

## Malnutrition Continues

More people were hungry and malnourished in 1979 than five years ago, reports the director of the United Nations World Food Council. The largest percentage of the malnourished and hungry are children. In Third World countries one sees many sick children. Disease takes its toll, but malnutrition is a great killer.

In Third World countries the largest percentage of the population is children. Malnutrition has great effects on the development of such nations. Low span of life slows the potential for qualified leadership. Decreased mental achievement, depression and irritability are caused by lack of proper nutrition.

The most glaring nutritional problem is protein-calorie malnutrition, technically called kwashiorkor-marasmus, which is exhibited most among children. In the earlier stages of a child's development this problem goes undetected. Only in the later stages the outward signs are clear. There are no obvious early warning physical symptoms, except for growth failure.

Dr. Michael C. Latham, Professor of International Nutrition, Cornell University, and formerly of Tanzania, states: "Malnutrition is perhaps the most important public health problem in the developing countries. Yet the ministries of health, and before them, the colonial medical departments, have tended to regard nutrition as of second-rate importance. If in any single year an infectious disease killed only a quarter of the number of people that kwashiorkor or marasmus kills in an average year, there would be an outcry and a campaign of unprecedented urgency."

Is the problem caused by lack of food? Dr. Latham puts the blame on the lack of knowledge about food. He says: "... in much of Africa, although the spread of Western ideas has increased the desire for education and for including health, it has done little to reduce the extent of malnutrition and in some instances it has directly created new and serious nutritional problems. In East Africa, the problem is not so much a lack of food as a lack of knowledge about food. For this reason, nutrition education in its widest context should be the spearhead of the attack on malnutrition ... the most important nutritional work in a community consists of the prevention rather than the cure of nutritional disease."

Poor feeding habits and lack of nutrition knowledge are used by multinationals to exploit the poor. I have never seen so much consumption of soft drinks as among the poor in the Philippines. At a very early age, children are weaned on coke, pepsi or seven-up. Soft drinks cost only about 5 to 7 cents per bottle. The sweet tooth is also catered to. Cheap candy of poor quality is readily available. Many of the poor children never get a decent meal.

Bottle feeding, in place of breast feeding, has become a standard and accepted practice in Western nations and among the rich in developing countries. But when the poor in

Third World countries turn to the bottle, the results are disastrous. Dr. Latham says of the situation in Africa: "To the top ten percent of Africans, this change to bottle feeding of an infant under 6 months of age is very close to signing the death certificate of the child."

Why is bottle feeding so dangerous? Mothers often use dirty or unsterilized bottles. The quality of water is poor in many places. There is no refrigeration that can take care of the left-over milk. All these factors make nutritious milk lethal poison. Yet many Third World mothers want to use the bottle in the belief that they do their children a favour. They listen to the high sales pitches of the multinationals that claim that artificial milk is better than breast milk. But breast milk builds resistance to disease, which makes a difference between life and death in unhealthy conditions. Dr. Derrick Jellife of the University of California estimates that over 10 million infants in the developing world annually suffer malnutrition, disease or death because they are bottle-fed instead of breast-fed. Another health hazard is sweetened condensed milk, which is used as infant milk in many countries in Asia and the Pacific. A standard 397 gram tin of the milk cost only a fraction of the smallest tin of formula milk. Because it is cheap and it keeps well without refrigeration for a reasonable - amount of time, it makes a convenient product for the poor. This sweetened milk is widely used by day-care centres on rubber plantations in peninsular Malaysia. The management of these plantations supplies the creche with the milk. However, the Indonesian government passed a regulation in December 1975 banning the promotion of the product as an infant food. Today, all brands of sweetened condensed milk sold in Indonesia must be labelled as unsuitable for infants.

Since we are called to live for God in this world, we need to speak against the exploitation of the poor. The Gospel is not a social message, but it has social implications. Man is not just a soul. He is a person. The Bible calls him "the temple of the living God." (2 Cor. 6:16) Because life is sacred, we must speak boldly on behalf of the deprived, the needy and the exploited.

Christians must point to man's uniqueness. Man is not just a consumer, but God's image-bearer. And newly established churches among the Third World poor cannot grow and prosper if the converts are not taught to help and feed themselves properly. Marcy Alyce Holmes, who has a professional career in nutrition education, calls for nutritionists to enter mission services.

She writes: "There was a time when some mission boards did not hire doctors and nurses, but the time arrived when the need was evident. That time has arrived for nutritionists, if Africa is to develop the leadership demanded, if the African church is to "stay awake," stand, and walk, that his truth may go marching on."

The building of a strong church in the Third World nations of Africa and Asia calls for pastor-missionaries, and in many cases, also for nutritionists.

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