Greater Middle East. It has a thousand-kilometer coastline along the Arabian Sea in the south and borders Afghanistan and Iran to the west, India to the east and Peoples Republic of China in the far northeast.

Pakistan is the sixth most populous country in the world with the population of about 160 million. It was established as a modern state in 1947, as one of the two parts of the partitioned British India, but East Pakistan was separated from Pakistan to become Bangladesh in 1971.

Pakistan is a federation of four provinces Punjab, Sindh, Balochistan and North-West Frontier (NWFP). The provinces are subdivided into many districts which contain numerous tehsils and local governments.

AGRICULTURE

Pakistan is an agricultural country; the main crop is cotton which is exported on large scale and, within Pakistan, many textile mills produce a variety of cloth.

The staple food of Pakistan is wheat and rice. Some parts of Sindh, Balouchistan and mountainous areas often suffer from water shortage. In case of a drought, people migrate to some other areas for search of food; they are employed as labourers to purchase foods. People will eat whatever is available to them and very little thought is given to the importance of acquiring nutrients and caloric intakes.

POVERTY INCIDENCE IN PAKISTAN

Poverty alleviation is the most persistent challenge facing Pakistan since its inception. According to the Pakistan Socio-economic Survey (2001), the proportion of poor families in the urban area is 30% and that

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in the rural area amounts to 40%. This trend has stayed unchanged more than past 40 years. The underlying factors that create and perpetuate poverty involve a number of dimensions; e.g., income inequality, unemployment, inadequate access to basic services and resources, inadequate distribution of assets, technology and socio-economic opportunities, and underdeveloped infrastructure, etc.

EDUCATION

The literary rate of Pakistan is about 40%. Most of Pakistan people is labourers and farmers and they cannot afford education and do not send their children to schools although there are many primary schools, secondary schools, colleges and universities in the country. The media of instructions in most of the primary and secondary schools are Urdu and Sindhi; English is used in the colleges and universities.

Each province has medical, agricultural, science and arts universities, but, generally speaking, universities in urban districts are better facilitated than those in rural area.

Serious problem is poor opportunity of education for females mainly due to economic conditions; women in rural area suffer more than urban area

ENVIRONMENTAL AND HYGIENIC CONDITIONS

The environmental conditions in Pakistan are poor; the air is polluted with industrial exhaust and waste materials. Everywhere, we observe lack of sanitation facilities, improper disposal system of solid waste, lack of safe drinking water, and lack of awareness about health and nutrition. The use of contaminated water and exposure to polluted environment increase the risk of diseases such as diarrhea, dysentery, malaria, respiratory infections, influenza, and hepatitis.

It is estimated that 45% of the total population in Pakistan do not have access to health services, 40% are deprived of safe drinking water and 53% are living without sanitation facilities (M.U. Haq and K. Haque, Human Development in South Asia, Human Development Centre, Islamabad, 1998). According to the report by Pakistan Institute of Developmental Economics (Islamabad, 2001), 20-30% of children of 1-5 years age group have an episode of diarrhea during last two weeks. During the course of a year, the average children may experience 5-12 episodes of diarrhea.

FOOD INTAKE HABITS IN PAKISTAN

The food intake in Pakistan is usually for three times a day; i.e. breakfast, lunch and dinner. In breakfast, people usually take chappati/roti/bread. Some also take paratha (rati with fat), egg, yoghurt butter and tea. In lunch, people take chappati/nan/roti with vegetable/lentils. Some take meat/chicken/fish along with whey/yoghurt and pickles. At dinner, people take almost the same diet as in lunch with the addition of milk and sweat dishes.

It is generally observed that people eat whatever food is available to them and very little thought is given to the importance of acquiring necessary nutrients or calories. The food habits depend on the agricultural products they produce and also according to their social and economic status.

PREVALENCE OF MALNUTRITION

In Pakistan, despite an increase in per capita food availability and resultant rise in calorie and protein intakes, the prevalence of malnutrition has not improved over last 20 years (National Health Survey, 1996). At the time of the on-set of the Ninth Plan, i.e. 1997-98, the estimated number of malnourished children was about 8 million. Nearly half of the children under five years of age were found underweight of age at a level that corresponds to general malnutrition of protein energy malnutrition (PEM). Approximately 5% of these are severely underweight and 10% were moderately underweight. The major nutritional problems are low birth weight due to poor maternal nutrition, protein energy malnutrition, anemia, iodine deficiency disorders and other micronutrient deficiencies. The adverse nutritional status can partly be explained by the sustained levels of mass poverty and income inequality and, to some extent, the behavioral aspects relating to the attitudes of gender bias.

The nutritional status depends on the availability of food and the intake of balanced diet, assessed by clinical, anthropometric and biochemical tests. The nutritional status of the pregnant women is not different from that of children. They give birth to malnourished babies. These babies are 10 times more likely to die as infants and those who survive remain malnourished and become sick due to infectious diseases.

High prevalence of anemia among women between ages 15-44 years is an important reason of the low-birth-weight babies. Nearly 9 million children less than 5 years old are anemic in Pakistan. The causes of anemia other than nutrient deficiency include malaria, intestinal parasites and thalassemia. The immune system is adversely affected by the iron deficiency that raises morbidity from infectious diseases. Iodine deficiency in women results in still births, birth defects, mental retardation and child death. In Pakistan, about 40 million people are considered iron deficient. Goitre prevalence is 20% in school-age children.

The high estimates of malnutrition reflect the prevailing weaning practices, especially among the children under the age of 12 months. For many children, mother's milk provides the main source of nourishment during the first year of life. However at the age of 4-5 months, it should be supplemented by additional foods rich in protein and other nutrients. The National Health Survey (1996) found that foods other than the breast milk begin at approximately 7.6 months of age in Pakistan. This indicates that most of the mothers in Pakistan are not aware of children's proper diet according to their age. The lack of education among women is strongly associated with malnutrition among children.

During a recent survey of dietary habits of working (in-service) and non-working (housewives) females in Pakistan (F. Memon, M. Phil. Thesis, Sindh University), it was observed that many of the housewives were taking only a cup of tea in the morning. On the query about the breakfast, the reply was that they do not have enough time, or they do not like to have the breakfast at all. On the other hand, most of the working females were regularly taking the breakfast. Since working women are educated, they are aware of the importance of balanced diet which is essential for their mental as well as physical health. Here again, the education plays an important role in the adequate intakes of nutrients.

FUTURE PROSPECTS

From the foregoing discussion, it is clear that the improvement in the nutritional states of people in Pakistan requires many factors; i.e. increase in food supply, reduction of poverty through well-targeted programs, creation of awareness about hygiene through community health programs, provision of health facilities, availability of clean potable water, and above all, provision of universal education to eradicate illiteracy.

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パキスタンの栄養問題を概説した。多数のパキスタン国民、特に乳幼児の高死亡率を齎す栄養不足は貧困および不完全な衛生状態などに起因するが、とりわけ文盲率60%以上とされる教育の貧困が基本にある。乳幼児の低栄養は、妊娠中の母親の低栄養、出産後の離乳食に対する理解不足などが原因と思われる。これらの問題を解決するためには、食糧供給の改善、貧困の克服、衛生設備および知識の普及に加えて教育、特に女性教育の普及が急務である。

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