

# Editorial

## Comprehensive investment in women holds the key to child survival and to a healthy nation: Can MDGs help?

by  
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With 2015 fast approaching, there is pressure on governments to demonstrate real progress made towards achievement of the Millennium Development Goals (MDGs). There is no doubt that many UN member countries respect not just the MDGs, but any corporate resolution that comes out of the various global meetings organized by the United Nations. Now, most of the countries are using every available opportunity to publicly report on their positive progress towards meeting the MDGs. It should be remembered that most UN resolutions are not legally binding to nations; they are guidelines or recommendations at best. However, it is always politically correct to be seen to be addressing them as they normally address challenges that cut across many communities in the world, and which challenges member states will have signed to. As a reminder, MDGs constitute a set of principles that countries need to translate into appropriate implementable programs. Millennium Development Goals endorsed and adopted on September 8, 2000 by the largest-ever gathering of Heads of States of 189 UN Member States.

The year 2015 is the deadline for meeting the set targets. The MDGs do not address malnutrition directly but rather on poverty and hunger. It is plausible to go on the premise that poverty breeds hunger, which then manifests in malnutrition. These links are not necessarily direct. That is why comprehensive programs are best suited to address child malnutrition.



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The young girls' nutrition will determine the nutrition of their offspring, and thus the health of a nation. The link so far appears to be strongest with childhood obesity.

The challenge of reducing maternal mortality (MDG5), still exceedingly high in many developing countries lies in the education of girls and women. I start with "girls" because that is where the future is and I include "women", many of whom have been bypassed by a good education. In order to break the vicious cycle, there is need to target all females.

Maternal mortality remains regrettably high in many African countries, with Sierra Leone at the moment leading the pack according to available statistics. Given the crucial role mothers play in nurturing, it seems that MDG 4 ( a two-thirds reduction in child mortality rates ) and MDG 5 ( a 75% reduction in the maternal mortality ) go hand in hand. Many countries have had, for decades, Maternal and Child Health programs. There is need to give credit due where it is deserved. United Nations agencies have tried their best to get even very poor countries to enhance their outreach programs towards children. Support for women's health needs to be diversified. There are girls as a special group, that needs special nutritional support as future mothers. This way, focus is on the future, on the children they will bear in the future. It is also a focus on their own health during adulthood, a time when they tend to face special health issues. Then there is the adolescent girl who enters the reproductive age and is capable of becoming pregnant. The body at this stage has special nutritional needs for itself and for any future pressures it might have to face in the future. Then there is the stage of child bearing, when good nutrition is of paramount importance and especially so in preparation for child bearing. With little progress in saving young children, there is urgent need to change gears and invest more in comprehensive programs that focus on saving both mother and child. If one takes an African situation, for example, a mother carries her young baby with her wherever she goes. The time to make these adjustments is now. I have always believed in education as the key to lifting women and families as whole out of abject poverty. A female born in a poor rural community is already endangered before she starts living in the real sense of the word. The question at that point is: was she expected, and what hopes do her parents have for her future? Do her parents see her as someone who is a successful adult, contributing to the family name, progress and to national development? At that time, it is anybody's guess as to what lies ahead. Health of women seems to be remembered only during special days like the March 8 International Women's days. Empowering women in order to free them from the bonds of negative cultural practices and ensuring emancipation for them constitute noble causes for a whole society. By now there is enough evidence, backed by human development reports that educating women and according them their due liberties is positively linearly correlated with both economic and social development of a nation.

The moment women enter puberty, their need for more micronutrients such as iron, calcium, folic acid (mostly to prevent birth defects), and B vitamins to boost energy metabolism. There is growing interest in the links between a mother's nutrition and that of her offspring. More and more the term "you are what your mother eats" might replace the one we have come to popularize which is "you are what you eat".

The UN Food and Agriculture Organization announced in 2010 hungry people worldwide had dropped, for the first time in 15 years, from 1.23 billion in 2009 to 925 million. Vietnam has been a star performer, managing to distribute land more equitably, to invest heavily in viable agricultural technologies. For Africa where most of the farm work is carried out by women, land reforms are required to enable women to own land, and to afford those who farm maximum support to enable them produce beyond subsistence levels.

What is clear is that investments in women are worthwhile and are likely to yield multiple benefits that include healthy children and, therefore, healthy citizens. For Africa, clearly this is the way to go, and this is the time to see real action and less rhetoric.

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