

THE DOUBLE BURDEN OF MALNUTRITION IN REFUGEE SETTLEMENTS

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Objective: The main objective of this study is to explore the existence of a double burden of malnutrition in Refugee settlements in Uganda.

Background: A growing number of refugee camps in Uganda because of war in Southern Sudan are facing a double burden of malnutrition, that is, the persistence of under-nutrition, along with a rapid rise of over-nutrition and non-communicable diseases such as diabetes, hypertension and coronary heart disease. This double burden of malnutrition has resulted from various factors including: a marked transition in dietary patterns over recent years (e.g. shifts to energy dense diets high in saturated fat, sugar, and refined foods, and away from plant-based diets); inadequate access to healthy food choices; declining levels of physical activity; and inadequate access to health care services because of displacement and broader social determinants. In refugee settlements and host communities in Uganda, in addition to the high levels of under-nutrition, substantial levels of overweight/obesity have also been observed. At the national level, 35% of children are stunted. The prevalence is even higher in host communities where 40% of children screened are stunted. Many low- and refugee settlements and host communities are undergoing a nutrition transition associated with rapid social and economic transitions. We explore the coexistence of over and under-nutrition at the neighborhood and household level, in a refugee settlement setting in Uganda.

Methods: Data collection and review: data was collected in 2016 on a cohort of children aged under five years born between 2010 and 2015. Anthropometric measurements of the children and their mothers were taken. Additionally, dietary intake, physical activity, and anthropometric measurements were collected from a stratified random sample of adults aged 18 years and older through a separate cross-sectional study conducted between 2012 and 2015 in the same setting. Proportions of stunting, underweight, wasting and overweight/obesity were determined in children, while proportions of underweight and overweight/obesity were determined in adults.

Results: Of the 2335 children included in the analyses with a total of 4750 visits, 46% (51% boys, 40% girls) were stunted, 11% (13% boys, 9% girls) were underweight, 2.5% (3% boys, 2% girls) were wasted, while 9% of boys and girls were overweight/obese respectively. Among their mothers, 7.5% were underweight while 32% were overweight/obese. A large proportion (43% and 37%) of overweight and obese mothers respectively had stunted children. Among the 3190 adults included in the analyses, 9% (6% female, 11% male) were underweight, and 22% (35% female, 13% male) were overweight/obese.

Conclusion: The findings confirm an existing double burden of malnutrition in this setting, characterized by a high prevalence of under nutrition particularly stunting early in life, with high levels of overweight/obesity in adulthood, particularly among women. In the context of a rapid increase in refugee population, particularly in poor settings, this calls for urgent action. Multispectral action may work best given the complex nature of prevailing circumstances in refugee settings. Further research is needed to understand the pathways to this coexistence, and to test feasibility and effectiveness of context-specific interventions to curb associated health.

BIOGRAPHY

Rebecca Nerima is working as Country Program Manager-Consultant at 'Vitamin Angels', a non-profit, non-governmental organization focused on combating childhood malnutrition around the world through vitamin supplementation. She was responsible for managing 'Well Share' programmatic, administrative, and financial operations. Overseeing a team of programmatic and operations staff to ensure successful program implementation and ultimately responsible for district-level project success in reaching intermediary and end-of-project goals, within set timelines and budgets. She worked on Maternal, New born and Child Health (MNCH) programs fosters from March 2011 – February 2012 forming collaboration between member organizations and associates, while also mobilizing practitioners, scholars, advocates and donors to support the health of underserved mothers, children and communities around the world through community health approaches. As a Project officer she was responsible for overall strategic direction, project leadership, monitoring, and oversight responsibilities for a multi-year, training and technical assistance, working in partnership with the Ministry of Health, local government, communities and a nationwide network of subject matter experts from 2006-2011. Rebecca accomplished her BA. Degree in Social Sciences from Makerere University Kampala, in the field of Study Sociology & Social Administration during the year 2000 – 2003.

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