Vitamin A Deficiency

Vitamin A is a fat-soluble vitamin. It cannot be synthesized or made in the body and it should be obtained from food.

Vitamin A deficiency (VAD) occurs when one’s diet has insufficient vitamin A for meeting the recommended dietary allowance for growth and development and physiological functions.

Causes
- Not eating enough foods rich in vitamin A
- Lack of fat or oil in the diet, which helps the body absorb vitamin A
- Poor absorption or rapid utilization of vitamin A due to illness
- Missing out on breastfeeding (Breastmilk is a good source of vitamin A.)

Signs and Symptoms
- Nycalopia or night blindness (if child refuses to play in the dark or has difficulty seeing in the dark)
- Bitot’s spot (foamy soap sud-like spots on white part of the eye)
- Dry, hazy, and rough-appearing cornea
- Crater-like defect on cornea
- Softened cornea (sometimes bulging)
- Xerophthalmia or dry eyes

Identified Targets for Vitamin A Supplementation
Vitamin A is crucial for child survival among children under 5. It significantly reduces:
- The risk from mortality by 23-24%
- Deaths due to measles by about 50%
- Deaths due to diarrhea by about 40%

Universal supplementation
Supplemental doses must be administered every 6 months to all infants and children aged 6 months to 59 months

High-risk children
Supplementation helps:
- Reestablish body reserves of children with chronic or repeated infectious disease (e.g., persistent diarrhea, measles, severe pneumonia) or who are severely underweight;
- Protect against severity of subsequent infections;
- Reduce complications of measles; and
- Lower morbidity and mortality due to measles.

Postpartum women
Supplementation helps elevate vitamin A concentration of breastmilk and vitamin A status of breastfed child.
• **Treatment of xerophthalmia**
  Vitamin A must be administered immediately as prescribed.

• **During emergencies**
  Access to vitamin A is extremely poor during emergency situations, such as floods and typhoons. Thus, children are at a very high risk for infectious diseases and other complicating factors.

**Treatment**

- Daily oral supplements of vitamin A is recommended.
- Vitamin A-rich foods should be consumed. These include liver, eggs, fortified milk, crab fat, cheese, malunggay, gabi leaves, kamote tops, kangkong, alugbati, saluyot, carrots, squash, and ripe mango.
- There is no routine supplementation for pregnant women except for therapeutic dose.

**Prevention**

- Exclusively breastfeed infants up to 6 months and continue breastfeeding up to 2 years and beyond.
- Maintain a vitamin A-rich diet.
- Take correct dose of vitamin A capsules as prescribed.

**References**

- Department of Health Philippines. Administrative Order No. 0236. "Immunization, Breastfeeding and Young Child Feeding Practice and Vitamin A Supplementation in Evacuation Centers."