

Malnutrition

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Opinion

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Marasmus and Kwashiokor

Long time ago while I was still in primary school, I couldn't understand why young children could appear old on the face and have pot bellies (referred to as "young bosses") by the locals without forgetting their protruding ribs. There is another one also which was really in our immediate neighbor. This was a boy child who had fluid accumulation all over his body and had his face appearing like the face of the moon. For the latter, I tried to gamble about the food insecurity because the mother had another pregnancy before the current young child was even six months hence, had already been stopped from breastfeeding and his food mostly was composed of gruel made from corn meal. These questions kept on disturbing me which made me curious to identify why such young children looked like that.

When I joined secondary school, we were taught that consuming food inadequate of some specific nutrients leads to the above disease conditions. I was therefore very curious to determine which kind of specific nutrients which when taken inadequately leads to the disease and how best the problem can be reversed. I therefore had a dream of studying medicine or any related science course which will give me lime light to the reason as to why some children had such characteristics.

Lucky enough when I joined college, I was not able to study medicine due to the minimum A level grade but I was admitted to pursue Community Nutrition. During the first semester, I didn't understand what really the course was all about simply because we were doing common units which cut across the whole disciplines being offered in the university.

As time went by semester 2, 3 and to the second year, I therefore understood the scope of our course. We were taught how consumption of adequate nutrients affect healthy lives, how inadequacies of some specific nutrients may also reverse one's health status.

Partnerships with the neighboring communities made it easier for one to understand why some young children will present with protruding ribs, pot bellies and appear old on their facial appearance while some had fluid accumulation in some parts or in their whole bodies. These made me to flashback to my community back at home whereby we used to have children with the above mentioned characteristics.

To assist in understanding ourselves while in the community for our partnership visits, we were interviewing the mothers how frequent they fed their children and what variety foods they were consuming in their daily lives. We made use of the 24hour recall and the food diary to accurately obtain the information.

The university gave us a good understanding back in the community highlighting several reasons as to why such children will grow that way and we confirmed that during our field visits in the community. Working in partnership with the ministry of health (MOH) and the community, we always used to refer the cases to the nearby link health facility after mass community screening with the help of the community health volunteers who help in the implementation of the community health strategy (CHS) for enrollment to different Nutrition Management Programs e.g. the OTP and SFP.

Food Science and Nutrition Technology

We learnt that protein energy inadequacies in their diets were the main cause of the disease conditions and that the situations can be reversed when detected and proper management employed. The community members were therefore routinely sensitized on the disease so as to shun away the mentality that most of the children who were seen having the condition were believed to have been bewitched by one of the community member who had bad "eyes" to the parents of the affected children.

Last week on 22nd and 24th Nov 2017 while in a field activity in Pom and Diruma primary schools Nyatike sub County of Migori County, Kenya during the integrated health and Nutrition outreach, we came across two different cases; Marasmus and Kwashiorkor.

The first case presented with the following, the child was a boy child two and a half years with; protruding belly, prominent ribs, normal hair colour, increased appetite and reduced developmental milestones because he could not talk or walk.

The second one was also a boy 15 months and presented with the following; moon face, bilateral pitting edema, mouth sores, irritating, scunty hair, skin rashes mouth sores as shown below (Figure 1).



Figure 1: 15 months boy.

The mother had travelled from her home in a nearby sub-location to their home to her parents so as to be helped by her parents to identify what kind of bewitchment her son had so as to be treated traditional by the use of herbal remedies. She was educated that this was not somebody's ill-happening instead it's a nutrition related disease which can be treated. Lucky enough, we had an integrated medical and nutrition outreach whereby we linked the child with the Community health assistant (CHA) to the nearby district hospital for inpatient management.