

Problems in Child Care and Feeding Practices of Malnourished Children in Urban Areas

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ABSTRACT

This paper attempts to study the problems in Child Care and Feeding Practices of Malnourished Children in Urban Areas. It takes a look at what is malnourishment, increased migration to urban areas, problems faced and initiatives launched. Malnourishment or malnutrition occurs when the body is deprived of essential nutrition. It is a serious condition and affects millions of children in both urban and rural areas in India. Despite policies and schemes initiated by the Govt, malnutrition continues to be a real threat and poses a major health concern. According to UNICEF's The State of the World's Children 2019 report, malnutrition was the primary factor responsible for 69% deaths of children below the age of five, in India. 35% children suffered from stunting, 17% from wasting and 33% were underweight.

Keywords- Malnourishment, Urban, Initiatives, Rural, Policies

Many children under five suffer from micronutrient deficiencies. It was also found that one in five children suffered from Vitamin A deficiency and every third baby lacked sufficient Vitamin B12 and two in five children had anaemia. Malnutrition refers to deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients. The term malnutrition covers 2 broad groups of conditions. One is 'under nutrition'—which includes stunting (low height for age), wasting (low weight for height), underweight (low weight for age) and micronutrient deficiencies or insufficiencies (a lack of important vitamins and minerals). The other is overweight, obesity and diet-related non-communicable diseases (such as heart disease, stroke, diabetes and cancer). (WHO)

Oxford languages defines under nutrition as lack of proper nutrition, caused by not having enough food or not eating enough food containing substances necessary for growth and health. Stunting is a lack in the required growth and development that should naturally come. It is a result of inadequate nutrition, continual infections and insufficient psychosocial stimuli. Children are deemed stunted if their height as per age is more than two standard deviations below the median of WHO Child Growth Standards. Stunting causes irreversible physical damage to a child. The effects set in, in early childhood itself and are visibly apparent. Wasting is having an abnormally low weight that is not in proper proportion to one's height. According to the Global Nutrition Report 2020, released by the World Health Organization, 37.9% of Indian children under 5 years are stunted while 20.8% are wasted. The developing country average for stunted growth is 25% and for wasted growth is 8.9%.

There has been an increase in the number of people migrating to cities in order to seek work opportunities, enabling them to lead better lives. This exodus that regularly takes place from rural to urban areas sees a vast majority of people living in deplorable conditions, in unhygienic circumstances, with lack of access to basic infrastructure, safe drinking water and surrounded by garbage. A majority of them are concentrated in large slum areas, which are an intrinsic feature of major cities in the country where there are work prospects. Living conditions have a direct impact on health and adverse conditions take a major toll on health. In recent times, survey carried out in Devarjeevanahalli slum in Bangalore showed that in the nutritional status assessed in 318 children under five, 41% reported under nutrition and 48.5% had stunted growth. The rise in the number of the urban poor, currently standing at 76 million, is equally alarming. As per Census 2011, there are 13.7 million slum households across 63% of India's towns. These include migrants, half of them being among the poorest. Of the 377 million urban Indians, 32% are children below 18 years of age. Despite the much-celebrated demographic dividend of India, more than eight million children under 6 years live in approximately 49,000 slums. (PwC)

There are several problems plaguing child care in urban areas like faulty infant feeding practices, poor living conditions, being anaemic and vitamin deficiencies. Of late, there has also been a marked shift in diet from wholesome to processed food. There is a rise in the consumption of fast food and junk food. Packaged food and fizzy drinks that don't cost much, and are easily available constitute as snacks and are popular. Apart from empty calories, these do not add any nutritional value to the consumers. There is less or no intake of fruit, eggs, meat and green leafy vegetables, which if taken would go a long way in providing nutrition to the body.

Intake of mother's milk at the outset of birth is vital and plays a crucial role in the child's overall development. Although breastfeeding is nearly universal in India, very few children begin breastfeeding immediately after birth. Countrywide data from NFHS-2 documented that only 19% and 45% of women in urban areas started breastfeeding in the first hour and first day of childbirth, respectively. Unlike in the rural setting, women in urban slums work outside their homes; in factories, shops, or as unskilled labourers and domestic servants. These categories are not protected by labour laws regarding maternity or sick leave, hours of work, etc. (Ghosh and Shah)

World Health Organization recommends exclusive breast feeding for six months, followed by breast milk along with homemade food, until the child becomes two years old. Breastfeeding practices are influenced by many socio-demographic factors, rural and urban residence, cultural, socio-economic factors, psychological status, religious value and literacy especially low level of mother's education, mother's employment and these practices vary among different regions and communities. In present study significant association was observed between educational status of mother and pattern of breastfeeding, increasing level of education showed increasing pattern of exclusive breastfeeding. Maternal education has been described as one of the strongest determinants of the practice of exclusive breastfeeding in many studies.(Randhawa et al.)

In many a case the adults may be engaged in providing for the family and it is left to the older children to take care of their younger siblings and be responsible for their nutritional requirements. The role of a care taker is not something that a young child can take up and handle responsibly. When people migrate to urban areas for employment, many of them are also employed on construction sites. It is common to find both husband and wife working at the site and most often the eldest child has the onus of caring for the younger siblings. This leads to malnutrition and other health concerns.

Many malnourished children in urban areas are subject to anaemia and other deficiencies. There are deficiencies like those of vital vitamins, iodine, iron and proteins. These lead to devastating consequences on the overall health of the children. Many Indian women are anaemic and anaemia is commonly found in most children under five years of age. Iron and folic acid supplementation, food fortification with iron, and other strategies like changing dietary habits, control of parasites, and nutrition education are considered as effective interventions to control the anaemia from a public health angle. However, the cost and time involved in and the late expression of positive results call for a high-level commitment from the health system. (Shabadi et al. 4068)

PEM (Protein Energy Malnutrition) is the most commonly occurring form of malnutrition among children. Acute PEM, often associated with infection is a major contributor to high child mortality among the unprivileged and deprived groups. Further, malnutrition in initial stage of life has prolonged effects on the growth and functional status of an individual. (Yadav and Dubey 351)

Living in slums is not without its share of hazards. Life is difficult in the absence of basic amenities and infrastructure. All these factors have an adverse effect on the slum dwellers and their children. The children fall prey to several diseases and ailments, in the absence of a clean environment. Slums concentrate many known risk factors for parasitic, waterborne and vector-borne diseases, including: flooding open sewers and overcrowding. Poor hygiene practices further aggravate the problem and high rates of malnutrition in children, and In slums, infants who live without piped water may have up to 4.8 times the risk of death from diarrhoea. Existing data suggests that the child health benefits of living in cities are attenuated in slums. Emphasizing the urban health advantage may no longer be appropriate in heterogeneous modern cities, particularly in the setting of slums. Many indicators of child health are worse in slums than in neighbouring urban areas or even rural ones. (Shrivastava et al. 602)

Lack of awareness among parents is another factor instrumental in malnourishment and poor feeding practices. Illiteracy and lack of education can lead to poor feeding habits ending up in malnutrition. Educated mothers are more likely to ensure better nutrition for their children. High prevalence of malnutrition among young children is also due to lack of awareness and knowledge regarding their food requirements and absence of a responsible adult care giver. Malnutrition is found among children in households that have no shortage of food. The period of 6 months to 2 years when the child is dependent on someone to feed him/her, has the

maximum malnutrition. Also, there are many taboos and beliefs regarding foods suitable for a child without any scientific basis. Absence of household food security, inadequate preventive and curative health services, insufficient knowledge of proper care and discriminatory practices regarding food distribution add to the problem. (Ghosh and Shah)

Several Government schemes and initiatives have been launched to tackle the prevalent problem of malnutrition. There are programs for pregnant women and lactating mothers which provide supplementary nutrition, counselling on diet, rest and breastfeeding, health and nutrition education. The Mid Day Meal Scheme was launched in 1995 and is being implemented till date, wherein a free meal is supplied to school students on all working days. The meal is balanced and nutritional in nature. SarvaShikshaAbhiyan initiates support knowledge dissemination on nutrition by inclusion of Nutrition related topics in syllabus and curriculums for formal education, school health check-up. The National Nutrition Mission launched in March 2018 by the Prime Minister POSHAN(PM Overarching Scheme for Holistic Nourishment) Abhiyaan aims at improving the nutritional status of children aged 0-6 years and of pregnant, and breastfeeding mothers. Through a life cycle approach, it aims to achieve a six per cent reduction in childhood stunting (below 5 years of age) from 38.4 per cent to 29.3 per cent over three years (2018 to 2020). A program called 'Anaemia Mukta Bharat' to fight anaemia has also been initiated by the Ministry of Health and Family Welfare and UNICEF.

Faulty feeding practices lead to malnourishment. The problems that arise in the course of child care unless tackled will eventually lead to greater problems. The problem of malnourishment among children in urban areas is a severe one which needs to be faced upfront with both community efforts and individual participation, being the need of the hour. In states like Bihar and Bengal the condition is more critical. Areas like Muzaffarpur, Kolkata, Darbhanga are doing good in comparison to the earlier efforts. Yet, our politicians and policy makers need to understand that it is the need of modern India.

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