A Snapshot on Infant Feeding and Nutritional Status of Infants and Young Children at Governorate Level in Egypt

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Child Health & Nutrition Status of Children by region in Egypt

Nutritional status of children

The anthropometric indices reported by the EDHS (2014) were compared against growth standards generated by WHO from data collected in a Multicenter Growth Reference Study (WHO 2006). It should be noted that the 2014 EDHS results cannot be compared to information published in reports for DHS surveys conducted in 2005 and earlier because those surveys employed a different reference population (NCHS-WHO charts) which were based on a mix children who were fed formula with or without breastfeeding and did not represent racial differences. The WHO growth charts are based on children who were breastfed for six months (but not two years) and who were representing the six continents, i.e. took racial differences into consideration. For growth standards to be standardized the growth of a child needs to be assessed in relation to a population of child who were exclusively breastfed for six months and have continued breastfeeding for 2 years with adequate complementary feeding practices based on the cut offs of minimum acceptable diet and minimum dietary diversity and minimum meal frequency.

Figure (1) Percentage of children under five years classified as malnourished according to anthropometric indices of nutritional status: height-for-age i.e. stunting (<-2SD) and severe stunting (<-3SD) by region in Egypt (2014)

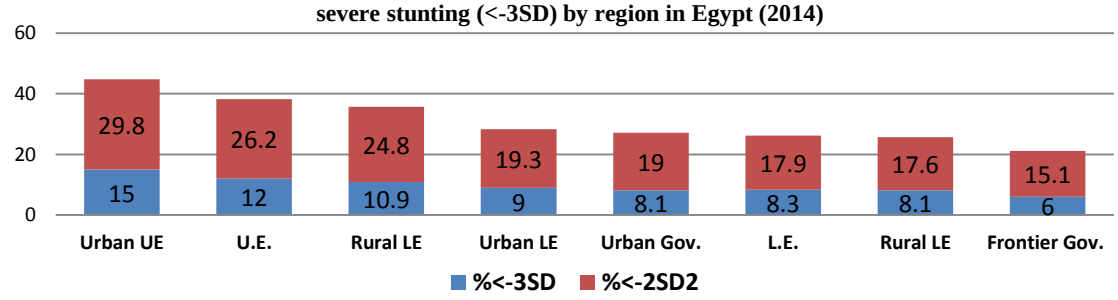


Figure (2) Percentage of children under five years classified as malnourished according to anthropometric indices of nutritional status: weight-for-height i.e. wasting (<-2SD) and severe wasting (<-3SD) and obese , by region in Egypt (2014)

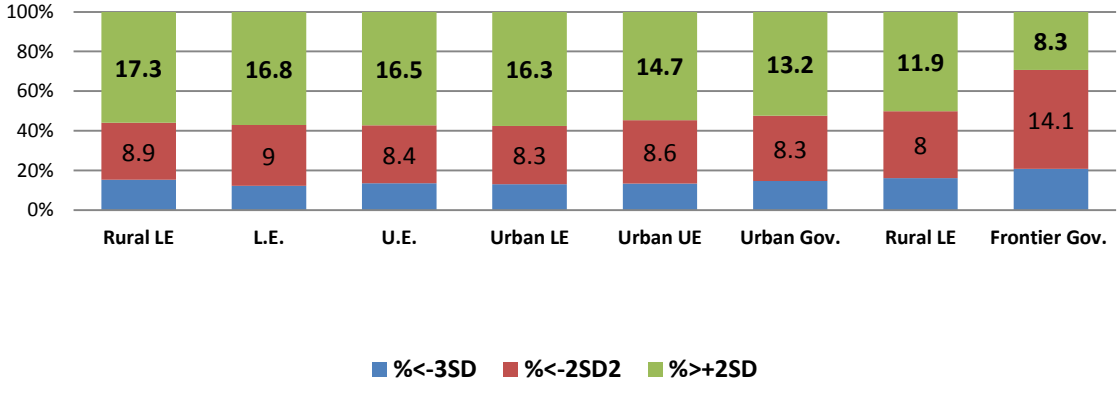
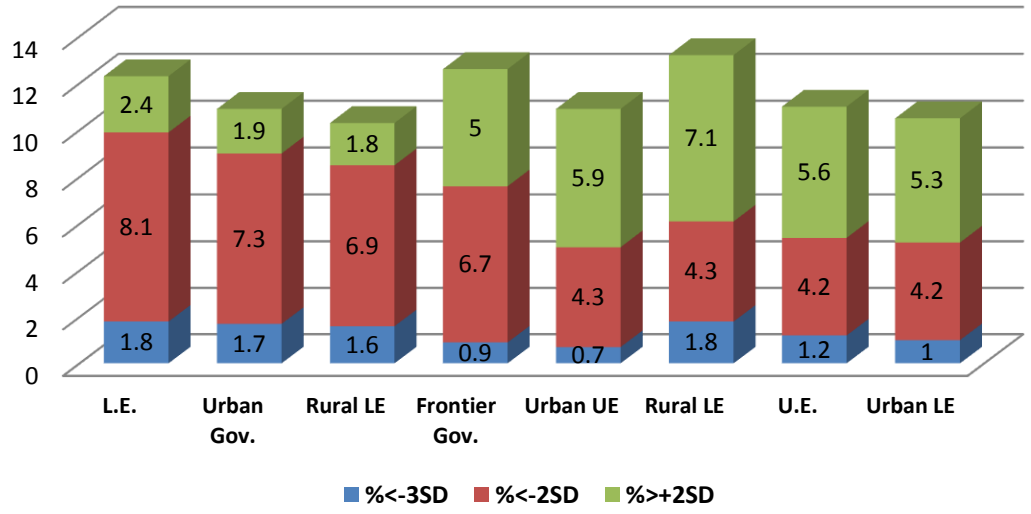


Figure (3) Percentage of children under five years classified as malnourished according to anthropometric indices of nutritional status: weight-for-age i.e. underweight (<-2SD) and severe underweight (<-3SD) and overweight (>+2SD) by region in Egypt (201

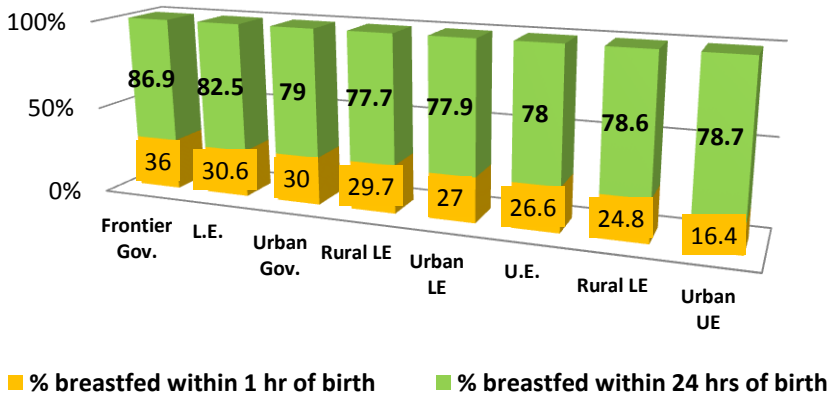


Breastfeeding status by region

1- Breastfeeding initiation

Although this indictor is used to reflect the indicator of early initiation of breastfeeding within the first hour in Egypt, it does not actually reflect the percent of mothers who were assisted to initiate breastfeeding within the first hour, which is the actual indicator that should be used to measure compliance by the Ten steps (step 4) of the Baby-friendly hospital initiative (BFHI) in Egypt.

Figure (4) Frequency distribution of last-born children, who started breastfeeding within one hour and within one day of birth; two years preceding the survey by region in Egypt (2014)



2- Breastfeeding continuation

Figure (5) Percentage of among last-born children who were ever breasted and who received prelacteals at birth; two years preceding the survey by region in Egypt (2014)

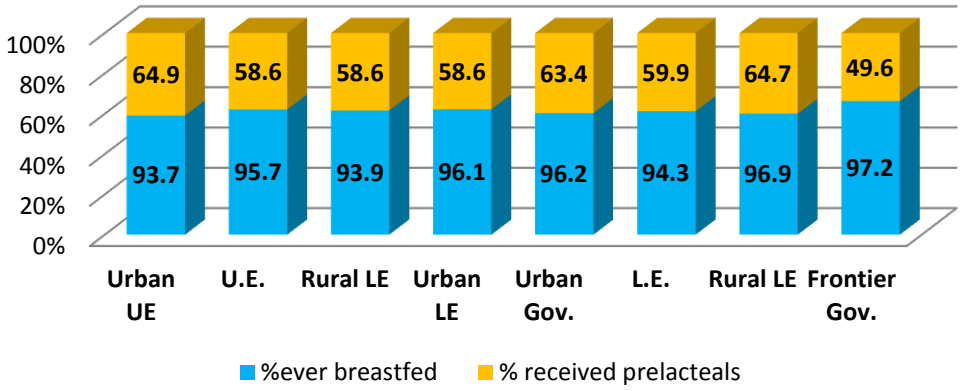


Figure (6) Percent distribution of last born children under two years by breastfeeding status in the first 9 months of life in Egypt (EDHS, 2014)

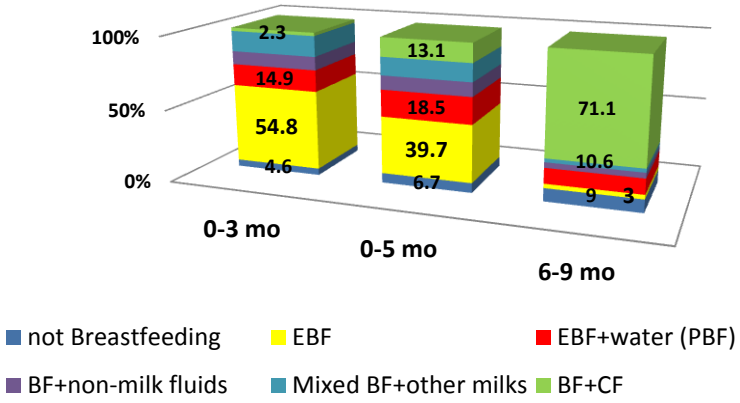


Figure (7) Percent distribution of last born children under two years by breastfeeding status in the first 9 months of life in Egypt (EDHS, 2014)

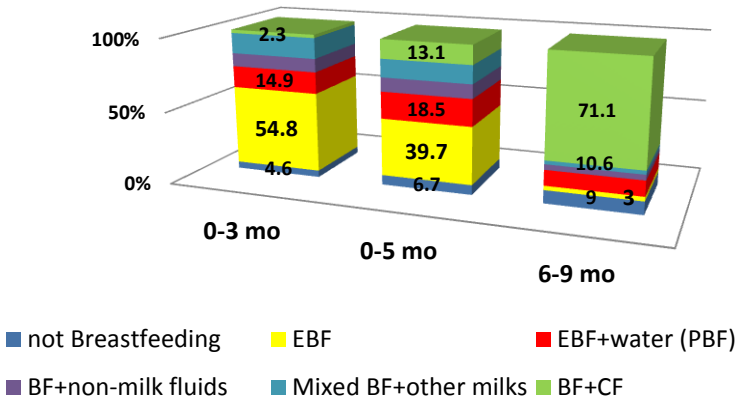
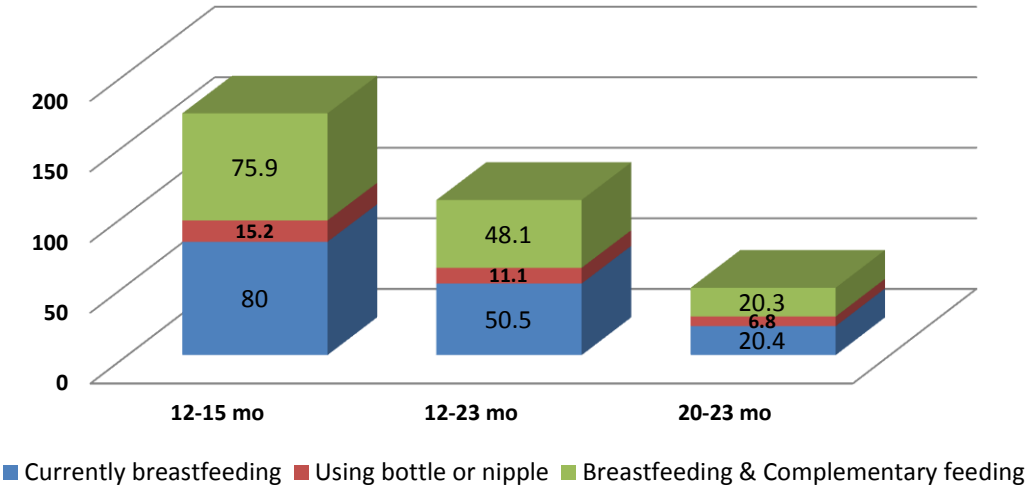


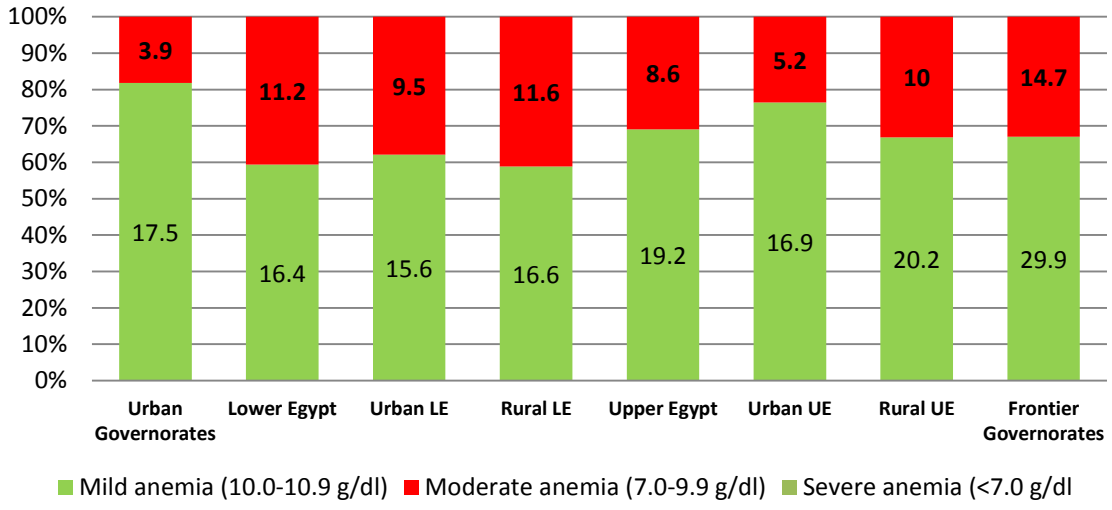
Figure (8) Percent distribution of last born children under two years by breastfeeding status in the second year of life in Egypt (EDHS, 2014)



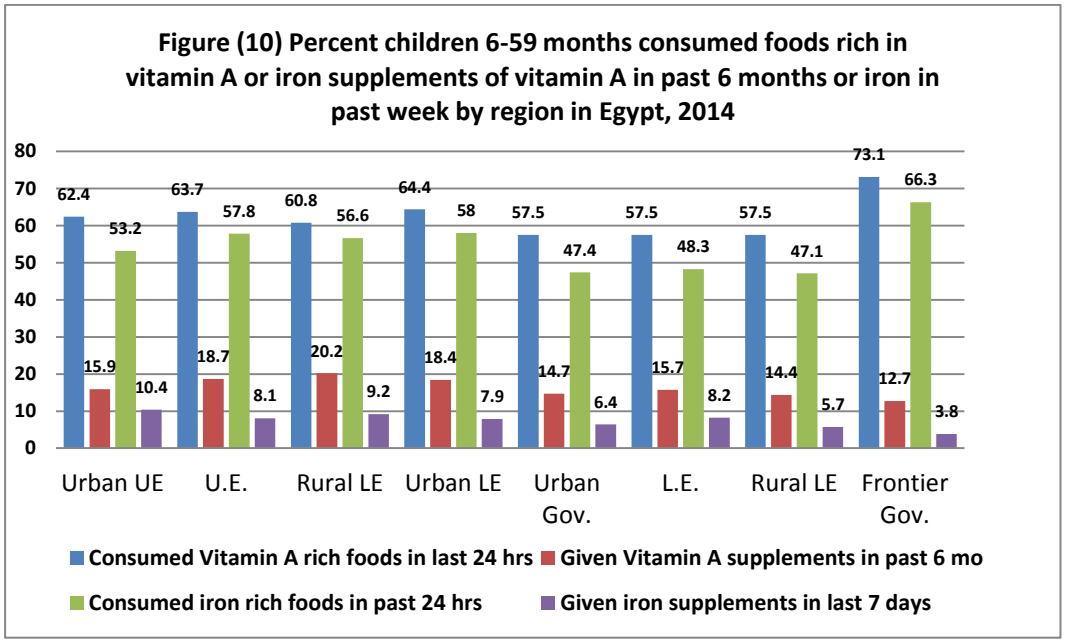
3- Micronutrient status in children under-five years of age by region

a- Anemia in children under five-years of age

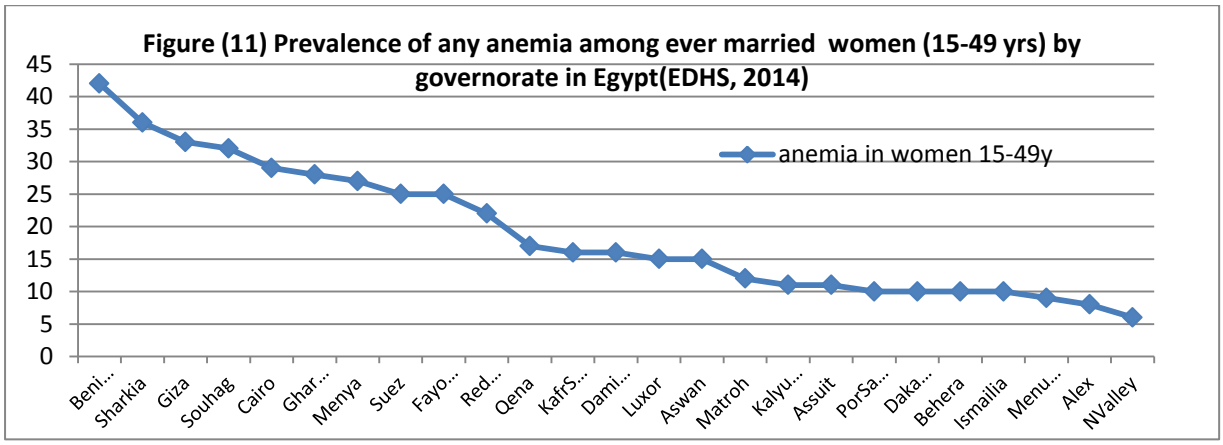
Figure (9) Percentage of children aged 6-59 months classified as having mild, moderate or severe anemia, by background characteristics, Egypt 2014



b- Vitamin A and iron intakes in children under-five years of age by region



c- Anemia prevalence among ever married women



Conclusions

Nutritional status of children in Egypt differs from one region to another. While stunting is worse in urban governorates, wasting is highest in frontier governorates and obesity, overweight and underweight are highest in LE vis. rural areas. The discrepancy reflects different styles of feeding according to food availability, socioeconomic and cultural factors.

Early initiation of Breastfeeding in the first hour of birth is lowest in urban UE. Prelacteals given at birth are highest in urban governorates and in rural LE. By age EBF is highest in the first 3 months of life but declines steeply at 5 months. Three quarters of children are receiving complementary foods at 6-9 months of age. Predominant breastfeeding is the most common practice in the early months of life. Breastfeeding continuation to two years drops steeply after 15 months, so that one in five children complete two years of breastfeeding.

Micronutrient status indicates that moderate anemia in children under five are highest in frontier governorates and lowest in urban governorates. Consumption of vitamin A and iron rich foods are highest in frontier governorates. Supplements of iron and Vitamin A remain low in all regions of the country. Action is needed through plans, policies and awareness campaigns to reverse such trends, focusing on priorities and success stories.