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# UNDERSTANDING MALNUTRITION IN TANNA AFTER CYCLONE JUDY AND KEVIN: A CROSS SECTIONAL SURVEY

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# INTRODUCTION

- Malnutrition defines as deficiencies, excess of nutrients to children of ages 6mnths to 60mnths
- There is a high mortality rate associated with Malnutrition because of its complications:
  - Immuno suppression, Anemia, Electrolyte imbalance, dehydration
- Malnutrition causes Stunting which affects learning as children grow.



# INTRODUCTION

- From 2019-2023 there were 214 admissions and 28 related deaths
- Increasing Malnutrition cases demands more functional space and human resource.
- After cyclone Judy and a Kevin, a malnutrition survey was conducted as part of the recovery phase
- To understand the the factors contributing to malnutrition and so address it correctly.





## METHODS

- The Nutritional status of 1268 children were assessed from 77 villages throughout Tanna
- Only children 6months to 60months were surveyed using demographics and anthropometrics.
- Diagnosed SAM and MAM acute cases were referred to Lenakel Hospital for
  - Stabilization phase and
  - Rehabilitation phase





# METHODS

- Referred patients' parents are questioned from a tailored questionnaire to find contributing factors surrounding malnutrition.
  - Socio-economic status
  - Child feeding practices
  - Child Nutritional knowledge



## RESULTS

- 4% of the surveyed population were diagnosed as malnutrition and referred to Lenakel Hospital for treatment.
- 10% of the surveyed population were underweight and at risk of becoming malnourished
- Identified 20 plus children delivered by Traditional Birth Delivery and never followed up in clinics- poor health seeking behaviour
- 64% of malnourished children were 7months-36 months of age





# RESULTS/AGE DISTRIBUTION OF MALNOURISHED CASES

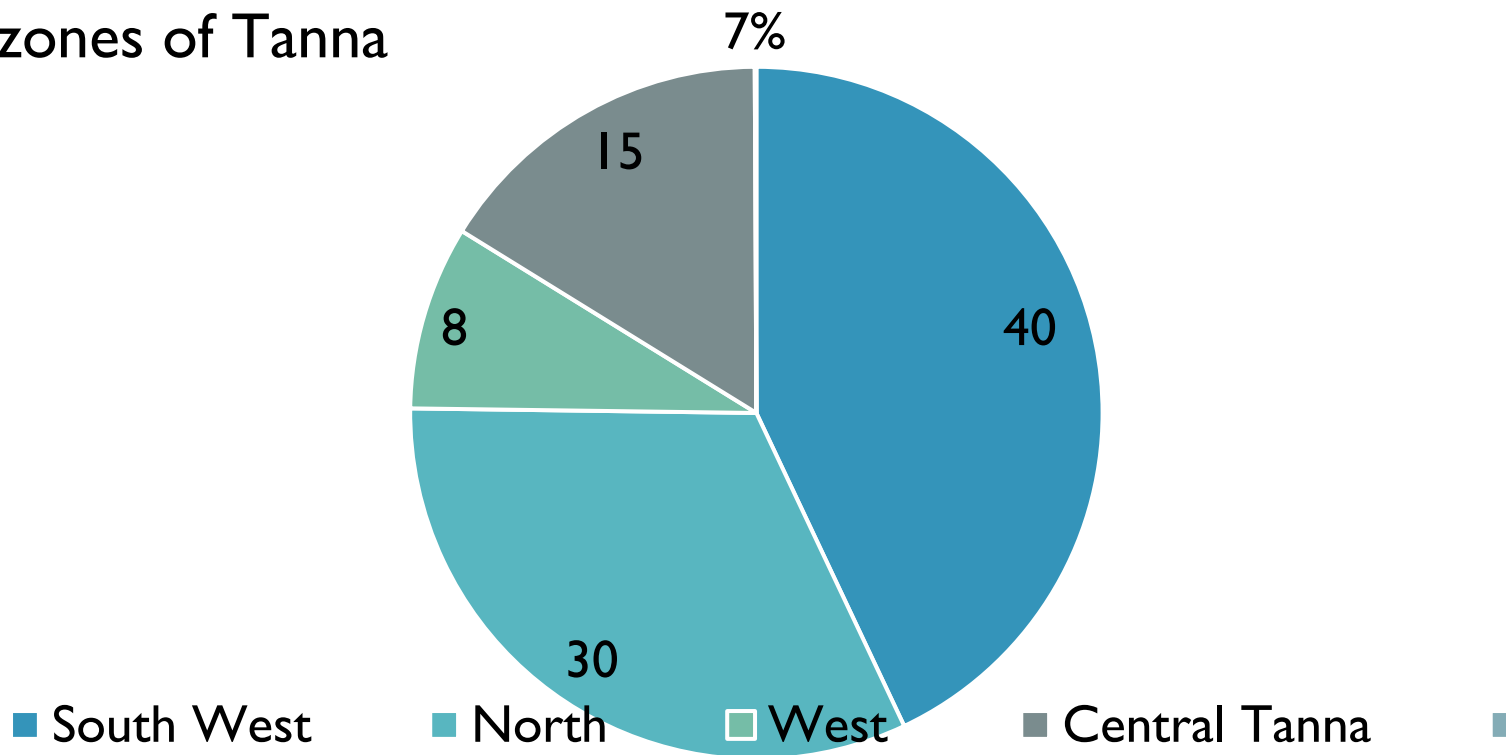
Age Group (months)	Percentage
6-12 months	42%
12- 24 months	47%
<b>24-36 months</b>	<b>11%</b>
36-48 months	0
48-60	0

Malnutrition begins after children have to start supplementary feeding.  
Or when a mother is pregnant.



# RESULTS

Percentage of surveyed Malnourished children in different zones of Tanna





## RESULTS/QUESTIONNAIRE

1. Poor Educational background- not attending schools, Teenage pregnancy,
2. Lack of Child Nutrition- balanced meal
3. Traditional believes- early weaning.
4. Lack of Family support
5. Low birth intervals- Grand Para, disallowing Family Planning methods
6. Arranged marriage at young age
7. Poor health accessibility and poor health seeking behaviours.



## DISCUSSION

- High prevalence of Malnourished children around the 6 months to 36 months when children are wean off Breast feeding
- Traditional believes and customs contribute to the increasing number of Malnourished children in Tanna
- Poor education to mothers about child nutrition is also a contributing factor.
- Poor access to health care services are a contributing factor to malnutrition factor- immunizations family planning



## RECOMMENDATIONS / IMPLICATIONS

- Continuous Malnutrition outreach to remote areas of Tanna.
- Educate mothers about child nutrition- schools, churches, villages.
- Discussions with Village leaders about implications of certain traditional practices toward Malnutrition
- Improve HR capacity to be better equipped to educate and manage malnutrition cases- Inclusion of a Nutritionist.
- More support from Partners





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