Most pregnant women in East, Central and Southern Africa, due to various reasons, enter pregnancy malnourished; as a result they give birth to malnourished children who are stunted and underweight. These children have a low immunity and cannot cope as well as their full-term counterparts. They are susceptible to infections such as malaria, upper respiratory infections, pneumonia, diarrhoea, skin infections, HIV, tuberculosis and other communicable diseases (CDs).

Malnourished children are more likely to become obese later in life, and there is a growing body of evidence suggesting that maternal food deprivation or low birth weight may programme a child to be more prone to adulthood obesity and non-communicable diseases (NCDs). This, along with changes in eating habits and more sedentary lifestyles, helps explain why many developing countries that had high levels of low birth weight and early under-nutrition are now experiencing an epidemic of NCDs.

Poor nutrition during pregnancy not only leads to low birth weight but also predisposes these children to higher rates of diabetes and high blood pressure later in life. Firstly, ‘catch-up growth’ means that babies with low birth weight, who tend to grow fast after birth, often become overweight as young children. They tend to develop high blood pressure and abnormal blood glucose metabolism early in life, which puts them at risk of developing chronic diseases, including heart disease. Secondly, ‘stunted children’ tend to be shorter than other children of the same age as a result of insufficient nutrients required for growth and development. Stunting is an indication of longstanding under-nutrition and is often accompanied by fat deposition, especially around the abdominal region, predisposing individuals to obesity in adulthood. Several studies have found a relationship between birth weight, subsequent growth and development and the emergence of risk factors for chronic diseases. Research further shows that infants who survive malnutrition are at risk of stunting and subsequent chronic diseases in adulthood.

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