The First 1000 Days: Shaping Children’s Future

By France Bégin, Ph.D.
UNICEF New York Headquarters

G7 International Symposium on Food Security and Nutrition
Tokyo, Japan
25-26 October 2016
What would you do if you knew that something existed that helps...

- Children to survive
- Prevent common illnesses in children
- Children grow
- Children reach their full potential
- Contribute to economic growth

And more....
High rates of stunting persist

▲ Per cent of stunted children under 5, 2015

Source: Joint Malnutrition Estimates, 2016 Edition
There are also other forms of malnutrition

<table>
<thead>
<tr>
<th></th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stunting</strong></td>
<td>156 million</td>
</tr>
<tr>
<td><strong>Wasting</strong></td>
<td>50 million</td>
</tr>
<tr>
<td></td>
<td>16 million</td>
</tr>
<tr>
<td><strong>Micronutrient deficiencies</strong></td>
<td>About 2 billion</td>
</tr>
<tr>
<td></td>
<td>Women and children are most vulnerable</td>
</tr>
<tr>
<td><strong>Overweight/obesity</strong></td>
<td>42 million</td>
</tr>
</tbody>
</table>

What is stunting?
## Consequences of stunting

### Short-term consequences

<table>
<thead>
<tr>
<th>Mortality</th>
<th>5X greater likelihood of a stunted child to die from all causes (^1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morbidity</td>
<td>50% of years lived with disability in children under 4 are attributable to nutritional deficiencies (^2)</td>
</tr>
</tbody>
</table>

### Long-term consequences

<table>
<thead>
<tr>
<th>Increased risk of overweight and raised blood pressure in adulthood</th>
<th>With faster relative weight gain after age 2 (compared to linear growth), there is an 1.5-fold increased risk of overweight and 1.07-fold increase in risk of hypertension in adulthood (^3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased risk of cardiovascular disease</td>
<td>A 1 kg rise in birthweight is associated with a 12% reduction in cardiovascular mortality for low birthweight babies (^4)</td>
</tr>
<tr>
<td>Intergenerational transfer</td>
<td>Stunted women are 3X more likely to give birth who are stunted at age 2 (^5)</td>
</tr>
</tbody>
</table>

Stunting causes multiple deprivations

Stunting impacts more than health and nutritional status:

- **Growth**: Risk of death
- **Risk of death**: 4-11% loss to GDP
- **School performance**: 22% less earning capacity
- **Child development**: 250 million children don’t reach their full potential
- **Earning capacity**: 22% less
- **School performance**: loss of 2-3 years of education

250 million children don’t reach their full potential

---

Earning capacity: 22% less

School performance: loss of 2-3 years of education
What can be done?
The first 1000 days: The ‘window’ of opportunity – pregnancy through 2 years of age

The majority of growth faltering occurs during the first 2 years of age

Mean anthropometric z-scores by age for all 54 studies, relative to the WHO standard
SCALE UP A CORE PACKAGE OF NUTRITION SPECIFIC INTERVENTIONS
Too few children are getting the nutrition they need to survive, grow and develop during the first 1,000 days.

**Recommended Practices**
- Start breastfeeding within one hour of birth
- Breastfeed exclusively for the first 6 months of life
- Provide nutritionally adequate, age appropriate and safely prepared complementary foods starting at 6 months; and continue breastfeeding until age 2 or longer.

**Indicators**
- Early initiation of breastfeeding* <1 hour: 45%
- Exclusive breastfeeding* 0-5 months: 43%
- Introduction of solid, semi-solid or soft foods* 6-8 months: 64%
- Minimum meal frequency** 6-23 months: 52%
- Minimum diet diversity** 6-23 months: 29%
- Minimum acceptable diet** 6-23 months: 16%
- Continued breastfeeding at 1 year*: 74%
- Continued breastfeeding at 2 years*: 46%

Per cent of children: put to the breast within one hour of birth, exclusively breastfed (0-5 months); introduced to solids (6-8 months), with a minimum meal frequency, minimum diet diversity and minimum acceptable diet (6-23 months) and continued breastfeeding at 1 year (12-15 months) and 2 years (20-23 months), 2015*.

**Source:** UNICEF global databases, 2016
Making the case for improved infant and young child feeding: The importance of breastfeeding

- Breastmilk is more than just food – it is a **potent medicine** tailored to the needs of each child.
- Exclusive breastfeeding is the **safest and healthiest** option for children everywhere.
- Long periods of breastfeeding are associated with **higher intelligence scores**, and there is evidence that this translates into improved academic performance and long-term earnings.
- There is growing evidence that breastfeeding may also **reduce the incidence of overweight, obesity and chronic diseases** later in life.

Globally, less than half of all newborns are put to the breast within one hour of birth.
Globally, just over two out of five infants are exclusively breastfed

Per cent of infants 0-5 months of age exclusively breastfed, by country and region, 2015

Source: UNICEF global databases, 2016
Making the case for improved infant and young child feeding:
The importance of complementary feeding

• Starting at 6 months of age, children’s nutrient needs are greater than what breastmilk alone can provide. Feeding of solid, semi-solid or soft foods from 6 months of age is key to prevent deficiencies that could result in undernutrition.\(^4\)

• Feeding patterns that meet at least minimum frequency and diversity standards are essential to preventing micronutrient deficiencies, stunting and wasting.

• If appropriate complementary feeding practices were scaled-up to nearly universal levels, approximately 100,000 deaths in children under five could be averted each year.\(^5\)

---

Globally, even in the richest households, far too few receive a minimum meal frequency

Per cent of children 6-23 months of age with minimum meal frequency, 2015

Source: UNICEF global databases, 2016
Only one in four children is eating food from the minimum number of food groups
The per cent of children eating a diet that has both the minimum diversity and minimum frequency is shockingly low.
Children’s diets are a shared responsibility – no single household can do it alone

All sectors of society need to contribute to guarantee that nutritious food for children is available, affordable, safe and provided with care.
The Way Forward for Infant and Young Child Feeding

• Fully implement the International Code of Marketing of Breastmilk Substitutes

• Enact legislation and adopt policies in line with the Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children

• Enact family leave and workplace breastfeeding policies

• Select and combine multiple strategies and interventions

• Coordinate actions among key government sectors

• Harness the potential of the private sector

• Create monitoring systems
Access the full report and Key Findings brochure: https://data.unicef.org/resources/first-hour-life-new-report-breastfeeding-practices/

Thank You

Arigato