EDITORIAL

It takes more than Good Nutrition to save young lives

The death of a young child is one death too many regardless of where one lives. The sadder aspect is that most conditions which kill young children are preventable. Further still, in poor communities, young children die from malnutrition-associated ailments, which often weaken the immune system. What is even more unfortunate is that fairly healthy children succumb to other killer maladies like malaria. Just this past month, Lydia, a past employee of Rural Outreach Program (ROP) in western Kenya lost her baby, Valentina, who was then only one year old.

For years now, ROP was her family as we had taken her on when she lost her mother and later her dad, leaving her as a young girl to take care of her 3 siblings. ROP staff attended Lydia’s wedding, her graduation as we had also supported her through college, and her daughter’s baptism. The news of Valentina’s passing hit us fairly hard, so did Lydia’s expressions of shock and sadness. Lydia had just sent us the latest photograph of the little girl, taken on her first birthday celebrated just a few days earlier. Lydia revealed that the baby appeared to have reacted to a malaria treatment injection, given at a local hospital the previous night. Without postmortem results, it is difficult to state with any certainty as to what really caused the little girl’s demise. What a shock it must be for the parents of Valentina, their only child, and how so unnecessary for a seemingly healthy baby to die so needlessly? Yet there are many parents in Africa who experience similar grief just as there are many Valentinas. This incident reminded me of my own parents, who lost toddler after toddler (upto 6) early in their marriage. The deaths of my siblings, supposedly as a result of malaria changed me forever.

I, too, could have succumbed because even though I was born in a malaria endemic region, and spent a greater part of my childhood there, I am still not immune and have to take anti-malarial medication each time I go to western Kenya.

What is my message here? That many times our passion to make a difference is informed by life’s experiences. I pursued nutrition as opposed to human medicine because I had seen a cousin get severely debilitated by kwashiorkor yet his siblings were just fine. This was a badly malnourished child in a household which clearly was not desperately poor. This child, not the others, developed severe malnutrition and not surprisingly the mother believed her son had been bewitched. Many African children still die before the age of 5. They die in utero, they are stillborn, they die during infancy and they die from all types of diseases, especially in the absence of easily accessible healthcare. Mothers too die during childbirth, sometimes together with the baby or alone. A life is made to thrive and grow, and not to die and wither away. African governments need to make it their priority to save as many lives of their citizens as possible. In Kenya, lifespan has reduced in the past decade, more mothers are dying during delivery and many children are dying at all ages. Our