# **AFRICA INSTITUTE FOR PROJECT MANAGEMENT STUDIES**

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**COURSE**: POST GRADUATE DIPLOMA IN HUMAN NUTRITON.

# ASSIGNMENT 2

1. **Select a population category and discuss why they are referred to as vulnerable or at Risk**.

The word vulnerable according to the Oxford dictionary means, a person who can be easily physically, emotionally, or mentally hurt, influenced, or attacked. The population category selected for this particular discussion is women and children and the relevance of the discussion is geared towards the vulnerability of women and children to malnutrition.

According to ICRC 2007, women are a weaker sex, due to their physical characteristics, this explains the reasons why women are accorded special attention and protection under the international humanitarian law and the 1977 Geneva conventions (protocol 76 and 77). Protection against all forms of indecent assault. The convention recognizes that women are vulnerable in certain circumstances owing to their physical characteristics and specific needs, such as those of pregnant women, maternity cases or mothers of young children. Children are given special protection because of their age, whereas in the case of women it is granted in consideration of their specific health, hygiene and physiological needs and their roles as mothers. Additionally, children are rightly considered vulnerable because of their physical and mental immaturity, their limited abilities and their dependency on adults.

According to the United Nations (2018), majority of the world’s poorest people are women, who are further affected by discrimination if they belong to minority groups. Women suffer disproportionately from discriminatory labour practices; members of racially discriminated groups do not enjoy equal access to health, education or justice, productive assets (livestock, land and finances) In addition, women refugees and migrants are also more vulnerable to violence, lack of representation n and limitations on their freedom of movement. In most times violence against women have been used as weapons of war in conflicts throughout history.

In regard to malnutrition, HIV, and Aids, malnutrition poses a variety of threats to women. It weakens women’s ability to survive childbirth, makes them more susceptible to infections, and leaves them with fewer reserves to recover from illness. HIV-infected mothers who are malnourished may be more likely to transmit the virus to their infants and to experience a more rapid transition from HIV to full-blown AIDS. Malnutrition undermines women’s productivity, capacity to generate income, and ability to care for their families. (Leslie elder and Elizabeth (2003).

Aruna and Sudha.P (2015) states that, Women are more likely to suffer from malnutrition than men are, for some potential reasons, which involve women’s reproductive biology, low social status, poverty and lack of knowledge. Moreover, sociocultural tradition and disparities of household work pattern can also make the women more susceptible to malnutrition. Additionally menstruation, pregnancy and lactation can lead to nutritional deficiency, which is the most widespread and disabling health related problem among women.

Lipton, M. and M. Ravallion ( 1995) show that women work longer hours to attain the same level of welfare as men do, and that poverty is more likely to be chronic in women, thus they are more prone to poor health, malnutrition, and lack of education. Malnutrition poses a variety of threats to women. It weakens women's ability to survive childbirth, makes them more susceptible to infections, and leaves them with fewer reserves to recover from illness. Poor women are likely to be poorly nourished and this has serious implications for the nutrition status of their yet-tobe-born children. Maternal under nutrition is directly associated with ill health through the malnutrition infection complex, and places both the mother and her fetus at risk.

In conclusion, vulnerability is not an easy category to define. The most frequent questions asked are who is vulnerable to what particular risk. because vulnerability factors affect different groups in different ways, and it would be an oversimplification to consider either sex as inherently more vulnerable than the other. For instance, the case of wars or conflict Women and men alike are at risk of being " disappeared " or detained as political opponents, but men are generally at greater risk of being detained or summarily executed because of their potential or actual role as military opponents. On the other hand, women and girls are much more exposed to sexual violence, whatever the motives of the aggressor may be, even though men can also be the victims of such abuse. Moreover, women and girl soldiers can either commit or incite others to commit violent acts, as is the case with men, and they can sometimes be tougher and crueler than men in order to achieve recognition (ICRC 2007)

1. **You have been posted by an NGO to work in a community far from your home**

**b) What are some of the problems you might encounter?**

According to Bente Puntervold (2016), Language barrier caused by the lack of a common language is the commonest challenge for any community worker working in a different environment. For instance going to area where french or Arabic is spoken as a common language, yet the NGO worker only speaks English this can be very challenging. A very worse scenario can happen when the community worker is conducting nutrition counselling, the client will find it difficult to express him/herself with the community worker due to language barrier.

Difference in cultural codes may pose serious communication problem. Cultural codes of behavior and different frames of reference between the NGO workers are community members often makes it difficult to establish a good relationship when both the NGO worker and the community are unfamiliar with one another’s cultural codes this in most cases turns out to be a case of misunderstandings and misconceptions. Olsen et al put it “cultural differences affect the ability of health workers to establish a dialogue with their clients: ‘Cultural differences create just as grave communication problems as the language challenges they are faced with’ (Olsen et al., 2005: 55)

Cultural Shock is one of the challenge/ problem one may encounter. Researchers define culture shock as the psychological disorientation experienced by an individual who suddenly enters radically different cultural environments to live and work (Oberg, 1960; Eschbach et al, 2001). Culture shock is seen as uncertainty that causes people to suffer anxiety, depression and isolation (Winkelman .M. 1994). Culture shock may also be a feeling of disorientation, insecurity, and anxiety one may feel in unfamiliar surroundings. Values, behaviors, and social customs (Bhatia. K. 2015) Moreover, it is a common psychological response to an unfamiliar culture, which in extreme cases may be characterized by depressed or paranoid behavior, Isolation and Frustration, Sleeping a lot, Nervousness, Homesickness, Crying, absenteeism and lack of motivation (Hunter & Whitten, 1976). A research conducted by Rajasekar. J & Renand. F (2013), it found out that cultural sock in social work is mostly due to religious and traditional issues, factors such as individualism verses collectivism, power distance, rules and weather patterns .

1. **How can you improve your cross-cultural competence?**

According to Earley and Ang (2003), cross-cultural competence is an individual’s capability to deal effectively in situations characterized by cultural diversity, which is made up of mental, motivational and behavioral components. However, it has several meanings; “it can mean adjusting to an environment, cultural intelligence, intercultural readiness, multicultural effectiveness cultural awareness. In a nut cell, it means skills, attitudes and knowledge.

According to Thomas. D (2012) there are five important features that contribute to a health care professional becoming more culturally competent: valuing diversity, conducting a cultural self-assessment, understanding the dynamics of difference, incorporating cultural knowledge in the service delivery, and adapting to diversity.

The social worker should first value that communities are diverse, with different cultures, language and way of life. By respecting diversity, the community where she/he is posted will have respect and ownership towards the community, hence acceptability of what message and services he or she is delivering.

To understand the community better, the community worker should conduct a cultural self-assessment. This is imperative in understanding how and to what extent culture influences the lives of the people in the community he/ she is working in. Hoverman. D. (2012), in his research on the development of cultural competences in health care organization stipulates that, “an introspective evaluation of one's own cultural ideology, value system and cultural influence may contribute to a greater sensitivity to the issues, problems and perspectives of the patients being served.

Thirdly, acquiring a training in cross-cultural difference, some organization include cross-cultural competences as part of their security briefing and training. This is to equip the social /development workers with skills and knowledge to deal with the difference. Largely such briefing help in reducing cultural shocks, security incidences and conflicts with communities.

The other aspect According to Hoverman. D. (2012) is the understanding of the dynamic differences in communities, persons and group, knowing that each cultural group brings with it a repertoire of histories and perceptions that may influence the relationship between the groups. These include learned stereotypes, feelings, behaviors, communication strategies and values. Hence, the Development /Social worker must understand these dynamics of difference in order to empathize and prevent negative outcomes resulting from misinterpretation and ignorance.

Incorporating cultural knowledge in to a person’s daily activities. After conducting the assessments and understanding the different dynamics of the community, the development worker should always be work with the finding at hand to avoid insecurity and receptiveness from the communities.

Additionally, is the ability to build strong cross-cultural relationships and to be at ease with difference, ability to be flexible and adaptable to diverse environments, the willingness to be an ally to individuals who are different from oneself, having effective communication skills and being able to able to mediate cross-cultural conflicts

In conclusion, the following list of cross-cultural skills are important in working with diverse communities with different cultures. For instance, being aware of one’s own culture, values, and biases, the ability to control once own biases it affects interactions with others, having a culture-specific knowledge, and knowledge of institutional barriers that prevent access of resources.

1. **Discuss the steps in taking a dietary history for a partner.**

The Diet History methodology is a detailed retrospective method of diet assessment used more frequently in the clinical practice than in research studies. Diet History is used to describe food and/or usual nutrient intake during a relatively long period; it can be for one month, six months and one year. Burke developed the Diet History method during the years 1938 to 1947 in a clinical environment naming it “Diet History” in analogy to the classic “Clinical History” Burke describes the the central element of the diet history as the detailed interview on the usual intake of the subject.

Burke described the original technique to have steps, firstly is the Interview about the usual food intake pattern of the surveyed individual, which is by estimating the amount consumed by means of household measures. Secondly is by assessing the overall pattern of food intake as well as cross checking the information collected in the first part. Thirdly is a three-day food record with estimated portion sizes of the foods and beverages consumed.

Using a visual aid, the one getting the partner dietary history guides the partner to recall in details all food and drink consumed previous day (24-hour recall) as well as any pertinent nutritional/herbal supplements. By probing with questions such as when, did you wake up, what was the first thing you ate and/or drank, did you have a morning snack/morning coffee, and what did you have for lunch, anything to drink with that, any afternoon snack taken. What did you have for supper, did you have dessert/ snack in the evening/before you went to bed. Do you take a multivitamin, any herbal supplements, and Iron, pills at what time of day etc.

The interviewer can then cross check using a detailed questionnaire and draw the detailed three day history of the partner.

1. **Why is it important to formulate objectives in the counseling Process?**

Counselling is a process of helping individuals or group of people to gain self-understanding in order to be themselves. Burker and Steffler (1979) see counseling as a professional relationship between a trained Counselor and a client. Olayinka (1972) defined it to be a process whereby a person is helped in a face-to-face relationship while Makinde (1983) explained counseling as an enlightened process whereby people help others by encouraging their growth.

Counselling is a process designed to help clients understand and clarify personal views of their life space, and to learn to reach their self-determined goals through meaningful, well-informed choices and a resolution of problems of an emotional or interpersonal nature. It believes that every human individual has the potential for self-growth, self-development and self-actualization

Setting objectives is important in a counselling process; it involves making a commitment to a set of conditions, to a course of action or outcome, this as well gives the counselor a direction on what to accomplish and what cannot be accomplished. These objectives can be set by the counselor supporting the client to identify the objectives of the counselling process.

Setting Objectives in counselling motivate clients motivated to work toward achieving the intended objectives achieved and helps the counselor to evaluate progress.

Setting up objectives with the client allows the client to learn how to structure their lives towards achieving the objectives.

Setting up goals is important because it ease the work of the counselor in selecting and evaluating appropriate counseling interventions.

Setting up objectives allows the counsellor and the client to have a better understanding of what is to be accomplished.

Setting up objectives enhances the client understanding of what to be done. It also allows both the client and counsellor to recognize progress when it happens which reinforce further progress.

**4. Explain circumstances that may require prescription of nutrition supplements.**

The Food and Drug Administration in USA (2019), define a dietary supplement as "a product intended for ingestion that contains a 'dietary ingredient' intended to add further nutritional value to (supplement) the diet. A 'dietary ingredient' may be one, or any combination, of the following substances: vitamin, mineral, herb or other botanical, amino acid etc.

The Harvard medical school (2013) puts it that pregnant women need larger amounts of certain vitamins and minerals, particularly iron and folic acid during the earliest weeks of pregnancy around 12 weeks for fetus development and is believed to reduce the child’s risk of neural tube defects such as spina bifida. However, the prenatal vitamins should be given under the advice of a medical doctor.

All children aged six months to five years should be given a supplement containing vitamins A, C and D and People aged 65 and over are advised to take vitamin D supplements. People with darker skin and people who are not exposed to much sun are advised to take vitamin D supplements.

1. **Explain why the elderly are considered vulnerable to malnutrition.**

The aging process involves changes in physiological, pathological, social, and psychological conditions of a person. Nutrition is an important element of health among the elderly, and it affects the whole process of aging. The prevalence of malnutrition is increasing in this population and is associated with a decline in functional status, impaired muscle function, decreased bone mass, immune dysfunction, anemia, reduced cognitive function, poor wound healing, delayed recovery from surgery, higher hospital readmission rates, and mortality.

According to (Shakirat. A, 2016) malnutrition can be viewed from four different perspectives and these include Undernutrition due to inadequate food intake, over nutrition due to eating more than what is needed, Lack of food particular nutrient and Disproportion in the food intake. The elderly population is extremely diverse, ranging from fit, active, and healthy octogenarians to extremely frail, very dependent people with chronic disease and severe disabilities. Their body composition changes during malnutrition, with the loss of both fat and muscle tissue, but body composition also changes with age. It is important to understand what changes occur because of ageing so malnutrition related alterations can be identified and interpreted correctly. (Hickson. M 2006)

Harris .H (2005) defines malnutrition as a condition in which excessive or insufficient energy, protein and other essential nutrients causing malfunctions in the body shape, function and clinical outcomes (Harris, Haboubi 2005).

Elderly are at high risk of malnutrition due to physiological factors such as loss of appetite, taste and swallowing problem and the interaction between the medication and nutrient intake. The psychological factors such depression and cognitive impairment play a leading roles.

Quality and quantity of dietary intake for older people. Older adults are predisposed to nutrient deficiency due to a decline in total and resting energy requirements (physical inactivity, loss of lean muscle mass and increased adiposity) that gradually reduces food intake while vitamin and mineral needs remain unchanged or increased

De morais (2013) explains how environmental factors can lead to higher risk of malnutrition among aged people. Malnutrition is common among elderly living at home because they encountered changes which is age related and they also faced inadequate nutritional supply in the environment.(Lahmann, Tannen & Suhr 2015)

Long prevalence of long-term health conditions makes older adults particularly vulnerable to malnutrition.

The age of the elderly influences current dental status and food intakes. Tooth loss in elderly people has been related to changes in food intake and nutritional deficiency, as the population grows old, it tends to skip some meals decreasing the number of meals eaten per day. Significant loss of muscle occurs with age. Studies have shown that (Reubenoff-1999) Sarcopenia, involving the loss of muscle tissue, is a normal process of ageing. It has two main important effects, decrease in strength and reduced protein stores for times of physiological stress such as an acute illness. Impaired dental status can cause dietary limitations through chewing difficulty, resulting in impaired nutritional status.

Social factors such as loneliness, loss of a partner and caring for young grandchild are associated with high prevalence of malnutrition among the elderly in Baringo district. A large household in which the old person lived have more risk of elderly malnutrition. Loneliness can affect the nutritional status only if the elderly has no partner.

Socio-economic factors namely source of income, number of animals owned or dying during drought have significant associations with the nutritional status. The numbers of cows owned and the capacity to care after oneself have a positive impact on body mass index status. Due to changing socioeconomic environment, elderly people are often left alone to fend for themselves to maintain their health, which may interfere with the maintenance of a good nutritional status.

**In conclusion,** Poor nutritional status and malnutrition in the elderly population are important areas of concern. Malnutrition and unintentional weight loss contribute to progressive decline in health, reduced physical and cognitive functional status, increased utilization of health care services, premature institutionalization, and increased mortality. Nonetheless, many health care practitioners inadequately address the multifactorial issues that contribute to nutritional risk and to malnutrition. A common assumption is that nutritional deficiencies are an inevitable consequence of aging and disease and that intervention for these deficiencies are only minimally effective.

**Bibliography:**

Thomas D. Hoverman (2012) the Development of Cultural Competence: A Positivistic Case Study of a Healthcare Organization University of St. Thomas, Minnesota

Philine S. Harris, Liz Payne (2019) Barriers and facilitators to screening and treating malnutrition in older adults living in the community: a mixed-methods synthesis.

Earley PC and Ang S (2003) Cultural intelligence: Individual interactions across cultures. Stanford, CA: Stanford University Press.

Herbert M. Burks, Buford Stefflre (1979) theories of counseling, third edition. McGraw-Hill,

Lahmann, N.A., Tannen, A. & Suhr, R. 2015, "Underweight and malnutrition in home care: A multicenter study", Clinical Nutrition.

Olugbenga David Ojo and Dr. Ogidan Rotimi (1983) fundamentals of guidance and counseling.

Harvard Health Publications (2013) Food, Vitamins, and Supplements! Oh My! Demystifying nutrition: the value of food, vitamins and supplements

Food and Drug Authority (FDA) 2019, Commercial Claim Payment Bulletin on Prescription Vitamins, Dietary Supplements, and Medical Foods.

Kabir, Syed Muhammad. (2017). introduction to counseling.)-Curtin university.

Rajasekar, James & Renand, Franck. (2013). Culture Shock in a Global World: Factors Affecting Culture Shock Experienced by Expatriates in Oman and Omani Expatriates Abroad. International Journal of Business and Management

Makinde, O. (1983): Fundamentals of Guidance and Counselling. Ibadan: Macmillan Publishers. Read chapter 16 on records.

Bente Puntervold (2014) Social work in a multicultural society: New challenges and needs for competence. University College, Norway

Winkelman, Michael. (1994). Cultural Shock and Adaptation. Journal of Counseling & Development.

Bachrach Lindströ, Lundin, R. & Christensson, L. (2007) Attitudes of nursing staff working with older people towards nutritional nursing care", Journal of Clinical Nursing, vol. 16, no. 11, .

Shakirat Adeyanju (2016) Malnutrition in elderly, possible causes and nurses intervention, india.

Porter Starr KN, McDonald and SR, Bales CW (2015) Nutritional Vulnerability in Older Adults: A Continuum of Concerns.

Kanchan Bhatia, Sagar (Managing cultural shock due to globalization- Issues challenges and opportunities Institute of Research and Technology, Bhopal, Madhya Pradesh, India.

De Morais, C. & Oliveira, B. (2013), "Nutritional risk of European elderly", European journal of clinical nutrition, vol. 67, no. 11, pp. 1215-1219.

Kalyani. S & Manisha Sabharawal (2015) Review article changes during aging and their association with malnutrition. Irwin College, University of Delhi, New Delhi, Indian