

## Protect children by providing a healthy environment

### Exclusive breastfeeding

- Breast milk is the best milk; it is an excellent source of nutrition and early immunity for babies.
- Exclusive breastfeeding during the first six months of life is one of the best ways to protect children from pneumonia and many other diseases.<sup>1</sup>
- Exclusive breastfeeding can reduce the rate of pneumonia among young infants by 15 to 23%.<sup>2</sup>

### Adequate nutrition

- It is critically important that all children receive good nutrition.
- Undernourished children are at higher risk for illness and death, including pneumonia.
- Malnutrition weakens children's immune systems.<sup>3</sup> It also weakens their muscles, making it more difficult to cough and breathe if they become sick with pneumonia.<sup>4</sup>

### Reduce low birth weight

- Babies born with a low birth weight are at risk for pneumonia, other health problems, and even death.<sup>5</sup>
- Low birth weight is related to the health and nutritional status of mothers.
- Improving prenatal care for expecting mothers can help to reduce the number of babies born with a low birth weight. Babies born at low birth weight need appropriate care to reduce their risk of illness or death.

### Reduce indoor air pollution

- Indoor air pollution may come from many different sources, including cigarette smoking and the burning of biofuels for cooking and home heating.
- Reducing indoor air pollution can help to protect children from pneumonia and other respiratory diseases.<sup>6</sup>

### Hand washing

- Hand washing can help to reduce the spread of germs and disease.
- This is a simple and inexpensive way to help protect children from pneumonia.<sup>7</sup>

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<sup>1</sup> Roth DE, Caulfield LE, Ezzati M, Black RE. Acute lower respiratory tract infections in childhood: opportunities for reducing the global burden through nutritional interventions. *Bull World Health Organ.* 2008;86: 356-64.

<sup>2</sup> Niessen LW, Hove ten AC, Hilderink HH, Weber M, Mulholland K, Ezzati M. Comparative impact assessment of child pneumonia interventions. *Bull World Health Organ.* 2009;87(6):472-8.

<sup>3</sup> Fishman SM, Caulfield LE, de Onis M, Blossner M, Hyder AA, Mullany L, et al. Childhood and maternal underweight. In: Ezzati M, Lopez AD, Rodgers A, Murray CJL, eds. *Comparative quantification of health*

*risks: global and regional burden of disease attributable to selected major risk factors*. Geneva: WHO;2004. pp. 39-161.

<sup>4</sup> Victora CG, Kirkwood BR, Ashworth A, Black RE, Rogers S, Sazawal S, et al., et al. Potential interventions for the prevention of childhood pneumonia in developing countries: improving nutrition. *Am J Clin Nutr* 1999;70: 309-20.

<sup>5</sup> Victora CG, Kirkwood BR, Ashworth A, Black RE, Rogers S, Sazawal S, et al., et al. Potential interventions for the prevention of childhood pneumonia in developing countries: improving nutrition. *Am J Clin Nutr* 1999;70: 309-20.

<sup>6</sup> Smith KR, Sarnet JM, Romieu I, Bruce N. Indoor air pollution in developing countries and acute lower respiratory infections in children. *Thorax*. 2000;55:518-32.

<sup>7</sup> Luby SP, Agboatwalla M, Freikin DR, Painter J, Billhimer W, Altaf A, Hoekstra RM. Effect of handwashing on child health: a randomised controlled trial. *Lancet*. 2005;366:225-233.