Afghanistan has been facing a severe malnutrition crisis. According to the latest acute malnutrition analysis by Integrated Food Security Phase Classification (IPC), by April of 2023, an estimated 4 million women and children (under five) are likely to be suffering from acute malnutrition. This includes 3.2 million children, of which 28% are suffering from severe acute malnutrition (SAM), and 72% million are suffering from moderate acute malnutrition (MAM). More than 804,000 Pregnant Lactating Women (PLW) will be acutely malnourished.

The crisis is being exacerbated by the climate crisis, as 30 out of 34 provinces in Afghanistan reported extremely low water quality. The two provinces with the highest rates of malnutrition are Badakhshan and Paktika, which are both classified in IPC Acute Malnutrition Phase 4 (Critical). 23 other provinces are classified in IPC Acute Malnutrition Phase 3 (Serious).

According to Whole of Afghanistan Assessment (WoAA) [1][2], contributing factors to malnutrition crisis in Afghanistan include:

- Acute Food Insecurity (45–55% of households in Serious and Critical phase). According to Perceptions on aid in Afghanistan research, following cash, food is the most important need that is not currently met. [3]

- Poor quality food for children (only 16% meet the minimum acceptable diet). “We are facing lots of problems currently because we use pieces of cloth instead of diapers and we use green tea and sugar as an alternative to milk to feed our children” – a woman from Logar province. [4]

- High prevalence of communicable diseases like diarrhea, malaria, and Acute Respiratory

- Infections (affecting 17.5%–88.5% of children under five in 25 provinces)

- Poor hygiene, socio-economic status, social and cultural norms, and natural disasters (floods, droughts, and earthquakes)

Internews has collected rumors, misinformation, and concerns about malnutrition throughout Afghanistan via social media listening, radio live programs and through Focus Group Discussions conducted in six provinces (Kabul, Herat, Nangarhar, Khost, Kandahar and Balkh). This document provides analysis and updates for humanitarian and health actors on these rumors.

The map shows the IPC Acute malnutrition Classification and the Evidence Level.
**Fact**
The World Health Organization (WHO) has done extensive research on the health effects of electromagnetic fields and concluded that there is no convincing scientific evidence to support the claim that exposure to electromagnetic fields from telecommunication towers or other sources causes adverse health effects, including malnutrition. [5]

**Why is this important**
Concerns about radiation from telecommunication towers can affect people living around these towers in several ways. It can lead to stress, anxiety, and fear. It can also lead to people avoiding areas near the towers, which may further limit their access to services and amenities.

**Fact**
There is no direct connection between not receiving immunization vaccines and developing malnutrition. Malnutrition is caused by a lack of essential nutrients in the diet, while vaccination is a way to protect individuals from infectious diseases. While not receiving immunization vaccines does not directly cause malnutrition, it can indirectly increase the risk of malnutrition by exposing children to infectious diseases that can lead to malnutrition. It is essential to ensure that children receive all recommended vaccines to protect their health and prevent the spread of preventable diseases. [7]

**Why is this important**
It is important and helpful to address new concerns as they arise to encourage vaccine uptake. Afghanistan already has a history of vaccine hesitancy for several reasons including lack of trust in healthcare systems, misinformation, religious beliefs and cost. [6]

**Fact**
The nutritional needs of male and female children are not significantly different. Both infants require similar amounts of nutrients during their early stages of life to support their growth and development. During the first six months of life, breast milk or infant formula provides all the necessary nutrients for infants. As they grow and start to consume solid foods, their nutrient needs increase, yet the recommended nutrient intake for both genders remain similar. [8] [9]

**Why is this important**
Unfortunately, gender discrimination in Afghanistan is widespread and starts at birth, with male children being preferred over females in education, healthcare, and nutrition. For example, girls may receive less nutritious food and medical care than boys, which can negatively impact their growth and development. Besides other risks, it is crucial to address the critical medical risks associated with such prejudice.
Fact

Bearing many children and/or with no gap in between can increase the risk of malnutrition in mothers due to the increased nutritional requirements of pregnancy and breastfeeding. Additionally, caring for many children can impact a mother’s ability to access adequate food resources and maintain a balanced diet. Mothers must receive sufficient nutrition during pregnancy and breastfeeding and seek healthcare provider guidance to ensure their health and that of their children.

While it depends on the age, health, and number of previous pregnancies for each mother, the recommended gap between pregnancies is 18 to 24 months. This gives the mother’s body time to recover from the previous pregnancy and to build up nutrients. This also helps to reduce the risk of complications, such as premature birth, low birth weight, and birth defects. [11]

Why is this important

It is important to discuss the connection between birth rate, child health and child mortality in Afghanistan, with the highest fertility rates globally, outside of Africa. Afghan women on average give birth to five children over their lifetime. Afghanistan also experiences a high rate of infant mortality, with approximately 6.8% of babies dying during childbirth or in their first year of life. [10]

Consanguineous marriage, or marriage between relatives, is a common and preferable custom of marriage amongst Afghans. According to a cross-sectional study, the proportion of consanguineous marriages in the country was 46.2%, with first-cousin marriages being the most common type. [12] It is important to fill in the knowledge gaps and address the risks associated with this topic that is rarely discussed.

Fact

When two people who are closely related have children, their children are more likely to inherit two copies of the same recessive gene, which can lead to a genetic disorder. Some genetic disorders that are more common in children of consanguineous marriages include cystic fibrosis, sickle cell anemia, and thalassemia.

These genetic disorders can make it difficult for children to absorb nutrients from food, which can lead to malnutrition. In addition, children with genetic disorders may have other health problems that make it difficult for them to eat or digest food, which can also lead to malnutrition.

It is important to note that not all children born to consanguineous marriages will develop malnutrition, and other factors such as access to healthcare and nutritious food also play a significant role. [13]
RECOMMENDATIONS

The malnutrition crisis in Afghanistan is a serious threat to the health and well-being of millions of people. This is a complex and multilayered problem, that does not have quick solutions. However, there are a few things that humanitarian actors can collaboratively do to help address the crisis, including:

• **Provide food assistance to those in need.** This is the most basic and essential need of malnourished people in Afghanistan right now. Humanitarian actors in collaboration with national and local NGOs can provide food assistance through a variety of means, such as distributing food rations, providing cash, or supporting local food production. It would be useful to seek people’s feedback about what food they prefer so the food is according to the need, preference, and norms of the community.

• **Provide access to clean water and sanitation.** According to World Food Organization (WFP) [14], the quality of water in 30 provinces of Afghanistan is extremely low. Humanitarian actors can help to improve access to clean water and sanitation by building and repairing water systems, providing latrines, and promoting hygiene education.

• **Provide health care services.** Humanitarian actors can help to provide health care services by building and repairing health facilities, providing medical supplies and ready-to-use therapeutic foods (RUTFs), and training health workers across Afghanistan.

• **Promote breastfeeding.** Breastfeeding is the best way to ensure that infants and young children get the nutrients they need to grow and develop healthily. Humanitarian actors can help to promote breastfeeding by educating mothers about the benefits of breastfeeding, including information on maternal health. Maternal health is as important as neonatal health.

• **Support livelihoods.** According to WFP, nearly 20 million people in Afghanistan are projected to be acutely food-insecure between November 2022 and March 2023. Besides providing food support, humanitarian actors can also help to support building training in agriculture, food production, other skills and creating jobs.

• **Address the underlying causes.** Humanitarian actors should collaborate to address the underlying causes of malnutrition in Afghanistan mentioned at the beginning of this document.
RECOMMENDATIONS

In addition to screening all children under 5 years of age for malnutrition and providing treatment for children with acute malnutrition, here are a few additional recommendations for health workers in Afghanistan:

- **Educate families about the importance of good nutrition.** This includes explaining the importance of breastfeeding and children’s balanced diet.

- **Advocate for principles that support nutrition.** Health workers can advocate for policies that support breastfeeding, improve access to nutritious foods, and promote healthy eating habits.

- **Work with community leaders.** This includes involving religious leaders and influential figures in communities to promote awareness raising, breastfeeding and the importance of impartiality between male and female children.

The media can also play a vital role in raising awareness of this crisis and helping to find solutions. Here are some practical recommendations for media in Afghanistan on how to cover the malnutrition crisis:

- **Report on the scale and severity of the crisis.** The media can play a vital role in raising awareness of the malnutrition crisis in Afghanistan, both internally and externally. By reporting on the scale and severity of the crisis, the media can help to put pressure on governments and donors to act.

- **Highlight individual stories of those affected by the crisis.** The media can also help to humanize the crisis by highlighting the stories of those who are affected by it. By sharing stories of families who are struggling to feed their children, the media can help to bring the crisis home to viewers and readers.

- **Focus on solutions.** In addition to reporting on the crisis, the media can also focus on solutions. By highlighting programs and initiatives that are working to address malnutrition, the media can help to build momentum for change.

- **Be respectful of the affected communities.** The media should be respectful of the affected communities when reporting on the malnutrition crisis. The media should avoid exploiting or stigmatizing those who are affected by the crisis.
What is Malnutrition?

Malnutrition is not a disease, it is a condition that occurs when the body does not get enough nutrients, or when it gets too much. It can lead to a variety of health problems, including growth stunting, weight loss, impaired immunity, and increased risk of chronic diseases. There are two main types of malnutrition: undernutrition and overnutrition. [15]

Malnutrition is a serious problem that can have a devastating impact on health. It is important to identify and address the causes of malnutrition to improve health and well-being.

Signs and Symptoms

Signs and symptoms of malnutrition can vary depending on the type and severity of the condition, but some common ones are listed below. [16] [17] [18]

- **Weight loss**: Unintentional weight loss is a common sign of malnutrition, especially if it occurs rapidly.

- **Fatigue**: Lack of energy, weakness, and exhaustion may result from a lack of nutrients, especially protein and iron.

- **Poor wound healing**: Malnutrition can slow down the body’s ability to repair wounds and injuries, leading to prolonged healing times.

- **Brittle nails and hair**: A lack of nutrients, especially iron and biotin, can cause hair and nails to become brittle and weak.

- **Poor immune function**: A weakened immune system due to malnutrition can make individuals more susceptible to infections and illnesses.

- **Delayed growth and development**: In children, malnutrition can lead to stunted growth and delayed development.

- **Muscle weakness**: Lack of nutrients, particularly protein, can cause muscle waste and weakness.

- **Anemia**: Malnutrition can lead to anemia, a condition in which the body doesn’t have enough healthy red blood cells to carry oxygen to its tissues.

- **Skin problems**: Skin problems, including dryness, scaling, and easy bruising, can result from a lack of vitamins and minerals.
Children are at high risk of malnutrition because they are growing and developing rapidly. They need a lot of nutrients to support their growth and development. Afghanistan is one of the countries with the highest numbers of children under the age of five suffering from severe acute malnutrition, alongside Yemen and South Sudan. [19]

The elderly is also at risk of malnutrition because they may have difficulty chewing and swallowing, and they may not have the same appetite as they did when they were younger.

People with chronic health conditions, such as cancer, heart disease, or diabetes, may be at risk of malnutrition because their conditions can make it difficult to eat or absorb nutrients.

People with low incomes may be at risk of malnutrition because they may not be able to afford nutritious food. [20] [21]

Malnutrition can have significant negative effects on every organ system. The most obvious sign of malnutrition is weight loss due to the depletion of fat and muscle mass, which can lead to a decline in muscle function. Malnutrition can also affect cardiac and respiratory function, gastrointestinal function, immunity, and wound healing, and cause psychosocial effects such as apathy, depression, anxiety, and self-neglect. [22]

The treatment of malnutrition depends on the severity of the condition and the underlying cause. In general, the goal of treatment is to improve the patient’s nutritional status by increasing their intake of calories, protein, vitamins, and minerals.

- Mild malnutrition can often be treated with dietary changes and supplements. Patients may be advised to eat more nutrient-dense foods, such as whole grains, lean protein, fruits, and vegetables. They may also be given nutritional supplements, such as protein shakes or multivitamins.

- Moderate malnutrition may require more aggressive treatment, such as enteral nutrition (feeding through a tube into the stomach or small intestine) or parenteral nutrition (feeding through a vein). In some cases, patients may need to be hospitalized for treatment.

- Severe malnutrition is a medical emergency and requires immediate treatment. Patients may need to be hospitalized and given enteral or parenteral nutrition. They may also need to be treated for any underlying medical conditions that are contributing to their malnutrition. [23] [24]
ADDITONAL INFORMATION ABOUT MALNUTRITION

Prevention

- Eating a healthy, balanced diet that includes a variety of foods from all food groups.
- Breastfeeding infants for at least six months.
- Providing young children with a nutritious diet that includes foods that are high in iron and zinc.
- Making sure that pregnant women and women of childbearing age have access to nutritious food.
- Providing food assistance to people who are unable to afford nutritious food.
- Educating people about the importance of nutrition and how to get the nutrients they need. [25] [26]

Sources

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About Us

Rooted in Trust (RiT) is a USAID BHA-funded project run by Internews to support humanitarian, public health agencies and local media to combat and manage the spread of rumors and misinformation about COVID-19. This regular collection of community insights aims to provide humanitarian and public health agencies with ideas to integrate and align their risk communication activities with community perspectives and provide information according to the needs of the community. In Afghanistan, Internews is collaborating with local media partners and the Risk Communication and Community Engagement Sub-Working Group (RCCE SWG).

We would love your feedback on this product! Contact us also to join our mailing list, collaborate and share data. Please contact Mr Rohullah Sadat, Project Manager RiT2 Afghanistan, Internews - msadat@internews.org

You can find more helpful information about malnutrition and the crisis in the following links:

- Afghanistan: Acute Malnutrition Situation | (ipcinfo.org)
- Malnutrition (who.int)
- Introduction to Malnutrition (bapen.org.uk)