

Women and

Child Care



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PREFACE

Women constitute not only half of the world population but also away the growth of the remaining half. They produce half the world's food supply and account for 60 % of the working force but comprise only about 30 % of the official labour force, receive benefits of only 10 % of the world's economy and surprisingly own less than 1 % of world real estate. They have little access to productive resources and negligible control over the family.

This discrimination is the result of gender bias which forms an inherent part of global society. Some of the visible and reported gender bias which malpractices prevalent in Indian societies are female fetus termination, killing of girl child at birth, less nutrition, medical care, education and freedom due to preference for the male child, marriage before puberty, dowry death, legal discrimination, professions exclusively earmarked for men, precarious widow life etc.

Even in such a situation the important role of women in procreation, upkeep, management and development of the family, as well as in performing diverse economic, social, political, religious, national and international roles cannot be denied. Despite the fact that they deserve equal status, honour, dignity, rights and consideration, certain complex factors have reduced the status of women in human society to a lower level, leading to gender biases generally manifested in a loss of freedom, drudgery, malnutrition and economic and sex exploitation.

An effort has been made to in the form of publication as a technical bulletin "Women and Child Care", which would help the women to know about their status at present in India, various issues related to women and children, nutritional needs at various stages, child feeding practices, legislation related to women and children and the various programmes and schemes for women and children.

Hailakandi Authors



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INTRODUCTION

"You can tell the condition of a nation by looking at the status of its women"

- Jawaharlal Nehru

The worth of a civilization can be judged from the position that it gives to women. Of the several factors that justify the greatness of India's ancient culture, one of the greatest is the honoured place ascribed to women. Manu, the great law-giver, said long ago, 'where women are honoured there reside the gods'. According to ancient Hindu scriptures no religious rite can be performed with perfection by a man without the participation of his wife.

But the reality of women's lives remains invisible to men and women alike and this invisibility persists at all levels beginning with the family to the nation. Although geographically men and women share the same space, they live in different worlds. The mere fact that "Women hold up half the sky"- does not appear to give them a position of dignity and equality. True, that over the years women have made great strides in many areas with notable progress in reducing some gender gaps. Yet, the afflicted world in which we live is characterized by deeply unequal sharing of the burden of adversities between women and men. Sprawling inequalities persist in their access to education, health care, physical and financial resources and opportunities in the political, economic, social and cultural spheres.

Gender inequality holds back the growth of individuals, the development of nations and the evolution of societies to the disadvantage of both men and women's Gender issues are not simply talking about women's issues. Understanding gender means understanding opportunities, constraints and the impact of change as they affect both men and women.





ISSUES AND SOCIAL PROBLEMS OF WOMEN

Traditionally, women bear primary responsibility for well – being of their families. Yet they are systematically denied access to the resources they need to fulfill their responsibilities, which includes education, health care services, job trainings, access and freedom to use family planning services. The Indian constitution grants women equal rights with men, but strong patriarchal traditions persists with women's lives shaped by customs that are centuries old. In most of the Indian families, a daughter is viewed as a liability and she is conditioned to believe that she is inferior and subordinate to men. Sons are idolized and celebrated. "May you be blessed with hundred sons" is a common Hindu wedding blessing given to a bride. The status of women in modern India is a sort of a paradox. If on one hand she is at the peak of ladder of success, on the other hand she is mutely suffering the violence afflicted on her by her own family members. As compared with past women in modern times have achieved a lot but in reality they have to still travel a long way. Women have left the secured domain of their home and are now in the battle field of life, fully armored with their talent. They had proven themselves. But in India they are yet to get their dues. Some emerging issues and social problems concerned with survival and development of women are discussed below.

Malnutrition

One of the major causes of mal nutrition among Indian women is gender inequality. In many parts of India, especially rural India, women are the ones who eat last and least in the whole family. This means they eat whatever is left after the men folk are satiated. As a result most of the times their food intake does not contain the nutritional value required in maintaining the healthy body. In villages, sometimes women do not get to eat a whole meal due to poverty. The UNICEF report of 1996 clearly states that the women of South Asia are not given proper care, which results in higher level of malnutrition among the women of South Asia than anywhere else in the world. This nutritional deficiency has two major consequences for women first they become anemic and second they never achieve their full growth, which leads to an unending cycle of undergrowth as malnourished women cannot give birth to healthy children.





Poor Health

Malnutrition results in poor health of women. The women of India are prejudiced from birth itself. They are not breastfed for long. In the want of a son get pregnant as soon as possible which decreases the caring period to the girl child, whereas male members get adequate care and nutrition. Women are not given the right to free movement that means that they cannot go anywhere on their own if they want and they have to take the permission of male member of family or have to take them along. This means that women miss visiting doctors even when they should, which adds to their poor health.

Maternal Mortality

The maternal mortality rate in India is among highest in the world. As females are not given proper attention, which results in the malnutrition and then they are married at an early age which leads to pregnancies at younger age when the body is not ready to bear the burden of a child. All this results in complications, which may lead to gynecological problems, which may become serious with time and may ultimately, lead to death.

Lack of education

In India women's education never got its due share of attention. From medieval India women were debarred from the educational field. According to medieval perception women need just household education and this perception of medieval India still persists in villages of India even today. Girls are supposed to fulfill domestic duties and education becomes secondary for them whereas it is considered to be important for boys. Although scenario in urban areas has changed a lot and women are opting for higher education but majority of Indian population residing in villages still live in medieval times. The people of villages consider girls to be curse and they do not want to waste money and time on them as they think that women should be wedded off as soon as possible. The main reason for not sending girls to school is the poor economic condition. Another reason is far off location of schools. In Indian society virginity and purity is given utmost importance during marriage and people are afraid to send their girl child to far off schools were male teacher teach them along with boys. The lack of education is the root cause for many other problems. An uneducated mother cannot look after her children properly and she is not aware of the deadly diseases and their cure, which leads to the poor health of the children. An uneducated person does not know about hygiene this lack of knowledge of hygiene may lead to poor health of the whole family.



Mistreatment

In India violence against women is a common evil. Not just in remote parts but even in cities women bear the brunt. They are subjected to physical and mental violence. They are the one who work most but are not given their due. Every hour a woman is raped in India and every 93 minutes a woman is burnt to death due to dowry problem. There are many laws such as The Hindu Marriage Act of 1955, The Hindu Succession Act of 1956, The Hindu Widow Remarriage Act of 1856, The Hindu Women Right to Property Act of 1937, The Dowry Prohibition Act of 1961, to protect women and punishment is severe but the conviction rate of crime against women is very low in India.

Overworked

Indian women work more than men of India but their work is hardly recognized as they mainly do unskilled work. Their household chores is never counted as a work, if a woman is working in a field to help her husband it will also be not counted as a work. A study conducted by Mies in 1986 states that in Andhra Pradesh a woman works around 15 hours a day during the agricultural season whereas a male on an average works for around 7-8 hours.

Lack of power

In India a large percentage of women do not have power. They cannot take decisions independently not even related to their own life. They have to take permission of male members for each and every issue. They don't have any say in important household matters and not in matter of their own marriage.

Marriage

The family mainly fixes the marriages in India. The scenario in villages is very bad. The girl is not consulted but is told to marry a groom whom her family has chosen for him. They are taught to abide by the whims and fancies of their husbands. Going against the wishes of husband is considered to be a sin. In marriage husband always has the upper hand. The groom and his parents show as if they are obliging the girl by marrying her and in return they demand hefty dowry.



Dowry

Another serious issue in modern India. Courts are flooded with cases related to death due to dowry harassment by husband and in laws. In ancient times women were given 'Stridhan' when they departed from the house of their parents. This amount of money was given to her as a gift which she can use on her and her children but her in-laws did not have any right on that amount. This amount was supposed to help the girl in time of need. Slowly this tradition became obligatory and took the form of dowry. Nowadays parents have to give hefty amount in dowry, the in laws of their girl are not concerned whether they can afford it or not. If a girl brings large amount of dowry she is given respect and is treated well in her new home and if she does not bring dowry according to expectations of her in laws then she has to suffer harassment. Due to this evil practice many newlywed women of India have to lose their lives.

Female infanticide/foeticide

As women were supposed to be and in some areas of India are still considered to be curse by some strata of society their birth was taken as a burden. So in past times they were killed as soon as they were born. In some of the Rajput clans of Rajasthan newly born girl children was dropped in a large bowl of milk and were killed. Today with the help of technology the sex of the unborn baby is determined and if it is a girl child then it is aborted. In all this procedure women do not have any say they have to do according to the wish of their husbands even if she does not want an abortion, she has no choice.

Divorce

The divorce rate in India is not so high compared to western countries but that does not mean that marriages are more successful here. The reason behind low level of divorce rate is that it is looked down by the society. It is regarded as the sign of failure of marriage, especially of women. She is treated as if she has committed some crime by divorcing her husband. In some communities like Muslims women did not have the right to divorce their husband they were divorced at just the pronouncement of "I divorce you" by their husband thrice and they could not do anything except to be the mute spectator. Recently Muslim Law Board has given right of divorce to women. After divorce women is entitled to get her "Mehr" for herself and her children's sustenance. In Hindu society women get maintenance for themselves and their children after divorce.

MALNUTRITION AND ITS MANAGEMENT

Malnutrition is the condition that results from taking an unbalanced diet in which certain nutrients are lacking, in excess or in wrong proportions.

Malnutrition may be due to over nutrition (Obesity, toxicosis), imbalance nutrition or under nutrition (deficiency diseases).

Malnutrition in context of under nutrition are of 2 types:

- a) Protein Energy Malnutrition (PEM)
- b) Micronutrient Deficiencies

A) Protein Energy Malnutrition (PEM)

It mostly affects infants and young children whose rapid growth increases nutritional requirement. The long term intake of insufficient food can result in Marasmus before one year. Kwashiorkar is common after 18 months.

Symptoms of PEM

- Growth retardation, weight loss, weakness
- Dry, rough and scaly skin
- Oedema
- Discolored red hair, easy to pluck
- Brittle and malformed (spooned) nails
- Chronic diarrhea
- Slow wound healing
- Mental changes
- Moon or monkey face
- Miserable look, not cheerful
- Lack of appetite or continued feeling of hunger
- Shrunken abdomen
- Dehydration
- Abnormal pulse
- Bone and joint pain
- Aphonea



Fig. Kwashiorkar



Fig. Marasmus



Management of PEM

Immediate Measures-

- ❖ A diet containing enough of calories from carbohydrates, proteins, fats and diary, as well as vitamins and minerals.
- Artificial nutritional support is required as tube feeding or intravenous feeding.
- Milk and banana mashed can be given after 6 months.
- ORS to be given from 6 months onwards.

When the condition improves-

- Exclusive breast feeding for 6 months and to continue upto 2 yrs and beyond.
- ❖ Dalia, kitcherie, green gram dhal, pulse vegetable porridge, idli, suji, ragi kheer, curd rice, puffed rice; paustik roti can be given after 6 months.
- Complementary feeding should be given 2-3 times for 6 to 9 months and 3-5 times for 9 to 12 months old.
- Give semi solid foods.
- Add oil to cereals, pulses, meat, egg, fish, etc.

B) MICRONUTRIENT DEFICIENCY

Micronutrients deficiencies are due to vitamin (vitamin A, B complex, C, D) or mineral deficiencies (calcium, phosphorus, iron and iodine).

Vitamin A deficiency

Symptoms of Vitamin A deficiency

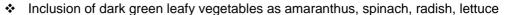
- Reduced night vision
- Night blindness
- Dry eyes
- Eye inflammation
- Rough and dry skin
- Vulnerability to respiratory infection
- Vulnerability to urinary infection
- Growth retardation
- Lusterless hair
- Blind



Fig. Vitamin A deficiency

Management of Vitamin A deficiency

❖ A diet rich in Vitamin A as milk and milk products, egg yolk, oils and ghee



- Inclusion of other vegetables as carrots, cabbage, papaya, peas, beans, tomato
- Inclusion of fruits as mango, ripe papaya, orange
- Vitamin A supplementation

Vitamin B₁ (Thiamine) deficiency

Symptoms of Vitamin B₁ deficiency

- Oedema
- Pain, tingling sensation in arms and legs
- Aphonea
- Heart failure
- Mental confusion
- Difficulty in breathing
- Reduced mental alertness.

- Palpitation
- Engorged neck veins
- Small pupils
- Ataxia
- Loss of memory
- Vomiting
- Coma

Management of Vitamin B₁ deficiency

- Inclusion of pulses, oilseeds and nuts
- Whole cereals as parboil rice, whole wheat flour
- Meat, fish, egg
- Fresh peas, beans, soyabeans
- Milk and milk products

Vitamin B₂ (Riboflavin) deficiency

Symptoms of Vitamin B₂ deficiency

- Cracked and red lips (Cheilosis)
- Inflammation of the lining of mouth and tongue (glossitis)
- Mouth ulcers, cracks at the corners of the mouth (angular stomatitis)
- Dry and scaling skin, fluid in the mucous membranes
- Red eyes, itchy
- Sore throat.
- Oral-ocular-genital syndrome
- Photophobia



Fig. Vitamin B_2 deficiency



Management of Vitamin B2 deficiency

- Include dark green leafy vegetables
- Bael fruit
- Milk and milk products
- Pulses, whole and split
- Whole cereals



Fig. Vitamin B_3 deficiency

Vitamin B₃ (Niacin) deficiency

Symptoms of Vitamin B₃ deficiency

- Dermatitis, itches and burns
- Diarrhea
- Dementia, depression and insomnia
- Death

Management of Vitamin B₃ deficiency

- Consumption of 125 g of groundnuts daily
- Include soya bean, barley, sweet potatoes, all nuts
- Include brown rice

Vitamin C deficiency

Symptoms of Vitamin C deficiency

- Irritability
- Painful legs
- Anaemia
- Bleeding, particularly into the end of long bone
- Delayed wound healing
- General weakness
- Lack of appetite
- Scaly skin
- Spongy, bleeding gums



Fig. Vitamin C deficiency

Management of Vitamin C deficiency

Include vitamin C rich fruits as amla and orange



- ❖ Include vegetables as papaya, cabbage, broccoli, plantain, drumstick leaves, capsicum, bittergourd, knol-khol, radish leaves, methi, beans, and potato
- Others as sprouts, fresh milk, liver, fish,

Vitamin D deficiency

Symptoms of Vitamin D deficiency

- Skeletal deformities
- Bowed legs and abnormal curvature of the spine
- Breastbone projection in the chest.
- Fragile bones, prone to bone fractures.
- Delayed growth in height
- Dental problems as tooth defects, cavities, poor enamel and Delayed formation of teeth.
- Bone pain
- Muscle weakness uncomfortable movement

Management of Vitamin D deficiency

- Inclusion of milk and milk products
- Leafy green vegetables (spinach)
- Egg yolk
- Ragi
- Soybean
- Custard apples, strawberries
- Sea food- fish, prawn and fish oil



Fig. Vitamin D deficiency



Iron deficiency

Symptoms of Iron deficiency

- Blue-tinged or very pale whites of eyes
- Blood in the stools
- Brittle nails
- Decreased appetite
- Fatigue
- Headache
- Irritability
- Pale skin color (pallor)
- Shortness of breath
- Sore tongue
- Unusual food cravings (called pica)



Fig. Iron deficiency



- Weakness
- Learning disabilities

Management of Iron deficiency

- Iron-rich foods include raisins, meats (especially liver), fish, poultry, egg yolks, legumes
- (peas and beans), and whole-grain bread
- Good sources of iron include oats, raisins and spinach
- Better sources of iron include chicken and other meats, dried beans and lentils, eggs, fish, molasses, peanut butter and soybeans
- The best sources of iron include breast milk, infant cereals and other iron-fortified cereals and liver



Fig. Iron deficiency

lodine deficiency

Symptoms of Iron deficiency

In Pregnancy

- Spontaneous absorptions
- Stillbirths
- Death in infant stage
- Cretins
- Interferes with Brain development in foetus

In Childhood

- Lowered IQ
- Impaired learning
- Mental retardation
- Delayed motor devt
- Growth failure or stunting
- Lack of energy
- Muscular disorders
- Paralysis
- Speech defects
- Hearing defects

In Adults

- Lack of energy
- Tired easily
- Goiter
- Reduced productivity



Fig. Iodine deficiency

Nutrition and health care of expectant mother

Nutrition is an important component of a healthy pregnancy. The foods the mother eats provide nutrients to her body and to the baby. The idea that a pregnant woman is eating for two is somewhat accurate because many nutrients have to be increased in order to provide enough for the mother and the baby. Any pregnant women should get individualized nutrition advice from a health care provider to determine the number of calories she should be eating per day.

Need of proper nutrition

- Rapid growth of the fetus
- Development of the placenta
- Enlargement of the maternal tissues as breast and uterus
- Increase in maternal circulating blood volume
- Formation of amniotic fluid
- Storage reserves
- Mineralization of skeletal and bone structure of the fetus and tooth buds

Diet during pregnancy

Cereals, breads and grains

It includes breads, cereals, rice and pasta. Most people should have 6 to 9 servings (120 to 180) from this group each day

Fruits

Fruit and fruit juice provide many vitamins and minerals, including potassium and vitamins A and C. Include 2 to 4 servings (400 to 800 g) from this group each day.

Vegetables

One should eat a variety of green vegetables, leafy vegetables, yellow vegetables, starchy vegetables and others during pregnancy. Include 3 servings (600 g) each day. Steamed or raw fresh vegetables are best.



❖ Milk and milk products

One can get plenty of calcium by eating foods from the milk and cheese group. Dairy products also provide protein, vitamins and minerals. Include 4 servings (800 ml) each day.

Meat, poultry and fish

This group includes meat, chicken, fish and eggs. Include at least 2 to 3 (80 to 120 g) each day. Avoid additional fat by cooking chicken without skin, boiling and roasting etc.

Fats

Fats can be part of the other food groups, but most often they are added to our daily diet in the form of butter, spreads or salad dressings. The daily allowance for fat is 3 servings (15 ml).

Drink plenty of fluids

Drink 6 to 8 glasses of water each day. Try to limit the amount of soda to 1 to 2 glasses each day.

Recommended dietary allowance for expectant mother

Energy		Expectant		
	Sedentary*	Moderate**	Heavy***	mother
Energy (kcal)	1875	2225	2925	+300
Protein (g)	50	50	50	+15
Fat (g)	20	20	20	+10
Calcium (mg)	400	400	400	+600
Iron (mg)	30	30	30	+8

^{*}Sedentary worker- office workers, housewife working with appliances, teachers, nurses and tailors.

^{**} Moderate worker- maid servant, basket maker, weaver, light industry, department store workers, housewife working without appliances and agricultural workers.

^{***} Heavy workers- stone cutter, women working in costruction sites, dancers and atheletes

Intake calories (trimester wise) and weight gain

Trimester	Calories/ day	Weight gain (kg)
1 st	10	0.9 - 1.8
2 nd	90	4 - 5
3 rd	200	5 - 5.5

Need of exercise

- One can continue mild to moderate exercise routines, but one should avoid jerky and bouncy moves.
- ❖ Do not exercise flat on back after the first trimester because doing so can decrease the blood flow to the uterus.
- Modify the intensity of the routine according to how one feel. Do not exercise to exhaustion, stop when you are fatigued.
- Do not exercise that causes one to lose the balance or risk even mild abdominal trauma.
- Especially during the first trimester, stay cool when exercising.
- Drink enough water.
- Wear cool and loose clothing.
- . Do not work out in an environment that is too hot.

Things to avoid

- Do not eat freeze items without preheating.
- Do not eat refrigerated non veg as chicken and fish for too long.
- Do not drink unpasteurized milk or eat food that contain unpasteurized milk
- Avoid smoking, drinking alcohol and taking any drugs.
- Any use of these substances is capable of resulting in a birth defect or a baby that is less than healthy
- Do not overdo any physical activity during the pregnancy.



Nutrition and health care of nursing mother

Breast feeding is often an enjoyable and rewarding experience for mothers. A breast feeding mother must continue to take care of her baby and herself, as she did during her pregnancy. In general, lactating women should get nutrients from a well-balanced, varied diet, rather than from vitamin and mineral supplements. Eat generous amounts of fruits and vegetables, whole grains, breads and cereals, calcium rich dairy products and protein rich foods.

Need of proper nutrition

- To meet her own needs
- Provide enough nutrients for her growing infants
- Furnish the energy for milk production

Diet for nursing mother

- Milk, yogurt and cheese: eat at least 4 servings (800 ml).
- Meat, poultry, fish, dry beans, eggs and nuts: eat at least 3 servings (120 g).
- ❖ Vegetables: eat at least 3 to 5 servings (300 500 g).
- ❖ Fruits: eat at least 2 to 4 servings (200 400 g); choose two fruits high in vitamin C and folic acid and one fruit rich in vitamin A.
- ❖ Bread, cereal and rice: eat at least 6 to 11 servings (120 220 g).
- Fats, oils and sweets in limitation.
- Drink fluids to stay hydrated, take at least 10 to 12 glasses of fluid such as water, milk, juice, soup, etc.





Recommended dietary allowances for nursing mother

Nutrients	Normal adult women		Nursing mother		
	Sedentar	Moderate**	Heavy***	0 – 6	6 – 12
	y*			months	months
Energy (kcal)	1875	2225	2925	+550	+400
Protein (g)	50	50	50	+25	+18
Fat (g)	20	20	20	+25	+25
Calcium (mg)	400	400	400	+600	+600
Iron (mg)	30	30	30	-	-

Need of exercise

- One can continue mild to moderate exercise routines.
- Modify the intensity of routine according to how one feels. Do not exercise to exhaustion.
- Do not work out in an environment that is too hot.
- Rest is important.
- Freedom from anxiety.

Things to avoid

- ❖ A nursing mother can safely consume moderate amounts of caffeine (1 to 2 cups of coffee per day) without causing harm to the baby. Any more caffeine than that may cause agitation and difficulty in sleeping for the baby.
- Since alcohol has been found in human milk and can interfere with the milk ejection reflex, avoid alcohol while breastfeeding.
- Avoid smoking while breastfeeding as nicotine and other chemicals could be found in the breast milk.
- Avoid strong flavored vegetables and too spicy foods.
- Many drugs that one ingests transfers to ones milk and may influence ones child's health or the milk supply. Make it clear to any health care professional who prescribes while one is lactating.





Infant and young child feeding (IYCF)

Optimal feeding defines exclusive breastfeeding from birth to six months of age and there after continued breastfeeding for 2 years or beyond with adequate safe and proper additional foods and liquids to meet nutritional needs of a young child.

"Breast feeding saves lives. An exclusively breastfeed infant is 14 times less likely to die from diahorrea, 4 times from respiratory diseases and 3 times from other infection as compared to bottle fed infants"

Main aim of IYCF practices

- ❖ Early initiation and exclusive breast feeding for first 6 months of life
- New born is very active and alert during first hour of life
- Sucking reflex is strong within first hour
- Introduction of complementary feeding from 6 months along with breast feeding
- To continue breast feeding up to two years and above
- Bring down the prevalence of malnutrition

Importance of early initiation of breast feeding

- First milk is colostrums, yellow in colour, sticky, highly nutritious and contains antibodies
- Colostrum contains vitamin A, protein, less fat and carbohydrates
- Creates bond between mother and child
- Special fatty acids in breast milk leads to increase in IQ
- Enhances brain development and learning readiness
- Prevents anaemia

Advantages of breast milk

- Perfect nutrients
- Easily digestible
- Ready to serve
- Protects against infection
- Protects against adult onset diseases (diabetes, high blood pressure)



Breast feeding costs nothing

Advantages of breast milk for the baby

- Best natural food for babies
- Always clean
- Protects the baby from diseases
- Helps bonding and development
- Helps in adequate growth and development
- Enhances brain & visual development
- Baby has higher intelligence quotient
- Prevents hypothermia

Advantages of breast milk for the mother

- Reduces post delivery bleeding and anemia
- Delays next pregnancy
- Protects breast and ovarian cancer
- Protects obesity and shapes body
- Convenient

Harmful effects of artificial feeding and bottle feeding

- More diarrhoea, ARI and other infections
- Requires preparation
- Not easy to digest
- Lacks balance of nutrients
- More likely to die from infection & malnutrition
- Interferes with bonding
- More allergy and milk intolerance
- Increased risk of some chronic diseases
- Overweight babies
- Lower scores on intelligence tests
- Mother may become pregnant sooner
- Mother has a increased risk of anemia, osteoporosis, ovarian and breast cancer

COMPLEMENTARY FEEDING

The period during which other foods or liquids are provided along with breast milk is considered the period of complementary feeding and any non breast milk nutrient





containing foods or liquids given to young children during period of complementary feeding are defined as complementary foods.

Importance of complementary feeding

- To meet the growing needs of the child
- Should be started at 6 months of age
- Adequate complementary feed to be given along with breast feeding
- First food should be a staple food of the family
- Late introduction may lead to malnutrition
- Insufficient intake of energy and protein

Types of complementary foods

- Rice, suji, broken wheat, atta, grounded rice, ragi using little water or milk
- ❖ Add sugar, jiggery, ghee or oil for energy
- Start with thin consistency and move to thick
- Chapatti can be soaked in milk and given
- ❖ Banana, papaya, mango etc. can be mashed and given
- Khitcheri, dalia, kheer, upma, dhokla, fried rice can be given
- Milk, curd, lassi, egg, fish, fruits, vegetables etc.
- Meat, chicken, fish etc.
- Combination of all is good to get complete nutrition

Frequency of feeding

- ❖ Give 3 fees/ day in 6 9 months with breast feeding
- ❖ 5 6 feeds/ day in artificial feeds
- ❖ Give 50 g of green vegetables in 12 18 months

Ensuring safety of complementary foods

- Washing hands properly before cooking
- Using well washed, dry and covered utensils
- Cooking properly to kill the germs
- Handling properly the cooked food
- ❖ Keep for 1 or 2 hours at room temperature, then refrigerate
- Washing hands of mother and child before feeding





Programmes and Schemes

The ministry of Women and Child development come up with several schemes deciding the norms of child nutrition. These are as follows:

i) National Guidelines on Infants and Young Child Feeding

These guidelines emphasize the importance of breast feeding. Breast feeding must commence immediately after birth and continue exclusively for six months before other forms of milk are introduced. Appropriate and adequate complementary feeding must commence thereafter and breast feeding can continue up to two years.

ii) National Nutrition Policy

It was adopted by the government of India in 1993 under the aegis of the Department of Women and Child Development. It advocated a multisectoral strategy for eradicating malnutrition and achieving optimum nutrition for all. The policy advocates the monitoring the nutrition levels across the country and sensitizing government machinery on the need for good nutrition and prevention of malnutrition. The National Nutrition Policy also includes the zfood and Nutrition Board, which develops posters, audio jingles and video spots for disseminating correct facts about breastfeeding and complementary feeding.

iii) The Integrated Child Development Service and Scheme

It is one of the most comprehensive schemes on child development in the country and perhaps in the world. The Ministry of Women and Child Development has been running the scheme since 1975 in pursuance of national Policy for Children. It aims at providing services to pre-school children in an integrated manner so as to ensure proper growth and development of children in rural, tribal and slum areas. This centrally sponsored scheme also monitors nutrition of children.

iv) Udisha

In Sanskrit, it means the first rays of new dawn. It is a nationwide training component of the World Bank assisted Women and Child Development Project. Udisha has been cleared with an outlay of about Rs. 600 crores for five years. UNICEF is also a technical collaborator in the Project. The programmes aims to train child care workers across the country. Its scope reaches as far as remote villages.



v) National Policy for Children

It lays down that the State shall provide adequate services towards children, both before and after birth and during the growing stages for their full physical, mental and social development.

vi) National Charter for Children

It emphasizes Government of India's commitment to children's rights to survival, health and nutrition, standard of living, play and leisure, early childhood care, education, protection of the girl child, empowering adolescents, equality, life and liberty, name and nationality, freedom of expression, freedom of association and peaceful assembly, the right to a family and the right to be protected from economic exploitation and all forms of abuse.

vii) National Plan of Action for Children

It includes goals, objectives, strategies and activities for improving the nutritional status of children, reducing infant mortality rate, increasing enrolment ratio, reducing school drop outs rates, universalisation of primary education and increasing coverage for immunization.

viii) Other Schemes

- Kishori Shakti Yojna (KSY)
- Nutrition Programme for Adolescent Girls (NPAG)
- Early childhood Education for 3-6 age group children under the programme of Universalization of Elementary education
- Scheme for welfare of Working Children in need of Care and Protection
- An integrated Programme for Street Children
- Child line services
- Child Adoption Resource Agency (CARA)
- Rajiv Gandhi National Creche Scheme for the children of working mothers
- Programme for Juvenile Justice
- General Grant-in-Aid Scheme
- Pilot Project to combat the Trafficking of Women and Children for Commercial Sexual Exploitation in Destination Areas
- Mid-day Meal Scheme
- National Creche Fund

"You can tell the condition of a nation by looking at the status of its women"



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For further information, please contact:

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