

**NATIONAL NUTRITION WEEK 2011: Feeding Smart from the Start.
Overall and supporting messages**

September 2011

BACKGROUND

This document provides information on messages that will be communicated during National Nutrition Week 2011; additional information is supplied in the Question and Answer document. The overall message and supporting messages, key facts and some statistics are outlined below. These should be used in NNW communication to ensure consistency by all who are participating in this awareness campaign.

The messages can be adapted to suit the target audience; but the overall content should remain consistent with the messages in this document and the Question and Answers document.

OVERALL MESSAGE and supporting messages

From six months of age your baby needs breastmilk and solid foods; to promote health, support growth and enhance development. This is called complementary feeding.

- After six months introduce new foods to your baby every few days.
- At six months start with 2 meals a day, with regular breastfeeding. Increase to 5 small meals (including snacks) a day, with continued breastfeeding by 10 months. Continue with these regular small meals and breastfeeding until your baby is two years old.
- Wash your hands with soap and water before feeding your baby.
- Keep everything very clean when preparing food for your baby.

GENERAL INFORMATION

- The target group for NNW 2011 is parents, grandparents, caregivers and future parents of babies and young children.
- The messages may not be used to promote any branded item.
- If any industry partner would like to use these messages linked to NNW, permission must be sought from the Department of Health: Directorate Nutrition (Maude de Hoop).

FACTS

Adequate nutritional intake during infancy and early childhood is important for the normal growth and development of young children as well as enabling them to reach their full potential.

The window of opportunity for improving nutrition is small; lasting only from pre-pregnancy through the first two years of the infant's life. Studies have shown that the first two years of life is the peak age for growth faltering, developing of deficiencies of certain micronutrients, and for contracting common childhood illnesses such as diarrhoea. (WHO, 2003).

The immediate consequences of poor nutrition during these formative years include significant morbidity; mortality; and delayed mental and motor development. In the long-term, early nutritional deficits are linked to impairments in intellectual performance, work capacity, reproductive outcomes and overall health during adolescence and adulthood. (WHO 2003).

Therefore, interventions should aim to focus on this window period (World Bank, 2006). Weight gain in the first two years of life is an important predictor of schooling outcomes. Better schooling generally predicts better long term health and increased lifetime earnings (Martorell, 2010)

There is no national data on the nutritional status of children 0 – 12 months. The 2005 National Food Consumption Survey showed, amongst children 1 – 3 years, that more than one child out of five (23,4%) are stunted and one child out of 10 (11%) are underweight. 36 Countries worldwide account for 90% of all stunted children. South Africa is one of these countries (Lancet, 2008)

Deficiencies in key micronutrients, i.e. vitamins and minerals, are also prevalent in children 1 – 3 years of age with more than half of them (64,8%) affected by a vitamin A and zinc deficiency (51,3%). Additionally, one child out of five is iron deficient (NFCS, 2005).

The 1999 National Food Consumption survey (NFCS) showed that most children aged 1 – 9 years consume a diet low in energy, poor protein quality and meagre micronutrient density. One out of two children was found to have an intake of less than half the recommended level for vitamins A, B6, C, riboflavin, niacin, calcium, iron, and zinc.

Children from poor households, especially in rural areas, were found to have the lowest energy and nutrient intakes.

BACKGROUND

According to the 2011 Millenium Development Goals report Nutrition must be given higher priority in national development if the MDGs are to be achieved. A number of simple, cost-effective measures delivered at key stages of the life cycle, particularly from conception to two years after birth, could greatly reduce undernutrition. These measures include improved maternal nutrition and care, breastfeeding within one hour of birth, exclusive breastfeeding for the first 6 months of life, and timely, adequate, safe, and appropriate complementary feeding and micronutrient intake between 6 and 24 months of age. Urgent, accelerated and concerted actions are needed to deliver and scale up such interventions to achieve MDG 1 and other health-related goals."

The Department of Health in South Africa is guided by the *Policy on Infant and Young Child Feeding*. This policy is based on recommendations from the World Health Organization (WHO) and UNICEF regarding optimal infant feeding; as described in the *Global Strategy on Infant and Young Child Feeding* (2002). The policy recognizes two important phases of infant feeding; namely exclusively breastfeeding from birth until 6 months of age, followed by complementary feeding (breastfeeding and other foods) until 2 years of age.

Based on evidence of the effectiveness of interventions, achievement of universal coverage of optimal breastfeeding could prevent 13% of deaths occurring in children less than 5 years of age globally. Appropriate complementary feeding practices would result in an additional 6% reduction in under-five mortality (Jones et al, 2003).

OVERALL MESSAGE

From six months of age your baby needs breastmilk and solid foods; to promote health, support growth and enhance development. This is called complementary feeding.

From the age of 6 months an infant needs more energy and nutrients than can be provided by breast milk alone. At this age a baby's digestive system is mature enough to digest a range of foods.

Complementary feeding is needed to provide energy and essential nutrients required for continued growth and development. The nutrients in recommended complementary foods "complement" those in breastmilk, hence the name.

The recommended feeding practices during this time ensure that all nutrients are provided to the baby; including those that are currently seen to be deficient (iron, zinc and vitamin A). Contrary to popular practice, introducing foods like meat, eggs and liver in the early stages of complementary feeding is good practice; they are good sources of these nutrients.

Breastfeeding still has an important place; breastmilk provides about one half of the baby's energy needs from 6 – 12 months, and up to one third during the second year of life. Breast milk supplies nutrients in a form that are easily absorbed. Breast milk also supplies protective factors that are not available from food or other sources. These protective factors play an important role in overall health, as a baby's immune system is still immature and cannot fight all infections.

After about 2 years of age breast milk is entirely replaced by family foods, although a young child may still sometimes suckle for comfort. However, breast milk is still a good source of nutrients to babies in food insecure families.

From six months introduce new foods to your baby every few days

At six months of age babies are ready to learn to eat foods with different textures, consistencies and tastes. At this age babies:

- Control their tongues better than when they were younger
- Start to make up-and-down 'munching' movements
- Start to get teeth
- Like to put things in their mouths
- Are interested in new tastes.

Good choices of complementary foods are rich in energy, protein, essential fatty acids and micronutrients (particularly iron, zinc, calcium, vitamin A, vitamin C and folate). These will be supplied when breastmilk and a variety of suitable complementary foods are given to a baby. Suitable foods include chicken, fish, meat, eggs, liver; dry beans and soya; fortified cereals, orange and dark green leafy vegetables and peanut butter.

The taste of a new food may surprise your baby; therefore introduce new foods one at a time i.e. every few days. The new food may have to be offered several times before it is accepted; it can be mixed with a favourite food at first to encourage your baby to try it.

Babies should be eating a variety of foods by the time they are nine months old. Finger foods can be started from about eight months of age.

The consistency and texture of foods used must be changed from soft and smooth to include lumpy bits and firmer foods. These foods must be used in most meals by the time your baby is ten months old, as learning how to chew and swallow these foods fits into your baby's developmental process before this age. It may seem easier to continue to use soft foods, but for optimal child development it is important to gradually increase the solidity of foods. A soft complementary food should be thick enough so that it stays on a spoon and does not drip off. Foods that can cause choking such as peanuts should be avoided.

Giving complementary foods *too soon* is dangerous because:

- A baby cannot fully digest these foods.
- It may damage the baby's young intestines and make it easy for infections to get into the baby's body.
- These foods may displace breastmilk, hence the intake of available nutrients are decreased.
- When foods are given the baby will take less breastmilk and as a result the mother may produce less. This will make it difficult to supply enough breastmilk to meet the baby's needs.
- A child receives less of the protective factors in breast milk, so the risk of illness increases.
- The risk of diarrhoea increases because foods used may not be as clean as breast milk.
- The foods given instead of breast milk are often thin, watery porridges but they have very few nutrients. These foods fill the stomach but displace breast milk, and so the baby's nutrient needs are not met. These types of foods have a high risk of being contaminated when they are given from a baby bottle.
- Mothers are at greater risk of becoming pregnant if they do not breastfeed exclusively for the first six months.

At six months start with 2 meals a day, with regular breastfeeding. Increase to 5 small meals (including snacks) a day, with continued breastfeeding by 10 months. Continue with these regular small meals and breastfeeding until your baby is two years old.

Babies aged 6 – 8 months should receive 2 – 3 meals per day, and continued breastfeeding. Initially the serving size will be small, with 2 – 3 teaspoons of soft foods per meal. By the time your baby is 8 months old the volume will be about half to two thirds of a cup. Depending on the baby's appetite, 1 – 2 snacks may be given, such as pieces of fruit, cheese, yogurt or bread.

From 9 – 11 months of age, your baby should receive 3 – 4 meals per day, of finely chopped or mashed food and foods that the baby can pick up. About half to three quarters cup of food per meal should be given. Depending on the baby's appetite, 1 – 2 snacks may be given.

Children aged 12 – 23 months should receive 3 – 4 meals per day. They should be given a full cup of family food, chopped or mashed only if necessary. Depending on the child's appetite, 1 – 2 snacks may be given.

Breastfeeding should continue with complementary feeding up to 2 years of age or beyond, and it should be on demand, as often as the child wants. The nutritional contribution through breastfeeding is especially evident during periods of illness, when the child's appetite for other foods decreases but breast milk intake is maintained. It plays a key role in preventing dehydration and providing the nutrients required for recovery from infections.

Keep everything very clean when preparing food for your baby

Safe preparation and storage of complementary foods can prevent contamination and reduce the risk of diarrhoea, which is common in children of this age. The risk of infection transmitted by bottles with teats is higher than the use of ordinary cups (without spouts / straws); the use of a feeding bottle should be avoided.

All utensils, such as cups, bowls and spoons, used for an infant or young child's food should be washed thoroughly.

Bacteria multiply rapidly in hot weather, which increases the risk of infection. Bacteria multiply slower when food is refrigerated. When food cannot be refrigerated it should be eaten soon after it has been prepared (no more than 2 hours), before bacteria have time to multiply.

The following are basic recommendations for the preparation of safe foods:

- Keep everything clean
- Separate raw and cooked foods
- Cook foods thoroughly, especially meat products
- Keep food at safe temperatures
- Use safe water and raw material

Wash your hands with soap and water before feeding your baby

It is important for caregivers to wash their hands thoroughly before feeding the baby. The hands of babies, who are given solid pieces of food to hold and chew on, should be washed as well.

Hand washing with soap removes potentially harmful organisms from hands. This reduces the risk of transmitting these organisms from their hands to their mouths, to the hands to the hands of others, or to food or the environment that is shared with others. Hand washing promotion interventions reduce diarrhoea by about 47%. Babies and young children younger have a higher risk of severe illness from diarrhoea than older children and adults, and babies have the highest risk of death.

To wash hands properly, rub all parts of the hands and wrists with soap and water or an alcohol-based hand rub. Wash hands for at least 20 seconds or more. Pay special attention to fingertips, between fingers, backs of hands and base of the thumbs. Dry the hands with a clean cloth.

COMMUNICATION SUMMARY

The first two years of life is the window of opportunity to ensure optimal growth and development of a child.

NNW 2011 aims to promote adequate nutritional intake from the age of 6 months until 2 years of age through the following messages:

From six months of age your baby needs breastmilk and solid foods; to promote health, support growth and enhance development. This is called complementary feeding.

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- Keep everything very clean when preparing food for your baby
- Wash your hands with soap and water before feeding your baby

FURTHER READING

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- Jones, G. et al. 2003. How Many Child Deaths Can We Prevent This Year? *Lancet* 362(9377): 65 – 71.
- Martorell, R et al. 2010. Weight Gain in the First Two Years of Life Is an Important Predictor of Schooling Outcomes in Pooled Analyses from Five Birth Cohorts from Low- and Middle-Income Countries. *J Nutr* 140: 348 – 354.
- Report of the National Food Consumption Survey - Fortification Baseline (NFCS-FB-I) South Africa, 2005.
- Report of the National Food Consumption Survey, Children aged 1 – 9 years, South Africa, 2000.
- United Nations. 2011. Millenium Development Goals Report 2011.
- WHO/UNICEF. 2003. Global Strategy for Infant and Young Child Feeding.
- WHO. 2009. Infant and Young Child Feeding. Model Chapter for Text Books for Medical Students and Allied Health Professionals.

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