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Child Malnutrition in Uganda

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by *Sujal Parikh*

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2 Comments



This is a guest post by Leah Bevis and Alison Hayward, MD for Uganda Village Project, an IFMSA transnational project. There are many ways to get involved with UVP, including through summer internships. – Sujal Parikh

Naigaga Florence lives in Bulumwaki Village, a small, extremely rural community in eastern Uganda. A thin, toothless, but smiling old woman, we first sighted her at a village outreach “ in her arms was the most malnourished child that any of us had ever seen. The child’s eyes were dull, his hair a few blondish wisps on a dry skull. His tiny limbs were mere bones draped in shriveled skin, and his head lolled on his neck as if about to fall off completely. His name was Alfred, and he suffered from severe malnutrition, since his mother had died and was unable to breastfeed him. Without breastmilk’s protection, babies in the rural villages of Uganda face a grim prognosis. They are fed a thin gruel of flour and water which provides hardly any calories, or the protein they need to grow. Â

For 9 thousand Ugandan shillings “ about five dollars “we provided Alfred with one large cup of milk every day for a month. Naigaga scrapes together enough money to buy millet, soy, and maize porridge, and a bit of oil, to mix in with the milk after it is boiled. Alfred grew stronger, became the brown color he ought to have been, gained tiny layer of flesh over his bones. His eyes began to focus. His grandmother Naigaga showed up at every single Uganda Village Project event, greeted our staff with hugs and dancing, and thanked us profusely, over and over again, for saving her grandson’s life. Though he is infinitely more healthy than he was, Alfred’s life is still fragile “ propped p, as ridiculous as it seems, by five dollars worth of milk every month.

The majority of Ugandan village children are malnourished. Almost all suffer from mild kwashiorkor, caused by protein deficiency and presenting with a distended stomach, thinning and blonding hair, edema, inadequate growth, and edema. Some suffer from iodine or iron deficiencies, many suffer from Vitamin A deficiencies (which causes a prevalence of eye problems), and the children of very poor families suffer from marasmus (protein and carbohydrate deficiency, basically starvation). Twenty percent of Ugandan children are underweight for their age, and this rate is certainly much higher in the rural villages where Uganda Village Project works.

Malnutrition in children can be deadly on its own, but more often it weakens the immune system, causing a higher incidence of malaria, typhoid, skin infections, respiratory infections, and tuberculosis. Malnourished children who escape death often suffer from reduced physical and mental capacity, and may do poorly in school or be less able to provide for their families in the future.

We are working to prevent and treat child malnutrition in a number of ways, including education, subsidized vegetable seeds for villagers, and training for planting small, water-efficient vegetable gardens. We are also providing emergency aid to severely malnourished babies like Alfred by paying for a cup of milk a day.

While Ugandan children face a variety of challenges, both in health and otherwise, malnutrition is one of the most cross-cutting and deeply rooted of these challenges. By working to prevent malnutrition in rural Iganga, we are working for a better future for the children, and a better future for their society as a whole.