

Stop Not Till The Goal Is Reached

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It is a catch-22 situation when we ponder if intelligence quotient (IQ) comes first to be able to attain a higher education so as to improve socioeconomic conditions, or do socioeconomic conditions come first to give access to quality education and probably a good nutrition, which would in turn affect the IQ [1]. Science is arguing on both the sides [2-5]. With the latest National Family Health Survey (NFHS)-5 data unravelling in front of us, we notice that infant mortality rate (IMR) has decreased remarkably from the previous NFHS-4 figures. But, we also know that nutrition and infant and young child feeding (IYCF) indicators suggest otherwise. Moreover, out of 342 districts, stunting has worsened in 176 districts, as per the NFHS-5 data [6]. The buck does not stop at just saving lives and treating childhood illnesses for us pediatricians; shouldn't we also be focusing on thriving these little ones? Do we know these chronically undernourished children are not only seen in poor families but the problem is pervasive in all wealth quintiles? In fact, in the richest, fourth and middle wealth quintiles, 22.2%, 29.2% and 36.4% children are stunted, respectively, as per the NFHS-4 [7]. Even when these chronically undernourished children are given an opportunity to a good education, whether or not they attain the highest potential remains questionable! It is an urgency as our country is ranked at 101 out of 116 in 2021 Global Hunger Index (GHI), there is a serious level of hunger with a score of 27.5. Undernutrition, wasting, stunting and child mortality rate are the four indicators which get incorporated in GHI [8]. Further, the World Health Assembly endorsed the sustainable developmental goals (SDGs) to target a reduction in the number of stunted children globally by 40% by 2025 (United Nations, 2015).

Improving the socioeconomic indicators of families may be beyond the purview of pediatricians but they can help disseminate evidence-based practices which are known to improve a child's IQ. Breastfeeding is one such powerful factor which not only can save lives but also increases a child's IQ. One additional IQ point can increase lifetime earnings by 1.8-2.4%, as per an economic analyses from the USA [9]. A study in Brazil

showed that after adjustment for confounders, infants who were breastfed for 12 months or longer had, on an average, about 4 points higher IQ, about 1 year more of schooling, and a monthly income that was roughly 350 Brazilian Reals higher than did children who were breastfed for less than 1 month [10]. Despite so many benefits of breastmilk and with an increase in the institutional delivery rate in India, we are still struggling to improve the timely initiation of breast-feeding. An alarming rise in the caesarean section rate is a major impediment. One of the secondary analyses of the World Health Organization (WHO) global survey showed that only 39.7% of the infants delivered through cesarean section had initiated breastfeeding within one hour of birth [11]. Coordination and planning with fellow obstetricians and with involvement of the family can play a key role in ensuring early skin-to-skin contact between baby and mother as well as initiating breastfeeding in the operating room.

Besides early initiation of breastfeeding, it is important to teach the correct breastfeeding techniques. A project in urban slums of Mumbai showed that it is possible to reverse not only wasting but also stunting in infants by just teaching the mother cross-cradle hold with 45 points of breastfeeding counselling as well as home-based complementary foods counselling [12]. Growth monitoring with target weight gain on the WHO growth chart is another area where pediatricians can play a big role. Regular plotting of growth with early identification of growth falterers or growth stagnant babies and guiding mothers on IYCF skills is needed. Dietary adequacy among children under-3 years of age is only 9% as per the NFHS 4 data. If our children do not receive important macro- and micro-nutrients due to poor dietary diversity, how will they grow physically as well as cognitively? Families need to know nutrients dense recipes which will provide enough protein, zinc, omega-3, folate, B12, iron, vitamin A, good fats etc. through food routes [12]. Last, but not the least, is teaching families in early childhood development including physical, motor, social-emotional, cognitive and linguistic stimulation of a young child, the module for which was recently released by the Indian

Academy of Pediatrics (IAP) at the Nurturing Care and Early Childhood Development Conference [13].

Stagnation in the key nutrition indicators in spite of all the efforts is alarming for an awakened mind. Either, we have stopped caring for children, or the way we are going about it is wrong. It is time to reflect and respond to this challenge. If we pediatricians can do our bit to help children thrive physically, developmentally and cognitively, I am sure it will give them the wings to not only fly but soar high in their lives.

सह नौ यशः । सह नौ ब्रह्मवर्चसम् ।।

[May we succeed together. May we attain glory of the self together]

Let us work towards it and may the wisdom of the ancients guide us!

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