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CHILDREN HAVE A RIGHT TO MEALS OF GOOD NUTRITIONAL QUALITY AND QUANTITY AT STATE-SUBSIDISED CRÈCHES!

The publication by Pietersen *et al.*¹ in this edition of the journal (p. 15) has highlighted the problems associated with feeding of children at state-subsidised crèches in Cape Town. Since the sample only included crèches in two areas of Cape Town (Ocean View and Mitchells Plain), it is important to keep in mind that these findings cannot be regarded as being representative of state-subsidised crèches. Furthermore, the authors do not indicate whether the sampled crèches are registered or not, registered crèches being subject to strict requirements. There are currently 240 unregistered crèches in the Cape Metropole and 640 registered crèches in the Western Cape (Van Niekerk — personal communication, 2002).

The study analysed meals served at 22 crèches in the two areas mentioned and found them to be inadequate in terms of energy and in micronutrient density. Very few institutions complied with meeting a minimum requirement of at least onethird of the Recommended Dietary Allowances (RDA)/Dietary Reference Intakes²³ per meal. Since nutrients from snacks provided at the crèches were not evaluated it is difficult to say exactly what the nutritional contribution of snacks was in addition to the meals. The unavailability of menus to obtain average nutrient content of meals further limited dietary analyses. However, the large percentages of children who were underweight (13.5 - 16.5%) and wasted (11.3 - 13.5%) attests to an inadequate kilojoule intake in many of these children, whether due to deficits at the facilities, at home or both.

The high prevalence of wasting in crèche children in this study¹ is of great concern, particularly when comparing the results with those of the recent National Food Consumption Survey,⁴ which found a low prevalence of wasting (< 3%) in this age group. Wasting in this context reflects acute short-term energy deprivation, and a prevalence of wasting of 11.3 - 13.5% is very high. In the global context, a high prevalence of wasting is considered to be greater than 8%.⁵

In 1995, 21% of children in South Africa were reported to attend either a crèche or a preschool facility.⁶ This is obviously an ideal opportunity to ensure that children receive nutritious food, and the facilities need to be monitored by the departments responsible for the welfare of the children attending them. This is particularly important in view of the fact that many children arrive at school (or preschool) without having eaten breakfast or having consumed an inadequate breakfast,⁶ as indicated as a major concern by the crèche managers in the study.¹

It has been estimated that in developing countries nearly one-third of children do not eat breakfast regularly. In South Africa it appears that 15 - 20% of children do not eat before going to school.⁶ Without breakfast, the benefit of attending school may be diminished since it is a widely accepted view that the health and learning ability of children may be impaired if they are hungry, especially if they are also malnourished. Available data also indicate that children who skip breakfast may only be taking in two-thirds of their daily energy requirements. It would therefore appear that by eating breakfast, children are not only able to improve the nutritional density of their daily dietary intake, but also general dietary adequacy.⁶

If children attend facilities that do not provide adequate meals and snacks within the time spent there, their nutritional status may deteriorate over a period of time. It should also be borne in mind that children in crèches generally spend from 8 to 9 hours a day there, as was found to be the case in 95% of the children in the study by Pietersen *et al.*¹ Theoretically, therefore, children should receive at least one main meal and two adequate snacks, providing one-third to two-thirds of the daily energy intake. The meals and snacks provided at crèches should be focused on meeting energy requirements as well as the micronutrients essential for this vulnerable group. (The remaining 79% of children who do not attend any facility should not be forgotten, and their need for accessible and affordable day care needs to be addressed as well.)

Pietersen et al.'s study also illustrated that it was difficult for crèche managers to plan meals that provided one-third of the RDA for energy and micronutrients from the average amount of R1.18 per day provided for registered crèches by the Department of Social Services. (The amount of 85c referred to in the publication actually represents an attempt by the Department of Health to provide some temporary relief to unregistered crèches that do not yet receive the Social Services subsidy.) The average amount of R1.18 per child per day in the present study related to an energy intake of between 15% and 33% per day. In addition to economic factors there are also problematic issues related to the quality and type of diet provided. Adequate meal planning for children takes nutritional expertise and experience that were clearly not available at all the crèches in the study, despite the caregivers having attended some form of training and scoring well in the knowledge questionnaire. It may well be possible to provide nutritionally balanced meals at lower cost if persons with nutritional expertise in this regard are able to develop the menus.

In order to make practical recommendations it is necessary to understand the roles various government departments play in

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the process. The funding of crèches is a function of the Department of Social Services, while the function of the Department of Health (Nutrition Directorate) is to provide technical support (i.e. menu planning and nutritional advice). In this regard the Directorate of Nutrition of the Department of Health needs to play a vital role. Firstly, it should ensure that minimum standards with regard to menus and food quality standards are developed and (most importantly) complied with. Secondly, a minimum level of competence (certificate) is recommended as a requirement for persons who manage such facilities. Considering the limited number of dietitians employed in community nutrition posts in the Western Cape, we would encourage the Department to make use of the incoming dietetic residents (from 2003) in order to assist in building up quality services for state-subsidised institutions such as crèches.

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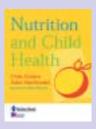
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