

Aligning Departmental research with National focus areas and International goals in Community Nutrition

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Departmental research niche area

Sustainable Food and Nutrition Interventions (SFNI) to address malnutrition in the greater Durban area

The main focus is to determine to what extent under and overnutrition exists in Durban communities and to plan interventions to address the problem areas identified.



Government Policies

Integrated Nutrition Programme (INP)

- INP developed from recommendations of Nutrition Committee appointed in 1994 by Minister of Health, to develop a nutrition strategy for SA.
- Based on the United Nations Children's Fund's (UNICEF) conceptual framework for malnutrition.



INP Focus areas

- **Disease-specific nutrition support, treatment and counseling** (2001 South African National Guidelines on Nutrition for People Living with TB, HIV/AIDS and other Chronic Debilitating Conditions).
- **Growth Monitoring and Promotion** (Road to Health Chart (RtHC)).
- **Nutrition Promotion, education and advocacy** (Food Based Dietary Guidelines).
- **Micronutrient malnutrition control** (Supplementation, fortification and dietary diversification).
- **Food Service Management** (Catering, planning, control, implementation and evaluation for the provision of balanced nutrition).
- **Promotion, protection and the support of breastfeeding** (Baby friendly Hospital Initiative).
- **Contribution to Household Food security** (School feeding (PSNP) , Vegetable gardens and Poverty alleviation Programme).



International goals

Millennium Development goals (MDGs)

- The eight MDGs range from halving extreme poverty to halting the spread of HIV and AIDS, and providing universal primary education, all by the target date of 2015.
- This forms a blueprint agreed to by all the world's countries.



Millennium Development Goals Targets and Indicators

Goal 1: Eradicate extreme poverty and hunger

Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than US\$1 a day

Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

- Prevalence of underweight children (under five years)
- Proportion of the population below minimum level of dietary consumption





Goal 2: Achieve universal primary education

Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Goal 3: Promote gender equality and empower women

Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015

Goal 4: Reduce child mortality

Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate



Goal 5: Improve maternal health

Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate

Goal 6: Combat HIV and AIDS, malaria and other diseases

Target 7: Have halted by 2015, and begin to reverse the spread of HIV and AIDS



Goal 7: Ensure environmental sustainability

Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water

Target 11: Have achieved, by 2020, a significant improvement in the lives of at least 100 million slum dwellers

Goal 8: Develop a global partnership for development

Four Reasons for Intervening to Reduce Malnutrition

- High economic returns;
- High impact on economic growth and
- Poverty reduction and
- Improved nutritional status.



What research should be conducted and why?

- Van Heerden and Schonfield (2011) reported in SAJCN that knowledge of food intake is as important as knowledge of nutrient intake in communities.
- Food intake data is required for various applications:
 - ✓ to assess relationships between food and nutrient intake and disease, identifying the most appropriate foods for fortification,
 - ✓ to plan intervention programmes,
 - ✓ to compare food availability among different communities,
 - ✓ and to develop national food, nutrition and agricultural policies.



What research should be conducted and why?

- This article highlights the decline in the availability of food intake studies in SA specifically for the period 2000-2010.
- The following groups should be considered for nutritional studies:
 - ✓ Rural populations
 - ✓ Black and coloured adults
 - ✓ Children and adolescents from high income strata
 - ✓ White and Indian adults
 - ✓ Children and adolescents
 - ✓ Elderly in all population groups



Possible interventions

- Development of nutrition education material for different groups of consumers/communities
- Improving quality of life in households and communities by advising consumers on affordable nutrient dense food products
- Development of products to address specific nutrition related problems identified for different groups of consumers
- Development of food preparation teaching material to address lack of skills in food preparation



Possible interventions - continued

- Advise the food manufacturing industry on needs of consumers in various communities
- Informing and teaching communities in Food labeling and how to interpret labels on various products
- Plan training material to inform consumers of food safety and hygiene reducing food related diseases
- Interdisciplinary research with Agriculture by advising communities on how to start vegetable gardens



Conclusion

- The Research projects will contribute to the analyses of the nutritional situation in the greater Durban area.
- The studies by our masters students can impact on the MDGs and the INP focus areas by presenting authorities with info on the situation in KZN communities.
- When interventions are planned on the grounds of Masters results it can impact on the health status of communities by improving their nutritional status. This can result in improved health status and assist the Government in reaching the MDGs.



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