

EMERGING DISCOURSE IN NUTRITION EDUCATION FOR SUSTAINABLE DIET DEVELOPMENT AND HEALTHY LIFESTYLE

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Abstract

The National Policy on Food and Nutrition aims at ensuring a country where the people are equitably secure in terms of nutrition and quality of life which would contribute to human capital and socioeconomic development beyond year 2020. However, to attain optimal nutrition for all Nigerians and particularly the most vulnerable, Nutrition Education must play a sustainable role. The Sustainable Development Goals (SDGs) is a unique tool designed primarily for negotiators on health and well-being, the second, third, fourth, seventh and twelfth of the goals are directly related to the development of sustainable diet and healthy lifestyle of individuals and the entire community; on which premise this presentation is pivoted. Majority of hungry and malnourished people live under substandard conditions and suffer from chronic food insecurity, while there are a lot of people wishing to live healthy life but are devoid of the right approach. It is therefore recommended that nutrition education should focus; increased accessibility through agricultural production, appropriate post-harvest handling, improved dietary habits, sales of healthy foods by retail markets and hygienic practises among local food hawkers.

Introduction

According to the World Health Organisation (WHO, 2012), food is an important part of health and it has various aspects, one of which is access to food at the household and national level. Another aspect is dietary patterns, diversity of available food and home production. Examples of these are intake of plenty of fruits and vegetables, intake of healthy fats instead of unhealthy fats, and obtaining enough micronutrients such as iron, vitamin A, zinc and iodine. Food safety is also involved in health, because food and water are the major sources of exposure to both chemical and biological hazards (microorganisms) that competes with culinary practises (food handling). Despite the endowment of human and material resources, malnutrition; in form of under-nutrition, over-nutrition and micronutrient

deficiency still remains a challenging health issue in Nigeria like any other developing country. Malnutrition and nutrition related diseases continue to be problems of great public health concern in Nigeria resulting into non-communicable dietary related disorders.

Health, diet and lifestyle are related to sustainability; a broad term that has many different definitions (Costanza, 1995). The Food and Agriculture Organisation of United Nations (FAO, 2012) defines a sustainable diet as a 'safe and healthy' diet which contributes to food and nutrition security. The aspects of a sustainable diet, such as affordability of food, food safety and nutritional quality are dimensions of food security. Food safety, food security and sustainable diets are closely interrelated; food security is the broadest base and sustainable diet is the dimension of food security. In addition, environmental,

economic and social dimensions are often used to define food sustainability.

Sustainable diets, as discussed by Buttriss and Riley (2013), are culturally acceptable, accessible, economically fair, affordable, nutritionally adequate, safe, healthy, protective and respectful of biodiversity and ecosystems; while optimizing natural and human resources. Sustainable diets are ensured from healthy eating patterns that align with the needs of the society, the environment and the economy for current and future generations (Garnett, 2014). Therefore, food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs with food preferences for an active and healthy existence. It is also very necessary to note that adequate diet is necessary for optimal health of the populace to ensure the development of every sector of the national economy.

Nutrition education, according to Olusanya (2008), is the process of imparting nutritional knowledge to the community in order to improve the nutritional status of the people. This is basically due to the fact that ignorance is a major factor in malnutrition. However, nutrition education does not only entail the teaching about nutrients, but also the selection, combination and preparation of meals to maximally retain the nutrients while meeting the requirements of the consumers. Generally, practical approach and the use of instructional materials are vital in putting across nutrition information (Olusanya, 2008).

Challenges on Dietary Intake in the Community

Most diet-related disorders with development of non-communicable diseases are associated with an inadequate intake of vegetables, fruits, protein and

nutrient-dense whole grain cereals; and the over-consumption of energy-dense, nutrient-poor foods, saturated fat, sugars and salt (WHO, 2003). There is widespread and increasing patronage of fast food outlets with large promotion of sweetened products such as carbonated drinks, pastries, candies, refined sugars, while excessive intake of salt is promoted by food additives such as monosodium glutamate. In supermarkets today a lot of the food products are processed, low value cost and energy-dense, which may be the reason for the emergence of an unhealthy lifestyle resulting in diabetes, obesity and cardiovascular disorders.

Categories of foods and drinks dominating choices but are to be avoided in large serving sizes are, for example, meat pies, hamburgers, micro-waved chips, confectionary, chocolate, soft drinks, lollies, oily or fatty bakery products and ultra-processed food (Opie, 2000). Food processing though a technological development is one of the major factors in high consumption of manufactured foods. Such foods also require more resources and post-harvest chemicals than foods that are unprocessed or minimally processed resulting in a range of waste by-products.

It is widely accepted that malnutrition has many causes; from lack of food and improper feeding and caring practices to economic and political factors. Many nutritional problems in Nigeria are compounded by poor infant and child feeding practices, when they are most vulnerable. Ekpenyong, Udokang, Akpan and Samson (2012) noted that low socioeconomic status and particularly low level of education of most women is another key cause of malnutrition; for example, a mother's malnutrition is closely linked to malnourishment in her newborn babies and

family. Under-nourished women tend to become shorter adults, and are more likely to have small children with impaired cognitive and physical development (WHO, 2012). Rural populations are also disproportionately affected for many reasons, including distance from markets, limited health and education resources, as well as limited access to hygienic water and refuse disposal sites.

In addition to high rates of under-nutrition, Nigeria is also witnessing an alarming rise in the incidence of diabetes, hypertension, cardiovascular disease and obesity. Meanwhile, people who are overweight and obese are likely to develop seemingly paradoxical nutrient deficiencies. Influences on nutritional status including lifestyle, affordability, accessibility and availability are also important factors. Food choice has long been recognised as a process that involves psychological, social, cultural, economic, and biological forces which is also influenced by experience, aesthetics, beliefs, and value (Bisogni, Connors, Devine, & Sobal, 2002).

Database on Nutritional Status and Micronutrient Deficiencies in Nigeria

Database on nutritional status and micronutrient deficiencies in Nigeria shows the following:

- Vitamin-A deficiency (VAD) among children;
- Iron-deficiency anaemia (IDA) among pregnant women;
- Iodine-deficiency disorders (IDD) among adolescents and women; and
- Zinc-deficiency disorders among the populace (Global Nutrition Report, 2015).

Nigeria has the highest number of stunted children under age five in sub-

Saharan Africa, and the second highest in the world, with 37% of all children under five classified as stunted and 19% as severely stunted (United Nations Children's Fund, 2011). In Nigeria, about 14 million people (8.5% of the total population) are undernourished and with more than 10 million stunted children the highest number in the continent and second globally (Nigeria Demographic and Health Survey, 2013). United Nations Children's Fund (2011) report also gave 37% of children under five as being stunted, 29% as underweight, and 18% as wasted.

In addition to lack of basic protein and energy, the immediate causes of under-nutrition are lack of micronutrients hidden to the naked eye but pervasive throughout Nigeria with vitamin A, zinc, iron, folic acid, and iodine being the most common (Micronutrient Initiative, 2013). Almost 63% of women are anaemic and 31% are iodine deficient, while close to 30% of under-fives are vitamin A deficient and 20% are zinc deficient (WHO, 2012). There also exist a rising prevalence of diabetes, hypertension, overweight, obesity, arthritis, gout, heart disease and certain types of cancers among others; affecting more and more Nigerians. There are many causes of malnutrition in Nigeria, but the most obvious are poor feeding practices, inaccessibility to potable water, poor hygiene/ sanitation, poor lifestyle choices caused by lack of knowledge or character defects (WHO, 2003).

National Nutrition Policy and the Sustainable Development Goals

The vision, goal and objectives of the National Policy on Food and Nutrition (NPFN, 2016) reveal the desire for a country where the people are equitably secure in

terms of nutrition and quality of life that contributes to human capital and socioeconomic development beyond year 2020. However, to attain optimal nutrition for all Nigerians and particularly the most vulnerable (children, adolescents, women, elderly and groups with special nutritional needs), Nutrition Education must play a sustainable role. The seventeen Sustainable Development Goals (SDGs) and 169 targets, as submitted to the United Nations General Assembly by the United Nations Open Working Group (OWG) is a unique tool designed primarily for negotiators on health and well-being. The second, third, fourth, seventh and twelfth SDGs are directly related to the development of sustainable diet and healthy lifestyle of individuals and the entire community.

- Goal two (2): to “end hunger, achieve food security with improved nutrition, and promote sustainable agriculture”
- Goal three (3): to “ensure healthy lives and promote well-being for all at all ages”
- Goal four (4): to “encourage quality education and life-long learning opportunities for all”
- Goal seven (7): to “ensure access to affordable, reliable, sustainable, and modern energy for all”
- Goal twelve (12): to “ensure sustainable consumption and production patterns”
(NPFN, 2016).

Nutrition Education for Sustainable Diet and Healthy Lifestyle

To make impact on the immediate and general community, good understanding of their socio-cultural heritage and dietary habits need to be studied and well understood. Good

communication and rapport would also ensure adequate penetration and influence. Selection of opinion leaders especially in hostile communities cannot be over-emphasized. There are dietary habits tied to quasi-religious beliefs that need to be carefully handled in most ethnic settings. However, the traditional diet if well selected and combined is able to meet the dietary requirement of most individuals (Burlingame & Dernini, 2011).

Alongside being plant-based, diverse and not ultra-processed, a sustainable diet is safe and secure. Adequate household food supply is essential for family well-being. More so, poor or inadequate diet is not always the result of lack of food and money, but inadequate knowledge of nutrition. Food availability in adequate supply throughout the year is necessary for healthy eating thus; food basket approach to sustainable household food security would equip the family and ensure easy accessibility. Home gardens have been suggested to be an important contribution to nutritional security (Adedokun, 2004). Such gardens could be mixed, compound, backyard, homestead, kitchen, and farmyard. Diet is a big part of lifestyle, but the affordability and availability of, and access to the right foods can play a big part in implementing a healthy diet.

Food has to be preserved to ensure regular and continuous supply throughout the year. Food preservation prevents decay or spoilage of food, allow storage for future use, adds varieties into the diet and reduce time and energy for culinary activities. Knowledge and beliefs are also important for the diet that people follow, because there are so many ideas of a healthy diet. Friel, Barosh and Lawrence (2014) also advised that it is necessary to be as lean as possible

within the normal range of body weight, thus physical activity is needed as part of everyday life. Foods and drinks that promote weight gain should be minimal while the consumption of energy-dense foods should be with avoidance of alcoholic and sugary drinks. Limited intake of red meat and avoidance of salty and over-processed meat coupled with eating of mostly foods of plant origin should be encouraged.

Conclusion

The teaching process in formal education curriculum at all levels must arouse the interest of learners while dissemination of information through mass media in various indigenous languages would yield positive results. Religious institution forms another platform for nutritional education while for non-captive audiences such as market women, farmers and artisans, informal meetings may be arranged. Nutrition educators should promote behavioural and communication changes for better understanding of food and nutrition practices to ensure improved dietary habits and healthy lifestyles. Governmental and non-governmental bodies should also promote and strengthen nutrition education for all age groups through appropriate multimedia, social marketing and communication strategies. There is need for a complete food-composition table of locally available safe and healthy meals.

Recommendations

- Nutritionists should embark on research and development of locally available staple diets, promote the use of less known crops for improved nutrition and develop appropriate food-based dietary guidelines with healthy food preparation methods;
- Home Economics extension services should be designed for implementation of appropriate community-based nutrition education programmes on food and agricultural produce (raw, processed and prepared) to promote and support food processing and preservation techniques adaptable for village and household levels;
- Nutrition Institutions should engage in periodic conduct of food consumption survey and research on local food fortification; to promote healthy eating habits that would reduce the incidence of nutrition-related non-communicable diseases such as diabetes, hypertension, cardiovascular disorders, while also encouraging regular physical exercise and periodic medical checkups.
- Government at all levels should ensure adequate implementation of nutrition policy through sufficient budgetary allocation and timely release of funds while maximising natural and human resources.

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