

# Supporting Optimal Maternal, Infant, and Young Child Nutrition in Jordan

**February 8, 2022**

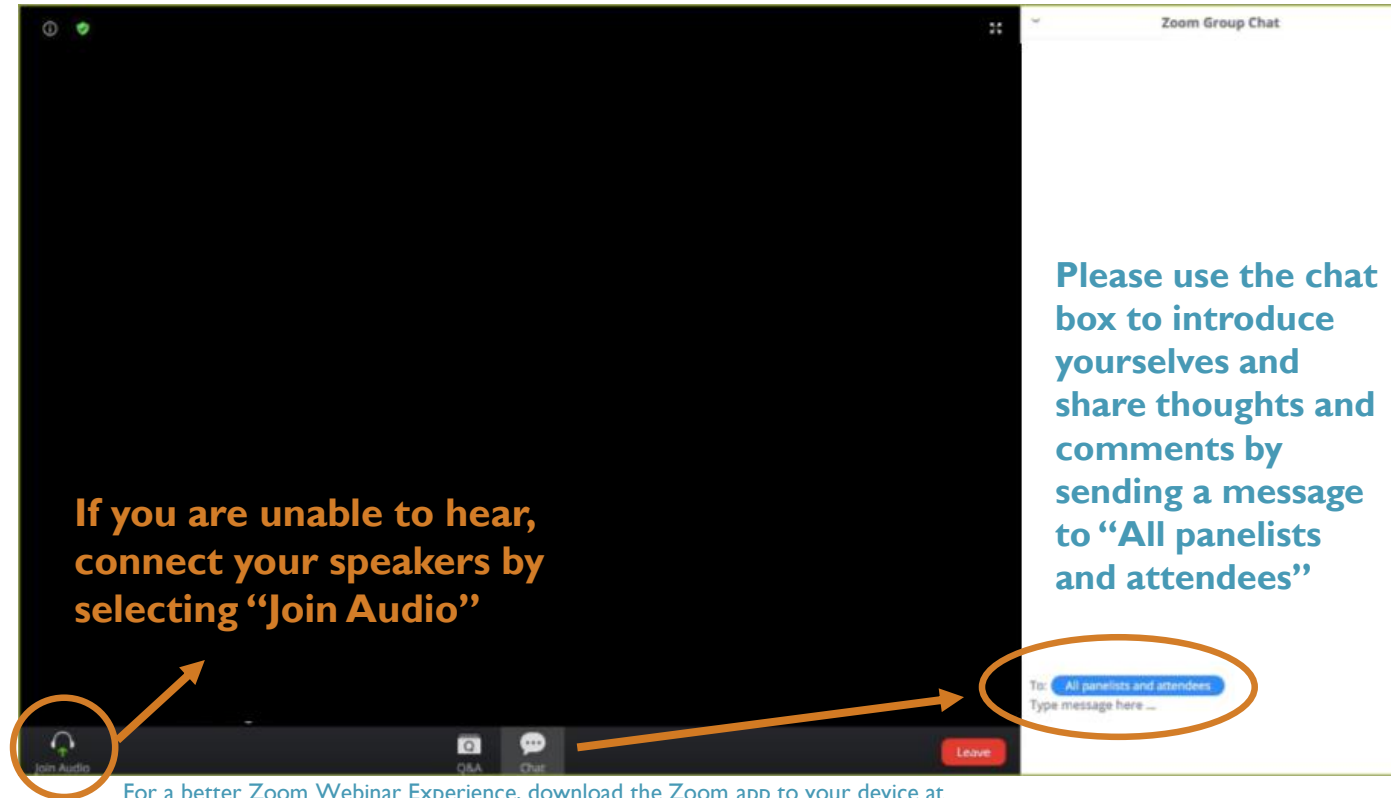
**Bethany Haberer | Doris Youngs | Shibani Ghosh | Rawhieh Barham | Eman Badran | Asma Basha | Reema Safadi**



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The U.S. Government's Global Hunger & Food Security Initiative

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# Jordan Nutrition Innovation Lab Webinar

*Supporting Optimal Maternal, Infant, and Young Child Nutrition in Jordan*

**Tuesday, February 8, 2022**  
**1:30-3:00 pm Jordan Time | 6:30-8:00 am US Eastern**  
**Zoom**



**RAWHIEH BARHAM**

Jordan Ministry of Health



**BETHANY HABERER**

USAID/Jordan



**SHIBANI GHOSH**

Tufts University



**DORIS YOUNGS**

FHI 360



**ASMA BASHA**

University of Jordan



**REEMA SAFADI**

University of Jordan



**EMAN BADRAN**

University of Jordan

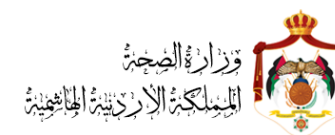




# Community Health and Nutrition Project

Doris Youngs

February 8, 2022



# Overview: Community Health and Nutrition Project

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- **Project Duration:** 6-year Project ( 2020- 2026)
- **USAID Implementing Partner:** Family Health International (FHI360)
- **Project Strategic Partner:** Jordan Ministry of Health -Primary Health Directorates (Health Communication & Awareness Directorate; Woman & Child Health Directorate)
- **Project Consortium:**



# Achieve Measurable Improvement in Six Key Practices:

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1. Enhanced dietary diversity during pregnancy
2. Early initiation of breastfeeding (EIBF)
3. Exclusive BF through 6 months and continued BF through 2 years
4. Timely introduction of appropriate complementary foods
5. Use of modern contraceptive methods postpartum
6. Healthy family diets

During pregnancy



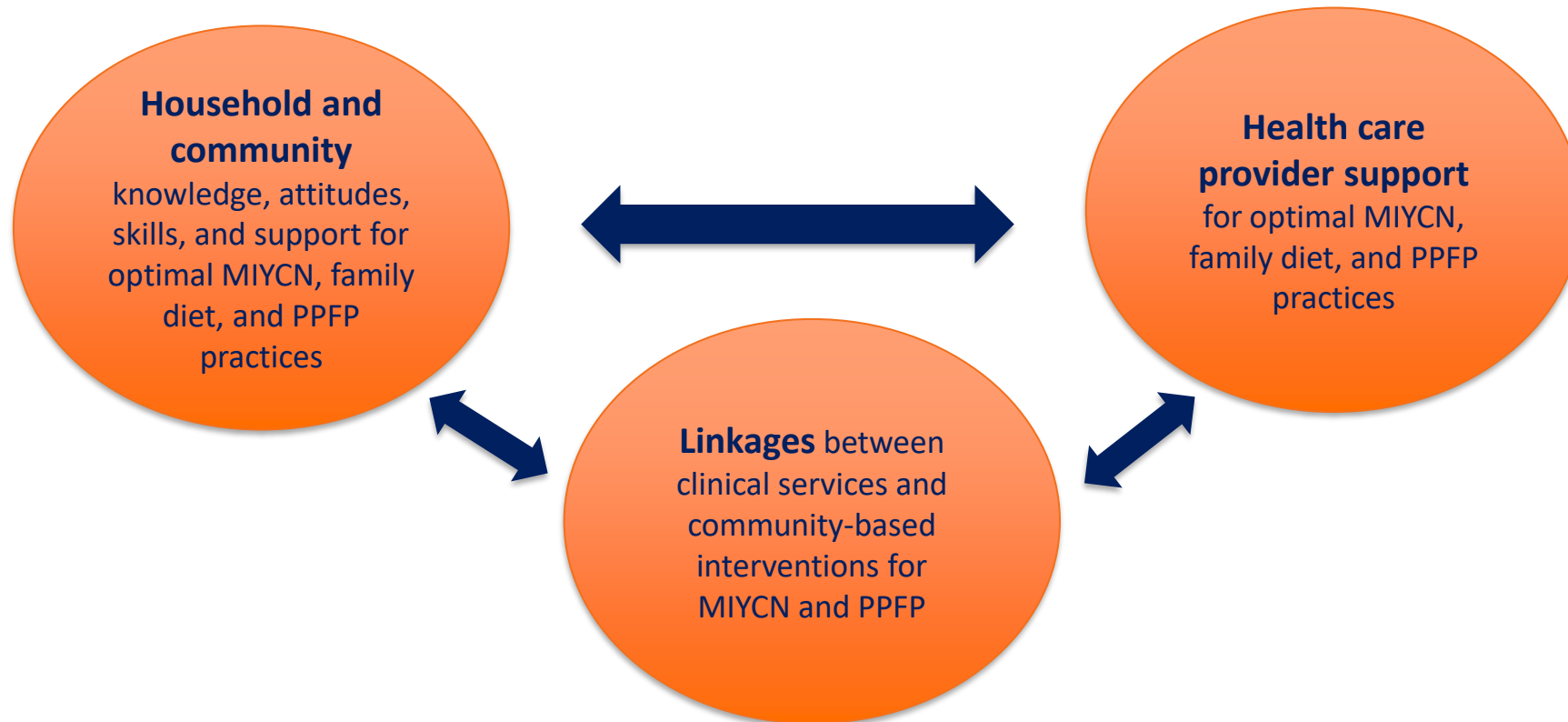
6-24 months postpartum



0-6 months postpartum

**COVID-19: Supporting Government of Jordan's efforts in combatting COVID-19 through promoting preventive measures and vaccine uptake**

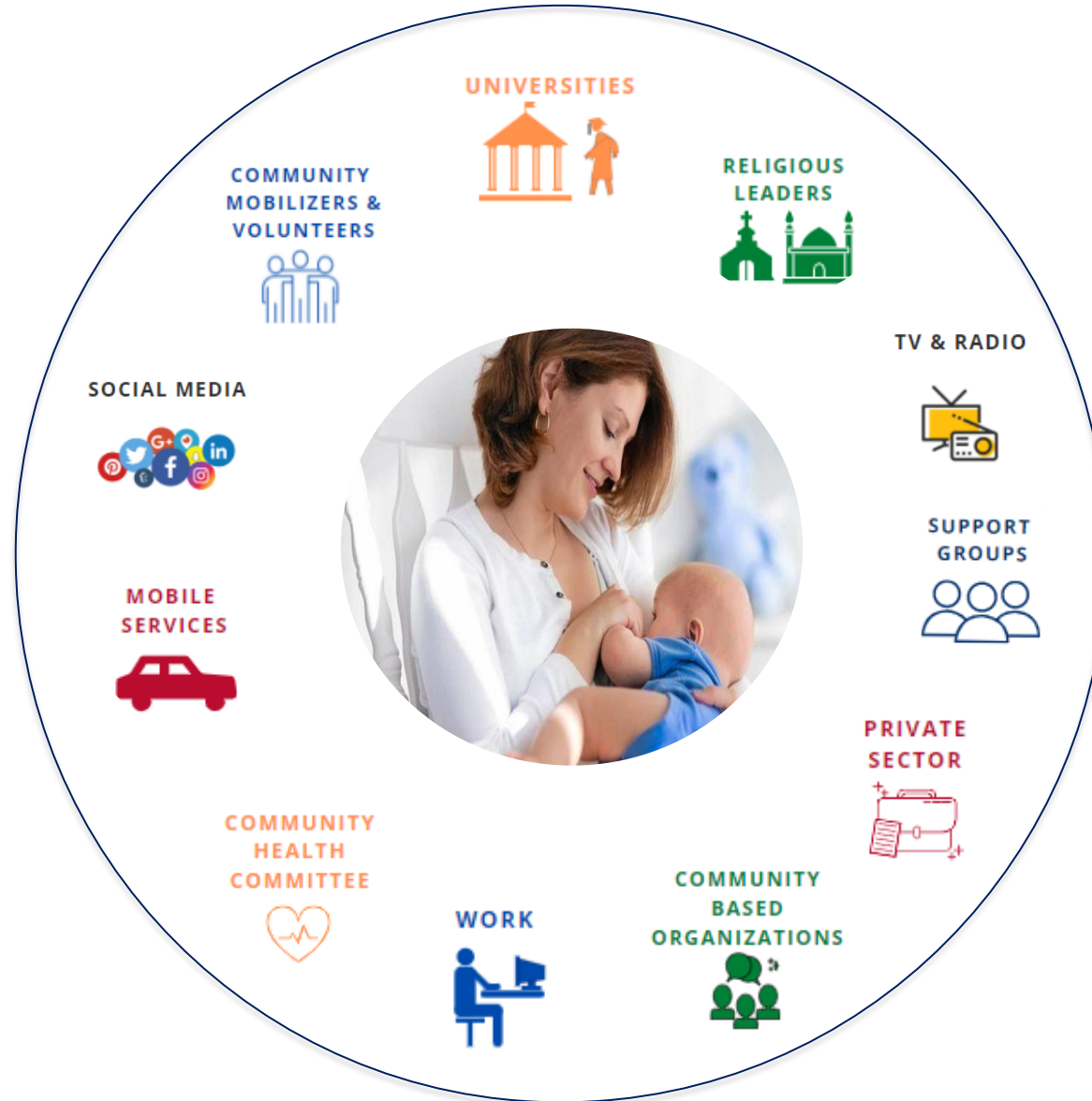
# Achieve Measurable Improvements in Six Maternal, Infant, and Young Child Feeding (MIYCN) and PPFP Practices



**Translating Research Findings into Practice:**  
*(Literature Review, Formative Research, Market Analysis, Ongoing Evaluation)*

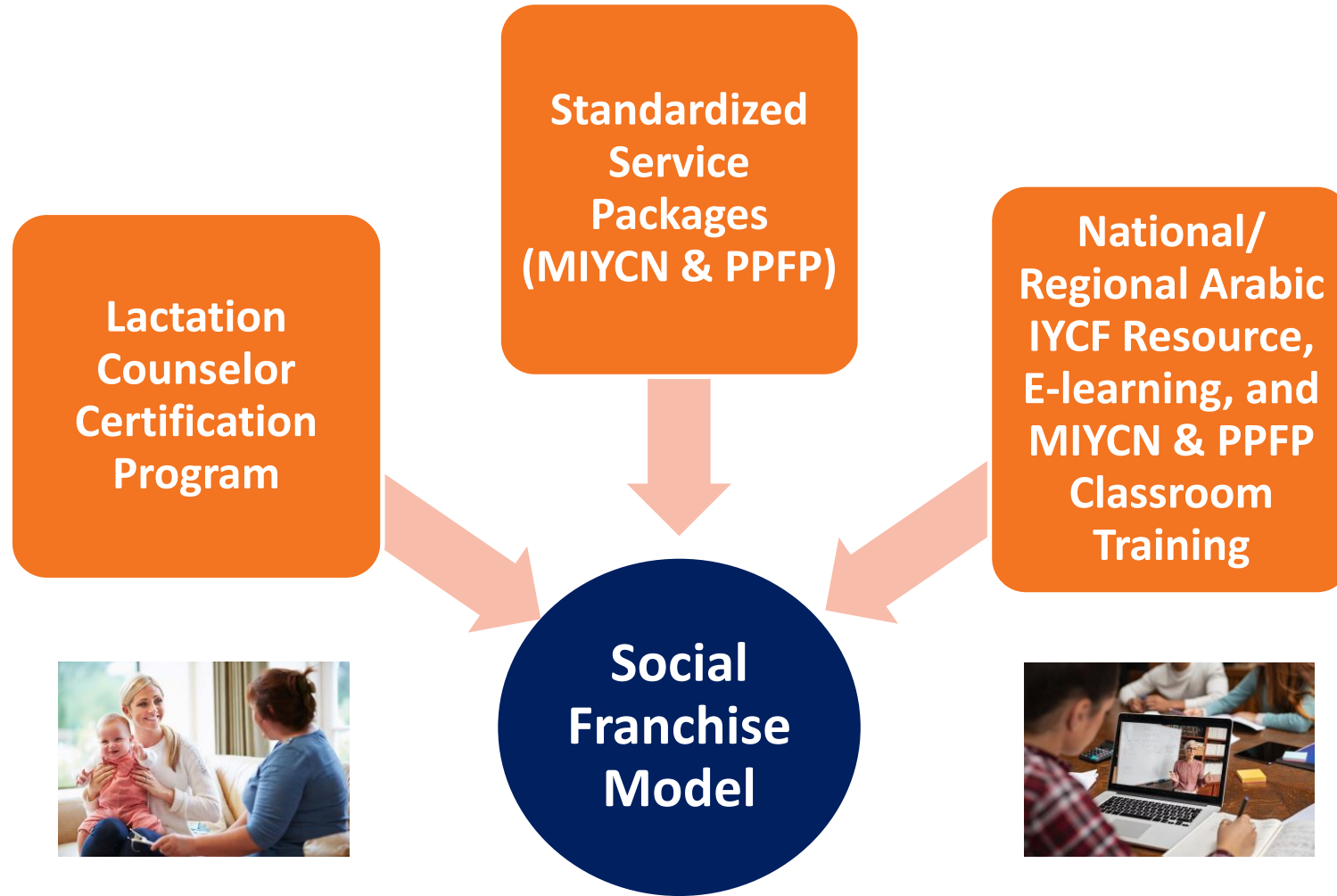


# Mobilize Household and Community Networks



# Model Health Care Services to Support Optimal MIYCN & PPFP

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# Community Networks Linked with Service Delivery



# Supporting optimal infant, young child and maternal nutrition and health in Jordan

Dr. Shibani Ghosh  
Tufts University, February 2022

## IN JORDAN

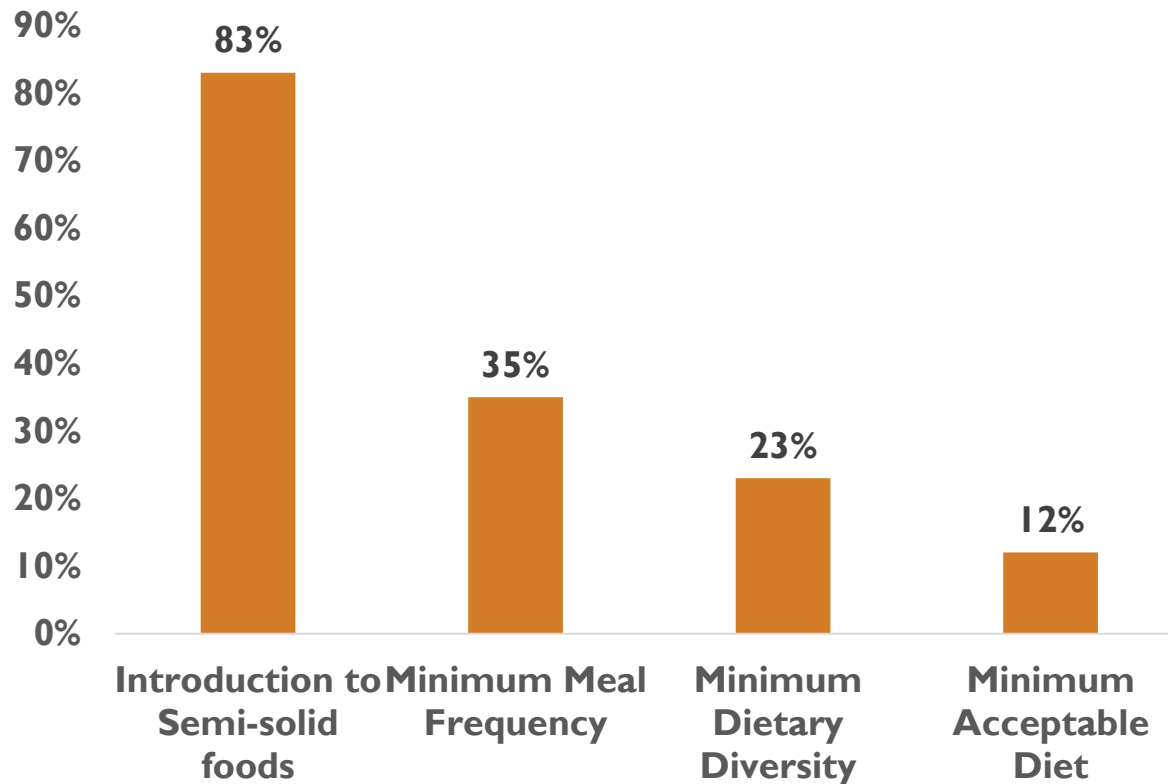
- Double burden of micronutrient deficiencies and overweight/obesity
  - High rates of overweight and obesity in women –over 50% classified as overweight and/or obese (DHS 2018) - 30% of women 15-49 years suffering from anemia
  - A study in Northern Jordan found almost 25% of children aged 6-12 years were classified as either overweight or obese
- Poor early life practices
  - Early cessation of breastfeeding in favor of commercially available BMS, early introduction of liquids such as water and juices are common
  - Exclusive breast-feeding rate dropped from 25% at one month of age to 2% at 6 months of age (DHS, 2018)



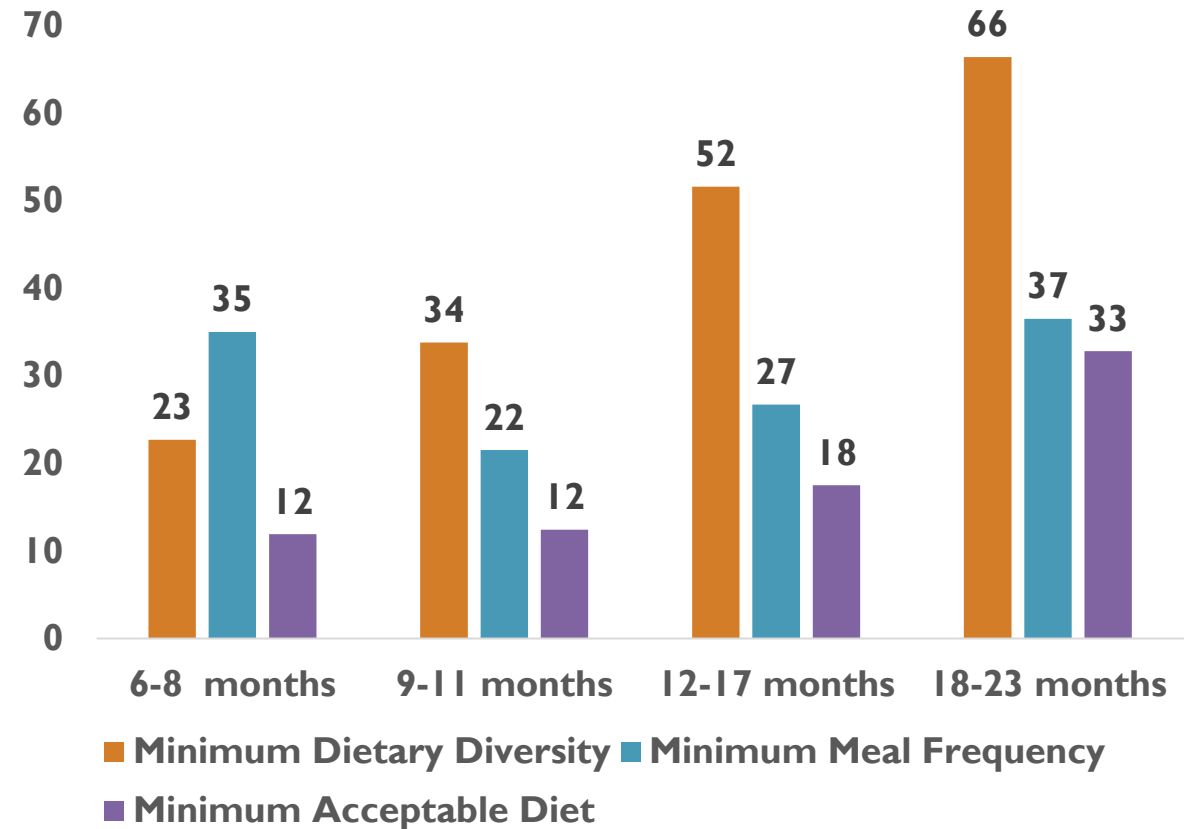


## COMPLEMENTARY FEEDING PRACTICES (DHS 2018)

Percent of Infants 6-8 months



Percent of Infants 6-24 months



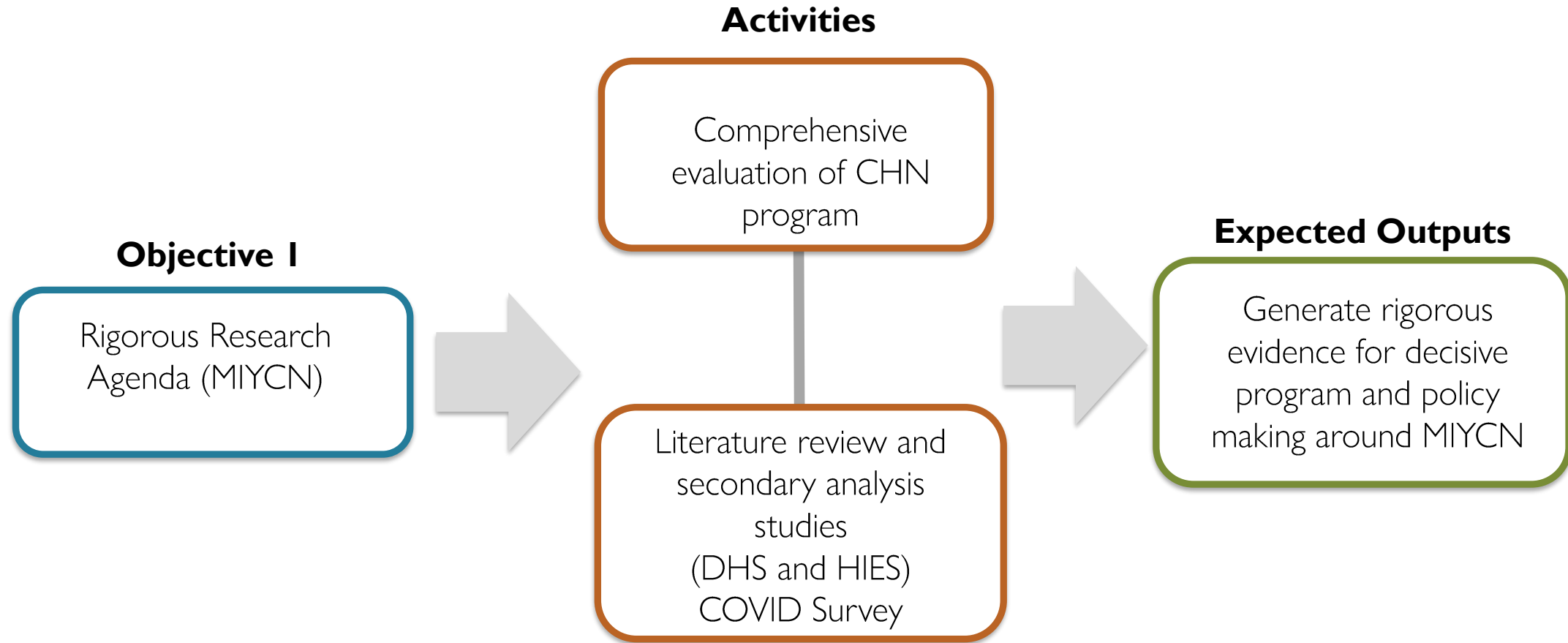
## OBJECTIVES

*Supporting optimal infant, young child and maternal nutrition and health in Jordan*

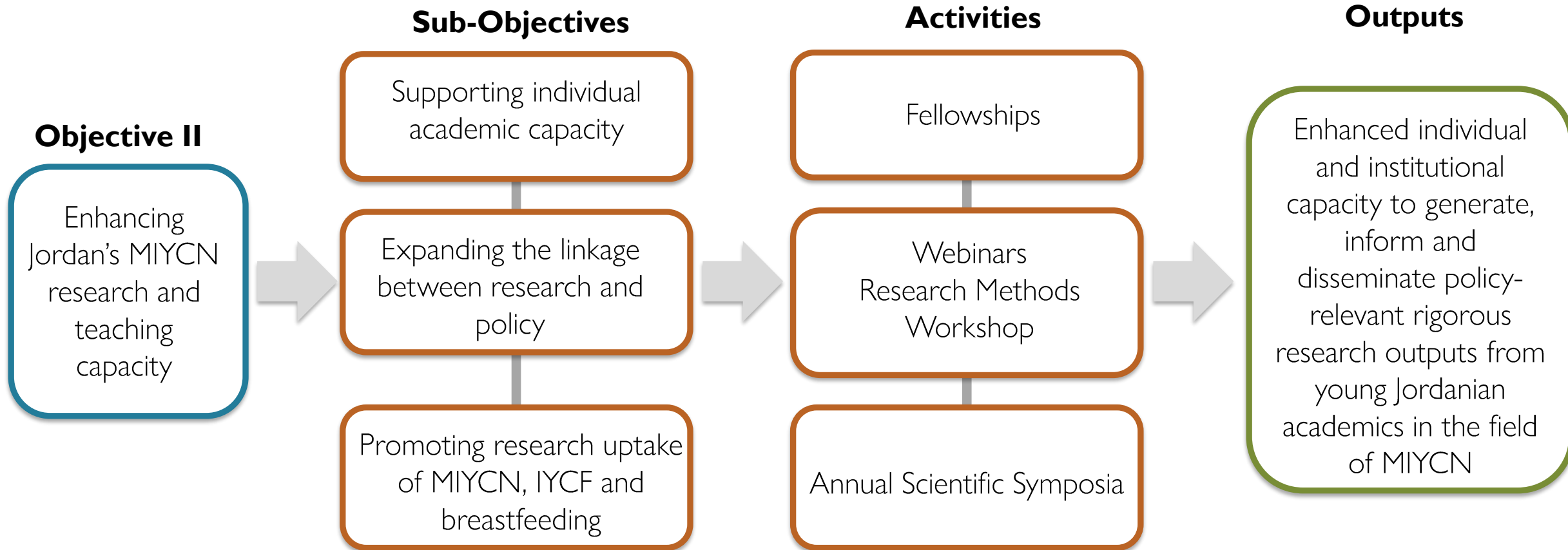
**Objective I: Develop and implement a rigorous research agenda around MIYCN that is policy relevant**

**Objective II: Support Jordan's MIYCN individual and institutional capacity building and expand link from research to policy**

## OBJECTIVE I: POLICY RELEVANT RESEARCH



## OBJECTIVE 2: CAPACITY BUILDING



## OBJECTIVE 1: COMPREHENSIVE EVALUATION

Component	Question
Impact/Outcome Evaluation	Did the program achieve its stated outcomes? (Change in identified behaviors)
Process and Performance Evaluation	Was the program implemented as designed? What were the facilitators? Were there any barriers?
Sustainability Assessment	Were program elements sustained and/or expanded? Did national level activities continue ?
Step wedge longitudinal cluster randomized design	CHN intervention implemented using a randomized roll out across their target facilities in three governorates. NIL will collect data over multiple years - qualitative and quantitative data



## COMPREHENSIVE EVALUATION

Comprehensive Evaluation Components	Survey Data Collection
Quantitative Impact Evaluation (Beneficiary Targeted)	Baseline (Panel 1)
	Panel 2
	Panel 3
	Panel 4
Quantitative Service Providers Survey	Baseline (Panel 1)
	Panel 2
	Panel 3
	Panel 4
Qualitative Process and Performance: Program, Service Providers, Beneficiary	Panel 1
	Panel 2
	Panel 3
	Panel 4
Qualitative and Quantitative Assessment of Sustainability	One panel

## OBJECTIVE 2

### **JNIL Fellowships**

- Annually 3 fellowships will be awarded
- Support young Jordanian scientists and professionals and generate evidence within the maternal, infant and young child nutrition and health area

### **Research and Policy Webinar**

- Will be conducted quarterly on a list of identified priority topics with a focus on maternal, infant and young child health and nutrition

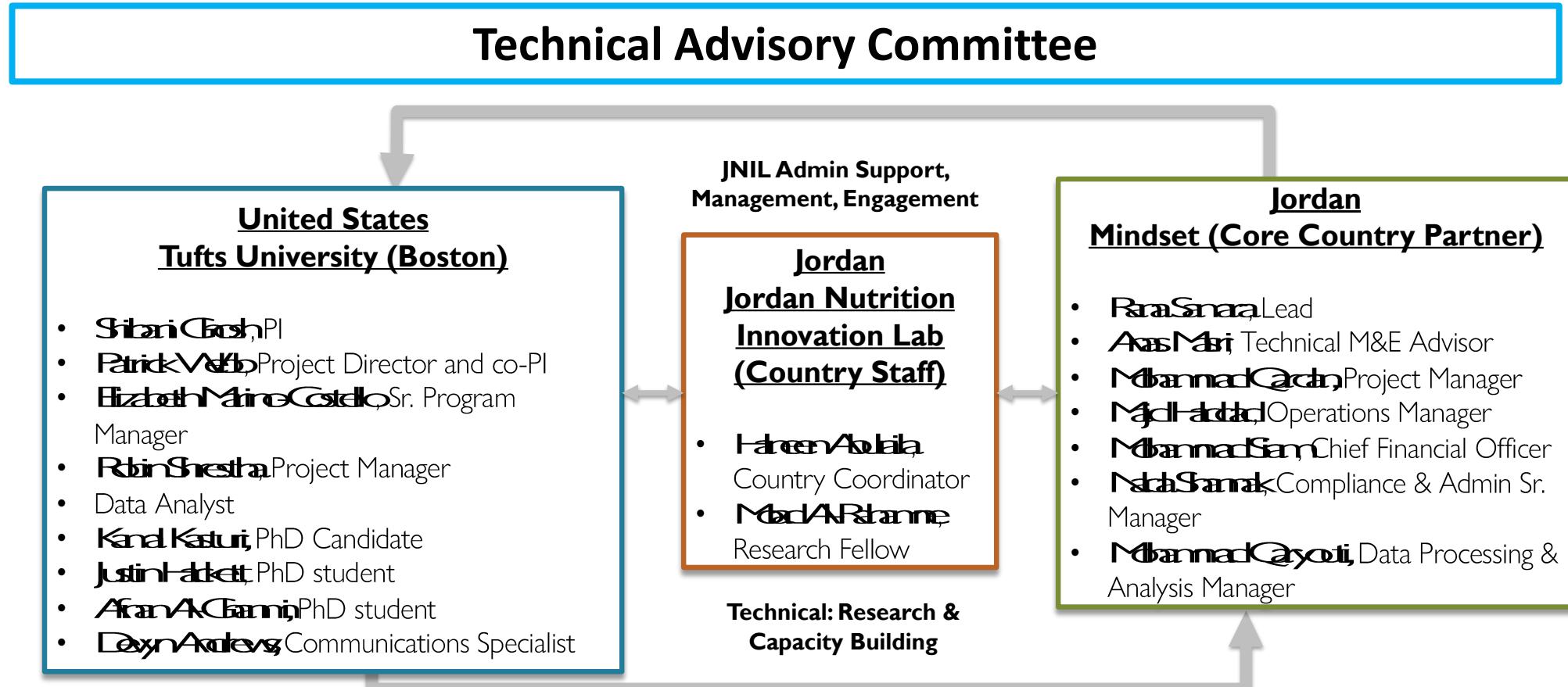
### **Research Methods Workshop**

- Conducted annually with a focus on study design, grant writing with a focus on public health nutrition, nutrition epidemiology and policy analysis research

### **Annual Research and Policy Symposium**

- Forum to bring together MOH, policy experts, policy planners, researchers, students and programming professionals
- Focus on new evidence emerging in the area of maternal, infant and young children.

# JNIL ORGANIZATIONAL STRUCTURE



## PARTNERS & COLLABORATORS

### USAID Jordan



### Core Country Partner



### Community Health and Nutrition (CHN) Activity



### Technical Advisory Committee

- Ministry of Health, Government of Jordan
- University of Jordan, School of Nursing, School of Agriculture
- Jordan University Hospital
- Jordan University of Science and Technology
- Institute of Family Health
- Tufts University, Friedman School of Nutrition Science and Policy

### Other Collaborators

Department of Statistics, Government of Jordan  
IPSOS



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GERALD J. AND DOROTHY R.  
Friedman School of  
Nutrition Science and Policy



Q1. What are the challenges and gaps in strengthening **human** and **institutional capacity** of health professionals to improve MIYCN in Jordan?

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Jordan's government demonstrated a high level of political commitment and commitment to nutrition.

**Nutritional baseline status  
From this outstanding review.**



Review

## Review of the Nutrition Situation in Jordan: Trends and Way Forward

Narmeen Jamal Al-Awwad <sup>1,†</sup>, Jennifer Ayoub <sup>2,†</sup>, Rawhieh Barham <sup>3</sup>, Wafaa Sarhan <sup>4</sup>, Murad Al-Ho Mahmoud Abughoush <sup>1,5</sup>, Huda Al-Hourani <sup>1</sup>, Amin Olaimat <sup>1</sup> and Ayoub Al-Jawaldeh <sup>6,\*</sup>

<sup>1</sup> Department of Clinical Nutrition and Dietetics, Faculty of Applied Medical Sciences, The Hashemite University, Zarqa 13133, Jordan; narmeen@hu.edu.jo (N.J.A.-A.); murad@hu.edu.jo (M.A.); hhourani@hu.edu.jo (H.A.-H.); aminolaimat@hu.edu.jo (A.O.)

<sup>2</sup> Department of Nutrition and Food Sciences, Faculty of Agricultural and Food Sciences, American University of Beirut, Beirut 1107 2020, Lebanon; ja88@aub.edu.lb

<sup>3</sup> Nutrition Department, Ministry of Health, Amman 11118, Jordan; majeda\_barham@hotmail.com

<sup>4</sup> Department of Nutrition and Food Technology, Faculty of Agriculture, Jordan University of Science and Technology, Irbid 22110, Jordan; wbsarhan17@agr.just.edu.jo

<sup>5</sup> Science of Nutrition and Dietetics Program, College of Pharmacy, Al Ain University, Abu Dhabi 64141, United Arab Emirates

<sup>6</sup> Regional Office for the Eastern Mediterranean, World Health Organization, Cairo 7608, Egypt

\* Correspondence: aljawaldeha@who.int

† These authors contributed equally to this work.

**Abstract:** Jordan is witnessing an escalating pace of nutrition transition, which may be associated with an increased burden of malnutrition and related non-communicable diseases. This review analyzes the nutrition situation in Jordan by exploring specific nutrition indicators, namely infant and young child feeding, low birthweight, micronutrient deficiencies, anthropometric indicators, and food consumption patterns. Results showed that although most children were ever breastfed, rates of exclusive breastfeeding below 6 months of age and continued breastfeeding until two years of age were low. Complementary feeding indicators, particularly minimum diet diversity and minimum acceptable diet were suboptimal. An overall low burden of stunting, wasting, and underweight among children under 5 years and remarkable progress in optimizing iodine status among school-age children were reported. Conversely, the burden of low birthweight and overweight/obesity coexisting with anemia, vitamin A deficiency, and vitamin D deficiency. Overall, fruit and vegetable consumption were inadequate. The consumption of soft drinks and salt on the other hand was higher than recommended. This review acknowledges the double burden of malnutrition in Jordan and recommends the prioritization and evaluation of interventions towards improving the population's nutritional status and achieving nutrition targets.

**Keywords:** nutritional status; malnutrition; infant and young child feeding; stunting



**Citation:** Al-Awwad, N.J.; Ayoub, J.; Barham, R.; Sarhan, W.; Al-Holy, M.; Abughoush, M.; Al-Hourani, H.; Olaimat, A.; Al-Jawaldeh, A. Review of the Nutrition Situation in Jordan: Trends and Way Forward. *Nutrients* **2022**, *14*, 135. <https://doi.org/10.3390/nu14010135>

Academic Editor: Riccardo Caccialanza

Received: 13 November 2021

Accepted: 24 December 2021

Published: 28 December 2021

## In Context of

- Decentralized government system
- Lack of experience with stakeholders from different key critical sectors

## Need to

- Assess the **commitment** & the **capacity** of Stakeholders to address MIYCN
- Assess if we can **engage Stakeholders** in implementation & monitoring process

- Jordan government had demonstrated strong political goodwill and commitment to nutrition

## **Challenges : Advocacy**

1- Investigating stakeholder willingness, commitment and capacity to address infant and young child nutrition

2 examples

## 2- Investigating stakeholder willingness, commitment and capacity to address infant and young child nutrition

BMC Public Health

Reference  
example. 1

RESEARCH

Open Access

# Policy and stakeholder analysis of infant and young child feeding programmes in Sri Lanka



Sanjeeva S. P. Godakandage<sup>1,6</sup>, Upul Senarath<sup>2,6\*</sup>, Hiranya S. Jayawickrama<sup>1,6</sup>, Indika Siriwardena<sup>3,6</sup>, S. W. A. D. A. Wickramasinghe<sup>4,6</sup>, Prasantha Arumapperuma<sup>5,6</sup>, Sathyajith Ihalagama<sup>4,6</sup>, Srisothinathan Nimalan<sup>4,6</sup>, Ramanathan Archchuna<sup>6</sup>, Claudio Umesh<sup>6</sup>, Shahadat Uddin<sup>7</sup> and Anne Marie Thow<sup>8</sup>

2-Conduct  
stakeholder analysis  
of YICN policy  
making

### Abstract

**Background:** Infant and young child feeding practices (IYCF) play a critical role in growth and development of children. A favourable environment supported by appropriate policies and positive contributions from all stakeholders are prerequisites for achieving optimal IYCF practices. This study aimed to assess the IYCF-related policy environment and role of stakeholders in policy making in Sri Lanka, in order to identify opportunities to strengthen the policy environment to better support appropriate IYCF and reduce childhood malnutrition.

**Methods:** We mapped national level policy-related documents on IYCF, and conducted a stakeholder analysis of IYCF policy making. A matrix was designed to capture data from IYCF policy-related documents using a thematic approach. A narrative synthesis of data from different documents was conducted to achieve the first objective. We then conducted an analysis of technical and funding links of stakeholders who shape IYCF policies and programmes in Sri Lanka using the Net-Map technique, to achieve the second objective. A total of 35 respondents were purposively selected based on their knowledge on the topic, and individual interviews were conducted.

**Results:** Twenty four policies were identified that contained provisions in line with global recommendations for

# Exploring **stakeholder commitment** and capacity to address infant and young child nutrition in the capital of the Breede Valley, Western Cape Province, South Africa

Reference  
example. 2



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**EXPLORING STAKEHOLDER COMMITMENT AND CAPACITY TO ADDRESS INFANT AND YOUNG CHILD NUTRITION IN THE CAPITAL OF THE BREEDE VALLEY, WESTERN CAPE PROVINCE, SOUTH AFRICA**

**Du Plessis, Lisanne Monica** (2015-12)

Thesis (PhD)--Stellenbosch University, 2018.

THESIS

ENGLISH SUMMARY: There is experience with - and documented evidence on multi-stakeholder processes (MSPs) on a global - and national level and on how to build and assess commitment and capacity to address infant and young child nutrition (IYCN) at these levels. Little experience and documented evidence, however, exist for such processes at local level. In countries with a decentralised government system, part of the lack of experience and evidence on MSPs lies in the challenge of building commitment and capacity at various political and bureaucratic levels. There is, thus, a need to build an evidence-base of how to engage stakeholders at implementation level and to assess and advance their commitment and capacity to implement responses to address IYCN. There is also a call to better define enabling environments for successful action in this field. In this research, a qualitative study design and selected participatory research methods were used to explore a diversity of perceptions, willingness, abilities, relationships and powers of key stakeholders to address IYCN at sub-district level in the Breede Valley, Western Cape Province, South Africa. The study built on baseline research in the Community-based Nutrition Security Project (CNSP), which provided insight into maternal and child nutrition challenges in the Breede Valley. Stakeholders were identified and categorised during a focus group discussion (FGD) with individuals who knew the sub-district well. Subsequently, the researcher conducted semi-structured interviews with twenty seven key stakeholders to explore their perspectives, commitment and capacity concerning IYCN. Hereafter, they were invited to participate in a workshop to map stakeholder relationships and power related to IYCN governance. Lastly, FGDs were held to reflect on the research process and to explore elements of an enabling environment conducive to action on IYCN at implementation level. Main themes from the overall research findings include: the value of local knowledge and information; the appeal of the 1000 days message and its link to development;

# Challenges: **Advocacy**

- **Investigating stakeholder willingness, commitment and capacity to address infant and young child nutrition**
- **Address a favorable surrounding assisting environment**

3 examples



# How to do that

## 1-Address a favorable surrounding assisting environment

- Look for appropriate polices
  - Look into the **availability** of polices

# Challenges: Advocacy

- Investigating stakeholder willingness, commitment and capacity to address infant and young child nutrition.
- Address favorable surrounding supporting environment
- Awareness of the policy documents content and the need for support among stakeholders

3 examples



BMC Public Health



[BMC Public Health](#). 2017; 17(Suppl 2): 461.

Published online 2017 Jun 13. doi: [10.1186/s12889-017-4339-z](#)

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PMID: [28675136](#)

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## Policy content and stakeholder network analysis for infant and young child feeding in India

Seema Puri,<sup>1</sup> Sylvia Fernandez,<sup>2</sup> Amrita Puranik,<sup>3</sup> Deepika Anand,<sup>1</sup> Abhay Gaidhane,<sup>1,4,5</sup> Zahiruddin Quazi Syed,<sup>4,5</sup> Archana Patel,<sup>3</sup> Shahadat Uddin,<sup>6</sup> and Anne Marie Thow<sup>7</sup>

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The Author(s) *BMC Public Health* 2017, 17(Suppl 2):421  
DOI 10.1186/s12889-017-4340-6

BMC Public Health

RESEARCH

Open Access



## Policy content and stakeholder network analysis for infant and young child feeding in Nepal

Sumit Karn<sup>1\*</sup>, Madhu Dixit Devkota<sup>2</sup>, Shahadat Uddin<sup>3</sup> and Anne Marie Thow<sup>4</sup>

Abstract

**Background:** Despite concerted effort from government and partners, Nepal continues to have a high burden of under nutrition among children. Identifying opportunities to strengthen policy support for infant and young child feeding (IYCF) is a key component to improve child survival, growth and development. This study aims to explore policy support for IYCF and to identify the influential stakeholders for IYCF for effective future policy development and programmatic action.

**Methods:** Policies relevant to IYCF were identified through web searches and direct approaches to relevant government ministries. Policy content was analysed based on four key domains focussed on mothers, using a qualitative synthesis approach. Three group interviews were conducted using the participatory tool "Net-Map", to identify the influential stakeholders in IYCF policy and programming processes.

## References for 3 examples

RESEARCH

Open Access



## Policy content and stakeholder network analysis for infant and young child feeding in Bangladesh

Sabrina Rasheed<sup>1\*</sup>, Swapan Kumar Roy<sup>2</sup>, Susmita Das<sup>1</sup>, Syeda Nafisa Chowdhury<sup>4</sup>, Mohammad Iqbal<sup>1</sup>, Syeda Mahsina Akter<sup>2</sup>, Khurshid Jahan<sup>2</sup>, Shahadat Uddin<sup>3</sup> and Anne Marie Thow<sup>4</sup>

Abstract

**Background:** Appropriate infant and young child feeding (IYCF) practices are essential for nutrition of infants and young children. Bangladesh has one of the highest levels of malnutrition globally along with sub-optimal IYCF practices. A supportive policy environment is essential to ensure that effective IYCF interventions are scaled up. The objectives of our study were to assess the support for IYCF in the national policy environment through policy analysis and stakeholder analysis and in so doing identify opportunities to strengthen the policy environment.

**Methods:** We used a matrix developed by SAIFRN (the South Asian Infant Feeding Research Network) to systematically identify supportive national policies, plans and guidelines for IYCF. We adapted narrative synthesis and descriptive approaches to analyze policy content, based on four themes with a focus on support for mothers. We conducted three Net-Map interviews to identify stakeholders who influenced the policies and programs related to IYCF.

**Results:** We identified 19 national policy documents relevant to IYCF. Overall, there was good level of support for IYCF practices at policy level – particularly regarding general support for IYCF and provision of information to

# Challenges: **Advocacy**

- Address favorable surrounding supporting environment
- Investigating stakeholder willingness, commitment and capacity to address infant and young child nutrition
- Awareness of the policy documents content and support among stakeholders
- **Support institutions with health and other related professionals to**
  - **REVIEW /endorse and develop updated POLICIES**
  - **Prioritize the gaps**
  - **Convert policies and strategic documents to a system that has:**
    - **Implementation tools**
    - **Action Plan**
    - **Assessment and monitoring system**

# Other Challenges

- Paucity of representative data
  - may be attributed to
    - limited research funding
    - lack of coordination between different stakeholders

# Q4

Wide stakeholder engagement is critical for

- the successful implementation and uptake of the development program and outputs.

How can multistakeholder steering committee and technical advisory committee of CHN and Jordan Nutrition Innovation Lab contribute to

- Foster the policy engagement
- To research uptake
- To capacity building efforts?

# Committee role:

Find a way of encouraging **Multistakeholders (MSH)** to work together to:

1. Identify important groups of critical **Key Stakeholders**  
(civil society groups, government, private sectors and community)
2. Establish a Coordination of mandated responsibilities  
(government and others: MOH, education institutes, USAID, WHO, UNICEF, UN, child protection institutes)
3. Encourage **Multistakeholder partnerships**

## Committee role:

3. Encourage **Multistakeholder partnerships** to
  - Establish coordination to
    - **Protect**, **promote** and **support** optimal MIYCN with integrated multi-sector interventions



# The collaboration of committee and integrated multi-sector interventions will help to

- **Endorse** or develop new **policies** that are up to date
- **Review** national/sub-national **preparedness plans**, policies and procedures according to **relevant** legislation and international **standards**.
- Determine the needs and priorities.
- **Advocate** for mother/**child-friendly environments** that meet minimum requirements.
- Identify **program entry points** in the sectors that support nutrition MIYCN (antenatal and postnatal care; child immunization clinics)

# Multisakeholders partnership role

- To facilitate and complement direct MIYCF interventions
  - This will facilitate **intervention implementation**
  - This will **support capacity Building**:  
**INCLUDE** : training (to give the policy content, develop strategies, action plan, assessment and monitoring for the needed indicators )
- To **share information**, risks, benefits, and human and financial resources.
- To Support **funding**
- To assist in the **dissemination of key policy** guidance
  - (strengthened by local research uptake results) to all relevant responders across sectors, including media groups, private sector, donors, and volunteer groups
- To **investigate opportunities** and come up with new, innovative ideas.
- To **conduct a needs assessment** in order to provide strategic decision makers with information

Thank you

# **Nutrition as a Multi-Sectorial Responsibility**

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**Dr. Reema Safadi, University of Jordan**





وزارة التربية والتعليم

إدارة التعليم العام وشؤون الطلبة

مديرية التعليم العام

قسم التغذية والصحة المدرسية

## السمنة



### طرق غير صحية لتخفيف الوزن

هناك الكثير من الطرق المستخدمة لتخفيف الوزن غير مبنية على أساس علمي يجب تجنبها وتثقيف الناس حول مخاطر استخدامها.

إن الكثير من هذه الطرق يكلف نقوداً كثيرة ولها آثار جانبية سيئة على الصحة ولا تعطي نتائج مضمونة على المدى الطويل ولكنها تظهر نجاحاً سريعاً على المدى القصير فقط.  
من هذه الطرق:

- استخدام الأعشاب الطبية والخلطات الملينة.
- استخدام بعض الألبسة الخاصة والمشدات والأحزمة حول الجسم.
- استخدام الكريمات الخاصة واللصقات.
- حمامات الساونا والتدليك والمساج.
- استخدام وصفات غذائية تعتمد على تغيير نسب الكربوهيدرات والبروتين والدهون بزيادة أو تقليل أي منها على حساب الأخرى.
- تناول نوع واحد من الطعام لفترة محددة.

### بعض المعتقدات الخاطئة

- عصير الجريب فروت يذيب الدهن في الجسم .  
إن الرياضة مترافقة مع نظام غذائي مناسب وحدها تزيل دهون الجسم .
- الخبز الأسمر يحتوي على سرعات حرارية أقل من الخبز الأبيض .  
إن الخبز الأسمر يحتوي على نفس السرعات الحرارية الموجودة في الخبز الأبيض لكنه غني بالألياف المفيدة لعملية الهضم وللوقاية من الإمساك كما أنه يساعد على الشعور بالشبع .
- الخبز المحمص يحتوي على سرعات حرارية أقل من الخبز العادي .  
إن الخبز المحمص يحتوي على نفس السرعات الحرارية الموجودة في الخبز العادي لكنه فقد الماء خلال عملية التحميص .
- استعمال الملابس مثل الشورت الحراري يساعد على تقليل الوزن.  
أن هذه الملابس تعمل عمل الساونا والنقصان المؤقت في الوزن هو نتيجة خسارة الجسم للسوائل وليس للدهون .

## السمنة

هي زيادة في كمية الدهون المخزونة في أنسجة الجسم، وهو مصطلح يستعمل للأشخاص الذين يزيد وزنهم حوالي ٢٠ % عن الوزن المثالي ، ويعد مؤشر كتلة الجسم أفضل الوسائل لقياس السمنة، وحسب بتقسيم الوزن (كغم) على مربع الطول (م) .



### للسمنة أسباب عديدة من أهمها :-

- ✓ العوامل الوراثية .
- ✓ الإفراط في تناول الغذاء .
- ✓ اتباع عادات غذائية خاطئة .
- ✓ قلة النشاط والحركة .
- ✓ مشاكل في الغدد .
- ✓ العلاج ببعض الأدوية مثل الكورتيزون.
- ✓ عوامل نفسية .

يرتبط بالسمنة العديد من الأمراض مثل :-

### الأمراض المرتبطة بالسمنة

١. أمراض الأوعية الدموية والقلب كارتفاع ضغط الدم والذبحة الصدرية.
٢. أمراض الجهاز التنفسي كضيق التنفس .
٣. أمراض الغدد الصماء، وأهمها مرض السكري .
٤. أمراض الجهاز الهضمي كعسر الهضم والتهابات المرارة .

## علاج السمنة :-

إن المبدأ الرئيسي في العلاج هو الإقلال من كمية الطعام التي يتناولها الفرد يوميا شريطة أن يحتوي الغذاء على جميع العناصر الغذائية الرئيسية، ويجب أن نعلم أن الغذاء المرتفع الثمن ليس هو دائما الغذاء



الصحي والضروري لأجسامنا، وإنما الغذاء الصحي هو الغذاء الذي يحتوي على العناصر الأساسية التي يحتاجها الجسم وبكميات متوازنة، كذلك القيام ببعض التمارين الرياضية.

### بعض المبادئ التغذوية للتخلص من السمنة

- ✓ أن يكون الهدف من النظام الغذائي مقبول وسهل التنفيذ من حيث الوزن الذي سيفقده الفرد وسرعة فقدان ، فالوزن المفقود يجب أن لا يزيد عن ١ كغم / أسبوع .
- ✓ أن يكون الفرد مقتنعا بضرورة تخفيض وزنه ومدركا لخطر زيادة الوزن وما يرافقه من أمراض.
- ✓ وضع نظام حمية متوازن يشارك الفرد فيه برأيه بما يتلاءم مع حالته الاجتماعية والاقتصادية للوصول إلى الوزن المثالي تدريجياً .

✓ أفضل نظام غذائي هو النظام المتنوع



الذي يضمن الحصول على جميع العناصر الغذائية من كربوهيدرات، بروتينات، دهون، فيتامينات، ومعادن.

✓ أن يتم تناول الطعام ببطئ ومضغه جيداً والتوقف عند الشعور بالشبع .

✓ عدم تفويت أي من الوجبات الرئيسية لأن ذلك يجعل الوجبات السريعة مغرية أكثر للأكل مع ضرورة تناول وجبة العشاء قبل النوم بساعتين على الأقل.

✓ وضع برامج للتمارين الرياضية تتناسب مع الفرد بحيث تكون ممتعة وملائمة وغير مجهدة وغير مكلفة، حيث أن الرياضة تساعد على التخلص من الوزن الزائد كما أنها تشد العضلات وتقوي عضلة القلب والدورة الدموية وتساعد على الاسترخاء والتخلص من التوتر .

✓ إن الغذاء المتوازن والرياضة هما المفتاح لتخفيف الوزن.

# Religious Groups

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Need to employ the cultural religious influence in changing attitudes and practices that need to be changed. Cultural advocacy groups

Breastfeeding practice as advised by the Holy Qur'an:

وَالْوَالِدَاتُ يُرْضِعْنَ أَوْلَادَهُنَّ حَوْلَيْنِ كَامِلَيْنِ لِمَنْ أَرَادَ أَنْ يُتِمَّ الرَّضَاعَةَ

سورة البقرة : 233

“And the mothers shall suckle their offspring for two whole years”

It is considered a child's right to be breastfed until the approximate age of two years.



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Thank you for listening

