Overview of Nutritional Status of Nigerians

Presentation at a Seminar “High Quality Proteins: the Missing link in Development”
Tuesday, 8th March 2011
PROTEA HOTELS, Ikeja, Lagos
Outline

• Situation assessment in Nigeria

• Causes and effects of malnutrition
Situation assessment
<table>
<thead>
<tr>
<th>Life Stage</th>
<th>Common Nutritional Disorders</th>
<th>Main Consequences</th>
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</thead>
<tbody>
<tr>
<td>Infant &amp; Young Child</td>
<td>Protein-energy malnutrition, iodine, iron, zinc and vitamin A deficiencies</td>
<td>- Developmental retardation (stunting and wasting)</td>
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<td>- Increased risk of infection</td>
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<td>- High risk of death</td>
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<td>- Blindness</td>
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<td>- Anaemia</td>
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<td>Pregnant &amp; Lactating Mothers</td>
<td>Protein-energy malnutrition, iodine, iron, calcium, folate and vitamin A deficiencies</td>
<td>- Insufficient weight gain in pregnancy–IUGR</td>
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<td>- Maternal anaemia</td>
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<td>- Maternal mortality</td>
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<td>- Increased risk of infection</td>
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<td>- Night blindness/blindness</td>
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<td>- Low birth weight/high risk death rate for fetus</td>
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Table 1: Consequences of Malnutrition
Malnutrition trends in Nigeria

- 2008 data indicate increase in wasting (thinness)
- Stunting (shortness) levels still high—above 40%
- National averages do not show regional disparities

Malnutrition trends in Nigeria (1990-2008)

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage (%)</th>
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<td>1990-91</td>
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<td>2001-02</td>
<td></td>
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<td>2008</td>
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</table>

- Blue line: stunting
- Pink line: wasting
UNICEF MALNUTRITION IN NIGERIA

normal       wasted         stunted
Stunting and wasting do not occur uniformly

Emergency feeding is needed when the wasting rate is over 10% and there are aggravating factors.
Malnutrition: a contributory cause of more than half of under-five deaths in Nigeria

Wasting and vitamin A deficiency increase substantially the risk of dying from the listed conditions.
Non-optimal breastfeeding and complementary feeding, by age

- Exclusive breastfeeding for babies up to 6 months is only 13%

- Only 20% of babies less than 2 months are exclusively breastfed

If moms simply stopped giving their babies water, exclusive breastfeeding would soar!
Inadequate control of vitamin A deficiency and anaemia

- Vitamin A reduces child mortality by 23%
- Deworming is the easiest way to reduce anaemia
- Worms can use up to 25% of the food ingested by children

![Coverage for vitamin A supplementation and deworming (DHS 2008)](chart.png)
Zinc Deficiency among Children Under Five in Nigeria – Geographical Disparity

Cut off = 80μg/dl

Source: NFCNS 2001
Zinc Deficiency Among various Groups in Nigeria

Source: NFCNS 2001

Cut off = 80μg/dl

US CHILDREN 20
MOTHERS 28.1
PREGNANT WOMEN 43.8
If not addressed, malnutrition is transmitted from generation to generation.

Figure 3.3 The transmission of undernutrition and its consequences across generations

Source: Adapted from ACC/SCN-IFPRI (2000).
The window of opportunity to address malnutrition: the first 2 years of life

Children who are malnourished in the first 2 years of life can lose 11 cm of potential height.
Causes and effects of malnutrition in Nigeria
The DHS and other surveys show that quality of care is one of the major causes of malnutrition in Nigeria.

Sources: Adapted from UNICEF (1990), Jonsson (1993), and Smith and Haddad (2000).
Proven actions to prevent malnutrition

- Optimal breastfeeding
- Complementary feeding to breastfeeding
- Nutritional care of sick child
- Woman’s nutrition
- Control of vitamin A deficiency
- Control of anemia
- Control of iodine deficiency disorders
Figure 1. The continuum of infant and child feeding

0-5 months\(^1\)
- Initiation of breastfeeding within one hour after birth
- Avoid prelacteal feeds and give colostrum
- Exclusive breastfeeding (no teas, water, other milks)
- Avoid bottle feeding

6-8 months
- Continue breastfeeding
- Avoid bottle feeding
- Feed CF 2-3 times/day + snacks

9-23 months
- Feed CF 3-4 times/day + snacks
- Increase frequency, amount, and variety of complementary foods, including animal foods, fruits and vegetables, legumes, and oils/fat
- Gradually complete transition to family foods

CF: Complementary Foods
Complementary Food Groups
CMAM programme

• Currently implemented in 34 local government areas in 8 of 14 high-burden states (All the states in the Sahel region)
• In 2010 over 40,000 children were admitted into treatment sites in the 8 states in North East and North West, representing about 30% of the children in those areas requiring treatment
• Partners include the Clinton foundation, MSF, Save the Children
• UNICEF is largest supplier of ready-to-eat therapeutic food (RUTF) globally (11,000 tonnes in 2008)
• Efforts are underway to produce RUTF locally.
Scaling up CMAM for maximum impact

CMAM is superior to clinic-based treatment
• reaches more children
• is less disruptive to caregivers
• gives access to other health services
• provides an opportunity for health education
• strengthens the primary health system
Promoting optimal breastfeeding and complementary feeding

• Optimal breastfeeding and complementary feeding are the single most effective way to prevent childhood malnutrition.
• Actions include community information boards, community dialogue, prohibition of marketing of breast milk substitutes, events to mark Breastfeeding Week.
• UNICEF contracted the BBC World Service Trust to develop and broadcast messages for breastfeeding and complementary feeding in Hausa and Pidgin.
• Partners include NGOs and Federal and state governments.
Conclusion

• Reduction of malnutrition could decrease child mortality in Nigeria by more than 50% and the burden of pediatric disease by 20%

• Reducing malnutrition has more impact than any other intervention

• We need to start with pregnancy and continue to the first 2 years of life of the child (1,000 days of life)

• We need to focus on the three high-impact actions
  – vitamin A supplementation and deworming,
  – community management of acute malnutrition, and
  – promotion of optimal breastfeeding and appropriate diversified complementary feeding

• Together we can reduce malnutrition in Nigeria.
Thank you for your attention