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NUTRITIONAL SURVEY PATTERN OF THE SOUTH-EAST ASIA REGION

*(Paper submitted by the Government of India)*

It is very difficult to give a precise estimate of the extent and magnitude of nutrition deficiency disorders in the South-East Asia Region. Frank cases of protein calorie malnutrition - both kwashiorkor and marasmus - are prevalent in the age group of 1-4 years and do not exceed 1%. In India, Indonesia, Thailand and Laos, kwashiorkor is seen quite often; however, in this region as well as in other regions, marasmus is more common. In almost all the countries of South-East Asia, pre-school children, in particular, suffer from growth retardation. Based on anthropometric data, it is estimated that moderate and severe degrees of malnutrition will be around 50 to 60 per cent.

Vitamin-A deficiency is a serious problem in young children throughout the South-East Asia Region, more so in Bangladesh, Burma, Nepal, Laos, Khmer Republic, Thailand, Malaysia, Indonesia and India. B-complex deficiency diseases including infantile beriberi is seen in some South-East Asian countries. Signs of riboflavin deficiency are frequently seen in all the countries. Iron-deficiency anaemia is the most common nutritional problem. Anaemia is prevalent among the low income groups, particularly in pregnant and lactating women and in rural children of pre-school age. Folic-acid deficiency is commonly seen in pregnant women. B-12 deficiency is not a serious problem.

Goitre is prevalent in Burma, Northern Thailand, Laos, Malaysia, Vietnam, Khmer Republic, Sri Lanka and sub-Himalayan regions of India. Bladder stones are prevalent in northern parts of Thailand, Laos and Vietnam and Khmer Republic.

Till recently, in almost all the countries of South-East Asia, information on nutritional status was based only on ad-hoc surveys conducted by health institutions or, in some cases, institutes of nutrition located in some of these countries. Recently, some countries are planning to undertake nutrition surveillance as a regular activity of the Department of Food and Nutrition. In Thailand, the Institute of Nutrition Research Centre attached to Mahidol University has a section of community nutrition, which is reported to be undertaking continued nutrition surveillance.

In Bangladesh, the Institute of Nutrition and Food Science, Dacca, is reported to be having a programme of nutrition surveillance collecting periodic information on the nutritional status of the population. In India, information on the diet and nutrition of different population groups is being systematically collected by the National Nutrition Monitoring Bureau under the guidance and supervision of the Indian Council of Medical Research.

In other countries, United Nations agencies, particularly the World Health Organization, and the United States Department of Health Education and Family Welfare, in association with universities, have been conducting surveys to assess the nutritional status of population groups. In Nepal, during 1965-66, the Dooley Foundation with the cooperation of the University of Hawaii conducted a study on health and nutritional status. Again in 1975, the United States Department of Health Education and Welfare conducted similar surveys. In Sri Lanka, the United States Department of Health conducted a nutrition survey during 1975-76.