



## Child Health and Nutrition

One child in fourteen born in Namibia dies before reaching his or her fifth birthday. Two-thirds of these deaths occur in the first year of life. The infant mortality rate is 46 deaths per 1,000 live births for 2002-2006, and the under-five mortality rate is 69 deaths per 1,000 live births. These are among the lowest child mortality rates in sub-Saharan Africa. Childhood mortality varies dramatically by region. Infants in Kunene are least likely to die in their first year of life (only 27 deaths per 1,000 live births), while children in Caprivi are at highest risk of death (78 deaths per 1,000 live births).

Spacing births at least two years apart could reduce the infant mortality rate. The infant mortality rate for infants born less than two years after a previous birth, 92 deaths per 1,000 live births, is markedly higher than the rate for children born 3 years after a previous birth, 45 deaths per 1,000 live births. Infants born to women over 40 are also at higher risk of death than infants born to younger women.

### Vaccination Coverage Inconsistent

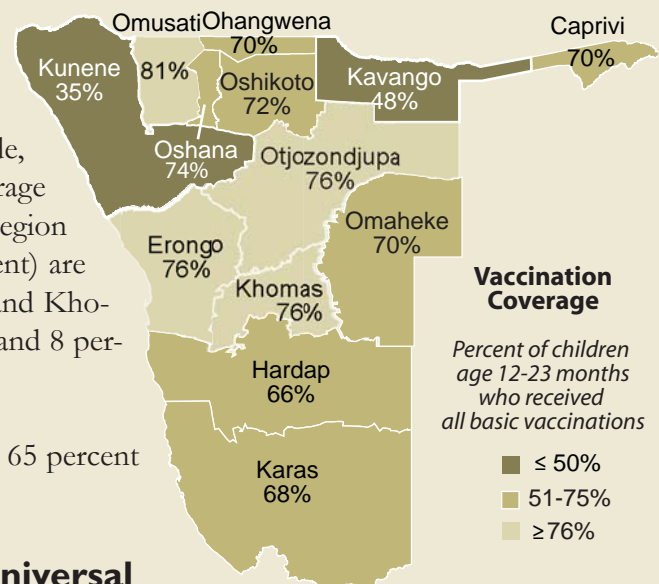
More than two-thirds of Namibian children age 12-23 months have received all of the recommended childhood vaccinations. Nationwide, only 2 percent have received no vaccinations at all. Vaccination coverage is slightly higher in urban areas than rural areas, but differences by region are quite marked. Only one-third of children in Kunene (35 percent) are fully vaccinated compared to more than three-quarters in Erongo and Khomas (76 percent each). Further, 14 percent of children in Kunene and 8 percent of children in Kavango have received no vaccinations at all.

Full vaccination coverage has increased from 58 percent in 1992 to 65 percent in 2000 to 69 percent in 2006-07.

### Appropriate Care for Childhood Diseases Not Universal

Fever can be a sign of malaria or other acute infections in children. Severe diarrhoea, often caused by contaminated water and poor hygiene, can lead to dehydration and death. For each of these medical conditions, early diagnosis and treatment can save lives. The NDHS examine prevalence of and treatment for each of these common childhood illnesses:

- ◆ **Fever.** Seventeen percent of children under five had a fever in the two weeks before the survey. More than half (56 percent) of these children received treatment from a health provider. One in seven children with fever took an antibiotic drug. Only one in ten took an antimalarial drug despite the well-known link between fever and malaria.
- ◆ **Diarrhoea.** Twelve percent of children under age five had diarrhoea in the two weeks before the survey. Sixty percent of these children were taken to a health provider, and three-quarters of children received some sort of oral rehydration therapy (ORS packets or salt-sugar solution) or increased fluids. Seventeen percent, however, received no treatment at all. Only 16 percent of children received more fluids, as recommended, and only 8 percent received more food.





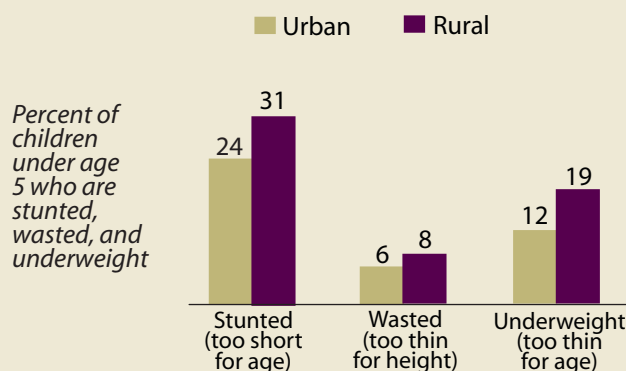
### Many Children Not Well Nourished

Good nutrition starts with breastfeeding. The World Health Organization recommends that children be fed nothing but breastmilk for the first six months of life. While almost all Namibian children (94 percent) are ever breastfed, only 24 percent of children under six months are exclusively breastfed. On average, Namibian children breastfeed until the age of 17 months, but exclusively breastfeed for less than one month.

Micronutrients are essential vitamins and minerals required for good health. Vitamin and mineral supplementation are easy and inexpensive ways to reduce childhood illness. Vitamin A, which prevents blindness and infection, is particularly important for children. While most children are eating vitamin A-rich foods, only half of children age 6-59 months had received a vitamin A supplement in the six months before the survey. Iron prevents anemia and infection. About two-thirds of children ate iron-rich foods the day before the survey, and only 12 percent had received an iron supplement the week before the survey.

Children's nutritional status is measured by comparing height and weight to international averages provided by WHO. Children who are undernourished are more susceptible to infection and often do less well in school.

### Children's Nutritional Status



- ◆ **Stunting (too short for age).** Almost 3 in 10 Namibian children under age five are stunted. Stunting has increased slightly since 2000. Stunting is more common in rural areas than urban areas, and ranges from 22 percent in Omaheke to 39 percent in Kavango. Stunting reflects failure to receive adequate nutrition over a long period. It is an indicator of chronic malnutrition.
- ◆ **Wasting (too thin for height).** Eight percent of Namibian children are wasted, including 2 percent who are severely wasted. Wasting has remained relatively stable since 2000. Wasting reflects failure to receive adequate nutrition in the period immediately preceding the survey and may be the result of inadequate food intake or a recent episode of illness causing onset of acute malnutrition.
- ◆ **Underweight (too thin for age).** Seventeen percent of Namibian children are underweight, an improvement since 2000. As with stunting and wasting, underweight is more common in rural areas than urban areas, and is least common among children in the wealthiest households. Underweight status reflect stunting and wasting together, taking into account both acute and chronic malnutrition.