



An Overview of Primary Strategies to Improve the Dietary Consumption

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DESCRIPTION

In Low and Middle Income Countries (LMICs), maternal and child undernutrition is to blame for 45% of all deaths of children under five LMIC. Hidden hunger, often known as a persistent deficiency in vital vitamins and minerals in the diet, is an issue that is particularly pervasive among LMICs. Millions of people's physical and mental health are jeopardized by deficiencies in one or more micronutrients like iron, zinc, and vitamin A. Micronutrient deficiencies are thought to be responsible for 7.3% of the global illness burden overall, and iron and vitamin A deficiencies are among the top 15 causes of this burden, killing more than a million children each year 42% of children under 5 are estimated by the World Health Organization (WHO) to be overweight or obese.

Compared to non-anemic women, women with severe anaemia are twice as likely to pass away during or soon after pregnancy, and for their offspring, vitamin shortages in utero can cause low birth weight and brain and spine abnormalities. The lack of adequate intake and status data at the population level has prevented attempts to quantify micronutrient malnutrition globally. Micronutrient deficits are generally caused by a lack of nutrient-dense food consumption and nutrient losses from poor nutrition, illnesses, and menstrual blood loss (women of reproductive age). Micronutrient metabolic needs are particularly high during the early stages of development, pregnancy, and lactation. The United Nations Food and Agricultural Organization (FAO) and the World Health Organization (WHO) Food fortification, micronutrient supplementation, nutrition education, and disease management

measures are the four primary strategies that have been employed to improve dietary consumption. One method that has a track record of boosting dietary diversification and significantly reducing micronutrient deficits is the fortification of staple foods. This review provides an overview of the three ways in which fortification affects people and societies social, health, and economic as well as a systematic synopsis of the available evidence on the benefits and drawbacks of various food fortification methods, including industrial, bio, and point of use fortification. Additionally, it offers examples and takeaways from Sight and Life programmes and initiatives that have attempted to address obstacles and facilitators to food fortification across a variety of dimensions. Common vitamin D deficiencies exist. There is mounting evidence that people living in Canada and the United States have low vitamin D levels, and that these levels are linked to an increased risk of cancer, autoimmune diseases, type 1 diabetes, and osteoporosis. As a result, efforts to boost vitamin D intake in the general population are focused heavily on safe and efficient methods. The majority of vitamin D in the human body comes through cutaneous pre-vitamin D3 synthesis from 7-dehydrocholesterol when exposed to ultraviolet B radiation, which has wavelengths between 290 and 320 nm. Nevertheless, UV energy is insufficient during the winter at northern latitudes (above the 35th parallel) for the photo conversion of 7-dehydrocholesterol to pre-vitamin D3. Because of the widespread belief that exposure to the sun increases the chance of developing skin cancer, people are avoiding it and using more sunscreen, which may further deplete their vitamin D levels.

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