

Media Responsibility and Child Health

One of the most daunting and often frustrating tasks for a pediatrician is convincing a parent to avoid using a bottle for feeding a child. Doctors are taught from their undergraduate days about the propensity of bottle feeding to lead to infection, malnutrition, lactation failure through nipple confusion, dental caries, delayed development of chewing and swallowing, economic deprivation, and problems in young infant and toddlers(1).

To enhance breastfeeding practices, the World Health Organization discourages pacifiers and bottle-feeding. Indeed, the UNICEF/WHO Baby Friendly Hospital Initiative specifically proscribes two such exposures, pacifier use and bottle-feeding, citing their avoidance as important to the successful establishment of breastfeeding(2). Cup feeding has been recommended by the Baby Friendly Hospital Initiative, and the International Infant Food Action Network as a method for supplementing breastfed infants who require supplemental feedings(3).

Unfortunately, this message has not been percolated adequately and effectively to the public. It is said that a picture speaks a thousand words. The attractive imagery of advertising campaigns by manufacturers of artificial foods and bottles often wins over the pediatrician's pleas. On occasions a

seemingly innocent looking picture may influence a large sub set of population in the negative sense, the President's picture of display of affection by bottlefeeding a child (published in the Indian Express, June 17, 2006) being a classical example of the same. The media has, on several occasions done a yeoman task by focusing public attention on burning issues plaguing the country. With their cooperation, it is possible to take important health messages to the community. It is also pertinent to note that the media would be well advised to screen out images that legitimize practices harmful to child health.

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Leptin Resistance in Obese Indian Girls?

We read with interest the article on serum leptin concentrations by the Menon group(1). The authors have clearly reported the association of elevated serum leptin with obesity in a well designed study in Indian children.

In pre-pubertal normal weight children, serum leptin concentrations, as measured by radio-immunoassay, have been noted to be equal in girls and boys(2). In contrast, the authors(1) have observed higher leptin levels in girls than boys (23.5

± 1.78 v 18.0 ± 7.6 ng/mL) with obesity. Assuming that the cohort of obese Indian children is almost entirely pre-pubertal (90% in Tanner stage 1), the hypothesis that gender dimorphism is likely to be due to a testosterone effect may not be correct. However, this assumption may be fallacious if there were greater proportions of children with Tanner stage 2 and 3 on the female side. One wonders whether higher leptin levels were due to greater adiposity in obese girls (as a cause, not an effect); if so, leptin levels adjusted for body mass index (BMI) and BMI standard deviation scores (BMI SDS) may have provided further information.