

What children eat in their earliest years shapes survival, learning and future productivity. Yet for many families, nutrition is constrained by habits, misinformation and limited choices. As Uganda confronts persistent malnutrition, there is growing recognition that change requires informed communities and stronger policies. Through a month-long campaign from April to May, *New Vision*, in partnership with UNICEF and the Ministry of Health, is spotlighting the challenges and solutions shaping children's diets and their chances of a healthy start.

By Agnes Kyotalengerire

The first 1,000 days of life are a critical window that shapes a child's future. This period spans from conception until a child's second birthday.

Nutrition during this time influences lifelong health, learning ability and productivity, says Fausta Aketch, a nutritionist based in Lira city.

Once a woman conceives, health workers encourage her to attend antenatal care clinics at least eight times throughout pregnancy for routine check-ups. During these visits, the mother receives tetanus vaccination, is assessed for malnutrition and receives appropriate interventions.

Some health facilities also provide maternal, child and adolescent nutrition services. Here, mothers are given supplementary feeds to support the growth of the unborn child if they are not getting balanced nutrition at home.

"A well-balanced diet ensures the intake of essential nutrients such as folic acid, which supports the development of the spinal cord and helps prevent defects like spina bifida in a baby," explains Aketch.

"After birth, at regular intervals when a child is taken for immunisation, health workers also monitor the child's growth. Where the growth is off track, health workers can advise on what can be done to reverse nutritional deficiencies before the child's second birthday, Aketch says.

"This is a window of opportunity that determines how tall or short that child can be," she notes.

Dr Sabrina Kitaka, a paediatrician at Mulago National Referral Hospital, says adequate nutrition promotes

THE FIRST 1,000 DAYS: HOW A CHILD'S FEEDING SHAPES THEIR FUTURE



IN PARTNERSHIP WITH...



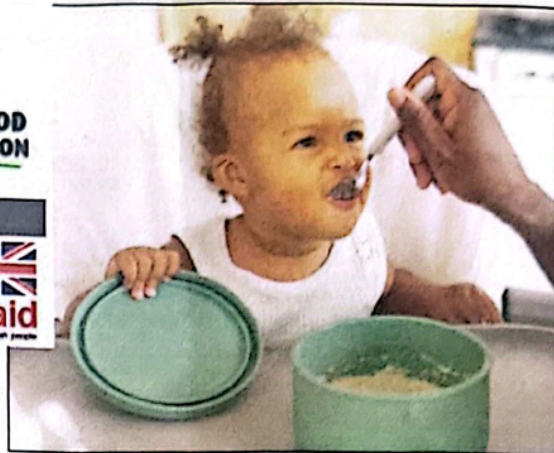
optimal brain development, enabling the child to learn quickly. A well-nourished child, she adds, is more likely to grow into a productive adult capable of flourishing in economic activities.

EXCLUSIVE BREASTFEEDING

After birth, it is recommended that babies are breastfed exclusively for the first six months. This means giving the baby only breast milk without additional foods; not even water, tea glucose, other animal milk, infant formula or porridge, except medicine. For working mothers, pumping breast milk for the baby and its proper storage while they are away is advised.

Dr Andabati Gonzaga, a consultant gynaecologist at Bethany Women and Family Hospital, explains that initiating breastfeeding within one hour of birth strengthens the bond between mother and child. The practice is also believed to reduce the risk of death for newborns by 22%. He says the first yellowish milk, known as colostrum, contains antibodies that boost baby's immunity.

However, Uganda still scores low in



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initiating breastfeeding. The Uganda Demographic Health Survey (UDHS) 2022 report estimates that only 42% of Ugandan babies, that is four of every 10 newborns, are breastfed within the first hour of birth.

"After the first hour, breast milk provides the necessary nutrients in the right quantities, at the right temperature and is readily available," Andabati says.

He further explains that exclusive breastfeeding promotes development of the baby's brain, while continuous suckling aids proper development of the jaw and facial structures.

COMPLEMENTARY FEEDING

"Complementary feeding begins at six months, when semi-solid foods are introduced alongside breast milk, not

as a replacement but as a supplement," says Aketch.

At this stage, breast milk alone is no longer sufficient because the baby's nutritional needs increase with growth. Caregivers are encouraged to provide balanced meals that supply essential nutrients, such as iron, protein, vitamins and minerals.

"Foods should be introduced gradually based on age bands, that is, 6 to 8 months, 9 to 11 months, and 12 to 24 months. Additionally, food consistency [smooth, mashed, lumpy and chopped] should match the child's age. This is critical to prevent choking, while enabling infants to learn how to chew," says Andrew Ssekitooleko, a clinical nutritionist at Platinum Hospital.

"Early foods may include millet porridge with milk and eggs, progressing to combinations, such as maize porridge with milk and banana," Ssekitooleko advises.

During this period, the child's swallowing reflex develops and mothers are guided on how to introduce salt and manage taste preferences.

Continued breastfeeding up to two years supports proper nutrition, strengthens immunity and enhances emotional bonding between mother and child. Mothers are also trained on feeding schedules within 24 hours, including whether to breastfeed before or after meals.

IMPACT OF POOR NUTRITION

"Poor nutrition during the first 1,000 days can lead to malnutrition. This may manifest in various ways: the child may appear weak, struggle to play and experience delayed brain development, leading to learning

HIDDEN HUNGER

A diversified diet helps address micro-nutrient deficiencies often referred to as hidden hunger. These deficiencies are called hidden because they are not immediately visible, yet they significantly affect a child's development and can lead to stunting.

difficulties," explains Aketch.

"A key indicator of poor nutrition is stunting, a condition where a child is too short for their age. This reflects poor brain development, weak immunity and delayed growth. Stunting can lead to poor school performance, frequent illness and reduced productivity in adulthood," she notes.

The Uganda Demographic Health Survey 2022 report reveals that about 2.4 million children under age five in Uganda are stunted, representing a prevalence rate of roughly 23.5% to 26%. While this is a decrease from 29% in 2016, it remains a high public health challenge.

"Besides stunting, poor nutrition puts children at risk of frequent illnesses, such as diarrhoea, pneumonia, malaria and anaemia that require repeated visits to health facilities. This affects not only the child, but also the care-giver's productivity, as time and resources are diverted to healthcare instead of income-generating activities. Caring for a malnourished child can also limit the mother's ability to attend to other children," Aketch explains.

Dr Kitaka says poor nutrition during the first 1,000 days can have long-term effects, including impaired brain development, poor learning ability and lower school performance. It also weakens the immune system, increasing the risk of chronic illnesses later in life, such as diabetes and heart disease. Individuals who were poorly nourished early in life are more prone to reduced physical capacity and productivity which can perpetuate cycles of poverty.

In some households, malnutrition can contribute to financial insecurity as the limited resources are spent on medical bills rather than other needs.

CAUTION

For proper child development, Aketch advises avoiding high-sugar items such as sweets and sodas, ultra-processed foods, such as fast food and excessive salt. These can cause poor nutrition, obesity and tooth decay.

Caregivers should seek professional help immediately if a child refuses to breastfeed or shows signs of poor growth, such as weight loss, fatigue, dizziness and muscle weakness.

FOOD QUANTITY AND FREQUENCY

Fausta Aketch, a nutritionist based in Lira city, advises that in addition to porridge, caregivers should give balanced meals, commonly referred to as *ekitobero* (a triple mix). This includes combining plant or animal proteins, such as beans and silver fish, with carbohydrates and vegetables.

PROCEDURE:

● Silver fish (or its powder) can be mixed with beans, sweet potatoes and a small amount of salt, then steamed and mashed. The meal can be divided into portions and fed to the child during the day.

● Caregivers are also encouraged to practice responsive feeding which includes identifying any difficulties with chewing or swallowing and adjusting the food texture, feeding pace or seeking medical advice where necessary.

● Children should be exposed to dietary diversity using locally available foods. Protein-rich foods include legumes, eggs, milk, meat, liver and fish. Energy-giving foods include cassava, rice, posho, sweet potatoes and matooke. Fruits and vegetables provide essential vitamins and minerals.

● A single meal should combine foods from different groups (except fruits) for a balanced diet.