

Child Feeding for Human Health and Development: Bridging the Know-Do Gap

Abstract

‘You are what you eat’ is a commonly quoted phrase when people think of diet. A healthy diet promotes optimal health and development. On the other hand, suboptimal diet can hurt you in more ways than you can imagine. Diet simply refers to **what** you eat and drink regularly as a lifestyle. It also relates to the habits and practices surrounding **how** you eat. Transitions in lifestyles, fuelled by rapid industrialization, urbanization, global trade, information access and other indicators of civilization is creating a situation where unhealthy diets have become the norm. Indeed, there is a global pandemic of unhealthy diets.

The bad news is that unhealthy diets is one of the leading risk factors driving the main causes death, diseases, and disabilities, including diseases like cardiovascular diseases, diabetes, and some cancers. Infants and young children are most vulnerable to unhealthy diets. In our part of the world, they suffer twice from unhealthy diets. During childhood, they experience undernutrition that is occasioned by suboptimal feeding. Across West Africa, about one third or all children under 5 years are chronically malnourished. The suboptimal feeding in childhood and its resulting malnutrition, then physiologically programs young children into adults with a high risk for diet-related chronic diseases.

These young children have an even bigger challenge. They depend on their caregivers (mothers, fathers, grandmothers, others) to make the decisions that ensure that their diets are adequate for not only surviving childhood, but also to grow, thrive, to contribute meaningfully to society. This is because, when infant feeding goes wrong, it has implications not only for individual children and their families but also for the entire society.

A large part of my research and extension over the past two decades has focused on understanding the barriers to optimal infant and young child feeding. My expectation is that this evidence will serve as a basis for advocacy to improve the quality of the public health interventions that target young children. There is robust and consistent evidence that when children are exposed to appropriate ways of breastfeeding and subsequently complementing breast milk with appropriate nutrient-rich foods from the 6th month, in line with national and global recommendations, they, their mothers, their households, and society benefits in many ways: including reduced risk of

disease, death, savings of revenue that will otherwise be spent for health care, improved learning abilities, and enhanced productivity. However, despite the weight of the evidence related to these outcomes, as a nation, we have failed to ensure adequate feeding of our children.

Our failure is not due to lack of effort to address this challenge. Indeed, several programs and projects have been, and continue to be implemented, with much resources expended to address the multi-dimensional and hierarchical drivers of sub-optimal child diets. In this lecture, I utilize global evidence, as well as my own research to demonstrate **why** we have not been successful in addressing the challenge of child feeding. In outlining the barriers, I point to the irony of having access to all the evidence of what works (efficacy) and yet not being able to translate them into action. I will argue that this is partly a challenge of our institutional arrangements regarding the delivery of services for ensuring optimal infant and young child feeding as well as our individual choices as caregivers of the children we love so much. I also underscore the complexity of delivering interventions in an increasingly urbanizing population with diverse needs, and how important it is to enhance coordination across sectors in our governance system to meet the needs.

Between 2014 and 2018, I led multiple research projects in Ghana focusing on young child nutrition that provided evidence on how we can improve the diets of infants and young children. I will provide a brief synthesis of findings of these studies as a basis for bridging the know-do gap to limit the current sub-optimal diets of Ghanaian children. Further, there are emerging challenges that must be recognized as well as novel solutions to infant and young child feeding that Ghana we are yet to take advantage of. I will make reference to some of these as a basis for the recommendations that I will advance for improving infant and young child feeding in Ghana.