Nutrition:
a missed opportunity to accelerate development

Media Brief 2.09

A threat to lives and development

Malnutrition threatens the lives of children and women in Tanzania. It is responsible for more than 130 child deaths every day, making it the single greatest cause of under-five deaths in the country.

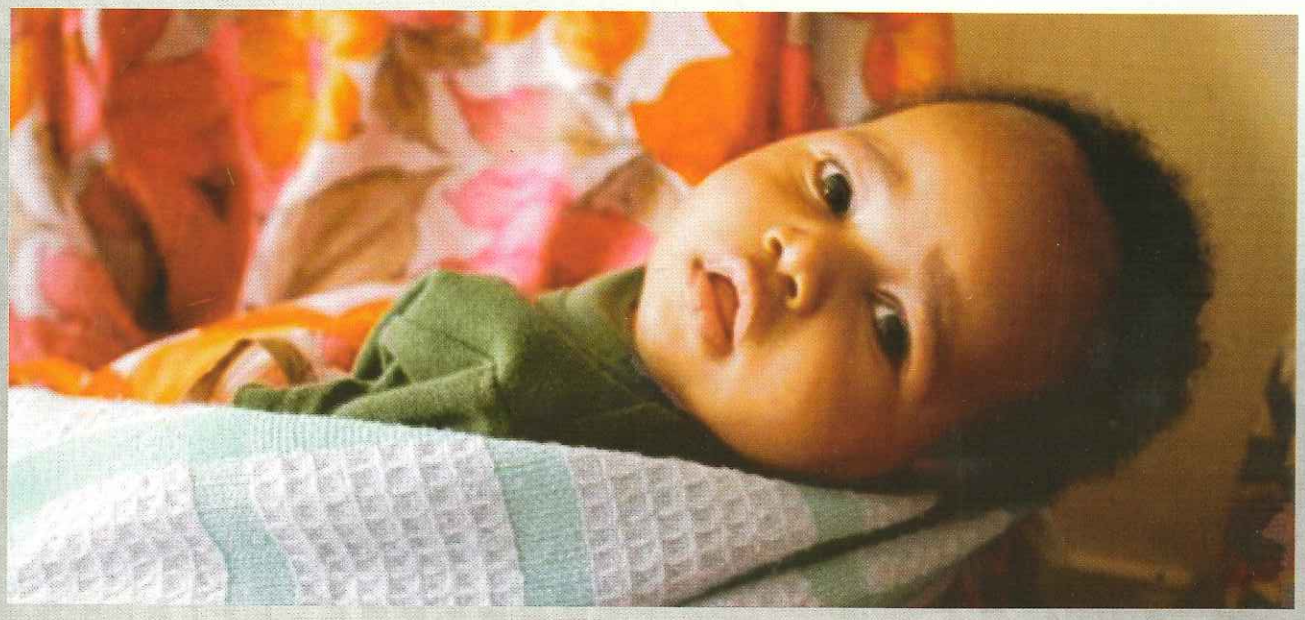
Malnutrition also impacts on health, education and work productivity, and is a major impediment to economic growth and development. Malnourished children start school late in life, do less well and are more likely to drop out. As adults, their work productivity is limited by poor educational achievement and stunting, often combined with a poor diet and anaemia that makes them tired and weak.

These staggering facts stand in stark contrast to the meagre prominence of nutrition in Tanzanian policy and programming and indicate that opportunities are being missed to accelerate development.

Few children escape malnutrition

Almost all children suffer one or more forms of malnutrition at some point in their young lives. According to the 2005 Demographic and Health Survey (DHS), four out of every ten children aged less than five years are chronically undernourished and two out of ten are underweight. A staggering nine out of ten infants are anaemic as they approach their first birthday. And two-thirds of households do not have access to adequately iodized salt, increasing the risks that young children will suffer intellectual impairment.

Progress has been made in reducing under nutrition since 1990, but Tanzania is off track to achieving the Millennium Development Goal 1 target of halving the per centage of underweight children by the year 2015.



Rural poverty and nutrition

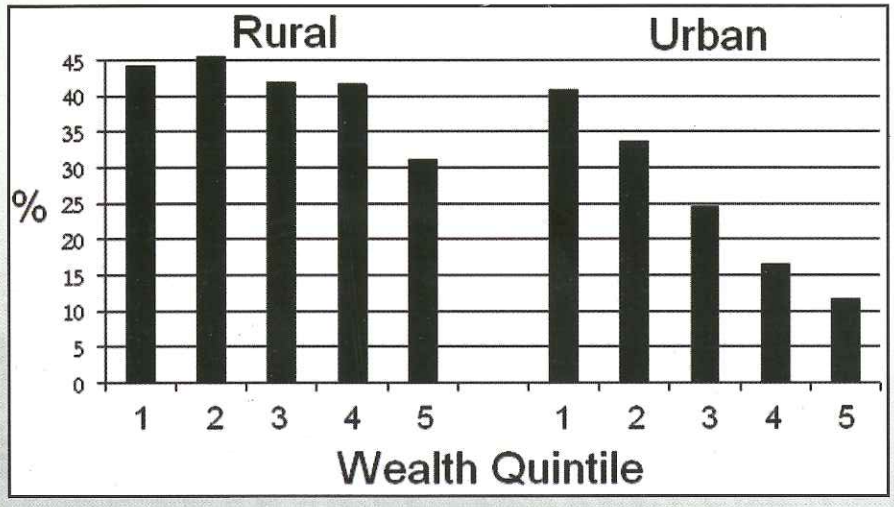
Most malnourished children live in rural areas. These children are 1.6 times more likely to be chronically malnourished and 1.3 times more likely to be underweight than their urban counterparts.

The graph below shows that the prevalence of chronic malnutrition is high in all income groups in rural Tanzania, even among the least poor households (fifth quintile). This may reflect the depth of poverty in rural areas - monthly income for rural households in the fourth quintile is equivalent to that in the second quintile in urban households.

The 2007 Household Budget Survey (HBS) found that 83 per cent of the population living below the food poverty level live in rural areas. Rural households are still spending two-thirds of their income on food, a proportion that remained virtually unchanged between 2000 and 2007. And the frequency of consuming meat and milk fell between 2000 and 2007, signalling a possible decline in the quality of rural diets in response to rising food prices.

Malnutrition has many causes – not just lack of food

Chronic undernutrition by wealth (2005 DHS data)



Food is, of course, important for nutrition. However, inadequate caring practices for children and mothers (especially breastfeeding and complementary feeding), an unhealthy living environment that allows diseases such as diarrhoea and malaria to flourish, and poor access to quality health services also cause malnutrition.

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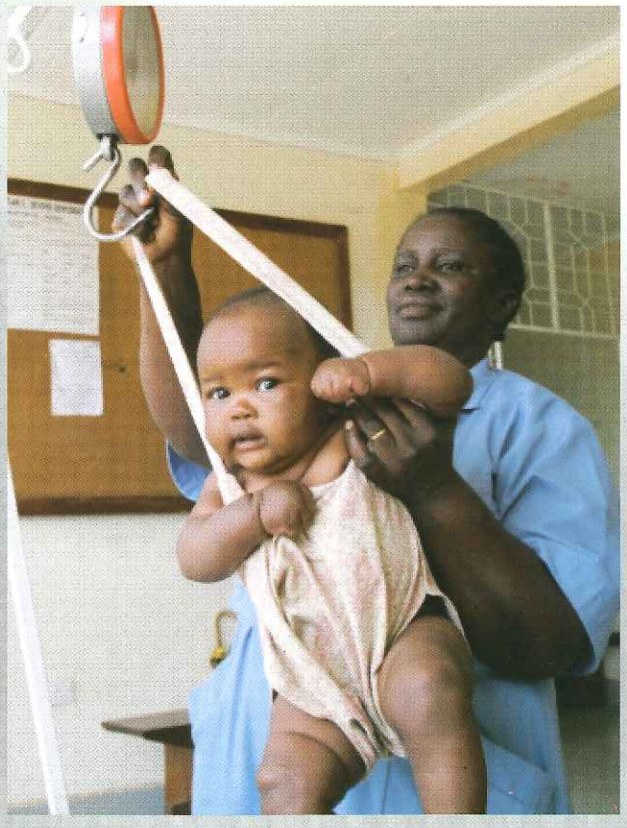
Infant feeding practices are crucial but many mothers are not given adequate advice and support on how to feed their young children. Breastmilk is the only food and drink that infants need up to the age of six months, yet data from the 2005 DHS show that 86 per cent of children are given other foods and drinks by the age of 4-5 months. These foods and drinks are often nutritionally inferior to breastmilk and may be contaminated with germs.

Complementary foods given to children are often maize-based and lack sufficient protein, minerals and vitamins. Nutrition education may improve matters, however, this assumes that households have the resources to act on the information they receive. A recent study in southern Tanzania found that the cost of a nutritious diet for a family of five equals the total income of the poorest households.



Furthermore, nutrition education usually targets mothers, yet the DHS showed that half of women do not participate in decisions on daily household purchases, including food.

The coverage of essential nutrition interventions is still not universal. The Tanzania Service Provision Assessment Survey (2006) found that little attention is given to infant feeding counselling Only 6 per cent of sick child consultations included advice to continue to feed the sick child, only 25 per cent of sick children were weighed, and feeding practices were assessed in only 23 per cent of children under two.

Vitamin A supplementation has been sustained at high coverage (over 85 per cent) but very little is being done to address the nutritional causes of anaemia in children and there is a lack of services to treat severe acute malnutrition, the deadliest form of malnutrition.

Progress towards fortifying staple foods such as maize flour and oil with vitamins and minerals has been disappointingly slow. Yet this offers one of the most cost effective solutions for improving nutrition in Tanzania.

What works?

There is clear evidence on what works to improve nutrition. Of all available interventions, counselling on breastfeeding and complementary feeding, supplementation with vitamin A and zinc, and fortification of staple foods have the greatest potential. These priority interventions need to be delivered at scale and with high coverage to deliver the expected impact on child mortality and morbidity. There is also accumulating evidence from Tanzania and other developing countries to support the use of social transfers as part of a package of interventions to improve child nutrition and cushion poor households from the effect of shocks to livelihoods.

Investments in nutrition produce benefits that are up to 40 times as much as the original investment. It has recently been estimated that food fortification alone could save the country over TZS 150 billion each year by averting the losses due to vitamin and mineral deficiencies.

Conclusions

Malnutrition continues to threaten the lives and livelihoods of millions of Tanzanians, despite clear evidence on cost-effective solutions. Food is only part of the answer – breastfeeding and complementary feeding, supplementation and food fortification are also critical. Attention must focus on children up to the age of two years, as well as their mothers during pregnancy.

The welfare and development consequences of malnutrition are immense. Investments in health and education will not yield the expected benefits unless malnutrition is tackled more aggressively.

policy forum

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