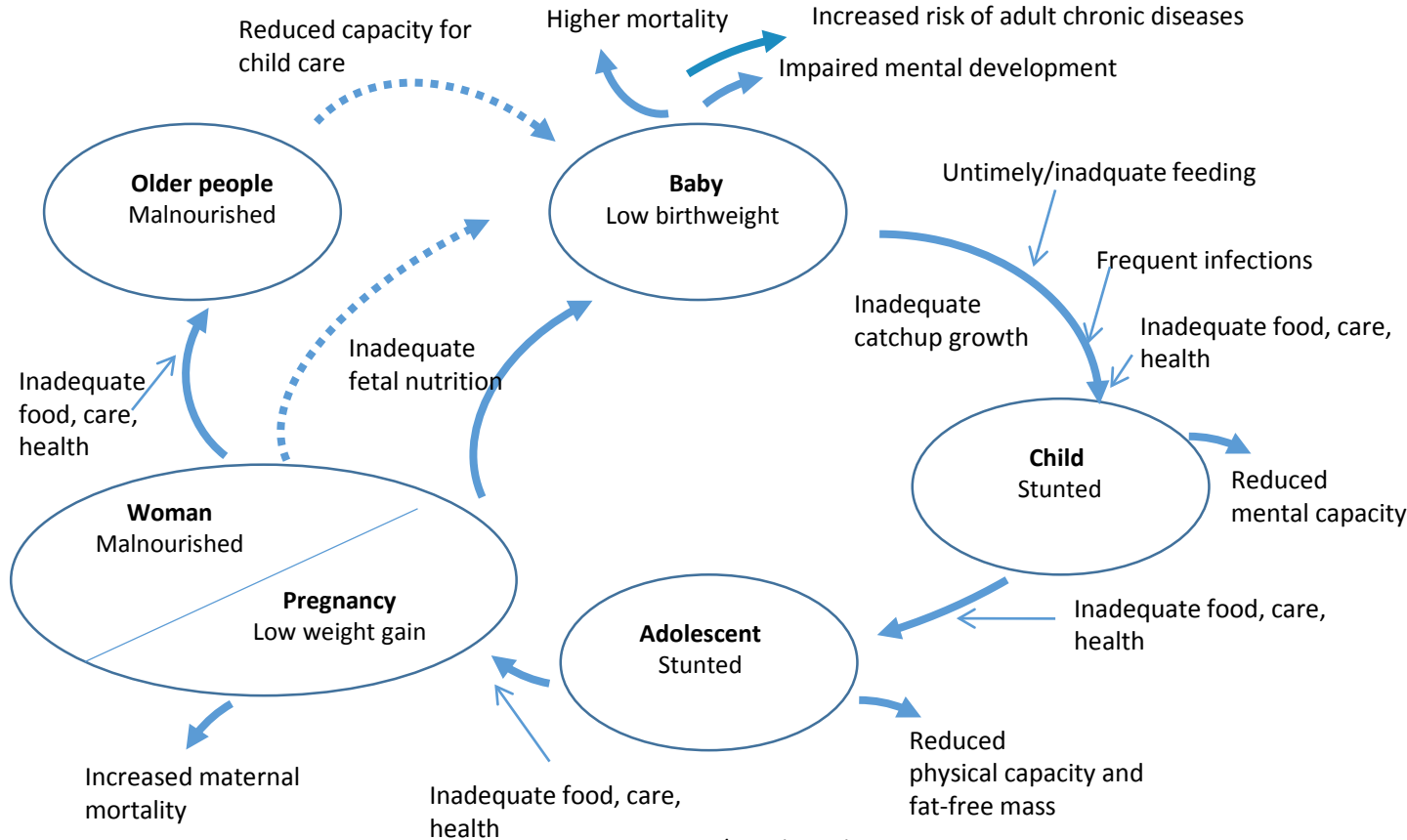




Causes and Impacts of Undernutrition over the Life Course

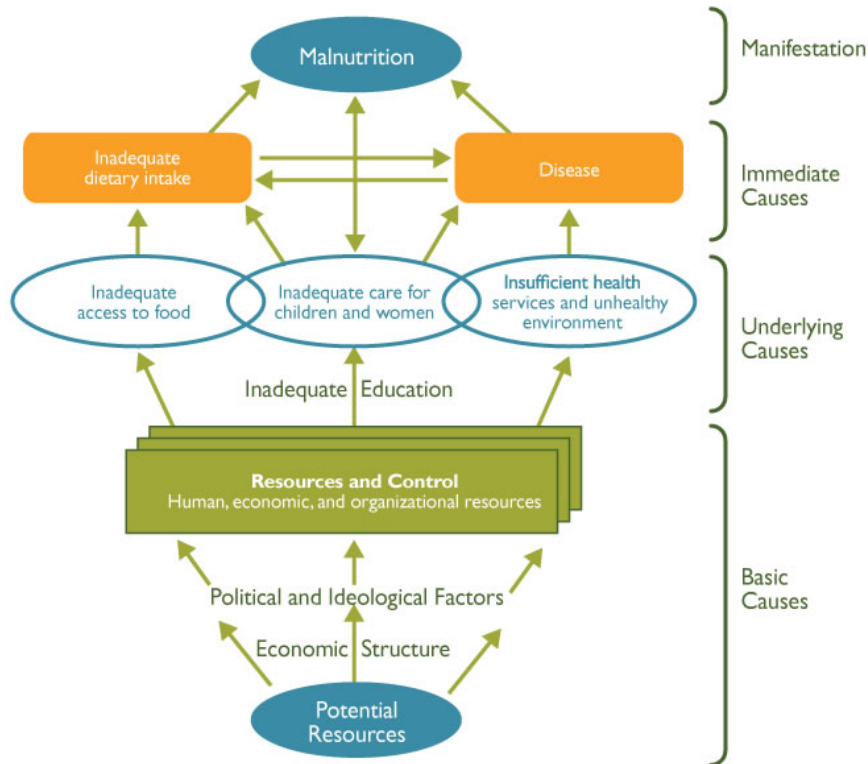
Mawuli Sablah (Ph. D) – UNICEF – HQ – PD - Nutrition
UNDESA EXPERT GROUP MEETING Sept. 16-17, 2019 | New York

Nutrition throughout the lifecycle



I. CAUSES OF UNDERNUTRITION

Framework on various linkages on causes



The causes of malnutrition are at different levels. The immediate causes are inadequate dietary intake and disease.

Inadequate dietary intake and diseases are caused by food insecurity, inadequate care for women and children, insufficient health services, and unsanitary environments.

These underlying issues are caused by conflict, inadequate education, poverty, gender inequality, inadequate infrastructure, and other basic issues.

Inadequate access to food:

Age specific characteristics/requirements of children:

- **0-5months:** early initiation and exclusive breast milk,
- **6months-5 years:** introduce solid/semi solid foods with rapid growth, physiological and psychosocial changes till two and slower growth until five years:
 - Continued breastfeeding till two years and thereafter.
 - Minimum; meal frequency, dietary diversity, acceptable diet.
- **5-9 years:** · Reduced parental supervision, food is still prepared, provided and supervised by adults; in many LMIC food may also be self-procured during this age period
- **10-19 years - Adolescents:** High nutrients requirement for puberty and sexual development with self-controlled diet, able to differentiate information on nutrition.

Inadequate access to food:

How infant and young child feeding practices differ across wealth quintiles, and urban and rural areas

Continued breastfeeding at 2 years

Countries with data = 71, 85

Continued breastfeeding at 1 year

Countries with data = 75, 86

Minimum acceptable diet

Countries with data = 64, 65

Minimum dietary diversity

Countries with data = 68, 69

Minimum meal frequency

Countries with data = 81, 82

Induction to solids, semi-solid foods

Countries with data = 66, 81

Exclusive breastfeeding

Countries with data = 75, 88

Early initiation

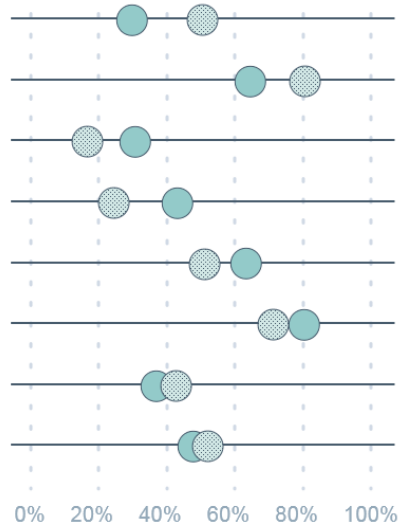
Countries with data = 84, 86

Average, %

Wealth quintiles

● Lowest quintile

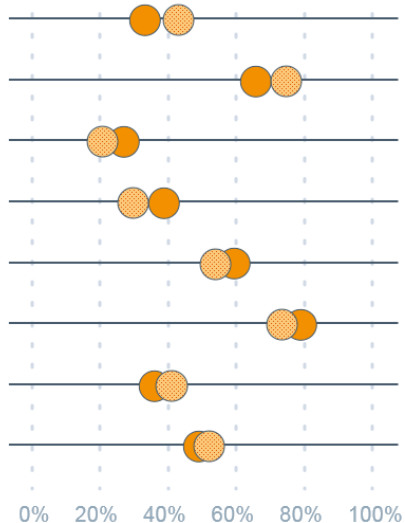
● Highest quintile



Urban/rural

● Rural

● Urban



Inadequate care for children and women:

Care requirements for improved nutrition:

- Lack of labor/energy saving technologies to improve care practices
- Technologies for women for effective caring practices
- Inadequate maternity leave policies and programmes
- Pregnancy intervals, frequency and numbers
- Teenage pregnancies and forced marriages
- Lack of nutrition knowledge and education
- Lack of social protection schemes and measures

Insufficient health services and healthy environments:

- Inadequate access to clean and potable water
- Unhygienic sanitary conditions
- Lack of appropriate improved toilet facilities and impact of open defecation
- Inappropriate hygiene and sanitation practices and measures to reduce infections

II. CONSEQUENCES OF UNDERNUTRITION

Short to medium term consequences of undernutrition

Impaired brain development & lower IQ



Low birth weight



Weakened immune system leading to increased risk of infectious diseases



Premature death



Lost productivity & increased healthcare costs



Risk of diabetes, cancer, stroke, hypertension, and other noncommunicable diseases



45% of all child deaths is from poor nutrition

Poor nutrition in the 1,000 days from conception of a child to 2 years of age results in permanent damage

Consequences of undernutrition:

- Undernutrition in the aggregate—with suboptimum breastfeeding is the cause of 3.1 million child deaths annually in 2011.
- Suboptimum breastfeeding results in an increased risk for mortality in the first 2 years of life.
- Prevalence of stunting has decreased during the past two decades, but is higher in south Asia and sub-Saharan Africa.
- Deficiencies in vitamin A and zinc increase morbidity & mortality;
- Deficiencies of iodine and iron, together with stunting, can contribute to children not reaching their developmental potential.
- Maternal undernutrition contributes to fetal growth restriction, neonatal deaths and, for survivors, of stunting by 2 years of age

High disease burden caused by malnutrition in women of reproductive age, pregnant women, and children in the first 2 years of life should lead to prioritized interventions focused on these groups

Long term consequences

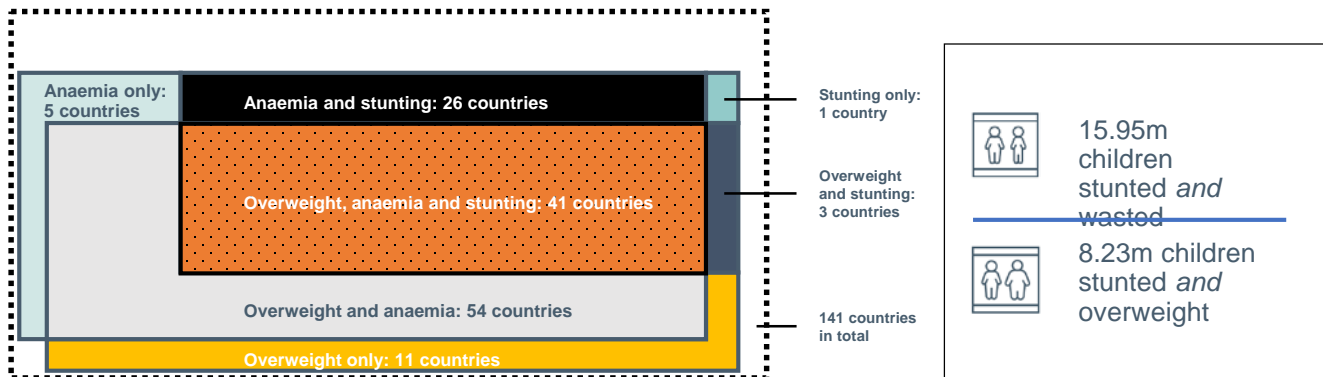
- Shorter adult height linked to childhood stunting
- Higher propensity for stunted children to become overweight or obese adults
- Lower economic productivity and earning capacity
- Inadequate reproductive capacity or potential
- Metabolic and cardiovascular diseases
- Lower overall IQ and cognitive capacity
- Reduced earnings in later life

Victora et al., 2008

Bhutta et al. 2008; Dewey & Huffman 2009; Victora et al. 2010; Dewey & Adu-Afarwuah 2008).

88% of countries face overlapping burdens

Number of countries with overlapping forms of childhood stunting, anaemia and overweight in adult women, 2017 and 2018



III. UNICEF'S PRIORITIES TOWARDS ATTAINING 2030 SDG NUTRITION TARGETS FOR WOMEN AND CHILDREN

RATIONALE

Vision



UNICEF's Vision

A world where children, adolescents and women realize their right to adequate nutrition, everywhere.

Children, Food and Nutrition

Growing Well in a Changing World

Across the life course

0 – 6 months

5 – 9 years

6 – 23 months

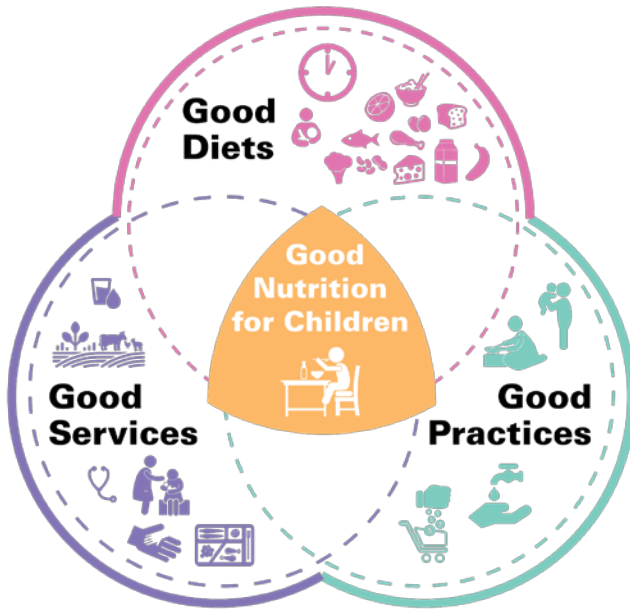
10 – 14 years

2 – 5 years

15 – 19 years

**TOO MANY CHILDREN
ARE NOT GETTING
THE NUTRITION THEY
NEED TO SURVIVE
AND THRIVE AT EVERY
STAGE OF LIFE**

Goal



UNICEF's Goal

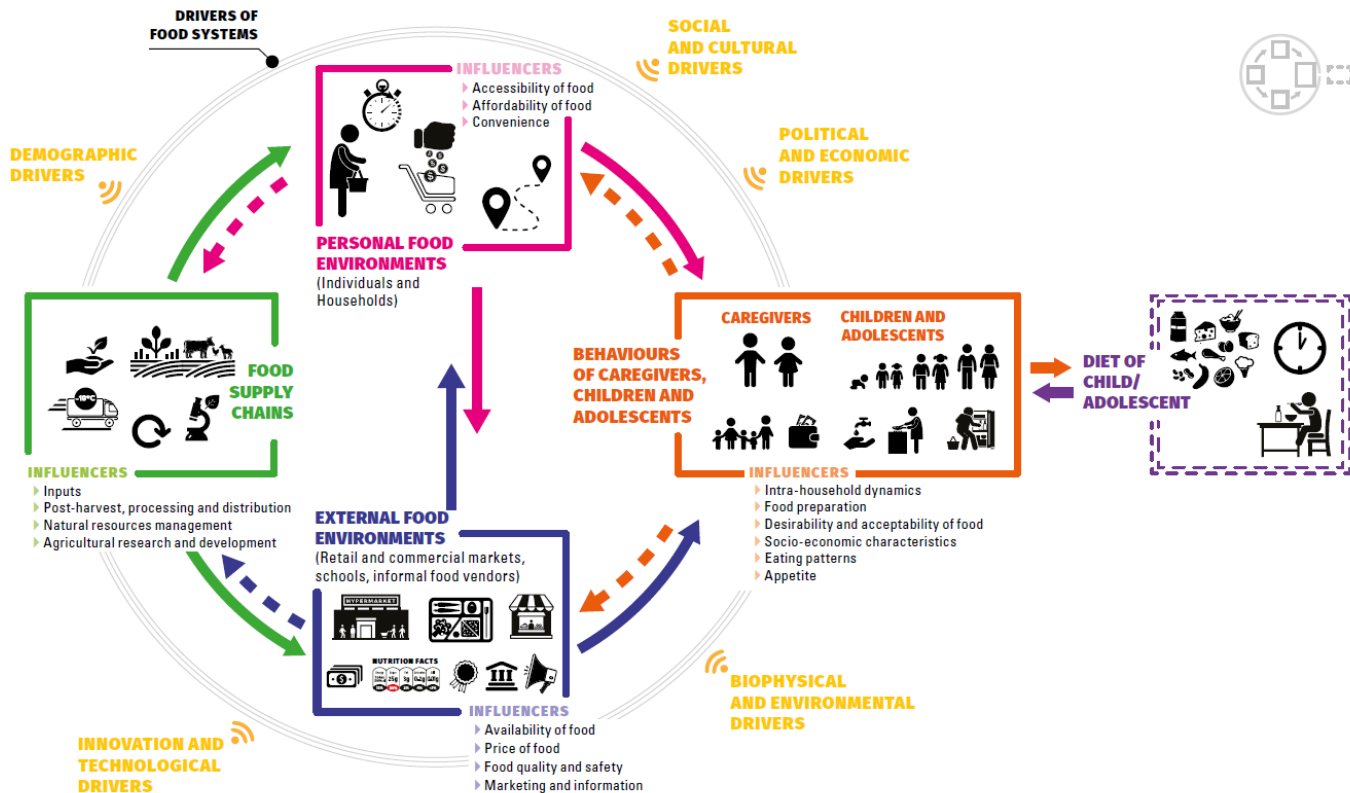
To protect and promote **diets, practices** and **services** that support optimal nutrition, growth and development for children, adolescents and women, everywhere.

A systems approach to maternal and child nutrition

A systems approach to maternal and child nutrition aims to make five key systems – **food, health, water and sanitation, education** and **social protection** – better equipped and more accountable for improving the nutrition of children, adolescents and women.



A systems approach to maternal and child nutrition: Innocenti Framework on food systems for children and adolescents



Children, Food and Nutrition

Growing Well in a Changing World

AN AGENDA FOR IMPROVING CHILDREN'S NUTRITION

1. Put **children first**
Put children's nutrition at heart of government policy |
Inform and educate families | Campaign
2. Facilitate **food suppliers** to do the right thing
Use tax breaks and incentives | Use the power of procurement
3. Set and enforce **high standards**
Label food better | Restrict marketing | Set minimum food standards
4. Create a **conducive environment**
Support working mothers and families
5. Use **other systems** to promote better nutrition
Social protection | WASH | Education | Health
6. Collect **better data**
Expand collection methods | Collect data from 0 to 19

THANK YOU FOR SECURING THE NUTRITION OF EVERY CHILD AND MOTHER

