

Health & Wellness

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Food to nourish the future is responsibility of all

IAN GOLDMAN

EARLY childhood development is one of the most crucial investments a country can make towards securing its long-term prosperity and supporting every citizen to reach their full potential. According to the National Development Plan (NDP), "improving early nutrition has been shown to increase school attainment by up to one grade and adult earnings by 40%".

Yet, the recent South African National Health and Nutrition Examination Survey research conducted by the Human Sciences Research Council found 21.6% of children under the age of five year are stunted, as are 26% of boys and 25% of girls aged one to three years.

Not only does this mean that these children's potential is permanently damaged, but so is that of their children. If SA is to break the intergenerational transfer of poverty, nutrition is a mammoth problem that requires our urgent attention.

Malnutrition persists as an underlying cause and contributor to child mortality and morbidity in SA. Trends in mortality rates for children under five years show that neighbouring countries such as Mozambique and Malawi, which have fewer resources than SA, have managed to reduce these rates substantially, as have comparable countries such as Brazil and Colombia.

SA, on the other hand, has seen a slow drop in child mortality. It is one of only 15 countries where little to no progress has yet been made in reducing under-five mortality by two-thirds in line with the fourth Millennium Development Goal.

Although this situation is partly due to SA's heavy burden of HIV, it is also due to a variety of other factors, including poor infant and child nutrition.

While nutrition programmes have been in place in SA since the 1960s, they were not effective in reducing malnutrition because they focused primarily on providing food to the needy and failed to address the underlying causes of malnutrition.

TODAY, there is also a growing obesity problem in children aged 2-5 years, with 18.9% of girls overweight and 4.9% obese, and 17.5% of boys overweight and 4.4% obese. This is not simply an issue of access to food — the quality of the food that children have access to is also vital in addressing malnutrition.

The most critical time for nutrition is the first 1,000 days of life — between conception and a child's

second birthday. The effects of malnutrition in these first 1,000 days are worse than the effects of malnutrition after a child's second birthday.

The effects can last a lifetime; resulting in ill health, poor cognitive abilities and reduced productivity into adulthood.

In the mid-1990s the government introduced the Integrated Nutrition Programme, which aimed to improve nutrition through emphasising collaboration between government departments to promote joint action for dealing with nutrition problems.

Interdepartmental collaboration was envisioned mainly between the departments of health; social development; agriculture, forestry and fisheries; and rural development and land reform; as they deliver food and nutrition interventions specific to their sectors.

The expected outcome of this approach was to improve the nutritional status of vulnerable populations — pregnant women, and children under the age of five.

In 2012 an evaluation was initiated of

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interventions to address malnutrition for children under five, supported by these departments and the Presidency's Department of Performance (now Planning), Monitoring and Evaluation.

It examined 18 nutrition interventions implemented by government departments and aimed to assist government in improving the implementation and scale-up of nutrition interventions for children from conception to age five. What has emerged is that many of the clinical interventions are working better than the behavioural change interventions.

We need to change people's eating habits, associated practices related to breastfeeding and hygiene, and to make sure that nutritious food is available.

KwaZulu-Natal achieves a much better performance in terms of nutrition, and many of the recommendations following the evaluation draw from its experience.

This ranges from community-level nutrition workers, higher levels of nutrition awareness in health staff and better co-ordination at



A Human Sciences Research Council survey has found that 21.6% of South African children under the age of five years are stunted, as are 26% of boys and 25% of girls aged one to three years. Picture: SUNDAY TIMES

provincial level.

This gives us confidence that similar interventions can be implemented nationwide.

Other key recommendations from the evaluation include the need for a high-level target to reduce malnutrition. A target to drop malnutrition from 21% to 10% has been included in the government's Medium Term Strategic Framework, the five-year plan to achieve the NDP.

A nutrition plan should be developed across all

relevant sectors, as happens in the five countries achieving better nutrition outcomes than SA. It should have common indicators for tracking food and nutrition across all sectors.

Stronger co-ordination of the implementation of nutrition interventions by relevant government departments is needed, and monitoring to ensure that the nutrition programme plan is being followed — again as found in SA's comparative countries.

A national nutrition council should be established

as a co-ordinating council, like the South African National AIDS Council for HIV/AIDS, which has broad representation from key government sectors and programmes, civil society and suitable involvement of the private sector to mobilise all sectors regarding nutrition.

For a problem affecting such a high proportion of the population we need the status of nutrition to be elevated to a directorate level at provincial health departments. Health districts need a nutrition-trained staffer. Other national and provincial departments need a nutrition-trained focal person to manage that component of their work.

HOWEVER, although the government has a large role to play, malnutrition is ultimately a social problem and therefore the roles of communities, caregivers and parents are crucial for lasting solutions.

Another key area of the evaluation's recommendations is changing the focus of services and communication to focus more on behavioural change interventions such as nutrition promotion, exclusive breastfeeding, complementary feeding, dietary diversity and hygiene education.

This requires working closely with communities through establishing community-based nutrition workers, supported by trained healthcare workers and nutrition professionals. This can already be seen in KwaZulu-Natal.

Malnutrition is also a structural economic problem and, therefore, heightened community awareness must be supported by initiatives that increase the supply and diversity of food available to communities to support citizens in making the right choices.

The Department of Agriculture, Forestry and Fisheries needs to support the establishment of household and institutional food gardens so as to encourage all households to undertake some food production and to diversify their diets.

The Cabinet approved these recommendations last month, and this should lead to a major drive by the government to improve nutrition levels, the achievements of our children, and so SA.

If we do all these things we can have a great effect on the quality of life lived by every child. From 21% of children under five stunted to 10% — that is a worthwhile target.

■ Dr Goldman is the head of evaluation and research at the Department of Planning, Monitoring and Evaluation in the Presidency.

Healthy diets come in many flavours

JOSÉ GRAZIANO DA SILVA

IN THE past half-century, people's lifestyles have changed dramatically. Life expectancy has risen almost everywhere, but this has been accompanied by an increase in so-called noncommunicable diseases such as cardiovascular diseases, cancer, respiratory diseases and diabetes.

World Health Organisation (WHO) director-general Dr Margaret Chan has called the global rise of noncommunicable diseases a "slow-motion catastrophe". If they were once considered the scourge of the developed world, they now disproportionately affect low- and middle-income countries, where nearly three-quarters of deaths from noncommunicable diseases — 28-million a year — occur.

Much of the rise of noncommunicable diseases can be attributed to unhealthy diets. WHO estimates 2.7-million deaths a year are attributable to diets low in fruits and vegetables. Globally, unhealthy diets are estimated to cause about 19% of gastrointestinal cancer, 31% of ischaemic heart

disease and 11% of strokes, making diet-related noncommunicable diseases one of the leading preventable causes of death.

Diet determines health: bad diets can lead to disease, healthy diets can contribute to good health. But what exactly is a healthy diet? This is a difficult question.

Generally, a healthy diet must provide the right nutrients in the right balance and with sufficient diversity, limiting the intake of free sugars to less than 10% of total energy requirements, and keeping salt intake to less than 5g a day.

But there is no one-size-fits-all. It must be affordable, based on locally available foodstuffs, and meet cultural preferences. For over 20 years, the Food and Agriculture Organisation (FAO) and the WHO have worked with governments on national dietary guidelines: short, science-based tips on healthy eating, in accordance with local values, customs and tradition.

Healthy meals do not always taste or look the same. The Mediterranean and Japanese diets are very healthy, and completely different. The Mediterranean diet revolves around the consumption of



Japan's famously healthy diet emphasises a variety of fresh ingredients including raw seafood and lots of plant-based foods. Picture: THINKSTOCK

legumes, cereals, fruits and vegetables, olive oil, fish, and moderate consumption of dairy products (mostly cheese and yoghurt). It emphasises unprocessed, plant-based foods, such as fruits and vegetables, and beans, nuts, cereals and other seeds; olive oil is the main source of (unsaturated) fat.

Japanese cuisine is often associated with sushi (raw fish with rice) and sashimi (fresh raw seafood). It emphasises at least seven ingredients: fish as a major source of protein; vegetables including daikon radish and sea vegetables; rice; soya (tofu, miso, soya sauce); noodles; fruit; and tea (preferably green).

The Mediterranean and Japanese diets both use a great variety of ingredients; they are rich in plant foods; they are modest in red meat; and they use many natural herbs and spices instead of salt to flavour food. Both are linked

to peoples and cultures as much as to their natural environment.

The Japanese enjoy one of the longest average life spans — 87 years for women and 80 for men. In Mediterranean countries such as Italy and Spain, women have a life expectancy of 85, and Italian men 80. All of them are above the average of high-income countries: 82 for women and 76 for men.

Medical research also indicates the Japanese diet leads to the lowest prevalence of obesity — only 2.9% for Japanese women — and other chronic diseases such as osteoporosis, heart ailments and some cancers.

The Mediterranean diet, if followed for a number of years, is known to reduce the risk of heart disease, hypertension, cancer, type 2 diabetes, Parkinson's and Alzheimer's disease.

A modern paradox is that many countries suffer from undernourishment, as well as obesity and diet-

related diseases. The cost of malnutrition goes beyond the health of the individual: it affects society in terms of public health costs and lost productivity, and so must be addressed through public and co-ordinated action.

Last year's second international conference on nutrition, organised by the FAO and WHO, issued two outcome documents — the Rome Declaration on Nutrition and the Framework for Action — that commit world leaders to establishing policies aimed at eradicating malnutrition and making nutritious diets available to all.

It is consumers who choose what to eat, but it is the government's role to provide the enabling environment that encourages and makes healthy choices possible. *Inter Press Service*

■ Graziano da Silva is the director-general of the FAO.