Child Malnutrition

Question 1. The State of Child Malnutrition in the Gulf Cooperation Council (GCC) Countries

The GCC countries, with the exception of Saudi Arabia, are less populated than countries in the Arab region. The rate of child malnutrition in the GCC countries, except for Yemen, is generally low. Yemen, however, has the highest percentage of infants with low birth weight which currently stands at 45% (UNESCWA 6). By 2005, Bahrain and Saudi Arabia had attained their 2015 target (4.5% and 5% respectively) of child malnutrition rate decrease. Such countries as Kuwait and Qatar saw an increase in their child malnutrition rates from 5% in the 1990s to 10% in the mid-2000s. Between 1990 and mid-2000, the child malnutrition rate in Yemen increased by 16%. Oman has the second highest child malnutrition rate (18%) in the GCC region (UNESCWA 6).

The different states of child malnutrition in the GCC region can be explained by a number of factors. Countries with the lowest child malnutrition, such as Bahrain, Saudi Arabia and UAE, have the highest percentage of infants who are exclusively breastfed (34%, 31% and 34% respectively). Countries with moderate rates of child malnutrition, such as Kuwait and Qatar, have moderate percentage of infants who re-exclusively breastfed (12% for both countries). Secondly, Bahrain, Saudi Arabia and UAE have the highest percentage of infants who are breastfed and given complementary foods (65%, 60% and 52% respectively). In Kuwait and Qatar, the percentage of infants under the age of 9 months who are breastfed and given complementary foods stands at 26% and 48% respectively (UNICEF, “The State of the World’s Children 2009” 22). Current data for Yemen and Oman are not available.

Question 2. Strategy of Malnutrition Control

Malnutrition can be controlled through various strategies which span across national, local and international authorities. The national level implicates the governmental recognition of existing needs in diets and public health workers and facilities. National principles and standards that help to address the existing needs should be established and supervised. Governments should appropriate an adequate budget to address child malnutrition which would train adequate healthcare workers, provide affordable maternal and child health services, and initiate educative and marketing campaigns that create awareness among members of the general public (Micronutrient Initiative iv).

At the local level, grassroots organizations and non-governmental organizations can play an important role in controlling child malnutrition since they are closer to the communities. Programs, such as vitamin and mineral supplementation programs, should be introduced in communities for pregnant mothers, children and women of the reproductive age. It is stated that “vitamins and minerals are vital components of good nutrition and human health, advancing physical and intellectual development in many important ways” (Micronutrient Initiative iii). Vitamin and mineral supplementation programmes are especially important for tackling malnutrition because the majority of people across the globe are deficient in the minerals due to nutrient-deficient diets and misinformation.

In addition to the vitamin and mineral supplementation programs, governments and health-related organizations should embark on aggressive breastfeeding programmes by educating mothers and pregnant women on the importance of breast milk in promoting infants and children’s health. Rules and legislations should be set and

enforced to allow working women to breastfeed their babies for the first six months (UNICEF, “UNICEF and the GSIYCF” 7). This is because breast milk is rich in nutrients and minerals that strengthen children’s immune system and protect them from diseases and infections throughout their vulnerable childhood.

Works Cited

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