

# VIETNAM

## MATERNAL NUTRITION

### Framework for Action

Good maternal nutrition is essential to avoid low birth weight and stunting

In Vietnam, poor maternal weight gain and nutrient deficiencies during pregnancy contribute to 6% of all births that are low birth weight (1). These babies may never catch up in growth with low weight and early term birth responsible for 1 in 4 children becoming stunted (2). On the other side of the spectrum, overweight and obesity during pregnancy increases the risk of stillbirth, premature delivery as well as lifelong risk of obesity, hypertension cardiovascular disease and type 2 diabetes (3). Good maternal nutrition can help ensure a baby is healthy from birth and prevent low birth weight and stunting.

## What is maternal nutrition?

Maternal nutrition refers to the nutrition of women before pregnancy, during pregnancy and while breast-feeding. Nutrient requirements increase significantly during pregnancy and breastfeeding. WHO global guidance for nutrition of pregnant women (4) recommends :



Diverse diets  
(at least 5 food groups a day)



Supplementation with iron  
folic acid or multiple micronutrients



Appropriate physical exercise



Adequate weight gain  
(underweight women 12.5–18 kg;  
normal weight women 11.5–16 kg;  
overweight women 7–11.5 kg;  
obese women 5–9 kg)

### Framework for Action: Maternal Nutrition in South East Asia



## Multiple systems influence maternal nutrition

UNICEF Southeast Asia and Pacific Regional Office has developed a framework for maternal nutrition. The framework illustrates how a woman's behaviour, socio-cultural beliefs and knowledge are the central predictors that determine her nutrition. These are influenced in turn by predictors in five systems (food, health, social protection, education and WASH). Actions to improve maternal nutrition can be taken to modify behaviour and the impact of predictors in the five systems.

## Priority actions to improve maternal nutrition in the Vietnam are:

### Overarching actions:

01

- Develop an innovative mass communication strategy including use of social media.

### Health system actions:

02

- Introduce multiple micronutrient supplements for pregnant women.

03

- Strengthen capacity to deliver maternal nutrition services by improving pre-service and in-service training with the application of advanced technology.

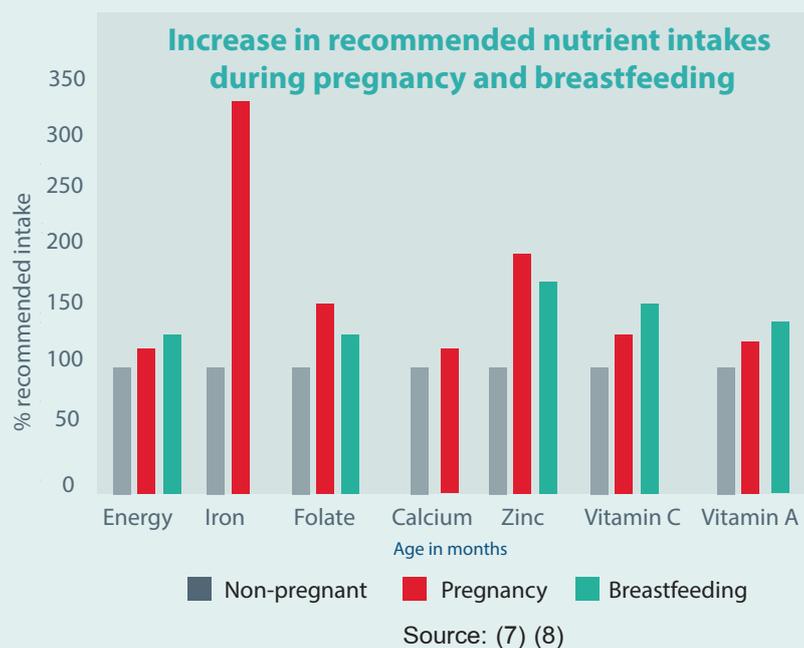
### Social protection system actions:

04

- Increase coverage and finance for maternal nutrition within social protection schemes.

## The importance of maternal nutrition

Ensuring that women are properly nourished is critical both for their own health and well-being, and for that of their children. In Vietnam, 10% of women are underweight, 24% are short stature and 9.8% are overweight or obese (5). During pregnancy and breastfeeding, nutrient requirements increase dramatically with 33% developing anaemia during pregnancy and 80% becoming zinc deficient (6). Pregnant women who are underweight, shorter than 150 cm or who suffer from nutrient deficiencies before or during pregnancy are more likely to have low birth weight babies.



These babies have a greater risk of dying, becoming ill, being stunted, suffering from cognitive deficits and developing non-communicable diseases such as diabetes, hypertension and cardiovascular disease later in life. Overweight during pregnancy also carries risks for the mother and child with higher risk of stillbirth and pre-term birth as well as lifelong risk of non-communicable diseases (3). The Government of Vietnam has pledged to end all forms of malnutrition by 2030 (Sustainable Development Goal 2) and reduction of stunting is the focus of the National Nutrition Strategy 2011-2020 and National Plan of Action for Nutrition 2017-2020. Improving maternal nutrition is an essential part of this effort.

### Maternal nutrition in the Vietnam is inadequate.

Several studies in Vietnam have found that the diets of women are insufficiently diverse to meet the increased energy and other nutrient needs of pregnancy and breastfeeding (9) (10). More than half of all women (52%) consume less than five servings (400 grams) of fruit and vegetables per day (11) while half of all pregnant women do not meet the Recommended Nutrient Intake (RNI) for energy and almost all fail to meet the RNI for iron, folate, calcium and zinc (10). As a result, nearly one quarter of women are anaemic (12). The poorest women and those from ethnic minorities living in remote areas are the worst off.

### The nutrition of adolescents and women before pregnancy is critical.

There is a clear mandate for improving maternal nutrition through the National Nutrition Strategy 2011-2020 and National Plan of Action for Nutrition 2017-2020. To date, actions have largely focused on support during pregnancy and breastfeeding. It is essential to improve nutrition well before women become pregnant by focusing on adolescent girls as well as pre-pregnant women (13). It is also an important opportunity to establish adequate iron status as well as healthy eating habits in these women to avoid overweight and the development of non-communicable diseases later in life.

## Predictors of maternal nutrition

### • Early marriage, insufficient child spacing and gender inequalities.

Rural women, especially members of ethnic minority groups are vulnerable to domestic violence, which is strongly associated with stunting (14). They also tend to marry and have children early (1). Around 11% of Vietnamese women are married before the age of 18 years while 8% have become mothers or are pregnant (1). Young mothers face higher risks of infection during pregnancy and are more likely to have a low birthweight baby. When women become pregnant before the previous child reaches the age of two years the older child usually stops breastfeeding early.

### • Practical constraints facing working women.

More than 70% of women work outside the home in Vietnam which is one of the highest rates in the world (15) and lack the time to prepare healthy meals for themselves or attend health clinics. A quarter of women do not attend the recommended ANC care at least four times during pregnancy and the figure rises to 61% among the poorest (1). Current food-based dietary guidelines for pregnant women exist but are not widely known.

### • Limited knowledge, incorrect beliefs (over-reliance on rice) and food taboos.

Women, especially those who are uneducated, have limited understanding about the importance of dietary diversity with nearly one third lacking knowledge about how to prevent micronutrient deficiency through consuming a diverse diet (6). Currently, there are limited platforms where women can access accurate information. Studies have found that pregnant women are encouraged to eat more, especially rice, during pregnancy (9) but food taboos, fear of having a difficult birth and seasonal accessibility limits the consumption of animal-based foods during pregnancy and after birth. Cultural attitudes also mean that women continue with their normal workload until birth (9).

### • Poverty and lack of access to social protection services.

Poverty has declined significantly in Vietnam, particularly among ethnic minorities, and only 10% of the population is now considered poor (16). The Government of Vietnam, through the Ministry of Labour, Invalids and Social Affairs (MoLISA) has put in place a set of social protection policies (17). These include micro-finance, social welfare programmes, Women's Unions and early childhood development programmes. However, the current social protection system is fragmented, with limited coverage and inadequate range of benefits (18).

### • Limited resilience to disasters.

Poor families are economically vulnerable and also lack resilience in times of disaster. Vietnam is exposed to a range of natural disasters, including droughts, earthquakes, floods, landslides and typhoons (19). Young children and mothers are particularly at-risk during emergencies as health, nutrition, water and social protection services break down



## Behaviours



## Social protection system



- **Limited access to a diverse diet.**

A major reason for the lack of diverse diet is the expense of nutritious foods. One study found that women with less education consumed a less diverse diet than better educated pregnant women (10).

- **Lack of innovative micronutrient supplementation.**

The additional nutrient needs of pregnant and breastfeeding women are currently not being effectively met through supplements provided by the health service. There is limited information about the potential for provision through the private market and the controls that would need to be put in place to regulate that market. Various foods are fortified in Vietnam, but consumption is typically below 20% (6).

- **Inappropriate promotion and marketing of unhealthy food and drink.**

The consumption of processed foods, high in salt, sugar and fat, is increasing rapidly in Vietnam. The percentage of Vietnamese adults who now consume processed foods always or often stands at 8% (11).

- **Lack of protocols and guidance for counselling and delivery of maternal nutrition services.**

Maternal nutrition services are delivered through antenatal care (ANC) clinics. While ANC coverage is relatively high, the quality of nutrition services delivered is not measured and only some of the 17 WHO recommendations (4) for maternal nutrition are included in current Ministry of Health (MoH) guidelines. There are no protocols or standards for maternal nutrition counselling.

- **Cost of essential nutrition-specific interventions.**

Preventative care is not free in Vietnam but has to be covered by Health Insurance. Only 60-80% of pregnancy care is currently covered by Health Insurance. As a result, coverage of some essential maternal nutrition interventions is low. An example is preventative iron folic acid (IFA) supplements. Only 8% of women had taken the recommended number of IFA supplements during their pregnancy (12). Multiple micronutrient supplements (MMS) are not routinely available through the health service.

- **Lack of pre-service and in-service training.**

Pre-service training of health workers is not specifically address maternal nutrition. Some in-service training materials are available but there are budget constraints that limit coverage.

- **Limited indicators on service delivery.**

There is an absence of indicators, such as on weight gain during pregnancy or the percentage of women who have received counselling, collected through ANC services.





- **Unsafe foods.**

There have been significant improvements in access to clean water and sanitation in Vietnam though services are less accessible among rural populations and the lowest wealth groups. Unhygienic behaviours are still common, however. Nearly half (48%) of people do not wash their hands before handling food, and 21% do not wash their hands after using the toilet (20).

## Actions to improve maternal nutrition

Actions to improve maternal nutrition need to build upon and be integrated within existing initiatives and strategies.

Relevant initiatives in Vietnam include:

- The National Nutrition Strategy 2011-2020 and National Plan of Action for Nutrition 2017-2020 which includes IYCF as an objective. The next National Nutrition Strategy 2021 -2030 will be developed in 2020.
- Decision 143: Approving scheme of caring for child's comprehensive development in the first 8 years at the family and community 2018-2025. Nutrition is one out of five components and one action focuses on the first 1,000 days including complementary feeding (21).

## Priority actions

Actions can be taken by government and development partners across the five systems to improve complementary feeding. Four priority actions will have the greatest impact and there are a number of additional actions which can also be considered.

### Overarching action

01

**Develop an innovative mass communication strategy including use of social media.**

### Health system actions

02

**Introduce multiple micronutrient supplements (MNSs) for pregnant women.**

MNSs provide all the micronutrients required by a pregnant woman in one tablet. There is established evidence that MNSs reduce the risk of low birth weight and because they have fewer side effects, compliance is higher. Introduction of MNSs through social marketing targeted to wealthier households would ensure high national coverage.

03

**Strengthen capacity to deliver maternal nutrition services by improving pre-service and in-service training with the application of advanced technology.**

In-service training on maternal nutrition can be improved by introducing mandatory on-line training and including counselling by health workers within the basic health service package with supportive supervision and mentoring. Pre-service training of health and community workers on maternal nutrition also requires to be strengthened through revision of curricula.

### Social protection system actions

04

**Increase coverage and finance for maternal nutrition within social protection schemes.**

Existing social support systems including micro-finance, social welfare programmes, Women's Unions and early childhood development programmes are useful channels for supporting healthy maternal nutrition. Programmes need to focus on the first 1,000 days and consider integrating the distribution of MNSs to pregnant women. This is particularly important during periods of disaster.

## Additional actions

### Overarching actions

- **Ensure that maternal nutrition is highlighted in national policy and plans of action.**

The new National Strategy and Plan of Action for Nutrition is currently being developed for 2021-2030 providing an opportunity to include specific objectives, actions, funding and monitoring systems for maternal nutrition.

- **Include maternal nutrition indicators in routine and survey data to monitor progress.**

Key indicators of maternal nutrition included in routine data collection and surveys will allow progress to be monitored.

- **Support quality research on determinants of maternal nutrition.**

There are many gaps in understanding about maternal nutrition and the key determinants. The engagement of academic institutions to conduct robust and high quality research can fill gaps.



### Health system actions

- **Advocate for Health Insurance to cover supplements for women.**

It is particularly important that women access micronutrient supplements during pregnancy and coverage can be increased by providing supplements free even though they currently fall under the preventative health programme.



### Food system actions

- **Restrict marketing of unhealthy foods, improve nutrition labelling and support reformulation.**

Strong legislation to control the advertising, promotion and labelling of foods high in salt, sugar and fat is critical to ensure that women develop healthy eating habits.



### Social protection and ECCD actions

(see priority action 4)



### WASH system actions

- **Develop hygiene messages for maternal nutrition.**

Develop clear hygiene messages for the preparation of foods for women to be included in SBCC campaigns.



### Education actions

- **Strengthen universal IFA supplementation for all adolescent girls.**

Ensure that all adolescent girls receive IFA supplements delivered through the school system.

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