

## Nutritional Issues and Interventions in Sri Lanka

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Sri Lanka has achieved outstanding health indicators compared with others in the region. However, the nutrition indicators need further improvement. Yearly around 0.05 million children are born with low birth weight (LBW) (<2.5 kg). Childhood malnutrition is the underlying cause of death in about 35% of all deaths among children <5 years. Around 4,285 children (<5 years) die annually and under-nutrition is associated with almost 1,500 deaths. Nearly 0.04 million children (<5 years) suffer from severe acute malnutrition. There is significant progress in reducing stunting and underweight among children (<5 years) during past 30 years. Child stunting has reduced from 50.4% to 18.4% and underweight by more than 22.8% from 1977/78 to 2000/01. However, during last ten years child stunting and underweight are stagnated (~ 20.0%), while wasting has remained the same for the last few decades. Prevalence of childhood obesity/overweight is relatively low, however, these are emerging in urban populations. Nearly 15% of women have a BMI < 18.5 kg/m<sup>2</sup> leading to poor fetal development, increased risk of complications of pregnancy and 7% of women start pregnancy with a BMI > 30 kg/m<sup>2</sup> leading to increased risk of complications in pregnancy and delivery as well as heavier birth weight and increased risk of obesity in children. Anemia is a problem in all age groups. Prevalence of anemia among preschoolers, reproductive age women and pregnant women range from 25-35%, 22.2-39%, and 16.7%-34% respectively. Prevalence of vitamin A deficiency (VAD) based on biochemical evidence is 29.3%, however, the clinical features of VAD such as night blindness and bitot's spots are not present. Overall goiter prevalence had decreased from 18.2% to 3.8% with salt iodization. Dietary diversity is low and consumption of certain food items such as fruits, meat / poultry / fish / dry fish and dairy products is low. In 2001 chronic Non Communicable Diseases (NCD) accounted for 71% of all deaths. Chronic NCDs mortality is 20-30% higher in the country compared with many developed country. Currently ischemic heart disease (IHD) including myocardial infarction is the leading cause of mortality while the prevalence of hypertension ranges from 19% - 25%. One in five adults are either diabetic or per-diabetic, one third of them are found to be undiagnosed. Prevalence of obesity in adults (based on Asian cut off values of WHO) is around 25% with a high percentage (26%) with centrally obesity. Thus, various intervention programmes are established in the country to reduce the nutritional problems. There are school nutrition programmes such as health promotion programmes, canteen management programmes, mid-day meal programmes, supplementary feeding programmes for mothers and children, micro-nutrient supplementation programmes (iron, folic acid, calcium, vitamin A, vitamin C supplementation), food fortification programme (salt iodization programme) and NCD prevention programmes.