

# Second International Conference on Nutrition

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# Child and Maternal Nutrition

## WHAT

In the past two decades, child and maternal malnutrition has declined almost by half. Yet, child undernutrition and micronutrient deficiencies still impose the greatest nutrition-related health burden at the global level. Undernutrition in children often results from poor quality diets in terms of variety, nutrient content and food safety during infancy and childhood combined with poor access to health services, sanitation and social care. For pregnant women, hunger and malnutrition, especially deficiencies of iron and calcium, contribute substantially to maternal deaths. Children who are undernourished are more susceptible to infectious diseases and their cognitive development is compromised, hindering their performance in school and consequently their future job and income opportunities. Poor maternal and child nutrition is also the primary pathway by which poverty is transmitted from one generation to the next: stunted girls—whose height growth is slowed owing to poor nutrition—grow up to be short in stature as adults, and short maternal height is one of the strongest predictors for low birth weight children and future childhood stunting.

Stunting (low height-for-age) has become the main indicator of childhood undernutrition because it is widespread in nearly all low income countries, with important consequences for health and development. In order to break the intergenerational cycle of growth restriction, as well as its negative impacts on individual and socio-economic development, child and maternal malnutrition must be addressed as a top priority. Improved dietary intake and health care for adolescent girls and women before and during pregnancy and lactation would not only improve their own health, but also make a significant contribution to the reduction of child undernutrition by decreasing the incidence of low birth weight babies and contributing to the prevention of child stunting.



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## HOW

For children, the first 1 000 days—roughly from conception to 24 months of age—is the most critical window for adequate growth and development, as developmental damage that results from undernutrition in this period is virtually irreversible. Exclusive breastfeeding for infants during the first six months of life followed by the introduction of nutrient-dense complementary foods such as cereals, pulses, vegetables and animal foods, as well as continued breastfeeding are essential components of good nutrition in these early stages of development. Food fortified with essential vitamins and minerals, e.g. vitamin A, iron and zinc, should also be incorporated into diets in areas where food diversity is poor, such as in emergencies.

Nutrition education for the whole family, particularly for adolescent girls, mothers and senior women is a key strategy for ensuring that nutritious foods are selected, prepared and consumed. In developing countries, nutrition education can be delivered by trained health and agricultural extension workers as well as respected community members, such as grandmothers, religious leaders, traditional healers and midwives. Practical hands-on food preparation and cooking demonstrations that are specific to the cultural and economic context are more effective in improving dietary practices than top down delivery of information. Experience also shows that integrating nutrition education with smallholder family farming (e.g. fruit orchards, vegetable gardens, small animals and fish farming), can be highly effective in improving household dietary quality. Such positive outcomes can be further enhanced by increasing women's control over resources and income, which in turn benefits their children's health, nutrition and education, as well as their own health and nutritional status.

## SUCCESS STORIES

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In **Cambodia**, FAO is working to improve the dietary intakes and nutritional status of infants and young children through improved food security and complementary feeding education among 7 500 families. The program includes a nutrition education component, in which children between the ages of 6-18 months and their families participate in several nutrition education sessions. Topics of the sessions range from food hygiene and handwashing, to continued breastfeeding, food diversity, food for lactating women and adequate complementary feeding using nutritious local foods. New Farmer Field Schools (FFS) and Farmer Business Schools (FBS) to diversify food production, improve food availability and increase incomes are also being implemented.

**“Our work in Malawi, Cambodia and elsewhere demonstrates that it is feasible for families to improve infant and young child nutrition by optimizing the use of local foods.”**

*Ellen Muehlhoff,  
FAO Senior Nutrition Officer*



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In **Malawi**, FAO is conducting research and implementing projects focused on improved dietary intake for women and children in the context of food security interventions in the Kasungu and Mzimba districts. By using Trials of Improved Practices (TIPs) to test the acceptability and affordability of improved feeding practices, FAO generated recommendations and recipes for appropriate complementary foods and family meals. Community nutrition education sessions were also held, thus far reaching nearly 10 000 families in the districts with lessons on continued breastfeeding, good hygiene practices, food safety, age-appropriate complementary feeding, nutritious meals and snacks, seasonal food availability, how to feed a sick child and when a child has to be taken to the hospital.

## KEY FACTS

- 161 million children under the age of five are stunted due to chronic undernutrition.
- The prevalence of stunting in children under the age of five is most common in developing countries in the UN regions of Eastern Africa (41%) followed by Oceania (excluding NZ and AUS – 38%), Southern Asia (36%), South-Central Asia (35%) and Western, Middle and Southern Africa (34%, 32% and 30%, respectively).
- Childhood and maternal malnutrition, including foetal growth restriction, suboptimum breastfeeding, stunting, wasting and vitamin A and zinc deficiencies, is an underlying cause of death in an estimated 45% of all deaths among children under five years of age.
- Children in the poorest households are twice as likely to be underweight (weight-for-age) as those in the least poor households.
- The prevalence of stunting in children globally declined from 199 million in 2000 to 161 million in 2013, representing a decline in the proportion of stunted children from 33% to 25%.
- Maternal undernutrition, common in many developing countries, leads to poor foetal development and higher risk of pregnancy complications.
- Globally, anaemia affects 38% of pregnant women.

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