

IV. Inadequate nutrition care for children in exceptionally difficult circumstances

Children in exceptionally difficult circumstances include severely malnourished children, low birth weight babies, children born by adolescent mothers, handicapped children, children affected by natural disasters, orphans... and especially HIV positive children or those with HIV positive parents. In Vietnam, the prevalence of HIV infection among women is on the rise. Today, women take 15% of reported cases of HIV positive nationwide (MOH - Report on HIV/AIDS infection in Dec 2004). Annual key surveillance data show that HIV infection among pregnant women in the whole country has increased by 20 folds, from 0.02% in 1994 to 0.35% in 2004 (MOH - Data of key surveillance 1994-2004). The risk of HIV transmission from mothers to children through breast milk in breastfed children is 5-20%¹. Feeding practice in HIV infected children or children with HIV infected mothers are not consistent and even many health workers are unsure about feeding practices in this situation. A constrain existing in areas with high risk of transmission is the weak and thin network of health service in the community, making it difficult for the mothers to meet with health workers. A certain part of the population with poor awareness on the issue of HIV/AIDS has negative attitude and discrimination towards HIV positive patients, therefore the patients have low self-esteem and dare not to contact and share the information. This explains the fact that in many cases at delivery pregnant mothers with HIV infection usually give incorrect contact addresses, making it more difficult for supportive following-up for both the mothers and their babies after birth.

In parallel with poor feeding practice for HIV infected children, feeding rehabilitation for malnourished children is also an urgent issue of the community. In fact, the cause of severe malnutrition today is not simply food shortage but a combination of many factors, such as chronic diseases, congenital malformation (harelip, cleft palate, enter on malformation...), family situation (divorced parents, orphans...). If mothers and other caregivers have poor knowledge on nutrition and childcare or are not properly and timely counseled or instructed, their children will easily become malnourished from mild to more severe degree. It should be mentioned that communication materials on IYCF in exceptionally difficult circumstances are very few in community, particularly in areas with poor access to information (poor, remote and isolated areas). Besides, nutrition counseling targeting different needs has not paid due attention. Therefore, reinforcement in capacity building together with development of communication materials in order to have a better counseling and instruction on IYCF in these circumstances is necessary to reduce child mortality and increased severity of malnutrition due to improper IYCF practices. In addition, one of main reasons leading to unmet needs of IYCF in exceptionally difficult circumstances (particularly in disasters) is the lack of an information and surveillance system and a specific agency responsible for child care and aid in disaster affected areas. This is a big challenge for us, requiring more efforts and cooperation of many relevant sectors and levels to set up and run the surveillance system for the exceptionally difficult circumstances on a regular basis, as well as to establish the network of responsive agencies.

¹ Report of BF program - 2002