

**FOOD AND NUTRITION AMONG NIGERIAN CHILDREN 1985- 2015; POLICY ISSUES
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ABSTRACT

Nigeria is a country with 774 local government areas and 36 states in addition to the Federal Capital Territory Abuja, with an average life expectancy at birth of 47 years in 2008 and 52.62 years in 2014. Certainly, she needs to consider her food and nutrition policy to be able to meet up with the food and health challenges as it affects population health in the 21st century. The national health policy introduced in 1988 is one of the strategies towards achieving health for all Nigerians. It addresses the realities and challenges of population health to accelerate growth and improvement on the national health system. It is a national health intervention and a target of the national health policy in Nigeria. The objective of this article is to discuss the developmental milestones in the national food and nutrition policy in Nigeria as an audit trail for improvement on the food and nutrition status of the Nigerian child. Articles were searched electronically and those which met the eligibility criteria were drafted for the study. Policy implementation is a dynamic process, which must be followed-up and reviewed periodically to meet the ever-increasing demands, and achieve the desired change in the life of any nation.

KEYWORDS: Policy, food, nutrition, children, public health, Nigeria.**INTRODUCTION**

Food security and good nutrition is one of the fundamental requirements of national development. Food insecurity remains a threat to global health especially in Africa and Asia. An estimated 40% of pre-school children numbering 140 million around the world suffer from malnutrition while 59% of this population is from Southeast Asia. Many diseases which affect maternal and child health are traceable to food insecurity and malnutrition. Children especially the under-five are the most vulnerable than adults because of the high need and demand for food and nutrients in their growth and developmental process. A survey by United Nations Children's Fund (UNICEF) among under-five children in four local government areas of Nigeria in 1987, indicated that over 25% of young children were permanently stunted by World Health Organization (WHO) standard, less than 50% had normal weight for age, while 33.3% were moderately to severely malnourished.^[1,2,3,4] The objective of this article is to discuss the developmental milestones in the national food and nutrition policy in Nigeria as an audit trail for improvement on the food and nutrition status of the Nigerian child.

In 2013, 37% of under-five children in Nigeria were stunted, 18 % were wasted while 29% were underweight, making them vulnerable to infectious diseases, impaired physical and mental growth, and other developmental

milestones. Women especially those in the childbearing age are vulnerable to malnutrition especially during pregnancy and after childbirth due to high demand for nutrient during this period. Malnourished women are predisposed to low body mass index (BMI), anemia especially during pregnancy, obstructed labor, low birth weight and increased susceptibility to infections.^[4,5,6,7]

The population of stunted children declined from 41% to 37% in 2008 while only 17% of children under-six months were exclusively breast-fed. The 0.5 months duration of exclusive breastfeeding value remained unchanged since 2008. The causes of malnutrition in sub-Saharan Africa include ignorance, poverty, minimal education status, poor food storage, preservation, and processing practices, high population growth without commensurate economic growth. Others include infections that reduce resistance to diseases, poor nutrients, and low energy utilization, large families, chronic disease conditions, poorly spaced and multiple pregnancies, parental death, poor breastfeeding, cultural practices and belief, poor parental background, poor parental education status and unexpected pregnancies.^[3,4]

The objective of the National Food and Nutrition Policy in Nigeria is to reduce under-nutrition especially among children, women and the aged. Reduction of severe and moderate malnutrition among the under-fives by 30% by

the year 2010 and to reduce micronutrient deficiencies particularly iodine deficiency disorders (IDD), vitamin A deficiency (VAD) and iron deficiency anemia (IDA) by 50% of the current levels by the year 2010. Others include reduction of the rate of low birth weight (2.5 kg or less) to less than 10% of the current levels by the year 2010. Reduction of diet-related, non-communicable diseases by 25% of current levels by the year 2010 and to reduce the prevalence of infectious and parasitic diseases that aggravate the poor nutritional status of infants and children by 25% of the current levels without prejudice to reducing starvation and chronic hunger to the barest minimum through increased food intake.^[7,8,9,10,11,12]

Nutritional status and indicators in children

This article discussed the developmental milestones in the national food and nutrition policy in Nigerian to stimulate interest towards effective follow-up on government programs to achieve the desired targets and goals. It is an audit trail to improve on the present status.

The WHO Multicentre Growth Reference Study (MGRS) in 2006, which gave rise to the WHO growth standard, discussed the basis for categorization of children's growth based on nutritional status. Empirical results based on height-for-age nutritional indicators in children revealed that stunting was high in children whose preceding birth interval was less than 2 years (41%) compared to those who are first births with preceding birth interval of 2-4 years and above. Male children were more stunted than the females while 46% of children with low birth weight remained stunted. This is avoidable if the children are well fed. Children born to mothers with BMI of 25 kg/m² and above were stunted while those born to mothers with BMI less than 18.5 kg/m² were stunted (48%). Only 25% of those born to mothers with BMI of 25 kg/m² and above were stunted. Stunting among children declined with increase in mother's education. Stunting was 50% among children whose mothers were not educated and 13% among those of the educated mothers. Surveys indicated that 54% of children from poor homes were stunted compared to 18% of children from wealthy homes. It shows that stunted nature is predominantly more dependent on economic status and food supply than it is on genetic and other factors. A survey on weight-for-age among Nigerian children revealed that 29% of under-five children have weight-for-age below -2 SD (standard deviation from the median of WHO reference population), while those severely under-weight were 12%. Record shows that 30% of male children were under weight and 27% for their female counterparts.^[11,15] The National Policy on Food and Nutrition in Nigeria, institutionalized information on nutrition and surveillance system including growth monitoring in all health facilities at all level of health care because of the paramount role and impact of maternal and child nutrition in the health outcomes of mothers and children who are the most vulnerable group.

Control of micronutrient deficiencies

Micronutrient deficiency is one of the main causes of mortality and morbidity in children. The national food and nutrition policy encourages nutrition education at the primary, secondary and tertiary education and health levels. It emphasizes the use of local nutritious foods, which are readily available and cheap. It promotes good breastfeeding practices, good feeding of pregnant women and maintenance of good hygiene in the preparation of food. It encourages food fortification with micronutrients, prophylactic supplementation of food to support the vulnerable groups namely the children, mothers and the aged. Some of the already fortified foods include salt with iodine, flour with vitamin A and skimmed milk with vitamins. Other activities supported by the policy since inception includes nutritional surveillance of vulnerable groups, training and education of mothers on modern nutrition, treatment, and rehabilitative services for protein energy malnutrition. Deworming and iron supplementation are facilitated during special campaigns. Mass media and local village heads are mobilized to reach the grass roots during nutritional campaigns. Schools, churches, mosques, antenatal clinics, council head quarters and village squares are usually the main points of call. A study by national demographic and health survey (NDHS) showed improvement on vitamin A consumption among children with educated mothers. Massive distribution of vitamin A supplement is undertaken every six months within the country to prevent its deficiency and rescue those at risk. This measure has stemmed the incidence of childhood blindness associated with vitamin A deficiency. Massive deworming exercises reduce the incidence of anemia associated with worm infestation and improved micro nutrient status. In consideration of the benefits of micronutrients among mothers, the policy has promoted the use of supplements in pregnant and breast-feeding mothers. Prior to this period, micronutrients deficiency problems like stillbirth, prenatal death and congenital malformations were very common among pregnant women, breast-feeding mothers and the newborn.^[16,17,23,24]

Breastfeeding and complementary feeding

Poor feeding practices adversely affect the developmental milestones of children and mothers postpartum fertility period. The national infant and young child feeding (IYCF) strategy was launched in 2008 to increase the percentage of newborns who are breastfed. Enhanced community mobilization and awareness on the importance of early and exclusive breastfeeding and prevention of harmful practices like discarding colostrums that may promote immunity, optimal infant feeding and avoidance of exclusive breast feeding due to the belief that it can lead to loss of firmness and collapse of the mothers breast, was given priority attention.^[18] Pre-lacteal feeding, the act of giving newborns food other than breast milk reduces the frequency of suckling by the newborn and expose them to malnutrition and infections. It was very common

among women with obstetric complications or those who did not undergo antenatal counseling. This practice has been greatly discouraged. However, the incidence has increased from 56% in 2008 to 59% in 2013. The Federal Government is intensifying efforts towards halting the trend through massive primary health care development activities. These activities include counseling of women in their local dialect since the prevalence is more among the non-educated, under educated and poor women (71%). However, it was low among new born whose mothers have higher education (36%).^[13] Nutrition targeted activities and programs have been intensified at the grass root level in the nation through the National Primary Healthcare Development Agency (NPHDA). A reasonable proportion of children under-six months were given water in addition to breast milk (47%), while 23% received additional complimentary foods.^[11,19,20,23]

Additional activities, issues and prospects

Other activities implemented through the National Food and Nutrition Policy include nutrition education and training, issuance of guidelines to enable states and local government authorities manage, monitor and evaluate nutrition programs and related services and promotion of household food security and income generation activities. Nutrition education is widely promoted in schools and among women groups age grades, market women organization and women corporative societies. The federal and state governments through the ministry of health started engaging the services of mass media like radio, television stations, and telecommunication giants to disseminate information using local dialects and English language to drive home their points. They use posters and information leaflets with pictures and information written in local dialects of the people. The Federal Ministry of Health through the State Ministries of Health and the primary health care development agency, send guidelines on nutritional status of women usually assessed with the anthropometric indices of weight and height to get their body mass index (BMI). Infant and Young Child Feeding (IYCF) practices which include timely introduction of semisolid and solid food at the age of six months and gradually increasing the amount, strength, varieties and frequency of feeding as the child appreciates in age in line with WHO recommendation, was promoted at the grass roots. Breastfeed is recommended for children up to 2 years except for those who lost their mother or those born to HIV positive mothers.^[11,13,21,22,23]

The government through provision of soft loans to traders and market women by the small scale and medium enterprises scheme, promote household food security and income generation activities. Non-governmental agencies and ministry of women affairs promote activities that help to improve the socioeconomic status of women through women empowerment advocacy, trainings on how to learn new skills that could be used for income generation eg

weaving of bags, small scale production of soap, detergents, poultry farming, and catering.^[21,22,23]

CONCLUSION

Food security of women and children is essential in the growth and survival of family units, which make up every society and the nation. Periodic review and evaluation of policy trust and outcomes against defined indicators and benchmarks should be paramount in ensuring sustainability and upgrade of policies for effectiveness and positive impact in the lives of the people. Nutrition education at the grass root, which yielded positive results, should be closely enforced and monitored through the Federal Ministry of Health and her supporting agencies. Government should increase her budgetary allocation to health and promote research and development into public health institutions in collaboration with international funding agencies. The government should learn the act of tailoring research findings from theory to practice. Food security is every ones business and children deserve good nutrition for the development of a healthy society.

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