



CHILD NUTRITION AND HEALTH: REVIEW OF THE BENEFITS, CRISIS AND CHALLENGES IN INDIA

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INTRODUCTION

- Many children younger than 5 years in developing countries are exposed to multiple risks, including poverty, malnutrition, poor health, and unstimulating home environments, which detrimentally affect their cognitive, motor, and social-emotional development
- The 2007 lancet series on child development in developing countries reported that programs with multiple components, including health, nutrition, and psychosocial stimulation, might be most successful in promoting children's early development
- Poor nutrition increases the risk of illness and is responsible directly or indirectly for one third of the estimated 9.5 million deaths that occurred in 2006 in children less than 5 years of age. Inappropriate nutrition can also lead to childhood obesity.

Problems

01

Feeding difficulties



one of the most common developmental disturbances in otherwise healthy infants and young children, often resulting in poor growth



Problematic feeding behaviours

At the clinical level, the mother (and her paediatrician) is often not aware of the underlying reasons for problematic feeding behaviours

02



Lack of education

At the policy level, there is a lack of education of professionals and young parents about feeding as a highly complex developmental skill, motivated by hunger and conditioned by parental reactions.

03

Professionals are still not trained



Professionals are still not trained to recognize that when either feeding skills or motivation or both are impaired, problematic feeding behaviours, stressed mealtime interactions and family conflicts are likely to result

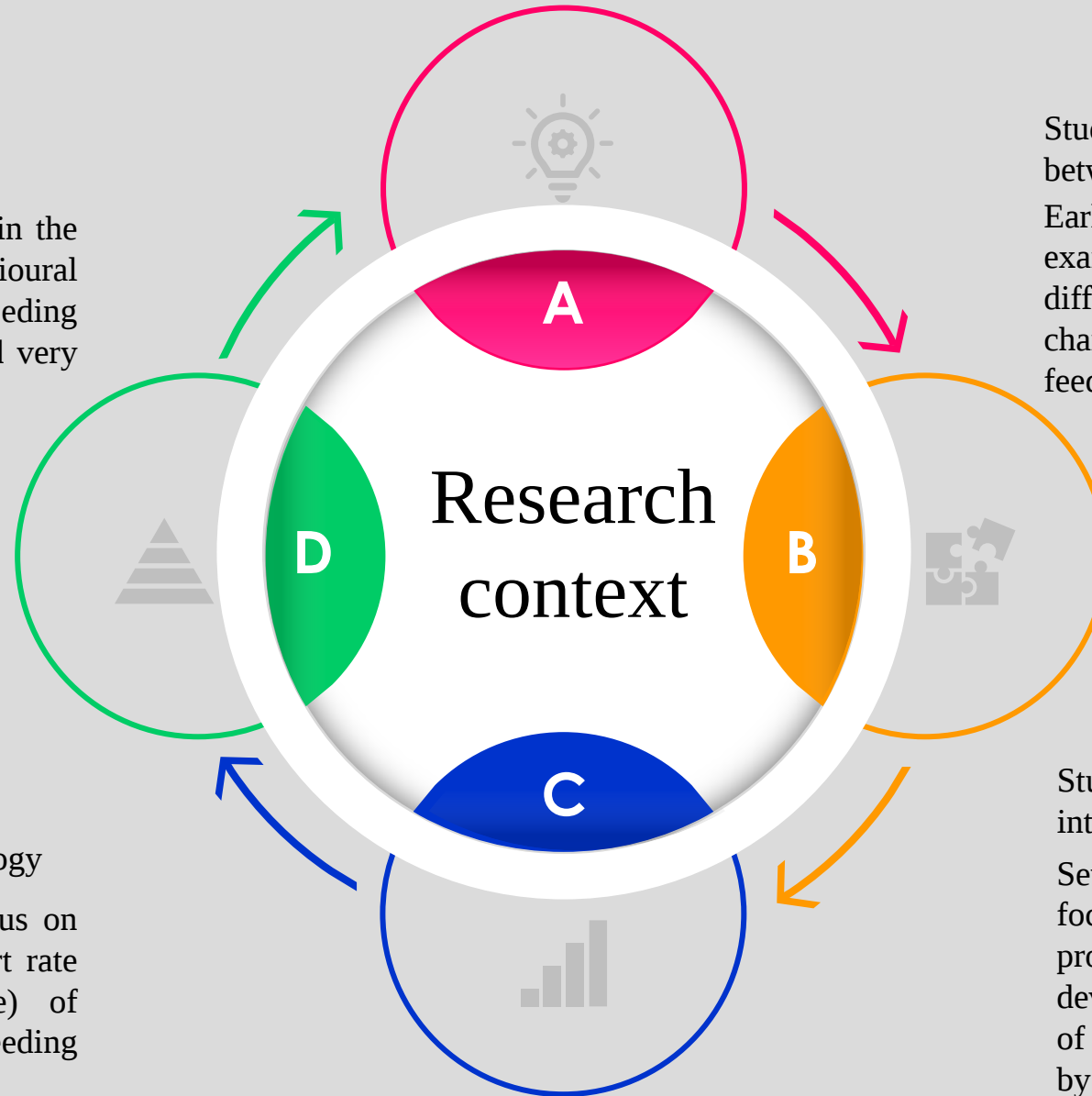
04

Behavioural interventions

Other studies were conducted in the context of primarily behavioural interventions for problematic feeding behaviours in medically ill and very premature infants

Focus on possible pathophysiology

Few researchers started to focus on possible pathophysiology (heart rate variability, hormonal balance) of poor growth and problematic feeding behaviours.



Studies examined the relationship between feeding difficulties

Earlier cross-sectional clinical studies examined the relationship between feeding difficulties and attachment, maternal characteristics, family dynamics and feeding practices

Studies focused on feeding interactions

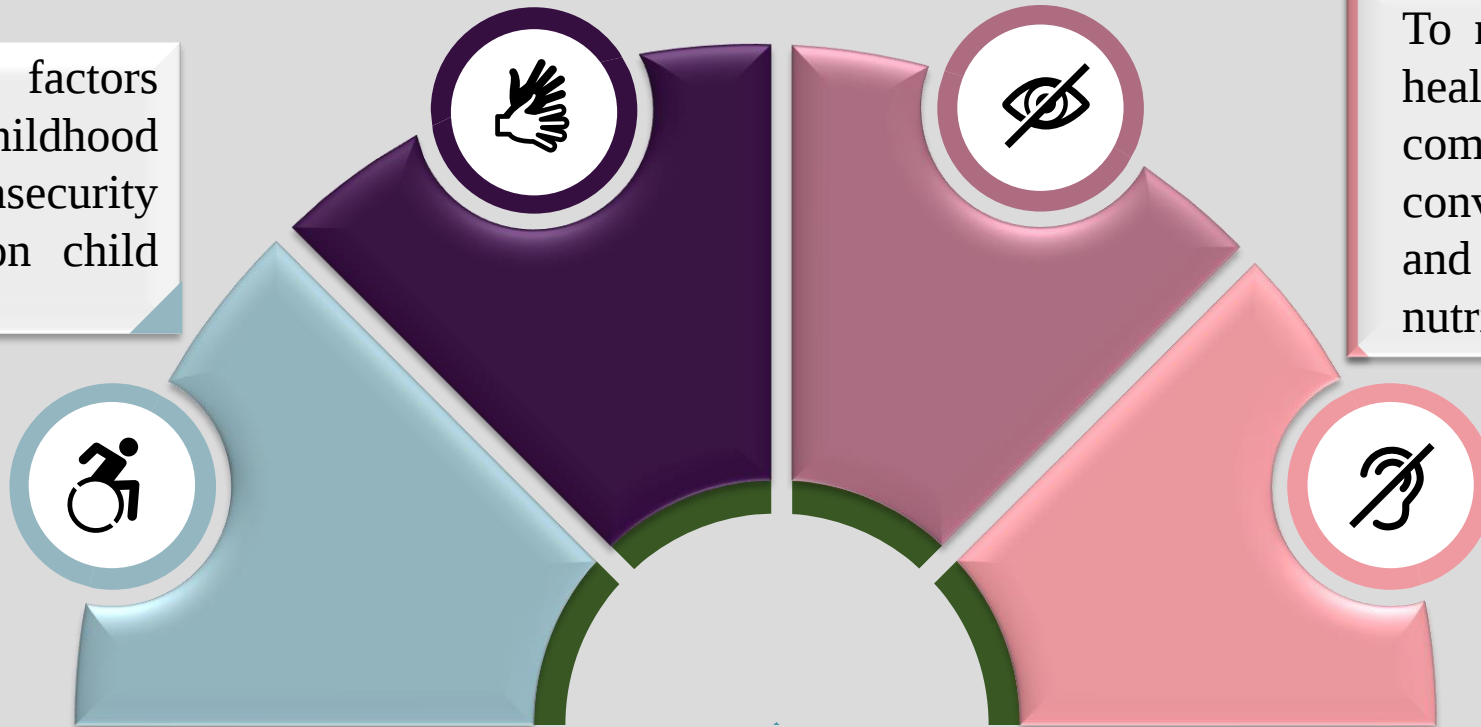
Several observational studies focused on feeding interactions and problematic feeding behaviours. The development of feeding and patterns of food acceptance have been studied by numerous psychologists.

To understand the role of health professionals, health systems and community in advocacy

To understand how developing shared values leads toward collective impact and action

To understand factors contributing to childhood obesity and food insecurity and their effect on child health

To mobilize the paediatric health professional community to a convergence of thinking and action to improve child nutrition



Key Research Questions

1. How do maternal (family) characteristics (cognitive abilities, personality disorders, psychological status, and early attachment history) influence feeding behaviours and growth?

2. How do infant characteristics (feeding skills, appetite, temperament, and other physiological characteristics) influence feeding behaviours, mealtime interactions and growth?

3. How effective are behavioural and other forms of intervention for severe problematic feeding behaviours in medically ill infants?

M E T H O D O L O G Y

01

For getting the relevant literature for the review project we had gone through PubMed, Google search engine

02

We have searched reference list of all primary and review articles

03

Studied critical review and analysis of these programmes and related published books apart from the database of government based nutritional programmes

04

All shortlisted were thoroughly studied and relevant data was collected, summarized, and analyzed

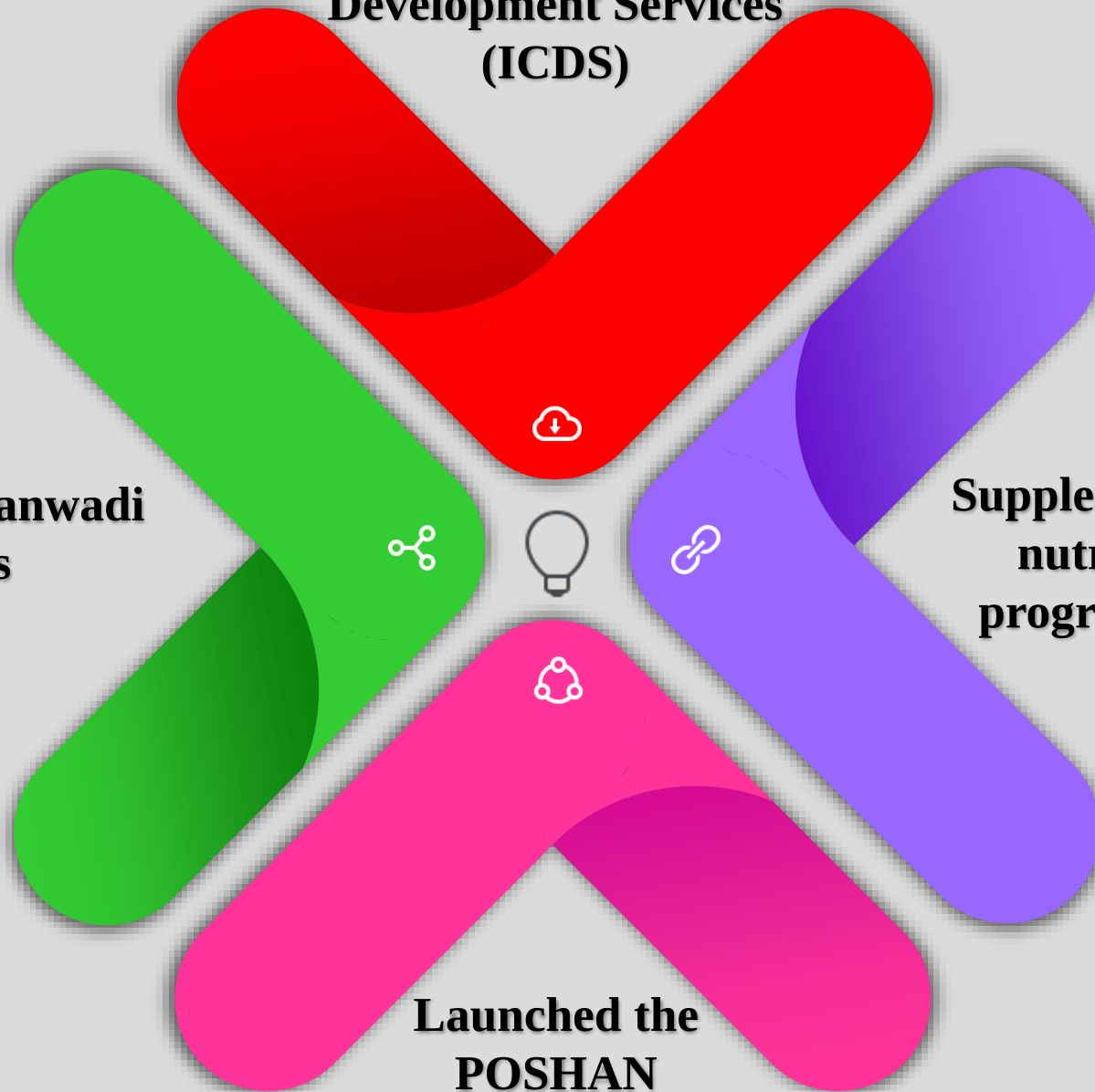
Existing
Policies and
infrastructure

Running Anganwadi
Centers

Integrated Child
Development Services
(ICDS)

Supplementary
nutrition
programmes

Launched the
POSHAN
Abhiyaan



Importance of balance diet

To achieve a healthy weight and energy balance.

Elimination of trans fatty acids and saturated fats.
Consumption of unsaturated fatty acids.

Intake of simple sugar should be limited.

Include a high number of vegetables, fruits, nuts, legumes and whole grains.

Intake iodized salt and limit consumption of sodium.

Essential amino acids and proteins should form a major part of diet.

Avoid consumption of food substances containing artificial preservatives and carcinogens.

Foods contaminated with human pathogen should be strictly avoided.

Limit intake of caffeine and alcohol.

Inclusion of vitamins, minerals and fibers in diet.

Consume plenty of water

INFANT FEEDING CONSIDERATIONS

- Infants thrive when they are nursed on demand around the clock.
- During the early weeks of breastfeeding, infants should be encouraged to have 8–12 feedings at the breast every 24 hours.
- After breastfeeding is well established, the frequency of feeding may decline to about 8 times per 24 hours with the frequency increasing during growth spurts or when an increase in milk volume is desired
- All breastfed infants receive 400 IU vitamin D per day beginning within the first few days of life.

- ❖ In the United States, all infants receive an intramuscular injection of vitamin K within the first 6 hours of life to help prevent haemorrhagic disease.
- ❖ In Europe, healthy newborn infants should receive one of the following:
 - ✓ 1 mg vitamin K1 by intramuscular injection at birth
 - ✓ 32 mg vitamin K1 orally at birth, at 4–6 days and 4–6 weeks
 - ✓ 2 mg vitamin K1 orally at birth and a weekly dose of 1 mg orally for 3 months

OBSERVATION AND RESULT

01

increase in overweight among children (nearly 12%) is concerning and risks taking attention away from the unfinished business of tackling undernutrition in India

02

Reflection and investment in rigorous science on nutrition is, therefore, needed to understand why key malnutrition indicators that have lifelong consequences

03

the malnutrition burden differs by states, and more research into state specific drivers is needed

04

Reflection is also needed to understand what is working within states and why, with an understanding of the evidence on mechanisms and the theory of change, and to move away from a-theoretical evaluations

05

State-level variation in malnutrition suggests that states need to develop and guide interventions for malnutrition in accordance with their unique circumstances within a broad framework, rather than within a single national approach



RECOMMENDATIONS

Requires a systemic overhaul of the public administration and service delivery systems

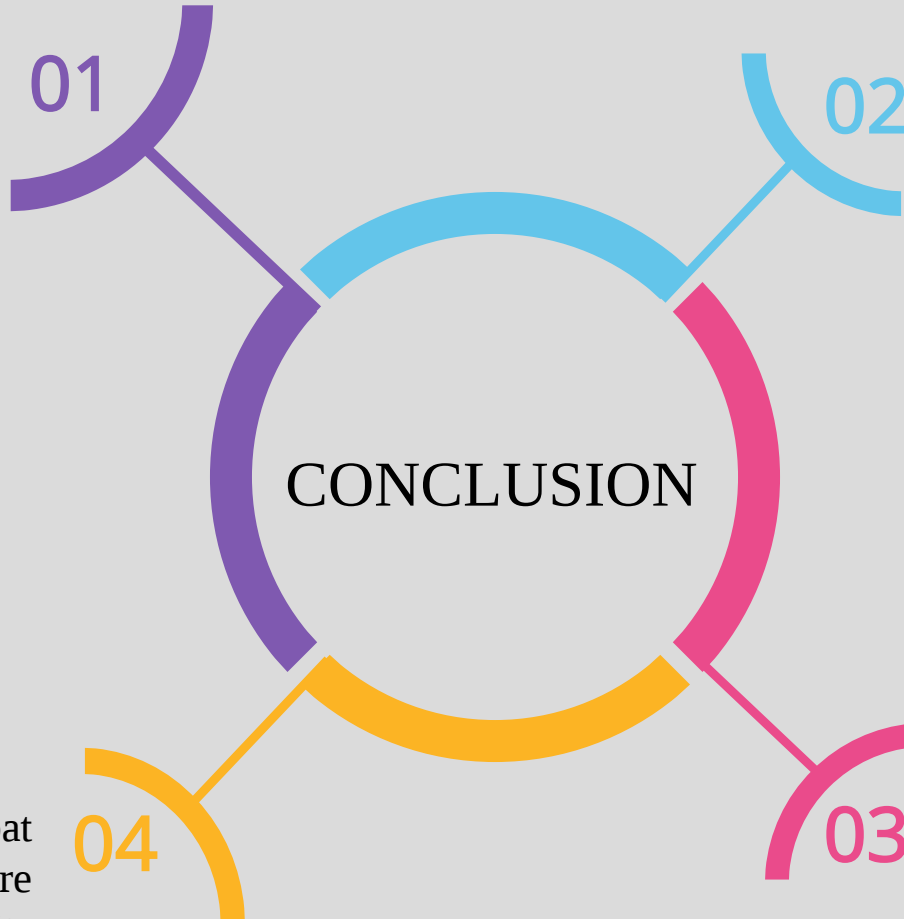
Urgent need to invest in the infrastructure of ICDS and the Anganwadi centres

Need to address gaps and inefficiencies in the present setup through public awareness

Strengthen inter-departmental convergence and resource allocation based on real-time data

Improve the infrastructure and reach of Anganwadi Centres and ICDS

Disturbing insufficiently higher prevalence rate of child mortality and acceptance of increased malnutrition all over in the Indian communities



Apart from health as a concern, malnutrition is affecting the overall social as well as economic development of the nation.

India has the potential to combat and end the biggest healthcare burden that is malnutrition in all its forms and turn the ambition of the Sustainable Development Goals (SDG) into a reality for everyone

Despite of enormous challenges present, India is doing considerable progress in combating hunger and undernutrition specially in rural areas of India

THANK YOU!

