

ABSTRACT

The study intended to investigate the prevalence of malnutrition among the vulnerable pregnant women in Mbire and establish why they remain nutritionally vulnerable when they are benefiting from the World Food Programme (WFP) funded Vulnerable Group Feeding (VGF) Programme. Both quantitative and qualitative approaches were employed to gather data for the survey. The mid upper arm circumference (MUAC) and the Body Mass Index (BMI) were the anthropometric indicators used to determine nutritional status of the vulnerable pregnant women. Evaluation of the VGF food basket and micronutrient supplementation coverage also provided information on the nutritional status of the women. The questionnaire collected information on nutritional status of the vulnerable pregnant women and some of the factors contributing to nutritional vulnerability. The focus group discussion (FGD) provided information on cultural taboos and religious beliefs that impact on what pregnant women eat. The sample comprised of 100 pregnant women. A two-stage sampling procedure was used. Simple random sampling was used to select the two rural health centres (Masoka and Angwa) and purposive sampling to select the cases for the survey. To choose participants for the FGD, simple random sampling was used with patients who had visited the clinics, but not necessarily VGF beneficiaries. Major findings of the research were that 24% of the vulnerable pregnant women had a MUAC of less than 22 cm, which according to WHO and WFP standards is an indication of malnutrition. The BMI for the pregnant women ranged from 20 – 26.3 and for some it was again below the internationally accepted threshold. The study revealed that the VGF food basket was inadequate to meet the nutritional needs of the vulnerable pregnant women because it is meant for people with other sources of food. It was not designed to cater for the additional nutritional demands during pregnancy. It also emerged that besides inadequate food there were other immediate and underlying determinants of nutritional vulnerability. This leaves the vulnerable pregnant women susceptible to nutritional deficiency risks like

anaemia and compromised immunity, which can result in morbidity, maternal and infant mortality.

Major recommendations were that to address nutritional vulnerability of the vulnerable pregnant women a food aid intervention only is not enough. An intersectoral approach is needed whereby government ministries, NGO's, traditional leaders, faith based organizations

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and the community itself come together with different innovative risk reduction initiatives like food security and water and sanitation interventions to address the immediate and underlying causes of malnutrition. However, more research on micronutrient status may reveal more prevalence of malnutrition among the vulnerable pregnant women in Mbire.