

PART 1

Report on Work from Home Assignment

(based on work from assigned by organization/research output based on
work from home assigned by faculty)

IMPACT OF INFANT AND YOUNG CHILD FEEDING PRACTICES ON THE NUTRITIONAL STATUS OF UNDER 5 CHILDREN

A Report

By

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The logo of IIHMR University, featuring the letters 'IIHMR' in a large, bold, serif font, with 'UNIVERSITY' in a smaller, sans-serif font to the right. The text is white on a dark purple rectangular background.
The IIHMR University, Jaipur

ACKNOWLEDGEMENT

This work from home assignment has been a novel experience for learning.

My deepest gratitude to my mentor Neetu Purohit (Associate Professor) IIHMR University for their valuable guidance, advice and successful completion of my work from home assignment on (IMPACT OF INFANT AND YOUNG CHILD FEEDING PRACTICES ON THE NUTRITIONAL STATUS OF UNDER 5 CHILDREN).

Sincerely,

Pallavi Verma

IMPACT OF INFANT AND YOUNG CHILD FEEDING PRACTICES ON THE NUTRITIONAL STATUS OF UNDER 5 CHILDREN

INTRODUCTION

The World Bank estimates that India is one of the highest-ranking countries in the world in terms of child malnutrition. According to data presented by ICMR, PHFI, and NIN, Malnutrition was the predominant risk factor for death in children younger than five in every state of India. At an early age of the child, the optimal nutrition in the first two years, exclusive breastfeeding and continued breastfeeding for two years or more are critical to prevent infancy. Along with nutritionally adequate safe age, appropriate and responsive complementary feeding starting at six months are at risk to prevent stunting in infancy and early childhood also to break the intergenerational cycle of undernutrition. Optimal breastfeeding in the first year and complementary feeding practices together can prevent almost one-fifth of deaths in children under five years of age. According to the Global Nutrition Report **2020, India** will miss targets for all four nutritional indicators for which there is data available, i.e. stunting among under-5 children, anaemia among women of reproductive age, childhood overweight and exclusive breastfeeding.

Mishra et al., (2004) Analytical study was done using both descriptive and multivariate statistical method and their objective was Sex differentials in childhood feeding, healthcare, and nutritional status. The conclusion of this study was Evident but non-consistent pattern and the extent of gender discrimination depend largely on the birth order and the sex composition of older living siblings.

Srivastava et al., (2006) An Analytical case control study was done and its objective was to create an Infant and Child Feeding Index (ICFI) and to determine its association with growth of infants and young children (6-

23months). The result of this study was Significant associations were revealed between almost all positive CF practices and nutritional status of the children.

Gupta , (2006) A Descriptive study was done and their objective was to find feeding practices of Infant and young child. Conclusion was that Most interventions designed to improve exclusive breastfeeding practices and complimentary feeding involving the healthcare system. It is important to provide optimal infant feeding services and support to mothers and other household family members.

Makoka , (2013) The Multivariate analysis and survey logistic regression analysis. Their objective was to check impact of maternal nutrition on child nutrition (Malawi, Tanzania and Zimbabwe). The result was While child wasting was statistically significantly related to maternal education in Tanzania and Zimbabwe, the relationship was not statistically significant in Malawi.

Ickes ,et al.,(2015) An Analytical study with multivariate regression models. Their objective was to find Association between maternal literacy, facility birth, and education and better infant and Young child feeding practices and nutritional Status among Ugandan children. The conclusion was Mothers with low literacy skills, who deliver their children at home, and who lack formal education are particularly at risk of poor child feeding and represent a group that may benefit from enhanced interventions.

Johri ,et al., (2016) An Analytical Cross-sectional study. The objective was to find out the Association of maternal literacy with child malnutrition in two resource poor populations. The study concluded that resource-poor rural and urban settings in India, maternal health literacy is associated with child nutritional status.

Campbell, et al., (2017) This Paper described that Analytical study was carried out using multilevel sampling method. The objective was to find Infant and young child feeding practices and nutritional status in Bhutan. The study concluded that IYCF practices in Bhutan are suboptimal relative to WHO/UNICEF recommendations: Only 16% of breastfed children 6–23

months old are fed a minimum acceptable diet, whereas 71% of children <24 months are adequately breastfed but with a relatively normal anthropometric profile.

Karki ,et al., (2019) Mixed methods were used for this study: quantitative (retrospective cross sectional) and qualitative (semi-structured interviews). The objective was to do Assessment of neonatal and under-five mortality and the health situation for children in Dolpa, a remote rural area of Nepal. Conclusion was Despite progress in child morbidity and mortality in Nepal, some areas remain underserved by health services and neonatal mortality is far above the Nepalese average, which is 29/1000 live births.

OBJECTIVE

To study the impact of infant and young child feeding practices on the nutritional status of under 5 children.

METHODOLOGY

Literature review, a rigorous and comprehensive search of various studies, reports, journals, articles and papers of identified areas was done (Pub med, NCBI, ResearchGate).

Total 8 articles assessed for review purpose.

This study attempts to look at the child feeding practices of children and the effect of their nutritional status on them.

RESULTS

Infant and young child feeding practices

in India are far from optimal. All the studies I reviewed the result was that gender discrimination often leads to child malnutrition incase first child is female but surprisingly this is a non-consistent pattern and sometimes first child is often malnourished as compared to second child no matter if first born is male.

There was another study which had some different outcome that mothers with low literacy skills and often give birth to infants at home and lack proper education are most likely to have malnourished children due to poor child feeding practices hence gender discrimination does not matter. Maternal literacy, facility birth, and education are positively associated with better infant and young child feeding practices and nutritional status. This and some studies had one thing in common that maternal literacy, facility birth, and education are positively associated with better infant and young child feeding practices and nutritional status. Mothers with low literacy skills who give birth to their children at home and lack proper education are prone to poor child feeding practices. Mothers living in rural areas are most likely to have poor feeding practices due to scarcity of resources and formal education. Maternal Health Literacy as well as proper guidance plays a pivotal role in feeding practices thus affecting the nutritional status of the child.

CONCLUSIONS

Early initiation of breastfeeding and exclusive breastfeeding of children below six months are considered the most decisive indicators for assessing breastfeeding practice. Sex discrimination also plays a vital role in feeding practices especially in India due to which female infants suffer more malnutrition than male infants.

Neonatal deaths in these areas are common due to lack of resources as females are not well versed with the healthcare policies. Early child marriage is also a factor in rural areas. Generally, the risk of malnutrition in the first 2 years of life has been directly linked with poor breastfeeding and complementary feeding practices of mothers together with high rates of infectious diseases.

Improving infant and young child feeding practices in children 0–23 months of age is therefore critical to improve nutrition, health and development of children.

Encouraging breastfeeding is important. Mothers should have access to all the healthcare service to attain proper information regarding breastfeeding and also about balanced diet.

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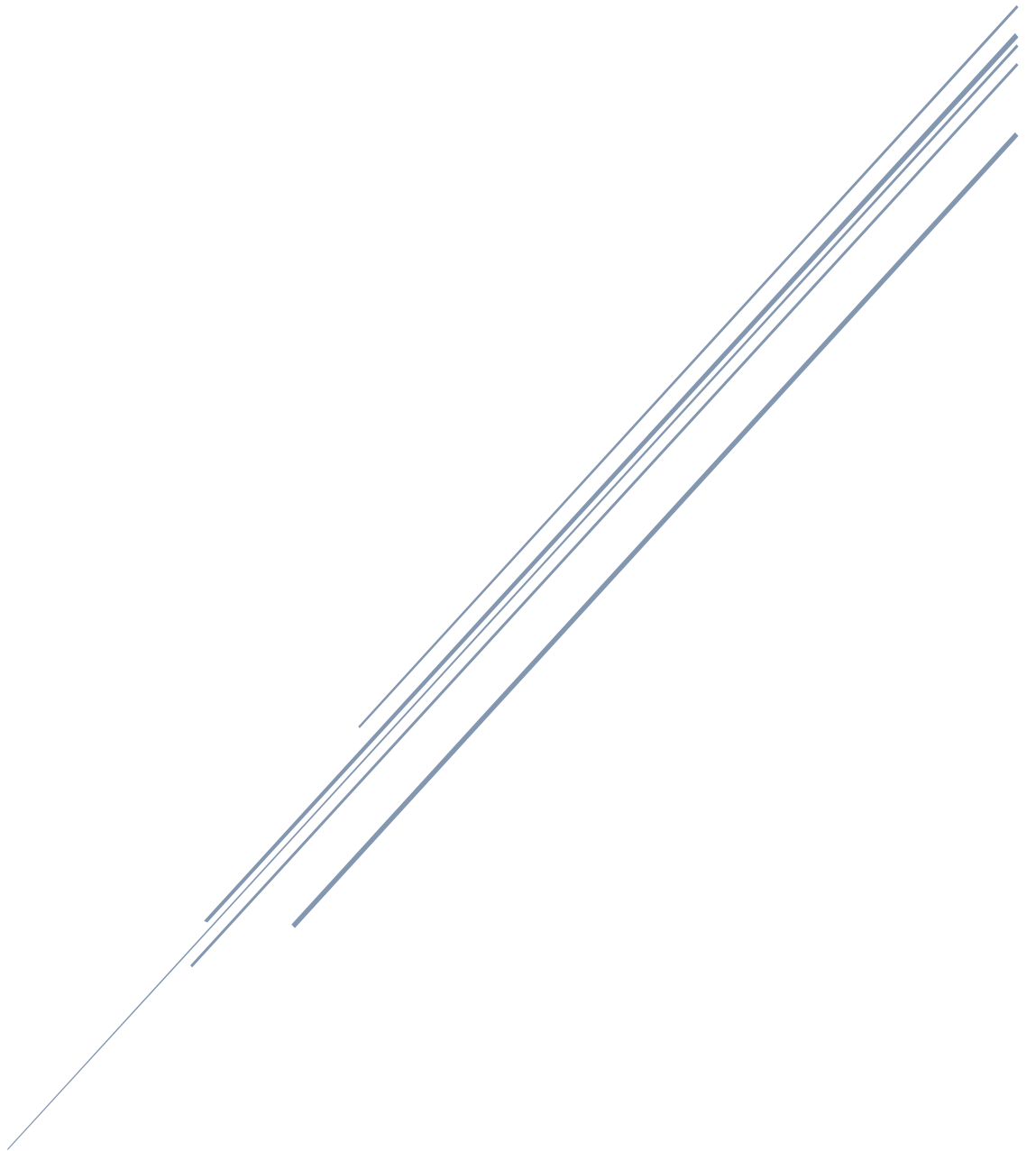
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E-HEALTH MORE THAN JUST ELECTRONIC RECORD



Report By-Pallavi Verma

eHealth: More Than Just an Electronic Record

Course Description:- eHealth: More than just an electronic record is a multidisciplinary in nature. Its main objective is to equip the global audience of health clinicians, students, manager, administrators, and researchers to reflect on the overall impact of eHealth on the integration of healthcare system. eHealth is the application of information and communications technologies (ICTs) to health, and a means of improving health services access, efficiency and quality. eHealth applications are a key factor of success for national health systems. This course provides an excellent view of eHealth in a wider perspective. eHealth establishes the relation between healthcare providers and healthcare consumers via technology irrespective of place or time. The most rapidly expanding and transformative area of eHealth relates to what we call, health in the hands of consumers. This includes the use of apps, websites, social media, and wearable devices. We are surrounded by people interfacing mobile technologies to record their every move. When they go home, they will often download their information, interact with friends on social media, and increasingly share their data with their health professionals. When we talk about the challenges of implementing eHealth solutions

The devil is in the detail, it's the implementation of these great ideas that can get really difficult. The digital world disruption, explosive technology change, those aren't words that the health system is used to dealing with.

So we've got a whole culture change happening inside health, to allow this eHealth journey to occur. eHealth is a potent catalyst for change in healthcare delivery. We have to be right up there with our education.

Objectives:- eHealth can increase clinical efficiency and accuracy in patient care. With improved reporting time for radiographic images, a reduction in the number of repeat and lost examinations and the rapid multiple availability of the images throughout the hospital, patient care can be optimised and is more effective. The Strategy seeks to improve access to and quality of health services through the use of ICTs. These technologies can increase efficiency in the use of time and resources and improve inputs for complex decision-making, including for patient diagnosis and treatment.

Social media in health care is an emerging field and a big new frontier in health care. Nurses and healthcare professionals, really using the social media space to share the information.

And increasingly, patients are starting to use it. Patients using particular sites where they can share their information and share their experiences of being in healthcare. eHealth grew out of a need for improved documentation and tracking of patient's health and previous procedures performed on patients.

Course Contents:- eHealth use of digital technologies and telecommunications, such as social media and mobile devices, to facilitate health improvement and health care services. Social media is being used by government to promote health information as well as gather data. So it can be used to provide healthy information on a range of conditions or answer medical related questions. . Previously, we used paper records on the history and status of our patients. But due to rise in health care costs and technological advances encouraged the development of electronic systems. Many terms are used to describe how we use technology to enhance communication in healthcare. These include telemedicine, tele health, mobile health, teleconferencing and video conferencing. Regardless of the terminology or technology platform we use, the key to using technology in communication is how we integrate this into our existing models of care. Or perhaps, more importantly, how technology support new models of care. One of the key and perhaps yet to be realised opportunities in eHealth, is how technology enhanced communication, can streamline care and support coordinated and multidisciplinary care. The most crucial point in eHealth right now is bringing the health communities together, to understand that this is a unified vision, and that there's a benefit to every single discipline in health. And that the collaboration has to be done with not just health, but technologists, engineers, scientists but in all those discussions, we need to engage the community more. I think the community is so diverse and so unaware of what we could do that more education programs need to be put out into the community and it needs to start young. We teach young people about the basics of literacy and writing, but we should also be teaching them about more to do about with how to control their health. And their rights and responsibilities to have a happy, healthy life. And if they can do that early on through simple health education programs, they're going to inform the scientists, inform the practitioners of what they need and want, which better focuses our development of that technology in the future. I think the other barrier is people's attitude. So not all clinicians are fairly tech savvy, I think there will need to be training, for clinicians, generally, to get familiar with those technologies. But also there's this major issue with interdisciplinary care and the fact that people are still working in silos. There's still speech pathologists do the

speech pathology, physiotherapists do the physiotherapy, occupational therapists do the occupational therapy and they don't talk to each other about what they're all doing.

The use of health data has massive implications for how healthcare is delivered and how we manage our health. The whole healthcare industry is undergoing a huge reformation, whereby access and utilization of vast amounts of data is becoming more and more accessible.

Methodology of Course:- Methods used in these course were pretty effective and useful .Power point presentations, theory writing, practical examples videos, reading material were used to enhance our knowledge and understanding about the course. There were assignments regarding the course after each and every week. we can save important notes too while watching the video. many practical exams were shown to us to understand the course in a better way. Cases were also shown to us via videos for understanding the eHealth system.

Key Learnings From Course:- Advantages of eHealth so far which h I have learned from course-

- Providing accurate, up-to-date, and complete information about patients at the point of care
- Enabling quick access to patient records for more coordinated, efficient care
- Securely sharing electronic information with patients and other clinicians
- Helping providers more effectively diagnose patients, reduce medical errors, and provide safer care
- Improving patient and provider interaction and communication, as well as health care convenience
- Enabling safer, more reliable prescribing
- Helping promote legible, complete documentation and accurate, streamlined coding and billing
- Enhancing privacy and security of patient data
- Helping providers improve productivity and work-life balance
- Enabling providers to improve efficiency and meet their business goals
- Reducing costs through decreased paperwork, improved safety, reduced duplication of testing, and improved health. Providing accurate, up-to-date, and complete information about patients at the point of care
- Securely sharing electronic information with patients and other clinicians

- Helping providers more effectively diagnose patients, reduce medical errors, and provide safer care
- Improving patient and provider interaction and communication, as well as health care convenience
- Time savings. Telehealth can save time
- Insight into own health.
- Lower administrative burden. Doctors have less paperwork and can share information securely and easily with colleagues.
- Improving Patient Engagement
- Eliminates Patient Intake Angst
- Lab Results

Disadvantages of eHealth so far-

- Potential Privacy and Security Issues
- Inaccurate Information
- Malpractice Liability Concerns
- Hackers don't need to access patient files to restrict them.
- Must be updated on a regular basis.
- Electronic health record systems are not cheap.
- Changes communication operations with staff.
- Training of staff is quite time-consuming.
- They require substantial technical knowledge by users.
- Increased Risk of Data Breaches
- Doctor Comments and Medical Jargon
- Computer Luddites
- It costs money
- Staff Needs Training to Switch from Paper to Electronic Health Records.
- Preparing Your Organization to Deploy an Electronic Health Records System.
- Individuals With Poor Typing Skills May Be Slowed Down Using an EHR.

