

## **MALNUTRITION AND SOCIOECONOMIC DEVELOPMENT INDICATORS IN NIGERIA: DIMENSIONS, CONSEQUENCES AND POLICY INTERVENTIONS**

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### **ABSTRACT**

*Good and adequate nutrition is the key to active and healthy life. The fact that nutrition is very important in determining health and development of people, it has been neglected and not much has been done to address its causes and serious social and economic effects especially in Nigeria. This paper examines the relationship between malnutrition and socioeconomic development indicators in Nigeria, focusing on its dimensions, challenges and policy interventions. The paper adopted descriptive statistics in analyzing the data collected on malnutrition and the socioeconomic development indicators. It was found that malnutrition has impacted negatively on the socioeconomic development indicators in Nigeria. The evidence is revealed in high malaria deaths and death rate, high rate of child mortality, low primary school attendance completion rates, higher rate of out of school and low literacy rates among the adults and youths, and declining rate of GDP growth. The paper recommended that government should develop a specific and fully funded budget line for nutrition in the annual national budget. They must integrate the fight against malnutrition in all related policy areas by explicitly linking country's nutrition targets, interventions and indicators within health, education, agriculture, water and sanitation, women and youth, social protection and other relevant policies.*

**Keywords:** Nutrition, Malnutrition, Wasting, Stunting, Underweight, Overweight, Mortality.

### **INTRODUCTION**

Substantial and adequate nutrition remains the key factor that promotes an active and healthy life. The fact that nutrition is very important in determining health and development of people, it has been neglected and not much has been done to address its

causes and serious social and economic effects especially in Nigeria. In recent times, there have been growing interests in nutrition with stronger political involvement at national and international scenes, leading to significant financial pledges and policy commitments. It becomes very crucial to translate this momentum into results by ensuring the delivery of pledges and accelerating progress on addressing the challenge of undernutrition. High cost of consumables in Nigeria mainly foodstuffs occasioned by reduction in agricultural productions due to internal crisis, unemployment, overwhelming poverty and economic crisis have worsened the issue of malnutrition in the country.

Malnutrition is the state of not having enough energy or nutrients to live a physically active life that allows for optimal health. It encompasses both over-nutrition and undernutrition and has direct negative consequences in terms of disease and disability, brain development, educational attainment and income potential for individuals and communities (The World Health Organization, WHO 2001). A number of factors are responsible for increased malnutrition among Nigerian children, they are mainly inadequate intake of quantity of or quality food and disease attacks. Others are related to poverty, food insecurity, poor water, sanitation and health services, high and volatile food prices, poor governance etc.

According to Black, Allen, Bhutta, Caulfield, de Onis, Ezzati and Rivera (2008), "overall undernutrition represents the single largest killer of under-five children, being responsible for 3.1 million child deaths each year (45% of total under 5 years' deaths). The Lancet's Series on Maternal and Child Undernutrition (2013) reported that 52 million children under age 5 (10% of the global population) were wasted, this means that acute malnourishment had resulted to low weight for their height. Other 165 million children in the world, a quarter of the world's under-5 population, were too short for their age, or stunted, which can impact the child's physical and mental development.

According to Rasak (2016), "the ranking of Nigeria among countries with the highest number of children suffering from malnutrition is alarming. Nigeria is said to be in technical economic recession with prices of essential commodities rising on a daily basis whereas incomes of average Nigerians shrink amid worsening unemployment. This situation naturally condemns people to unhealthy diet. Now, people think of what to eat; not the luxury of adequate nutrition. Naturally, when prices rise, consumers shift to cheaper and less nutritious foods, thus heightening the risk of micronutrient deficiencies and other forms of malnutrition, which can have long-term adverse effects on people's health, development and productivity".

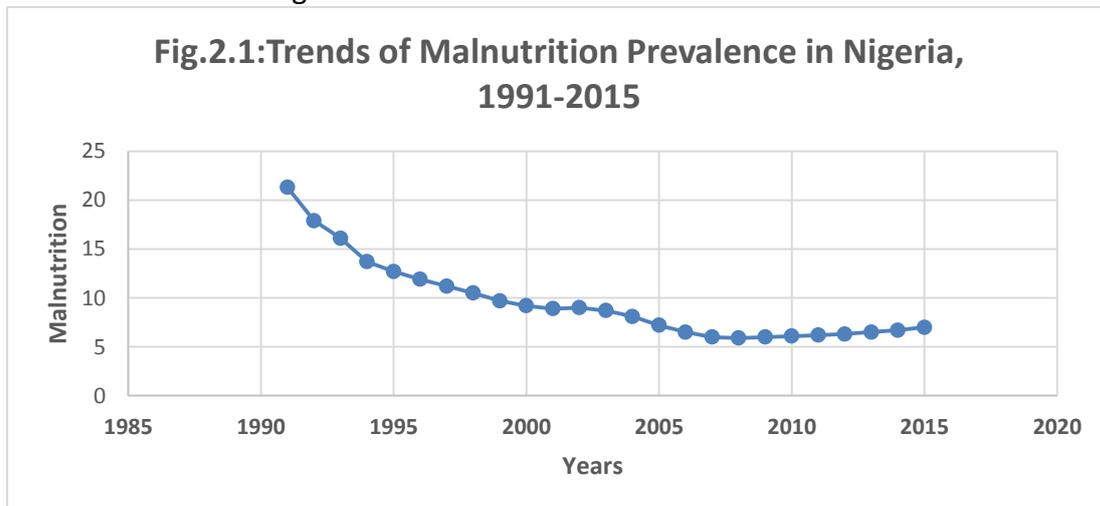
Malnutrition accounts for 11 percent of the global burden of disease and is considered the number one risk to health worldwide. From economic perspective, available statistics indicate that countries may lose two to three percent of their gross domestic product (GDP) as a result of iron, iodine, and zinc deficiencies. Iodine deficiency has also been identified as the greatest single cause of mental retardation and brain damage. Under-nutrition continues to be persistently high and remains a challenge. Over-nutrition is also malnutrition. In children, malnutrition thrives when children go hungry or feed on monotonous diets based on highly processed carbohydrates, little fresh vegetables and no fruit. The affected children are likely to have poor nutritional status, particularly insufficient micronutrients (vitamins and minerals) which are essential for building good immunity, enabling efficient metabolism and full body functioning. It is, therefore, desirable to address and remove the conditions that make malnutrition thrive.

It is pathetic to note that ignorance of what is adequate diet, poverty and lip-service to strategic plan of action on nutrition by Nigerian government has affected the intake of nutritious food in Nigeria. In the light of the foregoing, this paper examines malnutrition and socioeconomic development indicators in Nigeria: focusing on its dimensions, challenges and policy interventions.

**Malnutrition and Dimensions in Nigeria**

Malnutrition is a condition of not having enough energy or nutrients to live a physically active life that allows for optimal health. It is linked to over-nutrition and undernutrition. Malnutrition is one of the major development issue in Nigeria. Malnutrition among Nigeria’s children is a serious problem throughout the country. Isokpunwu (2016) notes: “a child’s nutritional status is the reflection of overall health and a cornerstone for survival, health and development. An undernourished child has lower resistance to infection and is more likely to die from illness. In addition to increasing mortality risk, poor nutrition in the first two years of life leads to stunted growth, which is irreversible and associated with impaired cognitive ability and reduced school and work performance”. According to National Nutrition and Health Survey (2014), “Nigeria has a stunting prevalence of 32 percent among children under 5 years of age; while about 21 percent and 9 percent are underweight and wasted respectively. Almost 30 percent of Nigerian children are underweight, meaning they don’t weigh enough for their age”.

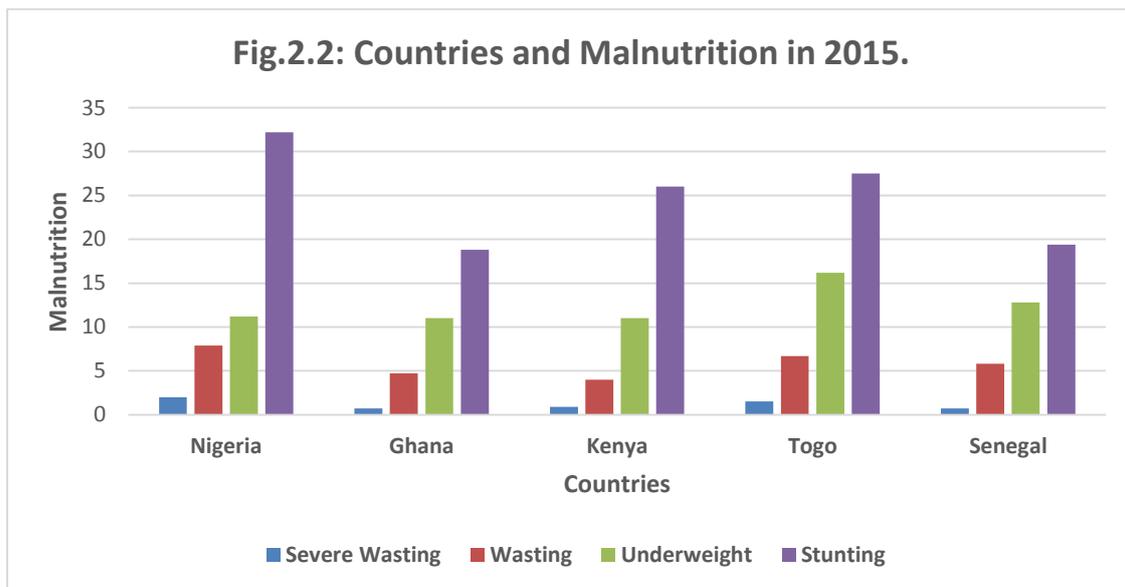
Nigeria’s case and prevalence of malnutrition has been on the increase in recent times. This is shown in fig. 2.1:



Source: WHO, 2016.

From 1991, the prevalence of malnutrition in Nigeria stood at 21.3%. In 1995, the prevalence of malnutrition declined to 12.7% and further fell to 9.2% in 2000, 7.2% in 2005, and 5.9% in 2008. From 2010, the prevalence of malnutrition has been increasing, for example, it increased from 6.1% in 2010 to 6.5% in 2013 and 7.0% in 2015.

Among the countries in Sub Saharan Africa, the key indicators of malnutrition such as: severe wasting, wasting, underweight and stunting, Nigeria is worst hit. This is shown in fig.2.2.



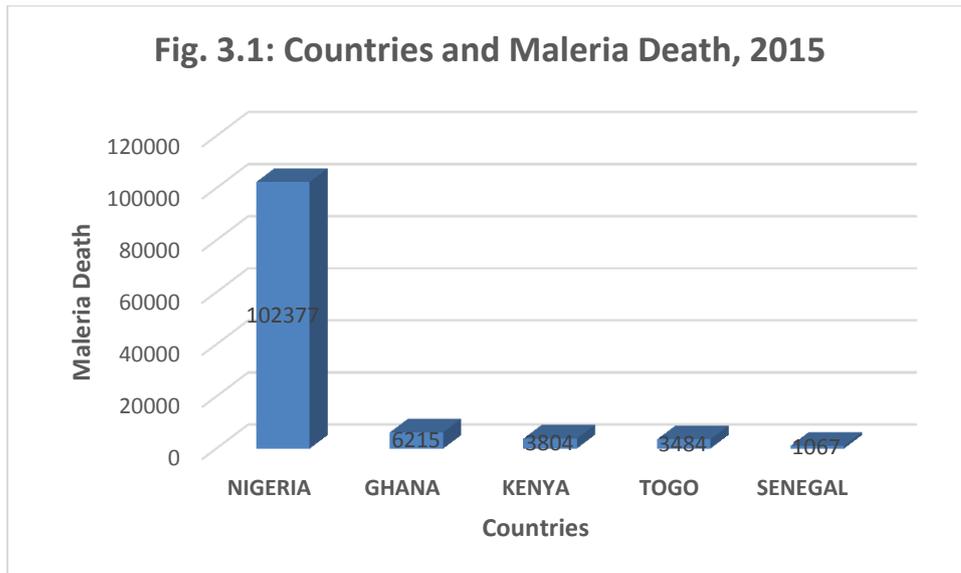
**Source:** WHO, UNICEF and World Bank, 2016.

From fig. 2.2:, severe wasting among children under the age of 5years in 2014 is 2.0% in Nigeria, 0.7% in Ghana, 0.9% in Kenya, 1.5% in Togo and 0.7% in Senegal. Wasting is 7.9% in Nigeria, 4.7% in Ghana, 4.0% in Kenya, 6.7% in Togo and 5.8% in Senegal. Underweight is 11.2% in Nigeria, 11% each in Ghana and Kenya, 16.2% in Togo and 12.8% in Senegal. Stunting is 32.2% in Nigeria, 18.8% in Ghana, 26.0% in Kenya, 27.5% in Togo and 19.4% in Senegal. This shows that underweight where Togo and Senegal are more affected, Nigeria seems worst hit in the rest of key indicators.

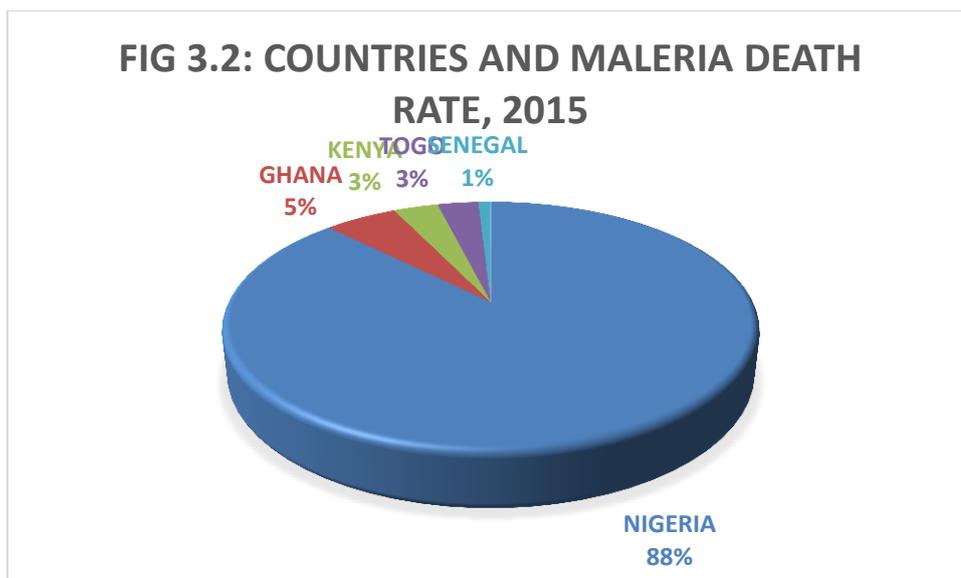
## CONSEQUENCES OF MALNUTRITION IN NIGERIA

### Social Consequences of Malnutrition

The worst damages of malnutrition happen during pregnancy and early childhood from conception to two years, i.e. the first 1000 days. Undernourished children have weaker immune systems and are thus more susceptible to infections and illnesses. Long-term insufficient nutrient intake and frequent infections can cause stunting, whose effects in terms of delayed motor and cognitive development are largely irreversible. Extreme food shortages, common childhood diseases such as malaria, diarrhoeal and pneumonia, or both can lead to acute malnutrition or wasting, which can quickly lead to death if left untreated. Nigeria, when compared with other countries in Sub-Saharan Africa has the highest malaria related deaths and malaria death rates among the children under the age of years. From fig.3.1 Nigeria's record of malaria death in 2015 is 102377 per thousands of the population of children. Ghana has 6215 per thousands of the population, Kenya and Togo have 3804 and 3484 per thousands of the population respectively. While Senegal has 1067 per thousands of the population of children in 2015. Also, in fig.3.2, the rate of malaria death according to the countries data show that 88% of the children died of malaria in Nigeria, 5% died in Ghana, 3% died in Kenya and Togo respectively, and 1% died in Senegal in 2015.



Source: UNICEF, 2015.



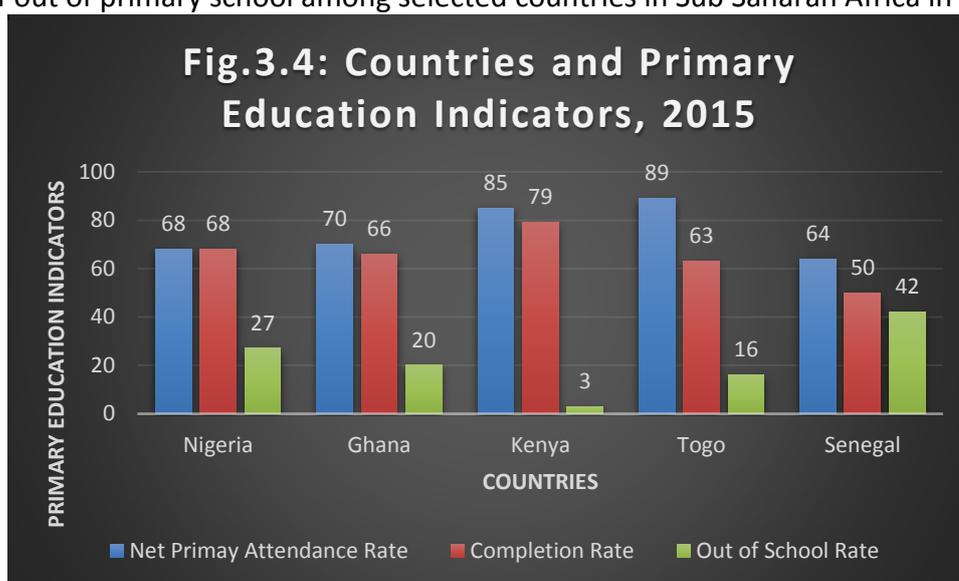
Source: UNICEF, 2015.

The trends of child mortality in Nigeria from 2006 to 2015 is also shown in fig.3.3. In 2006, child mortality was 152.9%. It rose to 163.2% in 2009, but declined to 125.5% in 2011, 116.6% in 2013 and further declined to 108.8% in 2015. That it has declined in recent years does not undermine the fact it remains higher in Nigeria than other countries in Africa.



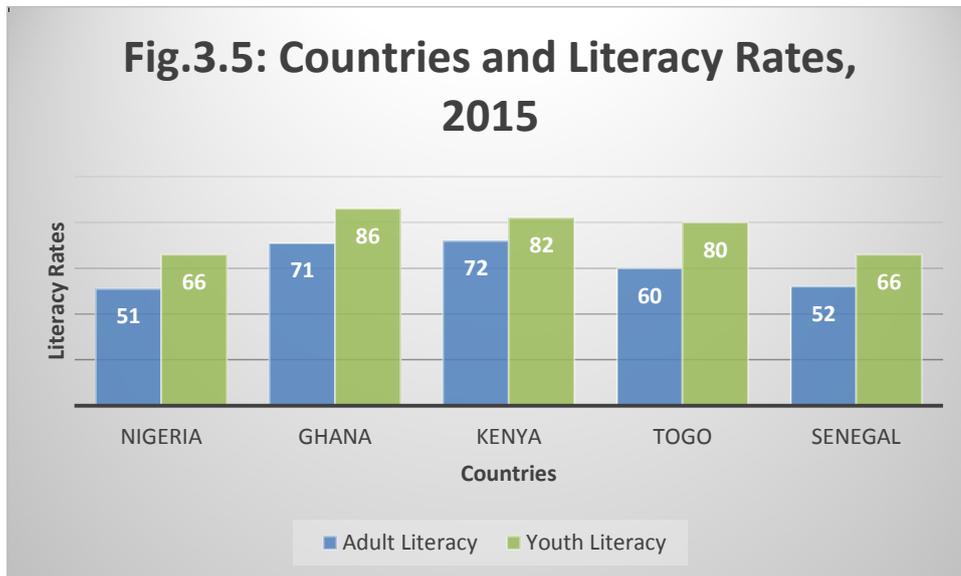
Source: UNESCO, 2016.

The nutritional status of newborns and infants is directly linked with the health and nutritional status of the mother before, during and after pregnancy. It is estimated, for example, that half of all child stunting occurs in utero. In general, malnourished women and girls of reproductive age have higher chances of giving birth to smaller babies (weight and height), continuing the cycle of malnutrition into future generations. The consequences of stunting on education are also dramatic. Various studies show that child stunting is likely to impact brain development and impair motor skills. According to UNICEF (2016), stunting in early life is linked to 0.7 grade loss in schooling, a 7-month delay in starting school and between 22 and 45 percent reduction in lifetime earnings. Stunted children become less educated adults, thus making malnutrition a long-term and intergenerational problem. Fig 3.4 shows Nigeria’s place in net primary school attendance rate, completion rate and the rate of out of primary school among selected countries in Sub Saharan Africa in 2015.



Source: UNICEF, 2015.

Also, fig. 3.5 compares Nigeria’s literacy rates of the youths and adults with other selected countries in Sub Saharan Africa in 2015. Adult and youth literacy rates are lower in Nigeria than the other countries selected in Sub Saharan Africa.



Source: UNICEF, 2015.

**Economic Consequences of Malnutrition**

Malnutrition also slows economic growth and perpetuates poverty. Mortality and morbidity associated with malnutrition represent a direct loss in human capital, productivity and growth for the economy. At a microeconomic level, it is calculated that 1 percent loss in adult height as a result of childhood stunting equals to a 1.4 percent loss in productivity of the individual. Fig. 3.6 shows the trends of GDP growth rate in Nigeria. The growth has been declining in recent times, it fell from 8% in 2010 to 4% in 2012 and to 3% in 2015.



Source: UNESCO, 2016.

Other indirect losses for the country's economy are caused by poor cognitive function and reduced school attainment that originate in early childhood undernutrition. In fact, the education gap and consequent lower skill-level of workforce substantially delays the development of countries affected by malnutrition. Undernutrition in early childhood also makes an individual more prone to non-communicable diseases later in life, including diabetes and heart disease, significantly increasing health costs in resource constrained health systems. In total, the economic cost of malnutrition is estimated to range from 2 to 3 percent of Gross Domestic Product, to as much as 16 percent in most affected countries. The effects of malnutrition are long-term and trap generations of individuals and communities in the vicious circle of poverty.

## **CONCLUSION**

Improving nutrition is therefore essential to eradicate poverty and accelerate the economic growth of low- and middle-income countries. There is much evidence that improved nutrition not only drives stronger economic growth, but is tremendous value for money.

This paper shows that malnutrition has impacted negatively on the socioeconomic development indicators in Nigeria. The evidence is revealed in high malaria deaths and death rate, high rate of child mortality, low primary school attendance completion rates, higher rate of out of school and low literacy rates among the adults and youths, and declining rate of GDP growth.

## **POLICY INTERVENTIONS**

As its causes and consequences are multi-sectoral, the fight against malnutrition requires an integrated response to scale up nutrition-specific interventions and develop nutrition sensitive policies that are proven to be effective in order to address the social and economic burden of malnutrition. Effective interventions to combat undernutrition are well known, but they need to be scaled up and integrated in both development and humanitarian policies if they are to have a significant impact in the nutritional status of individuals and communities in developing countries and indeed, Nigeria. Nutrition-specific interventions, which directly impact an individual's nutritional status include the promotion of practices to improve nutrition (e.g. increased rates of exclusive breastfeeding from 0-6 months and timely introduction of adequate complementary foods after 6 months), the reduction of micronutrients deficiencies (e.g. vitamin A supplements), and the prevention and community management of severe acute malnutrition. In addition, nutrition sensitive interventions are essential to address the underlying causes of malnutrition, which are embedded in the household and community level context. These ranges from improving food security to enhancing the status of women; from ensuring access to water, sanitation and health services to improved education; from improving childcare practices to reinforcing social protection. Therefore, it is recommended that Nigeria should:

- ❖ Develop a specific and fully funded budget line for nutrition in the annual national budget.
- ❖ Increase public sector budget for nutrition-specific interventions and health systems strengthening – including human resources needed to deliver those interventions, with special attention to nutritional needs of vulnerable groups and marginalized communities.

- ❖ Integrate the fight against malnutrition in all related policy areas by explicitly linking country's nutrition targets, interventions and indicators within health, education, agriculture, water and sanitation, women and youth, social protection and other relevant policies.
- ❖ Establish a national inter-ministerial coordination mechanism to oversee the nutritional status of the population and coordinate the definition and implementation of nutrition-sensitive interventions in a plurality of sectors.
- ❖ Integrate nutrition-specific interventions within primary health programmes in order to address nutrition-related diseases and health problems, especially among children and mothers.
- ❖ Prioritize nutrition when negotiating with external donors such as the World Bank and the African Development Bank.

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