

## Nutrition in Jordan

Jordan is a Middle Eastern country that is located on the east bank of the Jordan River. It has a population of approximately 5,5 million that is concentrated in governorates of the middle region (Amman) and northern region.



The major percentage of energy intake comes from cereals, where wheat and rice are the major food source for Jordanian people (48% of total energy intake). (DOS, 1992; 1997; FAOST, 2002).

Fresh fruits and vegetables (7% of total energy intake) represent the next largest volume of food consumed.

Animal products (meat and dairy) contribute to more than one third of protein intake and count for 5% and 4% respectively of energy intake.

The consumption of sweetens has a high contribution of total energy (14% of total energy intake).

Fat and oils counts for 11% of total energy.

In the year 2000, the per caput energy requirement was 2159 kcal/day in the rural areas, while in the urban area was 2055 kcal/day. The per caput dietary supply (DES) was in the year 2000 2824 kcal/day exceeding per caput energy requirement.

### **Expenditure on food:**

Poor people spent more money for the purchase of food (48% of their income) in comparison with non-poor people (42% of their income).

Quality and quantity of food consumed is affected by household annual expenditure. Poor families have a higher consumption of affordable energy sources such as cereals, which lack of many essential nutrients (UN Resident coordinator 2002).

Breast feeding children statistics of MOH showed that more than 95% of Jordanian mothers breast-feed their children in the first 3 months, 85% until the age at 6 months and 69% breast food for 7-9 months.(MOH, 1993b)

Statistics from DOS, MOH showed that stunting wasting and under weight among children, less than 5 years old are considered low according to WHO standards (DOS, 1998 b)

Over weight is a problem in the governorate of Amman, whereas more than one quarter of women (20-25 years) have either overweight or obese (BMI > 25 kg/m<sup>2</sup>) (Ahmad et al; 2002)

Serious problem now is focused upon the Iodine deficiency. One third of schoolchildren aged 8-10 years have Goiter with differences between governorates (MOH, 2001).

Another problem is Anemia, more than one quarter of women aged between 15-49 years have hemoglobin less than 12 g/dl, with prevalence varying according to age and governorate. The causes vary between low iron intake to the recommended dietary allowance, poor bioavailability of iron and high prevalence of parasite infestation.(MOH/UNICEF, 1996)

Vitamin B12 deficiency appears to be a problem that accounts in more than one quarter of population mainly female gender (ongoing studies).

Celiac disease is another problem with its consequences (malabsorbtion), ongoing studies regarding this disease and its prevalence in general population are held in MOH G.I centers and in Jordan University hospital.

Obesity and NASH is also nutritional issue that is also studied mainly with those suffering from diabetes and overweight. Prospective studies are being held in major Jordanian teaching hospitals, with results that will be published by the end of next year.

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