

## INVESTING IN FEMALE NUTRITION: THE KEY TO REDUCING STUNTING IN NIGERIA- Part One

**A**re you aware that for every 100,000 live births in Nigeria, 704 to 1500 mothers died in the process of child birth? In fact, Nigeria is one of the countries with very high maternal mortality rate worldwide. Sadly enough, of the four main causes of maternal death during childbirth, three (obstructed labour, hemorrhage and infection) are directly or indirectly related to nutrition.

Do you know that obstructed labour is more likely to occur among women who are stunted (short for age) in childhood? Problems of obstructed labour are often associated with a height less than 152 centimeters (less than 5 feet). Health experts have ascertained that failure to achieve normal delivery was directly related to the height of the mother. This stunting has been attributed to nutritional status in childhood. In the mid-1990s, the World Bank, estimated that 450 million adult women in developing countries were stunted because of childhood undernutrition. In other words, short stature in women is often as a result of a poor growth in early childhood.

Stop for a moment.

Take a closer look at your children, your friends' or neighbours', especially females. Would you consider any of them short for their age mates? If you are not sure, consult your pediatrician or go to your nearest health center, both height and weight will be assessed. Worldwide about 226 million children are estimated to be stunted and over 90% of these children are from developing countries, Nigeria inclusive. Infact, Nigeria Demographic and Health Survey (NDHS) of 2003 reported that about 68% of our infants less than one year were stunted. Stunting in childhood has a greater detrimental effect on females than males. According to Stuart Gillespie, a reknown health expert, nutritional status, unlike disease, is cumulative

over time and not an isolated incident. It also highlights the centrality in maintaining women's health". Poor childhood malnutrition, he added, begins in the uterus and extends particularly for girls and women through the life cycle. It also spans generations.

Undernutrition that occurs during foetal development, infancy, childhood, adolescence and pregnancy has additive negative impact on the birth weight of future babies. In deed, an estimated 25 million babies delivered in developing countries were classified as low birthweight (weight less than 2.50kg) Malnutrition, in the form of undernutrition has been attributed as one of the major causes of low birth weight in developing countries. The birth weight of a baby is an essential indicator or a marker not only to assess for the maternal nutrition status before and during pregnancy, but also a vital pointer for the survival and health status of the child in subsequent years.

Studies from different parts of the countries have buttressed that birth weight is affected to a large extent by the mother's own foetal growth, her diet from birth to pregnancy and her body composition at conception. Thus, it is apparent from the above that malnutrition in the form of undernutrition has major consequences for women. It affects their health reproductive system, life expectancy, productivity and total quality of life.

Focusing on female nutritional status from infancy, childhood and adolescence through pregnancy and lactation and carrying out regular growth monitoring and promotion on the newborn will certainly yield huge dividends in reducing childhood stunting and low birth weight babies in Nigeria.

Improving Female nutritional status begins:

First, with exclusively breast-feeding the "girl child" for the first

6 months of life, unless the pediatrician states otherwise, for medical reasons. Exclusive breast-feeding gives the "girl child" a head start in life, because breast milk contains all the essential nutrients that support optimum growth, even including water. More importantly, breast milk protects the child from viral and pathogenic (disease causing agents) bacteria.

Second, regular growth monitoring and promotion by taking the child to health centers for monthly weighing and charting will help to detect any growth faltering. This will indicate whether the child is growing adequately or she is incubating stunting, wasting or underweight. Unfortunately, in some health centers, particularly, in the rural areas, the equipment to take these measurements at delivery time are unavailable. Provision of these simple tools are essential if the war against childhood malnutrition is to be won. Every Health Centre in all the local government areas should endeavour to provide these vital tools.

Third, improving female nutritional status should include, increasing their intake of micronutrients (vitamins and minerals) and macronutrients (fats, proteins and carbohydrates). You see, micronutrients are the key to child survival (particularly, Vit. A, Zinc, calcium, folic acid and iron). Foods that are rich in these nutrients should be consumed from 7 months upwards and throughout reproductive life cycle. Such foodstuffs include breast milk (for infants), frozen fish, cray fish, termites, caterpillar, legumes (cowpeas, pinto beans, lima beans, red kidney beans), oil seeds (Soy beans, groundnuts, melon seeds), yellow and green leafy vegetables.

*To be continued*



For more information on child nutrition

Visit the **Olu Akinkugbe Foundation Child Nutrition Centre**

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## INVESTING IN FEMALE NUTRITION: THE KEY TO REDUCING STUNTING IN NIGERIA - Part Two

**T**hird, improving female nutritional status should include, increasing their intake of micronutrients (vitamins and minerals) and macronutrients (fats, proteins and carbohydrates). You see, micronutrients are the key to child survival (particularly, Vit. A, Zinc, calcium, folic acid and iron). Foods that are rich in these nutrients should be consumed from 7 months upwards and throughout reproductive life cycle. Such foodstuffs include breast milk (for infants), frozen fish, cray fish, termites, caterpillar, legumes (cowpeas, pinto beans, lima beans, red kidney beans), oil seeds (Soy beans, groundnuts, melon seeds), yellow and green leafy vegetables.

Adequate nutrition from infancy, childhood, adolescence, and through pregnancy will produce healthier babies with good birth weight and normal height at birth. Certainly Maternal nutrition has a lasting effect on the nutritional status of children. This maternal nutrition begins from infancy. Thus, the time to prepare for the future generation starts from infancy.

Fourth, targeting children under two years of age, stunted adolescent and adult women of reproductive age group for nutrition intervention should be given top priorities by the three tiers of government and non government agencies. After all, stunted or small adolescent and adult women who are malnourished are more likely to produce small and stunted babies and the cycle of undernutrition, stunting and illnesses continues. Such a nutrition intervention may include, creation of Nutrition Demonstration Centres where the prospective expectant mothers are taught on using nutritious locally available foodstuff that are sparingly used to prepare their meals. Food budgeting, home gardening and meal planning should also be part of the programmes at the centers. The

nutritional intervention could include provision of one adequate meal once a day during the weekdays to the infant. Such a meal could be a mid-day lunch for the infants, and it should include also at least a pint of milk, 1 serving of green leafy vegetable, 3 ½ OZ of meat or fish and any fruit in season. Our Food Industries should take up the challenge of fortification of our commonly consumed foodstuffs with high bioavailability of iron, zinc and other essential minerals. Such foodstuffs are maize (corn), tubers (yam, cassava and legumes (cowpeas, red kidney beans)

Fifth, iron and folic acid supplementation programme should be effectively monitored in addition to malaria and hookworm prevention in all the health Centres; especially, in the rural areas where prevalence of undernutrition and low birth weight babies are higher.

Sixth, provision of potable water and good sanitation are very important to ensuring optimal growth of the "girl child". Without potable water, food and nutrition security will not yield the expected results. Poor water sources will produce water borne diseases such as cholera and diarrhea.

Seventh, there is a need for applied nutrition research on the effects of adequate nutrition from infancy on the outcomes of pregnancy. This should be longitudinal study that will involve all the 6 geopolitical zones. The role of cultural food practices, ethnic and religious doctrines as they affect the "girl child's" reproductive cycle will also be investigated. Of course, food and nutrition security from infancy, childhood, adolescence and adult women as they affect outcomes of pregnancy will be part of the study.

Eight, there must be an effective advocacy for investing in female nutrition. The advocacy should include making low birth weight and stunting vital indicators to assess the quality of women 's health. Regular mass media campaign on the importance of female nutrition should be done as that of HIV/AIDS.

Ninth, placing women's health high on health agenda of all the three tiers of government will go a long way to reduce both maternal and infant mortality rates in our great country. After all, these women are reproducer, producer, marketers, care givers, distributors, water and energy suppliers.

Tenth, Female literacy should also be given top priority by all the three tiers of government. After all, female education discourages early marriage ad it guarantees food and nutrition security. As the popular saying goes, "Educate a women, you are educating the whole nation" Female education enhances better female nutrition.

It is quite apparent from the above that investing in female nutrition will certainly yield good results, not only will it prevent foetal undernutrition, maternal and infant nutritional deaths, but will also break the vicious cycle of stunted future mothers. After all, women whose heights are less than 152 centimeters (less than 5 feet) have been associated with obstructed labor during delivery. This obstructed labor contributes to high maternal mortality rate in Nigeria. Start today and advocate for female nutrition.



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