



# MALNUTRITION IN NATAL

## PACSA FACTSHEET

### INEQUALITY IN NUTRITION

We in South Africa are in the unique position of having the level of health and socio-economic development of one section of the population similar to that of a Third World country and of another section similar to that of a developed country. Yet unlike some of the Third World countries, we are a rich country and it is within our means to eliminate this discrepancy.

Professor A. Moosa of the Faculty of Medicine, University of Natal

### IN NATAL AND KWAZULU HOSPITALS MORE THAN 8000 CHILDREN DIE EVERY YEAR - MANY OF THEM FROM MALNUTRITION OR MALNUTRITION LINKED DISEASES

For example, at King Edward VIII Hospital in Durban, approximately 8000 children are admitted every year, 4000 of them show signs of malnutrition, and 1600 die.

### MALNUTRITION STATISTICS FROM KING EDWARD VIII HOSPITAL

The table below gives details of marasmus and kwashiorkor cases admitted to the pediatric wards. *Marasmus* is a disease of children caused by lack of food (both protein and energy) in which the child becomes very thin indeed as the result of this starvation. *Kwashiorkor* is also caused by lack of food (particularly of protein) in which the child, though usually underweight, has swollen feet and may still look quite fat.

Year	No. of deaths	No. of admissions	Total pediatric admissions
1960	615	1770	5017
1961	537	1617	4282
1962	567	1789	5270
1963	692	2201	5501
1964	1008	3412	6705
1965	821	2642	5499
1966	760	2344	5346
1967	655	2277	5047
1968	763	2389	5709
1969	614	2413	5345
1970	588	2345	5418
1971	520	2305	5125
1972	584	2684	5728
1973	844	3441	7224
1974	774	3541	8151
1975	845	3845	7711
1976	Figures not available		
1977	790	3420	7859
1978	644	2732	6651
1979	653	2773	6796
1980	618	3094	7688
1981	531	2714	6965
1982	465	3077	6879

KWASHIORKOR AND MARASMUS ADMISSIONS AS % OF TOTAL PEDIATRIC ADMISSIONS

# 29-10-82 'Malnutrition kills 3 children an hour'

**Mail Correspondent**  
DURBAN. — Between three and four children die of malnutrition every hour in South Africa, Prof Allie Moosa, head of the Department of Paediatrics at the University of Natal, said yesterday.

"This is a long-term, low grade starvation where children die simply because

they do not get enough to eat,' Prof Moosa said.

He said he had arrived at the figure from statistics received by hospitals around the country.

"There are eight-million black children in South Africa of which 2% to 3% suffer from malnutrition. From our experience at King

Edward VIII Hospital, about 20% of those die, which is about 30 000 a year,' Prof Moosa said.

He added that about 45% of all children admitted to King Edward suffered from malnutrition.

"We cannot treat the cause of the malnutrition, which is a socio-political one.

"Thus the 25% who recover are only provided with symptomatic relief because they are sent back into the same socio-political environment which caused their malnutrition.

"It is quite likely that they will return to the hospital with the same complaint later or will die back in the rural areas,' Prof Moosa said.

## CHILD HEALTH - SOME FOOD FOR THOUGHT

Questions and answers taken from an address given by Professor A. Moosa

*Why is malnutrition prevalent in South Africa today?*

The answer is : POVERTY.

(See PACSA FACTSHEET 1 : INCOME DISTRIBUTION IN S.A.)

*What should be done?*

How are we going to break the vicious circle of malnutrition, infection and multiple reproduction?

- family planning? Dr Cecily Williams, asked to comment, said: "If we look after the quality of a population, the quantity will look after itself."

- food distribution? Yes.

- immunisation? Yes.

BUT the solution is not simply a medical one; it is a socio-economic one.

*What, you may ask, can I do?*

\* Become aware of conditions, causes and priorities.

\* Bring pressure to bear on policy-makers. Write to the Press. Write to the Minister of Health.

\* Have the will to eliminate hunger; the 'itch' to do something positive towards building a better tomorrow for all our children in this beloved country of ours.

## URGENT HEALTH NEEDS OF THE UNDERPRIVILEGED CHILD IN NATAL

1. Improvement in the nutritional status of children through education and improved socio-economic conditions.
2. Early detection and treatment of nutritional deprivation through established clinics.
3. Implementation of full-scale immunisation programmes.
4. Provision of safe water supplies.

## A CHRISTIAN RESPONSE

Dr Ronald Sider in the epilogue to his book "Rich Christians in an Age of Hunger":--

*Christians should be in the vanguard. The Church of Jesus Christ is the most universal body in the world today. All we need to do is truly obey the One we rightly worship. But to obey will mean to follow. And he lives among the poor and oppressed, seeking justice for those in agony. In our time, following in his steps will mean simple personal lifestyles. It will mean transformed churches with a corporate lifestyle consistent with worship of the God of the poor. It will mean costly commitment to structural change in secular society.*