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Prevalence of the double burden of malnutrition in households of Niamey city in Niger

Introduction

In Niger few studies were interested on the problems of overload diseases. The 2006 Niger Demographic and Health Survey, NDHS[1] showed according to Body Mass Index (BMI), the energetic deficiency (BMI lest than 18, 5) was 19% while 13% of Niger women had a high BMI (25 or over). According to survey using STEPS [2] approach for chronic diseases risk factor surveillance, realized on December 2007 into general population: 21,2 % of population has high blood pressure and 4,3 % has diabetes. In the 15-64 age groups, 3.2% are obese and 22.4% are overweight. At 2012, NDHS [3] revealed that 2 % of children were overweight while at the same time, the SMART [4] national survey revealed a prevalence of global acute malnutrition of 14.8% among children aged 6-59 months. The double burden of malnutrition can be a reality in Niger.

This study conducted as part of a Master's thesis in public health, Human Nutrition option at the Institute of Public Health, was interested in this issue by targeting households of Niamey city.

Methods

A selection of neighborhoods according to the socioeconomic level of households has permitted to consider two neighborhoods supposed to be those of affluent households (Plateau and Recasement) and two neighborhoods supposed to be those of disadvantaged households (Talladjé and Koira Tégui). In each neighborhood, 25 randomly selected households were surveyed. Into the households, one mother and all her children with 2 to 11 years were chosen for anthropometric measurements. For double burden of malnutrition determination, approach used by Zeba [5] in Ouagadougou was privileged for which, the double burden of malnutrition in household is the presence of a mother who is overweight / obese (according to the BMI) and at least one under-nourished child according to one of the three index (Weight / Height, Height / Age and Weight / Age).

Results

Table (attached): Presence of the double burden of malnutrition according to household's socioeconomic level of neighborhoods in Niamey city

The prevalence of double burden of malnutrition found by this study in Niamey city is 23% and it is not significatevely different between neighborhoods that are supposed to be socio-economically different. It is 28% at Talladjé, 20% at koira Tégui, 32% at Plateau and 12% at Recasement.

Conclusion

This study, although carried out on a small scale, showed that the "double burden" families in which coexist a child with a global deficiency and a mother who is over weighted or obese are observed in Niger and in urban areas. The problem of over- and under-nutrition is not simply a problem of the rich or the poor, respectively, because there is no significant difference between neighborhoods that are supposed to be socio-economically different. These results demonstrate research needs in large scale on double burden of malnutrition in Niger.

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