Feeding practices in context: keys for a better nutrition

The study conducted by Dr. Spipp et al. assessed nutrient intake and feeding practices among children aged 6–23 months in a town of the Northeast region of Argentina. According to the data obtained, there is a high prevalence of an inadequate level of energy and only 50.8% of infants received a minimum acceptable diet.¹

Having access to a sufficient, safe, and nutritious diet that meets dietary needs is a critical factor in terms of growth and one of the fundamental pillars of overall health. It is also closely related to child development since both energy and micronutrient intake have an impact on different processes of neuronal development, such as neural proliferation, axonal differentiation, myelination, and synaptic pruning. Hence, a nutritional deficit at an early stage could have an effect on skill acquisition, cognitive functioning and, consequently, academic performance. Additionally, in contexts of social adversity, malnutrition is a factor that co-occurs with others resulting from toxic stress at the expense of children's health, and which can even disrupt health in adulthood.2

Although the problem of malnutrition is not new, it is quite likely that the socioeconomic consequences of the COVID-19 pandemic have aggravated situations of vulnerability.³ Current information shows that in Argentina, on average, 29% of children aged 0–4 years suffer from food insecurity, and this figure rises to 54% when analyzing the stratum of households of marginal workers.⁴

The study by Spipp et al. provides information on a specific population and updates the data already available as of the second half of 2019. It is possible that indicators may have been modified by today, but even so, this study can be considered relevant. In this sense, its value is twofold:

- its methodology, as a model of what is possible and should be done, and
- its findings, that would allow the design and development of appropriate and customized local interventions.

In relation to the methodology used, the article provides a detailed and simple record of the procedures. Therefore, what the authors have developed may be replicated in other locations.

The second relevant aspect is related to the results themselves. In the first place, they allowed us to know micronutrient deficiency specifically and, just as important, to understand dietary practices, which can vary greatly among regions and communities and which are the actual gap to be worked on for improvement when considering nutrition-specific interventions. The cultural and social issues reflected in these food practices have a direct impact on nutrient intake in terms of quantity, variety, and quality. Thus, any improvement plan requires an indepth knowledge of the local reality in order to prioritize interventions and adapt them to locally available foods.5 This strategy makes it possible to sustain improvements in the long term and helps to reduce dependence on external aid, which is frequent in unfavorable social contexts.6

Finally, and regardless of the worsening of the problem that the epidemiological context may have created, at least three specific issues are derived from the baseline of this study that constitute a call for attention and on which it is possible to act in the short term:

- Only 77.5% of infants continue to be breastfed at 1 year of age.
- Almost 30% of infants received complementary feeding before 6 months of age. Most families did not receive information on feeding, and only 24.8% received it from health care providers.
- Although this study did not consider nutrient supplementation, only 8.2% of participating children received it.

These results suggest that it is still necessary to concentrate our efforts not only on interventions for the community or large-scale programs, but also on the correct and timely advice and support from pediatricians to ensure infants are fed a diet containing a complete supply of nutrients and adjusted to the reality of each family.

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