Malnutrition has become an urgent global health issue, with undernutrition killing or disabling millions of children each year. Malnutrition also prevents millions more from reaching their full intellectual and productive potential. In children, severe malnutrition accounts for approximately 1 million deaths annually, with approximately 20 million children under the age of five suffering from severe malnutrition. In 2010, 7.6 million children across the world died before reaching their fifth birthday, while in 2011 an estimated 165 million children under the age of five were stunted (low height for age) and 101 million were underweight. Malnutrition causes children to be more susceptible to illness, and results in long-term effects on children's development and health.

Despite the marked improvement worldwide in the prevalence of stunting and undernutrition among children under five years of age, recent South African studies indicate that child malnutrition rates have increased, thereby compromising child health. Underweight remains one of the country’s most common nutritional disorders, affecting almost 1 out of every 10 South African children.

**Critical Window of Opportunity to Prevent Undernutrition**

The period from pregnancy to 2 years of age provides a crucial window of opportunity to moderate undernutrition and its adverse effects. It is during this time that proven nutrition interventions can offer children the best chance to survive and reach optimal growth, health and development.

Sufficient nutrition in early childhood is critical in maintaining healthy growth, proper organ formation and functioning, a strong immune system, and neurological and cognitive development in children. Children who are undernourished, not optimally breastfed, or suffering from micronutrient deficiencies have substantially lower chances of survival than children who are well nourished. They are much more likely to suffer from a serious infection and to die from common childhood illnesses such as diarrhoea, measles, pneumonia and malaria, as well as HIV and AIDS.

Overwhelming scientific evidence supports the integral role of breastfeeding in the survival, growth and development of a child. According to the WHO, breastmilk has the complete nutritional requirements that a baby needs for healthy growth and development in the first six months of life. According to the United Nations Children’s Fund (UNICEF), children who are breastfed in the first six months of life have a six times greater chance of survival as opposed to non-breastfed children. Evidence also indicates that breastfeeding could lead to a 13% reduction in deaths of children under five, if infants are exclusively breastfed for six months and continue to be breastfed for up to one year. Breastmilk contains the antibodies that help strengthen a baby’s immune system, providing protection against common illnesses such as diarrhoea and pneumonia. Consequently, breastfeeding contributes to reduced infant morbidity and mortality due to diarrhoea, respiratory or ear infections and other infectious diseases.
For this reason, the WHO encourages the exclusive breastfeeding of infants in the first six months of their life in order to achieve optimal growth, development, and health. Thereafter, it is recommended that infants receive nutritionally adequate and safe complementary solid foods, while continuing to breastfeed for up to two years or more8. This is when the child’s immune system is fully developed.

Since South Africa is plagued with high levels of poverty, low access to clean water, and inadequate sanitation, and is characterised by a high burden of disease, the promotion and acceptance of optimal breastfeeding practices, such as exclusive breastfeeding, are of vital importance.

What is Exclusive Breastfeeding?

Exclusive breastfeeding refers to providing a baby (less than six months old) with only breast milk and no supplementary feeding of any kind, in other words no water, juice, other kinds of milk and solid food except for vitamins, minerals, and medications prescribed by a doctor or healthcare worker when medically indicated9.

ACHIEVING NUTRITION REQUIREMENTS

The South African paediatric food-based dietary guidelines (FBGD) for children younger than 7 years was developed as a nutritional education tool to facilitate the education of carers of young children in the adoption of healthy eating practices. The following is an overview of the FBDG for children younger than seven years9:

0 – 6 months

• Enjoy time with your baby
• Breastfeeding is best for your baby for the first 6 months
• Clean your baby’s mouth regularly
• Take your baby to the clinic regularly

6 – 12 months

• Enjoy time with your baby
• From 6 months start giving your baby small amounts of solid foods
• Increase your baby’s meals to 5 times a day
• Continue breast-feeding your baby
• Offer your baby clean safe water regularly
• Teach your baby to drink from a cup
• Take your baby to the clinic every month

1 – 7 years

• Encourage children to eat a variety of foods
• Feed children five small meals a day
• Make starchy foods the basis of a child’s main meals
• Children need plenty of vegetables and fruit every day
• Children need to drink milk every day
• Children can eat chicken, fish, meat, eggs, beans, soya or peanut butter every day
• If children have sweet treats or drinks, offer small amounts with meals
• Offer children clean, safe water regularly
• Take children to the clinic every 3 months
• Encourage children to play and be active

REFERENCES


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