



Stronger at Every Age: Together Against Non-Communicable Diseases

Olufunke Florence Ajeigbe ^{1,2,3,*}, Hawawu Hussein ^{1,4}, Phidelia Theresa Doegah ^{1,5},
Andrew Matchado ^{1,6}, Twaambo Euphemia Hamoonga ^{1,7}

1. The Stellenbosch Institute for Advanced Study African Scholars Network, Stellenbosch, South Africa;
2. Functional Foods and Nutraceuticals Unit, Federal University of Technology Akure, P.M.B. 704, Akure, Nigeria;
3. Department of Anatomy and Neurobiology, University of California, Irvine, USA;
4. Department of Medical laboratory Technology, Faculty of Allied Health and Pharmaceutical Sciences, Tamale, Ghana;
5. Institute of Health Research, University of Health and Allied Sciences, PMB 31, Ho, Ghana;
6. Department of Nutrition and Dietetics, School of Global and Public Health, Kamuzu University of Health Sciences, Malawi;
7. The University of Zambia, School of Public Health, Lusaka, Zambia.

*Corresponding author's e-mail: olufunke2017@gmail.com

DOI: [10.35898/ghmj-911305](https://doi.org/10.35898/ghmj-911305)

ABSTRACT

Lifelong health is profoundly shaped by our earliest environments. The Developmental Origins of Health and Disease (DOHaD) framework demonstrates how health, nutrition and nurture from preconception through adolescence determine the trajectory of wellbeing and the risk of noncommunicable diseases (NCDs) in adulthood. Africa offers a unique lens for examining how nations can intervene early to curb the future burden of NCDs. Across Africa, this understanding arrives at a critical juncture. As the continent faces a rising tide of NCDs, its children, adolescents, and families still hold the power to reshape their lifelong health destinies. Amid rapidly changing social and nutritional landscapes, schools emerge as pivotal platforms for prevention amongst other strategies involving health systems and innovative technologies. Embedding DOHaD principles into school-based health education, by emphasizing optimal nutrition, informed parenting, and the life-long benefits of breastfeeding can equip young people with the knowledge and agency to protect their own health and that of future generations. By translating scientific evidence into culturally grounded, community-driven action, we can cultivate health-literate, resilient societies that thrive free from preventable diseases. Investing in early-life interventions and multisectoral partnerships transforms the fight against NCDs from a reactive struggle to a collective opportunity for health, equity, and sustainable development to ensure that every generation grows stronger at every age united against the lifelong shadow of NCDs.

Keywords: *Non-communicable diseases; Health education; Breastfeeding; Developmental Origins of Health and Disease.*

Published: 16 January 2026.

Editorial

A growing body of research underscores the protective role of breastfeeding against obesity, hypertension, dyslipidemia, and type II diabetes later in life (Kelishadi & Farajian, 2014). Short-term benefits of breastfeeding for child growth and immunity translate into long-term population-level gains (Lacagnina, 2020). Yet, despite its high awareness, exclusive breastfeeding rates remain suboptimal across many African regions, constrained by socioeconomic, cultural, and urbanization pressures. Macro-level policies and community-driven strategies that promote exclusive breastfeeding for the first six months followed by continued breastfeeding for up to two years are vital as these efforts have strengthened nutrition, immune defense, and early child development, laying the foundation for lifelong resilience against NCDs.

Non-communicable diseases (NCDs) arise from complex interactions among genetic, biological, and environmental factors which intersect with gender, age, and ethnicity. Chronic NCDs such as cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes now account for most global deaths, with the heaviest burden borne by low- and middle-income countries (Kelishadi & Farajian, 2014). The Developmental Origins of Health and Disease (DOHaD) framework highlights how prenatal, perinatal, and early-life exposures contribute to nutrition, stress, infection, and toxicants as it shapes lifelong vulnerability to NCDs including obesity, diabetes, and cardiovascular disease. Evidence increasingly shows that maternal nutrition and health interventions during pregnancy and lactation can provide powerful protective effects, particularly in settings where early-life exposures are modifiable. Given the high prevalence of NCDs and their early-life roots, primordial and primary prevention are not optional but indeed, are essential.

The escalating NCD epidemic threatens not only individual health and wellbeing but also national healthcare capacity and economic stability. As Macnab (2024) notes, it is now a global imperative to raise awareness, adopt DOHaD-informed strategies, and engage communities in prevention and control. Integrating DOHaD concepts into African school curricula is an example of a transformative entry point. Educating adolescents who would be future parents about optimal nutrition, parenting, and breastfeeding equips them with scientific understanding and practical tools to safeguard their children's health. Schools can normalize breastfeeding, enhance family support, and challenge social and gender norms that hinder its adoption.

Recent research across six African high schools demonstrates the promise of this approach wherein, after a single classroom intervention, 345 students, both boys and girls, showed meaningful shifts in their perceptions of breastfeeding. Boys increasingly recognized the financial and long-term health benefits, while for girls highlights identified included easing parental responsibilities and strengthening family bonds. These gendered insights underscore how tailored education can engage all adolescents, positioning breastfeeding as both a family and public health investment (Glaser et al., 2015). Additionally, this aligns with the WHO Health Promoting Schools model, which estimates that over a billion children worldwide could benefit from effective school-based health promotion (Macnab, 2013; 2018). Thus, by incorporating NCD prevention, parenting education, and breastfeeding advocacy into school programs, we can empower young people to break the intergenerational cycle of disease and inequality.

This issue of the journal recognizes that with NCDs accounting for over 70% of global deaths annually, there needs to be worldwide recognition of the burden on health and quality of life that results from NCDs. Globally, healthcare providers must adopt proactive, community-based, and cross-sectoral approaches to embed DOHaD science into education and public policy, so as to transform prevention into a shared societal responsibility. Ideally, health promotion related to DOHaD and NCD prevention should become part of a 'life skills' curriculum where health, respect, gender equity, effective communication and the importance of human relationships are promoted side by side. Given the inherent challenges in the health systems of Africa in the face of its rudimentary health programmes, incorporating DOHaD and NCDs health promotion in basic school curriculum presents a unique opportunity to imbibe preventive health in the formative period of childhood with long-term outcomes in adulthood and old age. This long-term goal offers an important practical approach so that together, we can ensure that every generation grows stronger at every age, united against the enduring challenge of NCDs.

References

- Glaser, D. B., Roberts, K. J., Grosskopf, N. A., & Basch, C. H. (2016). An evaluation of the effectiveness of school-based breastfeeding education. *Journal of Human Lactation*, 32(1), 46-52. <https://doi.org/10.1177/0890334415595040>
- Kelishadi, R., & Farajian, S. (2014). The protective effects of breastfeeding on chronic non-communicable diseases in adulthood: A review of evidence. *Advanced biomedical research*, 3(1), 3. <https://doi.org/10.4103/2277-9175.124629>
- Lacagnina, S., 2020. The developmental origins of health and disease (DOHaD). *American journal of lifestyle medicine*, 14(1), pp.47-50. <https://doi.org/10.1177/1559827619879694>
- Macnab, A. (2013). The Stellenbosch consensus statement on health promoting schools. *Global health promotion*, 20(1), 78-81. <https://doi.org/10.1177/1757975912464252>
- Macnab, A. J., Daar, A. S., Norris, S., & Pauw, J. C. (2018). Advancing the DOHaD agenda in Africa. *Journal of Developmental Origins of Health and Disease*, 9(1), 2-4. <https://doi.org/10.1017/S2040174417001052>
- Macnab, A.J. (2024). Non-communicable diseases: Opportunities to promote future health during the first 1000 day of life. *GHMJ (Global Health Management Journal)*, 7(3), 109–111. <https://doi.org/10.35898/ghmj-731003>
- Odukoya OA, Titiloye MA, Arulogun OS. Exclusive Breastfeeding Intentions Among Adolescents In Urban Communities In Ibadan, Nigeria. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*. 2022;59. <https://doi.org/10.1177/00469580221086914>

Cite this article as:

Ajeigbe, O., Hussein, H., Doegah, P. T., Matchado, A., & Hamoonga, T. E. (2026). Stronger at Every Age: Together Against Non-Communicable Diseases. *GHMJ (Global Health Management Journal)*, 9(1), 01–03. <https://doi.org/10.35898/ghmj-911305>