

# Gender and Nutrition & Breastfeeding practices

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- <https://youtu.be/R7AO8hNtEns?si=9t5zVlqjVsZ6EyYw>
- [https://youtu.be/NELKAMDjbmQ?si=MruRa-TDJCeb\\_Ny](https://youtu.be/NELKAMDjbmQ?si=MruRa-TDJCeb_Ny)
- <https://youtu.be/HwdrdPUzsY?si=1fVf6hnc9luUS3sT>

- Despite India's progress in reducing child mortality, the benefits thereof have not been equally shared by the male and female child.
- According to the 'Levels and Trends in Child Mortality' report' by the United Nations Inter-agency group for child mortality, fewer nations showed gender disparities in child mortality, & across the world, on average, boys have a higher probability of dying before reaching age-5 than girls.
- This trend wasn't reflected in India. India is among the few countries in the world where, the mortality under-5 years of girls, exceeded that of boys. This means that girls have a higher probability of dying before attaining the age of five years than boys.
- The root cause of such male-female differentials is the socio-cultural practices and mindset of the people which contribute to continued widespread prevalence of gender discrimination.
- Reducing the prevalence of malnutrition among girls holds the key to reducing the burden of female under-five deaths.
- Research shows that the girl child experiences mistreatment and neglect from the time of birth and thereafter during early childhood, facing a disadvantage in accessing nutrition and is thereby exposed to a higher risk of morbidity and mortality.

- Women in India are more likely to suffer from poor nutrition than men.
- According to a 2016 research, 13.6% of tribal women in India suffered from severe undernutrition, compared to 9.6% of men.
- Women are also more likely to develop deficiencies caused by undernourishment.
- One in two women in India is anemic, which is a micronutrient deficiency that can lead to hidden hunger.
- According to UNICEF, a quarter of women of reproductive age in India are undernourished, with a body mass index (BMI) of less than

# Socio-Ecological Model

- A person's behavior is influenced by many factors both at the individual level and beyond.
- Behavior change can be achieved through activities that target four levels: Individual, interpersonal (family/peer), community and social/structural.
- **Even Nutrition Suffers From Gender-Based Inequality.**
- Food is not an option. Eating nutritious meals is necessary to survive and thrive.
- Right to Food is an integral part of the Right to Life.
- With 1 in 4 women of reproductive age in India being undernourished, it is the glaring lack of gender equity that is often at the root of the denial to their right to food.

## Enabling Environments

- Leadership
- Resources and Services
- Policies and Regulations
- Guidance and Protocols
- Religious and Cultural Values
- Gender Norms
- Media and Technology
- Income Equality

## Service Delivery

- Access
- Quality
- Client volume
- Client satisfaction

## Community

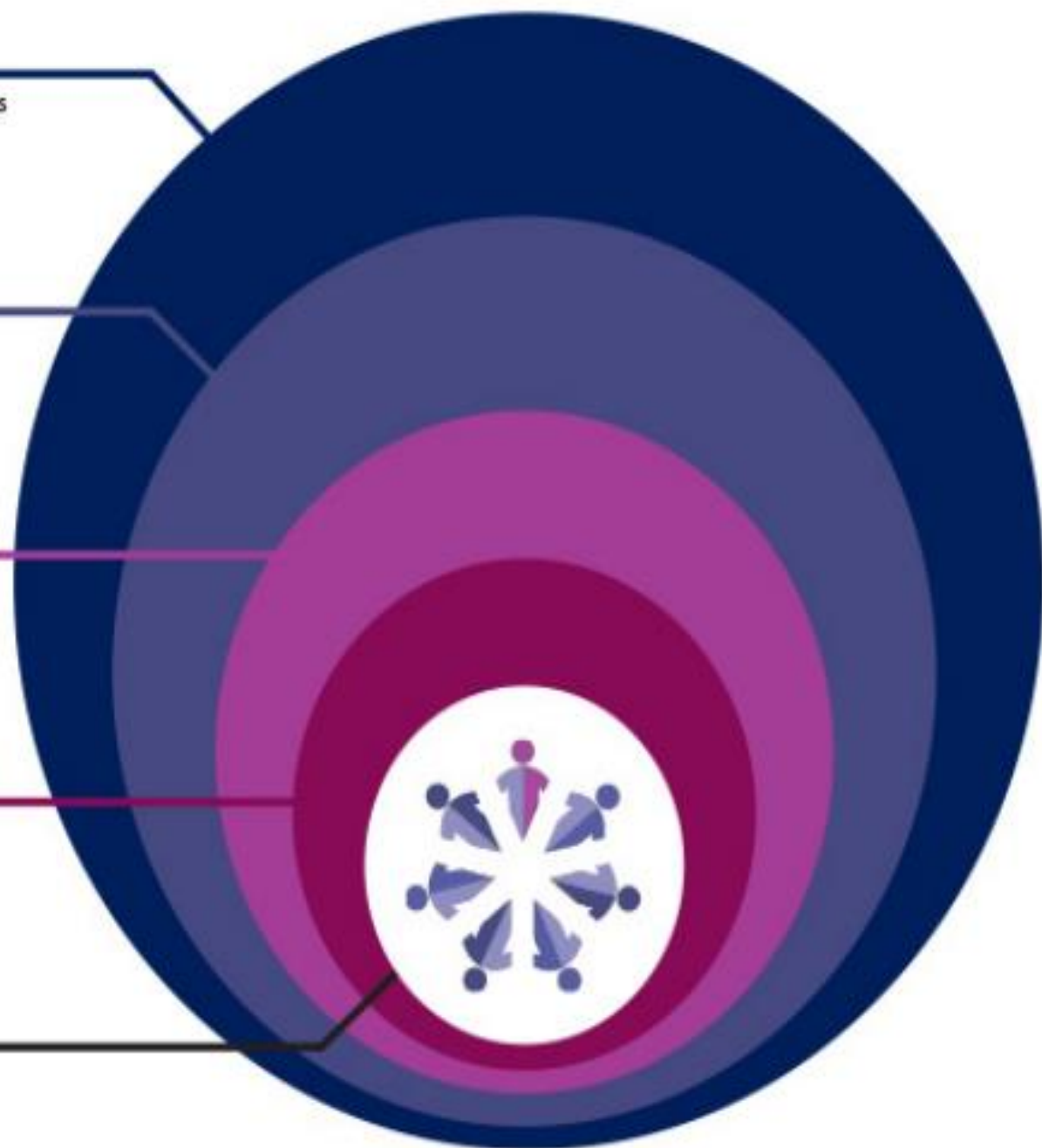
- Leadership
- Access to Information
- Social Capital
- Collective Efficacy

## Family and Peer Networks

- Peer Influence
- Spousal Communication
- Partner and Family Influence
- Social Support

## Individuals

- Knowledge
- Skills
- Beliefs and Values
- Self-Efficacy
- Perceived Norms
- Emotions



# **The 5 Essential Nutrition Interventions for Mothers include:**

## **1. Improving the quantity and nutrient level of food consumed in the household:**

- Improving access to generalized household food ration through public distribution system
- Providing access to supplementary foods under the integrated child development services scheme.
- To impart knowledge to improve the local diet, production and household behaviors through nutrition and health education.

## **2. Preventing micronutrient deficiencies and anemia:**

- Providing the Iron Folic Acid Supplementation deworming, Pre and peri-conceptual folic acid supplementation, Universal access to iodized salt, Malaria prevention and treatment in malaria-endemic areas,
- Access to knowledge and support to stop use of tobacco products during pregnancy, Maternal calcium supplementation, Maternal vitamin A supplementation.

## **3. Increasing women's access to basic nutrition and health services:**

By providing early registration of pregnancy and quality of antenatal checkup, with emphasis on pregnancy weight gain monitoring, screening and special care of at-risk mothers.

**4. Improving access to water and sanitation education and facilities. By providing sanitation and hygiene education, including menstrual hygiene.**

**5. Empowering women to prevent pregnancies too early, too often and too close together**

- *The focus of nutrition programmes for Indian children has largely been post-birth, with child and feeding-centred interventions.*
- *It is known that 50 per cent of the growth failure that gets accrued by two years of age occurs in the womb owing to poor nutrition its mother both during pregnancy and before pregnancy.*
- Adolescent and women's nutrition received renewed political and programme focus in 2018, owing to the national-wide launch of the **POSHAN Abhiyaan** 2018-20.

# ICDS Programme Overview

## Introduction

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- ICDS (Integrated Child Development Services) is India's most comprehensive and multi-dimensional program.
- Centrally sponsored scheme under the Ministry of Women and Child Development.
- Launched on October 2, 1975, on Mahatma Gandhi's 106th birth anniversary.
- The amount of supplementary feeding is borne by centre and state government in 50:50 ratios.



# Integrated Child Development Services (ICDS)

## **Main objectives of ICDS are as follows: -**

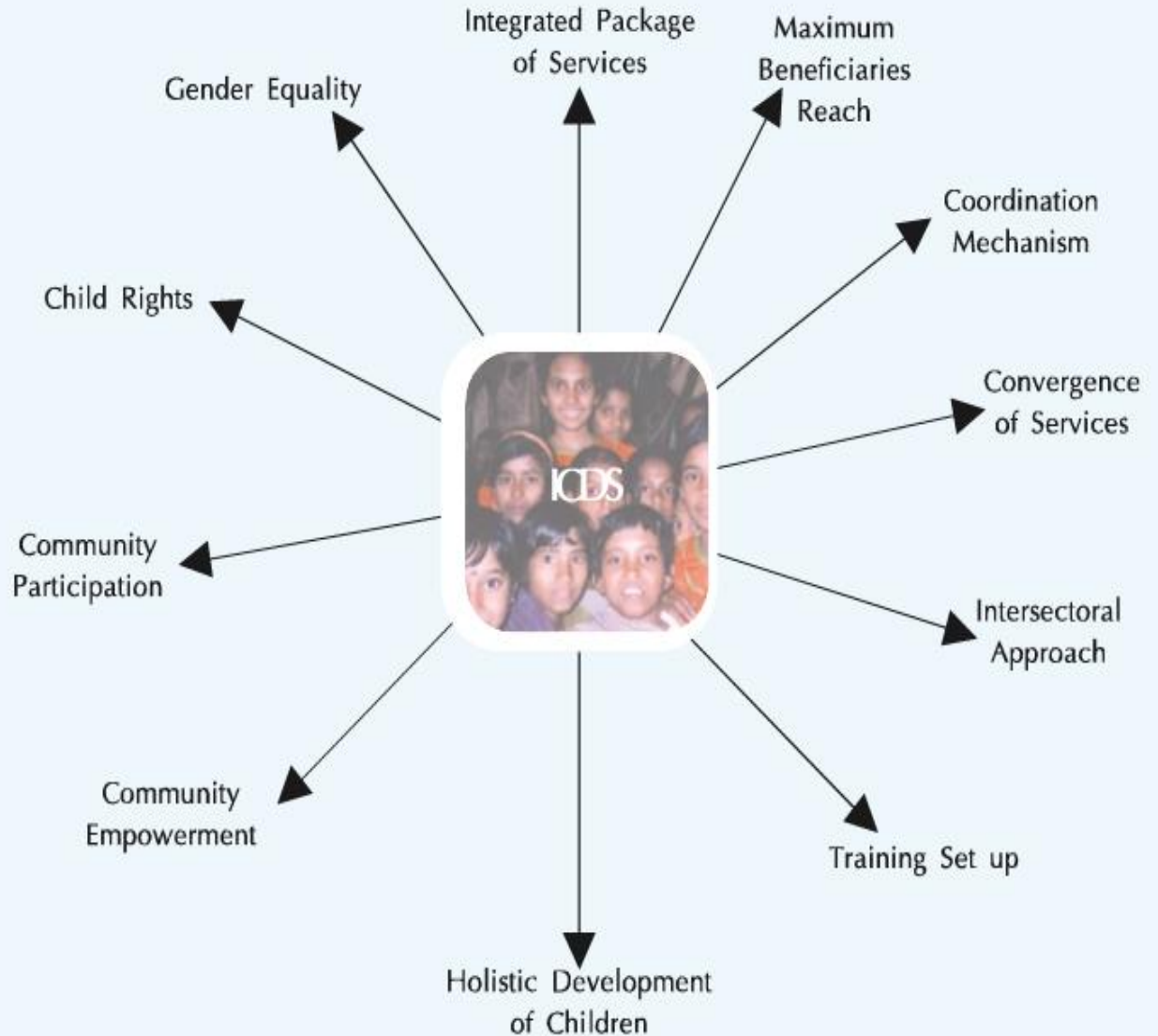
- 1.To improve the situation regarding nutrition and health of children up to the age of 06 years.
- 2.To lay the foundation of proper psychological, physical and social development of children.
- 3.To reduce death rate, illness, malnutrition and tendency of dropping out school.
- 4.To effectively coordinate the determination of policy and implementation of program in different departments to encourage child development.
5. To increase the capacity of mothers for looking after the needs of general health and nutrition of children through education of proper health and nutrition.

# How many Anganwadi are there in Uttarakhand?

- In Uttarakhand zone, during 1978-79, child development schemes were initiated in three Development Blocks, namely, Chakrata, Kirtinagar and Dehradun. At present, the ICDS program is being conducted through total 105 Child Development Projects by including 95 Development Blocks and 08 urban areas under 13 districts.
- At present, 97 rural projects, 8 urban projects, total 105 child development projects are being operated in 95 development blocks under all the 13 districts of the state, out of which 14947 Anganwadi centers and 5120 mini Anganwadi centers are approved.

- **Target Population**
- Encompasses integrated services for the development of:
- Children below six years
- Expectant and nursing mothers
- Adolescent girls
- **Geographical Scope**
- Focuses on the most backward:
- Rural areas
- Urban areas
- Tribal areas

## Special Features of ICDS Programme



# ICDS Objectives

## Child-Centric Approach

- Emphasizes a child-centered approach for:
  - Child care
  - Cognitive and psycho-social development
  - Child's health and nutritional well-being

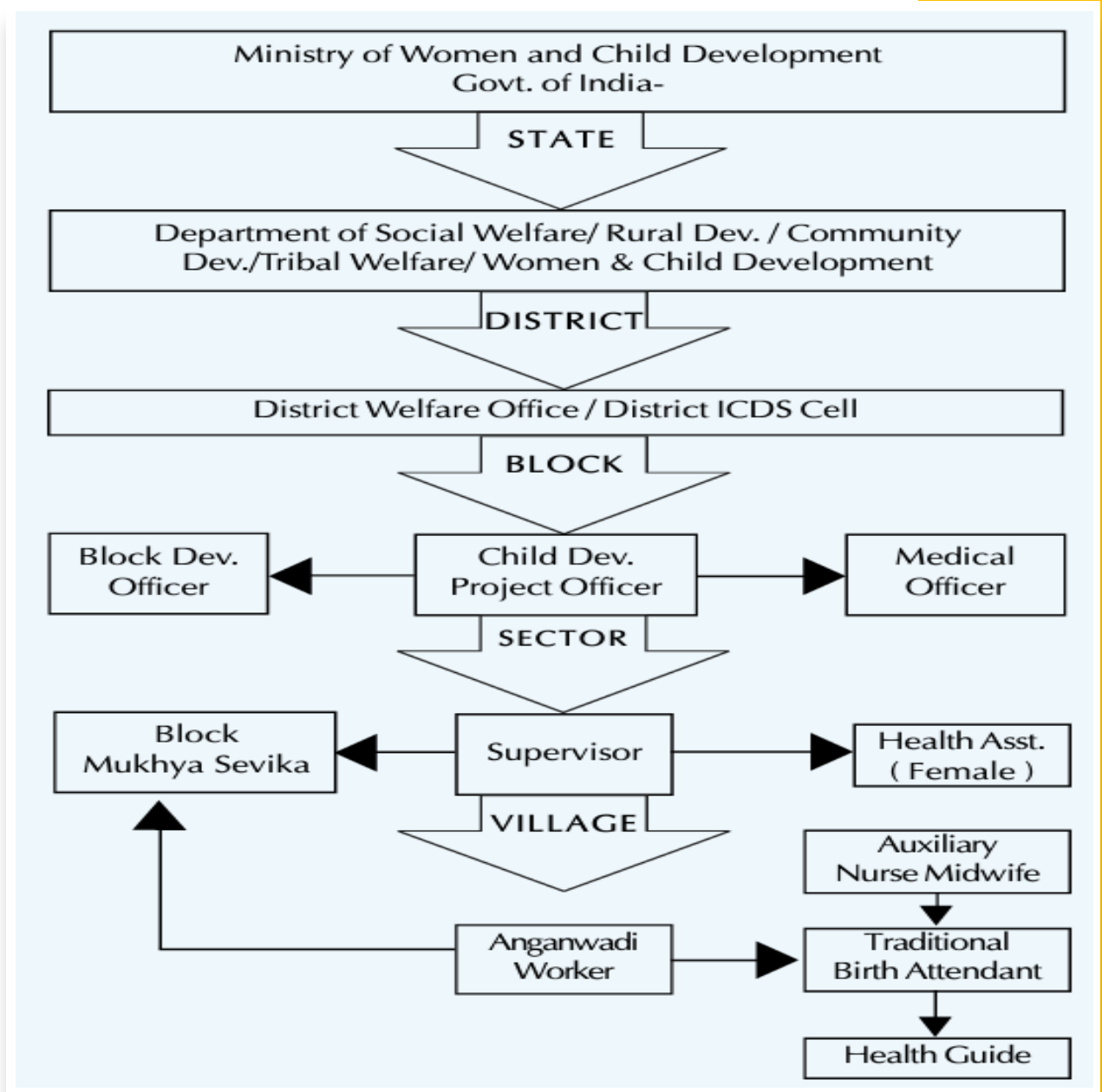
## Mutual Reinforcement

- Recognizes the mutual reinforcement of child care, development, and health.

## Community-Based Implementation

- ICDS is a community-based program.
- Involves active participation of various community members, including:
  - Members of Panchayati Raj
  - Mahila Mandal and Youth Club
  - Religious and local leaders
  - Voluntary organizations
  - Primary school bodies

# Organisational setup



## ICDS Beneficiaries and Services

### Beneficiary

Children Less than 3 years

Children between 3-6 Years

Expectant and Nursing Mothers

Other Women 15-45 Years

Adolescent Girls between 11-18 Years



### Services

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- i) Supplementary Nutrition
- ii) Growth Monitoring
- iii) Immunization
- iv) Health Check-up
- v) Referral Services

- i) Non-formal Preschool Education
- ii) Supplementary Nutrition
- iii) Growth Monitoring
- iv) Immunization
- v) Health Check-up
- vi) Referral Services

- i) Health Check-up
- ii) Tetanus Toxoid Immunization to pregnant women
- iii) Supplementary Nutrition
- iv) Nutrition & Health Education

- i) Nutrition & Health Education
- ii) IFA Supplementation & de-worming intervention
- iii) Non-formal education
- iv) Home-based skill training and vocational training
- v) Supplementary nutrition

- I. Health and Nutritional education
- II. Supplementary nutritional feeding in **Sabala scheme**

# The Anganwadi Centre: Hub for ICDS Services

## • Definition

- An Anganwadi Centre is a courtyard play center situated within villages or slums.
- Functions as the focal point for delivering integrated services under the ICDS program to children and women.

## • Convergence of Services

- Serves as a hub for the convergence of services catering to both children and women.
- Provides a one-stop location for various developmental interventions.

## • Community Engagement

- A meeting ground for women and mother's groups, fostering collaboration with other frontline workers.





# Operational Structure

- **Staffing**
    - Run by an Anganwadi Worker.
    - Support provided by a Helper in the delivery of services.
  - **Service Delivery**
    - Anganwadi Workers and Helpers are instrumental in the effective delivery of ICDS services.
    - Services encompass early childhood care, health, nutrition, and overall maternal well-being.
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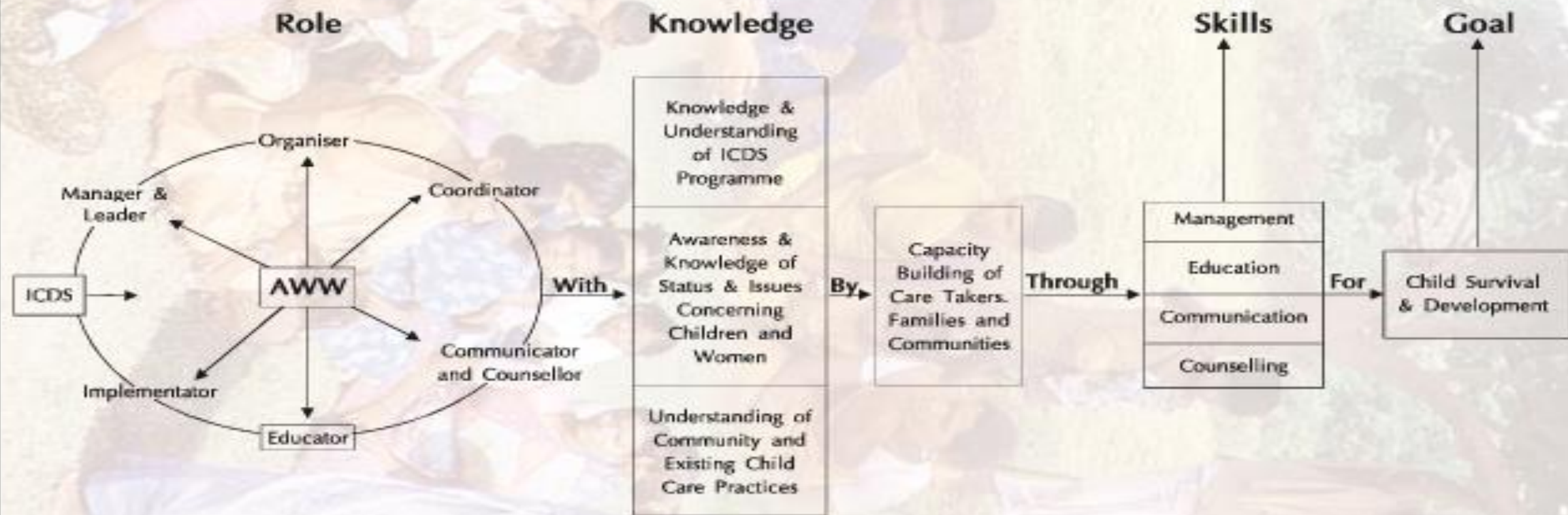
# Functions of an Anganwadi Centre

- **Child Development**
    - Provides a conducive environment for the cognitive and socio-emotional development of children.
  - **Women Empowerment**
    - Empowers women through group activities, discussions, and skill-building initiatives.
  - **Health and Nutrition**
    - Offers essential health and nutrition services to both children and women.
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# ICDS Team Structure and Responsibilities

	<b><i>Role:</i></b>	<b><i>Responsibilities</i></b>
<b>CDPO (Child Development Project Officer)</b>	Overall Incharge of the ICDS Project	Planning and Implementation of the ICDS Project.
<b>Supervisors (4-5 per CDPO):</b>	Support CDPO and Guide AWWs	Supervise and guide Anganwadi Workers (AWWs). Ensure effective service delivery. Provide on-the-spot guidance and training
<b>Assistant Child Development Project Officer (In Large Projects).</b>	Support CDPO in Large ICDS Projects	Assist in managing projects with more than 150 AWCs
<b>Anganwadi Worker (AWW)</b>	Community-Based Frontline Voluntary Worker	Effective delivery of ICDS services to children and women. Planning and organizing services at the Anganwadi Centre (AWC).
<b>Helper (Appointed at each AWC).</b>	Assist AWW in Service Delivery	Support AWW in day-to-day activities. Honorary worker receiving a monthly honorarium
<b>Health Functionaries Team:</b> (Medical Officer, Lady Health Officer, ANM (Auxiliary Nurse Midwife).		Deliver health services as part of ICDS. Collaborate with AWWs for holistic care
<b>ASHA (Accredited Social Health Activist) at Community Level</b>	First Point of Contact for Health-related Demands	Address health related demands, especially for women and children. Collaborate with the ICDS team for community health initiatives.

# Role knowledge & Skills of an AWW



# Role & Job Responsibilities of an AWW (Anganwadi Worker)

## Planning for ICDS Programme Implementation

### *Village Mapping:*

- Identify and map key areas within the village for effective service delivery.

### *Rapport Building with Community:*

- Establish strong connections with the community for better engagement.

### *Community Survey and Beneficiary Enlistment:*

- Conduct surveys to identify beneficiaries, including children (0-6 years), those 'At Risk,' expectant and nursing mothers, and adolescent girls.
- Facilitate birth and death registration.

Child Development Project Officer (CDPO)



Supervisor (4-5)



Anganwadi Worker (AWWs) (100)



Anganwadi Helper (100)



Health Functionaries in ICDS



- **Service Delivery**

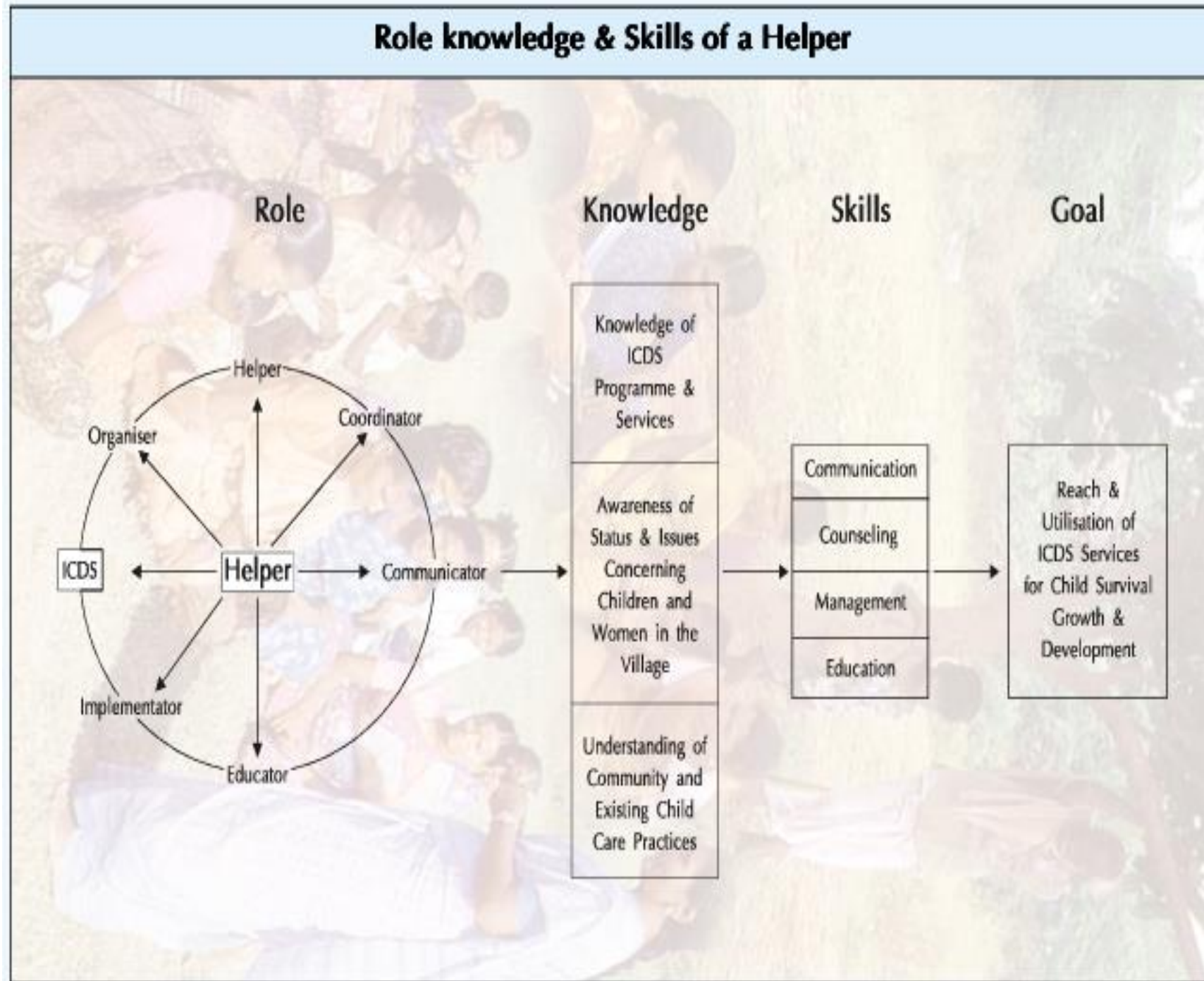
- *Preparation and Distribution of Supplementary Nutrition:*
  - to children (6 months to 6 years), expectant and nursing mothers, and those 'At Risk.'
- *Growth Monitoring and Promotion of Breastfeeding.*
- *Assisting in Immunization and Health Check-ups.*
- *Referral Services and Detection of Disability.*
- *Treatment for Minor Ailments and First Aid.*
- *Management of Neonatal and Childhood Illnesses.*
- *Health and Nutrition Education.*
- *Organizing Non-formal Preschool Education Activities.*
- *Depot Holder and Counseling on Birth Preparedness.*
- *Assist in KSY and NPAG Implementation.*

# Role & Job Responsibilities of an Anganwadi Helper

- **General Duties**

1. *Assisting Anganwadi Worker in Conducting Activities:*

1. Counselling mothers and caregivers.
2. Pre-school education activities.
3. Health check-ups, weighing, and immunization of children/mothers.
4. Organizing mothers/community meetings.
5. Maintaining discipline among children.



# SPECIFIC DUTIES

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- ***(i) Cleaning Premises:***
  - Ensure cleanliness of the Anganwadi Centre and its surroundings.
- ***(ii) Fetching Drinking Water:***
  - Collect and provide drinking water for daily use.
- ***(iii) Cooking and Serving Supplementary Nutrition:***
  - Assist in the preparation and serving of supplementary nutrition.
- ***(iv) Inspection and Assistance in Grooming:***
  - Inspect the cleanliness of children.
  - Assist children in grooming themselves.
- ***(v) Preparation of Preschool Teaching Aids:***
  - Create teaching aids under the guidance of the Anganwadi Worker.
- ***(vi) Collection and Storage of Nutrition Items:***
  - Collect and store items received for supplementary nutrition.
- ***(vii) Collecting and Dropping Children:***
  - Transport small children to and from the Anganwadi Centre.
- ***(viii) Contacting Beneficiaries and Community:***
  - Reach out to beneficiaries, parents, and community members for meetings or conveying messages.
- ***(ix) Opening and Closing the Centre:***
  - Open and close the Anganwadi Centre under the supervision of the Anganwadi Worker.
- ***(x) Performing Duties in the Absence of AWW:***
  - Undertake all duties of the Anganwadi Worker in case of sickness, absence, or leave.

# Building

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- Well ventilated room to accommodate 40 children for sitting as well as indoor activities.
- Space for storage of play equipment & material.
- Space for cooking and storage of kitchen equipment & food.
- Arrangement for safe drinking water supply and toilet facilities.
- Sufficient open space for outdoor activities.




# Operational Duration:

1. The AWC is expected to operate for 4 1/2 hours.
  2. Timings should be convenient for the community.
- **Punctuality and Responsibilities:**
    1. The AWW (Anganwadi Worker) is responsible for opening and closing the AWC on time.
    2. Both the AWW and the Helper should arrive before the operational hours for daily activities.

***An AWW should adhere to the time allotted for health, nutrition and education activities so that all the services are provided to the beneficiaries***

<b>Daily Tasks</b>	<b>Expected Time</b>
Preschool Education	2 Hours (120 min.)
Preparation and Distribution of Supplementary Nutrition	1/2 Hour (30 min.)
Treatment of Common Childhood Illnesses/ Ailments & Referral	1/2 Hour (30 min.)
Filling up Records and Registers	1/2 Hour (30 min.)
Making 2-3 home visits	1 Hour (60 min.)
<b>TOTAL</b>	<b>4 1/2 Hours (270 min.)</b>



Expected  
daily  
activities at  
AWC

# Early Childhood & development

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# Early childhood care & development

## **1. Developmental Milestones Overview:**

1. act as guideposts for various stages of development.

## **2. Nature of Milestones:**

1. indicate the age at which children are expected to perform developmental tasks.

## **3. Measurement Challenges:**

1. Milestones for growth (e.g., height and weight) are easy to measure.
2. Milestones for development (e.g., cognitive, language, social development) are more complex and challenging to measure.

## **4. Normal Range and Individual Pace:**

1. Every child has a normal range for completing milestones.
2. Each child reaches milestones at their own pace and in their unique way.

## **5. Intervention for Slow Progress:**

1. If a child seems slow in reaching milestones, increasing feeding, talking, and playing is suggested.
2. If the child continues to be slow, seeking advice from a doctor is recommended.

## 2.1.4. Stages of Child Development

Adolescence  
10-19 years



Childhood  
2-10 years



Rapid increase in height and weight and personality development

Infancy  
Birth – 2 years



Early Childhood (2-6 years) - muscular and mental coordination, social development and self reliance

Late Childhood (6-12 years) – Socialisation, personality development and rapid social and emotional development

Rapid growth of body and mental abilities.

Prenatal  
Conception to Birth



Extremely rapid growth, physiological development and growth of all bodily structure

- Childhood is divided into four major stages beginning from conception to when the child becomes sexually mature. These are:
  - i. Prenatal – Conception to birth
  - ii. Infancy – birth to 2 years
  - iii. Childhood – 2–12 years
  - iv. Adolescence – 12–18 years
- Each of the four stages are characterised by differences in physical, mental, language, social and emotional abilities of an individual.
- Change from one stage to the other is a gradual and a continuous process.

# Milestones

## Age

One Month



## Milestones of Development

- Cries in hunger or discomfort
- Turns her or his head towards a hand that is stroking the child's cheek or mouth
- Brings both hands towards her or his mouth
- Turns towards familiar voices and sounds
- Suckles the breast and touches it with her or his hands

## Nine Months



- Sits up from lying position
- Picks up with thumb and finger
- Sits without support
- Crawls on hands and knees

## Three Months



- Smiles
- Begins to make cooing sounds like 'ooh' and 'aah'
- Turns head towards bright colours and lights
- Holds head erect and reaches for an object
- Recognises mother & members of family
- Makes fists with both hands
- Wiggles and kicks with legs and arms

## Six Months



- Holds head steady when held upright
- Raises the head and chest when lying on her or his stomach
- Reaches out for dangling objects
- Turns to a sound or a voice.
- Grasps and shakes objects
- Rolls both ways
- Sits with support
- Responds to her or his own name and to familiar faces

## Age

Eighteen Months



## Milestones of Development

- Walks well
- Expresses wants
- Stands one foot with help
- Points to objects or pictures when they are named (e.g. nose, eyes)
- Starts saying names of objects
- Puts pebbles in a cup

## One Year



- Stands without support
- Tries to imitate words and sounds
- Waves Bye-bye
- Enjoys playing and clapping
- Says Papa and Mama
- Starts holding objects such as a spoon or a cup and attempts self-feeding.

### Three Years



- Walks, runs, climbs, kicks and jumps easily
- Recognises and identifies common objects and pictures by pointing
- Makes sentences of two or three words
- Says her or his own name and age
- Can name colours
- Can understand numbers
- Uses make-believe objects in play
- Expresses affection

### Four Years



- Balance on one foot
- Plays simple games with others
- Asks questions
- Answers simple questions
- Shows different emotions
- Recognises to six basic colours
- Washes hands alone

### Two Years



- Walks, climbs and runs
- Says several words together
- Follows simple instructions
- Scribbles if given a pencil or crayon
- Enjoys simple stories and songs
- Imitates the behaviour of others on household work
- Begins to eat by herself or himself

### Five Years



- Moves in a coordinated way
- Speaks in sentences and uses many different words
- Understands opposites (e.g. fat and thin, tall and short)
- Plays with other children
- Dresses without help
- Answers simple questions
- Counts 5 to 10 objects
- Washes her or his hands.

# Preschool Education (PSE) in ICDS: Concept and Need

## **1. Preschool Education (PSE) in ICDS Overview:**

1. PSE in ICDS is designed for children aged 3 to 6 years.
2. It adopts a child-centered approach using indigenous, inexpensive playway activities.

## **2. Program Structure:**

1. PSE activities are organized daily at Anganwadi Centers (AWC) for approximately 2 hours.

## **3. Holistic Development Focus:**

1. PSE aims at the holistic development of children.
2. It provides a stimulating play environment for physical, cognitive, and psychosocial development.

## **4. Active Learning Approach:**

1. PSE encourages active interaction with the environment.
2. It promotes participation in group activities and enhances problem-solving abilities in children.

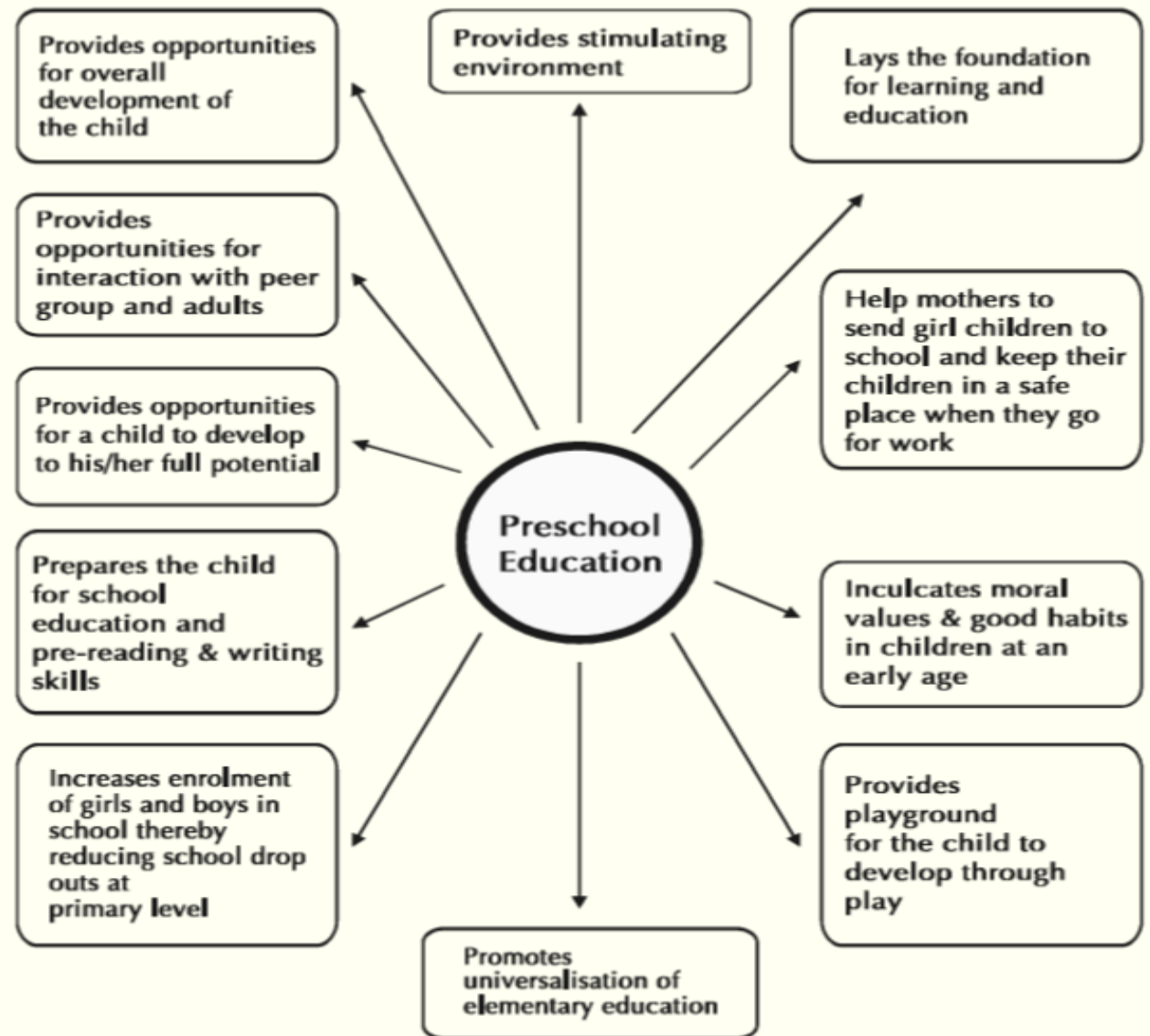
## **5. Foundation for Basics:**

1. PSE doesn't have a syllabus for teaching the 3 R's (reading, writing, arithmetic).
2. Instead, it lays the foundation for these skills, fostering development in reading, writing, and number work.

## **6. Flexibility and Non-Academic Focus:**

1. PSE is flexible, catering to the individual needs of children.
2. It does not emphasize school achievements or passive learning through rote memorization.

# Preschool Education



*Preschool Education is important for overall development of the child as early years are critical in the life of a child.*

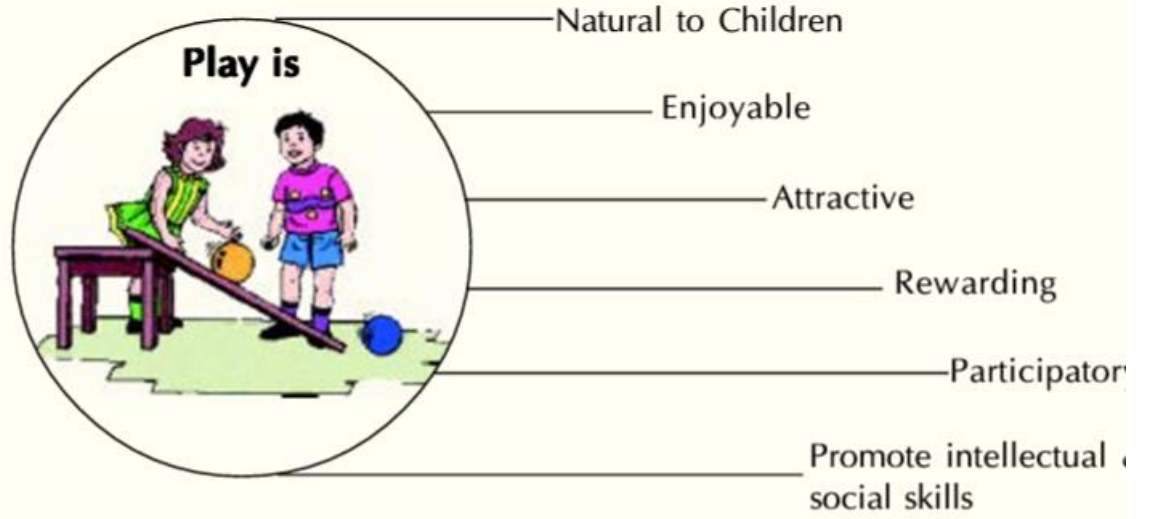
# Playway method

- Playway method is a way of providing child-centered, enjoyable and entertaining learning experiences to children through play for their all round development.

Playway Activities	
PSE activities based on Playway Methods are:	
<ul style="list-style-type: none"><li>• Free and structured conversation</li><li>• Story-telling and story-making</li><li>• Dramatisation</li><li>• Rhymes and songs</li><li>• Music and movement</li><li>• Free indoor play with puzzles, beads, blocks etc.</li><li>• Outdoor play</li></ul>	<ul style="list-style-type: none"><li>• Sand play</li><li>• Water play</li><li>• Puppet play</li><li>• Circle/group games and activities</li><li>• Structured cognitive and language activities with play material</li><li>• Nature walk</li><li>• Field trips/outings</li></ul>

# Types of play

## What is Play?



### Types of Play

- |  |   |
|--|---|
| <b>Free Play</b>                               | – children play on their own without any specific instructions                                  |
| <b>Structured Play</b>                         | – children are directed to play in some guided form i.e. with specific instructions.            |
| <b>Manipulated Play or Constructional Play</b> | – involves putting things together to make something.   |
| <b>Creative Play</b>                           | – Using imagination, thought and judgement in working with material and creating something new. |



## Illustrative Plan for a Day for Preschool Education Activities at an Anganwadi Centre

Activities	Time
<ul style="list-style-type: none"> <li>● Welcome, Prayer and Checking Personal Hygiene</li> </ul>	20 Minutes
<ul style="list-style-type: none"> <li>● Free Conversation</li> </ul>	10 Minutes
<ul style="list-style-type: none"> <li>● Cognitive Activities in small and large group</li> </ul>	20 Minutes
<ul style="list-style-type: none"> <li>● Physical P.T/Outdoor Play</li> </ul>	20 Minutes
<ul style="list-style-type: none"> <li>● Art &amp; Craft/Clay Modelling/Sand/ Water games/ Drama/Dance/ Puppet Play /Doll Play /Science Activity</li> </ul>	20 Minutes
<ul style="list-style-type: none"> <li>● Language Activities in large group – Rhymes/ Action Songs/Alphabets and Numbers &amp; Picture/Chart Reading/Story telling</li> </ul>	20 Minutes
<ul style="list-style-type: none"> <li>● Pack up and Good bye (Children are sent back after giving Supplementary Food)</li> </ul>	10 Minutes

**Note:**

- *Nature walk to be organised once in two months.*
- *Visit to zoo, outings and celebration of birthdays & festivals as per the convenience.*

# Nutrition & health care



## Functions of Food



Include some foods from each of the three groups in the daily diet

Include some foods from each of the three groups in the daily diet

<b>Physiological Functions</b>	<b>Psychological Functions</b>	<b>Social Functions</b>
<ul style="list-style-type: none"><li>– Provides energy</li><li>– Provides material for growth, tissue building, &amp; body repairs</li><li>– Gives protection from diseases</li></ul>	<ul style="list-style-type: none"><li>– Satisfies emotional needs</li><li>– Gives security</li></ul>	<ul style="list-style-type: none"><li>– Brings people together by means of sharing</li></ul>



# Nutrients & their Functions

## Nutrients and their Functions

Sources and Functions of Essential Nutrients		
Nutrients	Sources	Functions
1. Carbohydrates	Cereals, millets, roots and tubers, such as potatoes, sweet potatoes, yam, tapioca, Colocasia (arbi), sugar and jaggery	<ul style="list-style-type: none"><li>• Supply energy to the body.</li></ul>
2. Proteins	Fresh or dried milk, cheese, curd, oilseeds and nuts, soyabean, yeast, pulses, meat, liver, fish, egg, cereals, defatted oilseeds flour and soya flour	<ul style="list-style-type: none"><li>• Build and repair body tissues, muscles and vital fluids like blood</li><li>• Help in forming enzymes and antibodies to fight infection.</li></ul>
3. Fats	Butter, ghee, vegetable oils and fat, oilseeds, nuts and soyabean.	<ul style="list-style-type: none"><li>• Serve as a concentrated source of energy and provide essential fatty acids.</li></ul>
4. Vitamins & Minerals	Fish liver oil, liver, milk and milk products (curds, butter, ghee), yellow and red fruits, green leafy and yellow vegetables (carrots, pumpkin) and fortified fats.	<ul style="list-style-type: none"><li>• Helps keeping the body healthy by building up immunity against illnesses.</li></ul>

***Take plenty of clean water and roughage to regulate body processes***

# Nutrition services under ICDS:

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## 3.2.1 Nutrition Services

### **Nutrition Services under ICDS Programme**

- Supplementary Nutrition
  - i) Supplementary Feeding
  - ii) Prophylaxis against vitamin A deficiency and Control of Nutritional Anaemia
- Growth Monitoring
- Nutrition and Health Education

# Supplementary Nutrition Overview:

- Includes supplementary feeding and distribution of nutrition supplements, such as vitamin A and Iron and Folic Acid tablets.

## **1. Supplementary Feeding Objectives:**

1. Aimed at addressing the calorie and protein gap, particularly for children below 6 years, adolescent girls, pregnant women, and nursing mothers.
2. Designed to meet approximately 1/3rd of daily calorie and protein requirements.

## **2. Frequency and Duration:**

1. Supplementary Food is provided for 300 days in a year.
2. This translates to six days per week or 25 days per month.

## **3. Differentiated Rations:**

1. Severely malnourished children receive double the quantity (double ration) compared to moderately malnourished children.

## **4. Special Attention:**

1. Special attention is given to children below 3 years of age during the distribution of Supplementary Food.

### Prevalent Norms of Supplementary Food

Beneficiaries	Nutritive Value of Supplementary Food	
	Calories	Protein
Children (0-3 years)	300	10 gms.
Children (3-6 years)	300	10 gms.
Severely malnourished children (6 months-72 months)	600	20 gms.
Pregnant Woman and Nursing Mothers/ Adolescent Girls (Under KSY)	500	20 gms.

### Selection of Food for Supplementary Feeding

- States/UTs are responsible for providing Supplementary Food with equal central assistance.
- The type of food given (pre-processed or Ready-to-Eat food or food prepared on the spot from locally available food) varies from State to State.
- The type of food given depends upon the local availability, beneficiaries, location of the project, administrative feasibility etc.
- Food selected for Supplementary Feeding should include mixture of cereals (wheat, rice, maize, jowar, bajra, ragi); pulses (soyabean, gram, channa, moong, arhar, masoor etc.); green leafy vegetables and fruits, oil and oil seeds (groundnut, mustard, til, coconut or soyabean); and sugar or jaggery.
- CARE/WFP also provide food aid for Supplementary Nutrition in some States.

### Cooking, Distribution & Serving of Supplementary Food

#### *Points to Remember*

- Develop a number of recipes, so that there is a variety in the food given.
- Work out the total quantity of food to be cooked daily in advance so as to avoid shortage or wastage.
- Prepare food daily under hygienic conditions, using clean water.
- Wash hands with soap and water before cooking and serving the food.
- Wash utensils used for cooking and serving food daily.
- Cook food well in advance and keep it covered to protect from dust and flies.
- Use a standard measure such as a cup or a spoon to serve the food.
- Ask the beneficiaries to eat the food at AWC only.

### *Vitamin A Supplementation*

- At AWC children are administered vitamin A at periodic intervals according to their age to **prevent vitamin A deficiency.**

Age	Dose of Vitamin A
Children (6-11 months)	One dose of 100 000 IU of vitamin A orally (Measles immunization is a good time to give a routine dose).
Children (1-5 years)	One dose of 200 000 IU of vitamin A orally every six months

- All pregnant women and children (1-5 years) are given Iron and Folic Acid tablets to **prevent anaemia** as per the following recommended dose irrespective of their haemoglobin status.

Beneficiary	Dose	Quantity
Pregnant Woman	1 Big Tablet (each tablet containing 100 mg. of elemental iron and 0.5 mg. folic acid)	1 Tablet for 100 days (in 3 <sup>rd</sup> semester of pregnancy)
Children 1-5 years	1 Small Tablet (each tablet containing 20 mg. elemental iron and 0.1 mg. folic acid)	1 Tablet for 100 days every year

- It has been decided to provide 50% of the recommended dietary allowances (RDA) for different micronutrient to 6 years old children through 80g of ready-to-eat energy food/raw food material.



# Selection of Beneficiaries

- An AWW has to identify eligible beneficiaries for Supplementary Feeding which include children (6 months - 6 years), pregnant women and nursing mothers.



## Supplementary Feeding Duration:

- Pregnant women are eligible for Supplementary Food from the discovery of pregnancy until the date of delivery.
- Nursing mothers are eligible for Supplementary Food for the first six months of lactation.

## Other Beneficiaries Eligible for Supplementary Nutrition:

- AWW/Helper
- Adolescent Girls
- Children in the age group of 6 months to 6 years.
- Malnourished children below six years old.
- All children attending Anganwadi for non-formal preschool education (generally in the age group 3-6 years), irrespective of nutritional status.
- Children belonging to families identified under the nutritional services of Integrated Rural Development Programme (IRDP).
- Children aged 3-6 years who are physically present during the distribution of supplementary food at the Anganwadi, irrespective of their nutritional status.

# Growth Monitoring

## Definition:

- Growth Monitoring involves keeping regular track of a child's growth through key indicators like weight and height according to age at regular intervals.

## Purpose:

- It serves as a means to detect growth failure in children at an early stage, enabling immediate and effective action.

## Initiation Timing:

- Growth Monitoring should commence right from the birth of the child

# Growth Monitoring

## Tools Used:

- In ICDS, Growth Monitoring is facilitated through the use of a Growth Chart.
- The Growth Chart assesses a child's growth using 'weight-for-age' as an indicator.

## Functionality of Growth Chart:

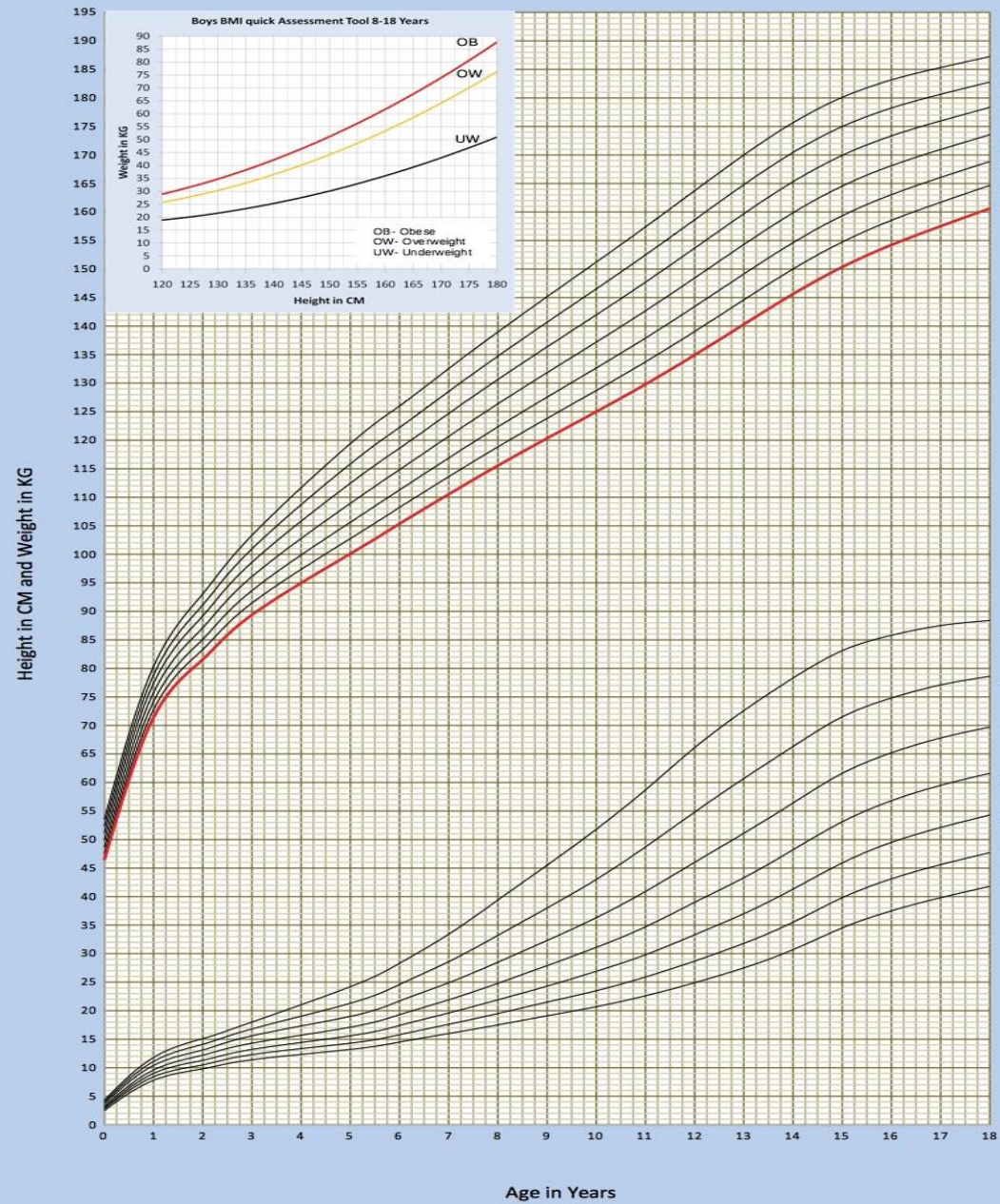
- The Growth Chart is a visual record depicting the growth pattern of a child.
- It determines the grades of malnutrition, identifies beneficiaries for Supplementary Feeding, and is utilized for nutrition and health education for mothers.

## Growth Chart Axes:

- The Growth Chart has two axes:
  - Horizontal axis: Records the age of the child, referred to as the 'month axis.'
  - Vertical axis: Records the weight of the child, referred to as the 'weight axis.'

# WHO 2006 & IAP 2015 combined Boys Charts 0-18 Years

- **Assessment and Monitoring:**
- **Weight of the child, according to age, is plotted on the Growth Chart.**
- Weighing schedule:
  - Weigh all children up to 3 years of age every month.
  - Weigh children 3-6 years old every three months.
  - Severely malnourished children and those not gaining weight consecutively for three months should be weighed every month (irrespective of age).



**MPH Percentile Calculator**

Father's Height	MPH Centile	Mother's Height
150		137
151		138
152		139
153		140
154		141
155		142
156		143
157		144
158	3rd	145
159		146
160		147
161		148
162		149
163	10th	150
164		151
165		152
166		153
167		154
168	25th	155
169		156
170		157
171		158
172		159
173	50th	160
174		161
175		162
176		163
177		164
178	75th	165
179		166
180		167
181		168
182	90th	169
183		170
184		171
185		172
186		173
187	97th	174
188		175
189		176
190		177

Modified from: 1. WHO MGRS (Multicentre Growth Reference Study) 2006.  
 2. Revised IAP Growth Charts for Height, Weight and Body Mass Index for 5 to 18 year old Indian Children. V. Khadilkar et al, from Indian Academy of Pediatrics, Growth Chart Committee, Indian Pediatrics, Jan 2015, Vol 52  
 3. Khadilkar V, Lohiya N, Chiplonkar S, Khadilkar A. Body Mass Index Quick Screening Tool for IAP 2015 Growth Charts [published online ahead of print, 2020 Jun 12]. Indian Pediatr. 2020;S097475591600197.



# Step 1

## **1.Importance of Correct Age:**

1. Essential for accurate growth monitoring.

## **2.Methods for Age Assessment:**

1. Ask mother/family.
  2. Check records (birth register, etc.).
  3. Use local events calendar for contextual information.
-

# Step 2

## 1. Equipment and Setup:

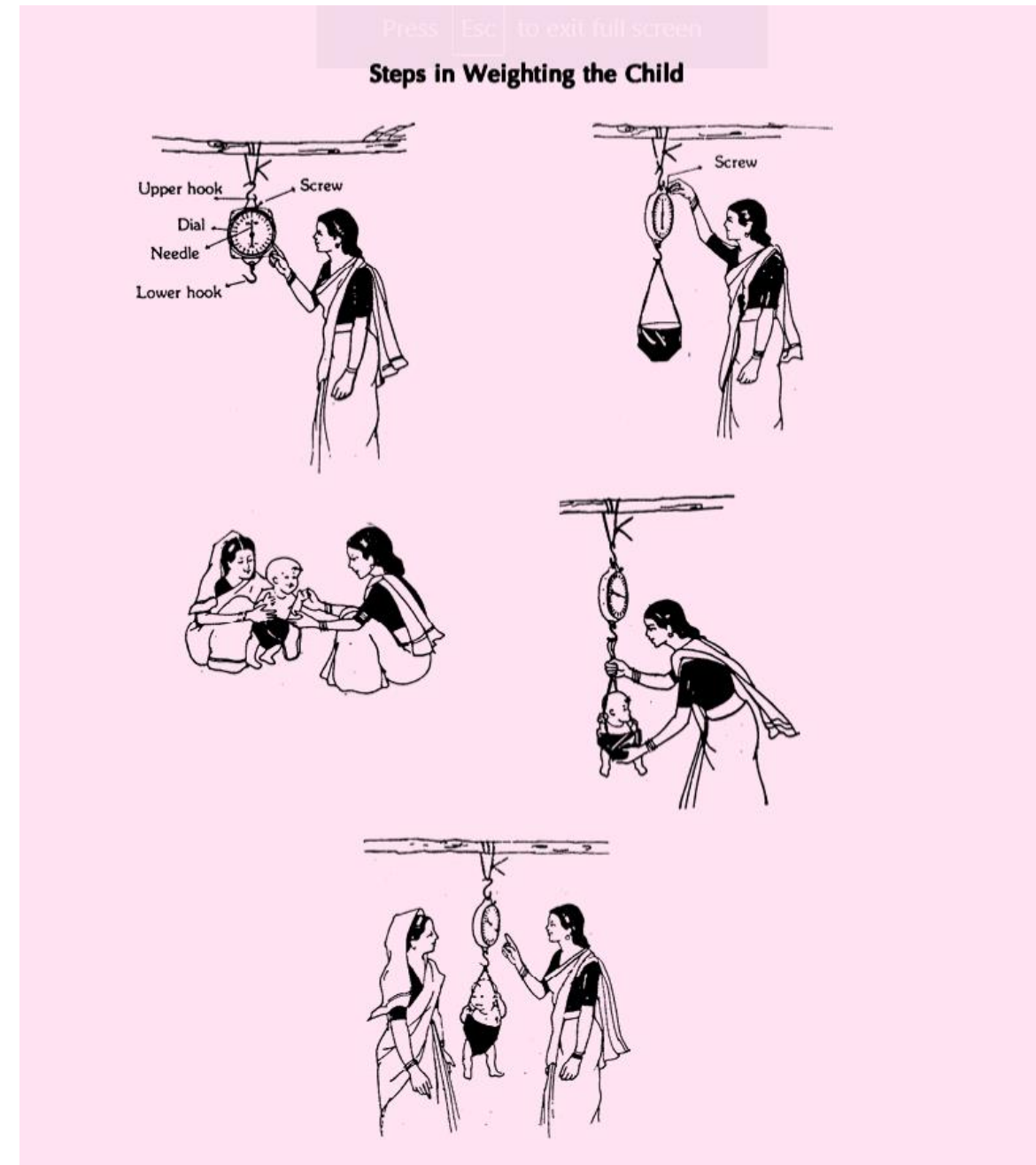
1. AWWs use Salter/Bar weighing scales.
2. Hang securely at eye level.
3. Place cradle/sling and set pointer to zero.

## 2. Weighing Procedure:

1. Ask mother to remove heavy clothing.
2. Place child in the cradle without feet touching the ground.

## 3. Reading the Scale:

1. Graduated 0 to 25 kg.
2. Read pointer to nearest 100 gms.
3. Stand opposite scale for accurate reading.





# Step 3

## **1. Filling Information:**

1. Complete child details in Index box on Growth Chart Register.
2. Enter child's name, father's name, mother's name, and family registration number on Growth Chart.

## **2. Month Axis Setup:**

1. Note child's birth month and year in the first box.
2. Fill in months and years for five years.

## **3. Weight Recording and Plotting:**

1. Record child's weight below the corresponding 'month box.'
2. Identify weight line on 'weight axis' and plot it above the 'month box.'
3. Draw a circle around the dot.

## **4. Connecting Growth Dots:**

1. Connect the current dot to the previous month's dot with a line.
  2. This line forms the growth curve on the Growth Chart.
-

# Step 4

## **1. Growth Curve Direction:**

1. Upward: Healthy weight gain and growth.
2. Flat: Inadequate growth.
3. Downward: Urgent need for health care.

## **2. Malnutrition Classification:**

1. Healthy children above the top curve.
2. Malnutrition Grades:
  1. Grade I: Between 1st & 2nd curve.
  2. Grade II: Between 2nd and 3rd curve.
  3. Grade III: Between 3rd and 4th curve.
  4. Grade IV: Below the fourth curve.

## **3. Corrective Action:**

1. Immediate action upon first signs of growth faltering is vital for health restoration.

S.No.	Curve	Status	Role of AWW
1.	Above first curve	Normal	Nutrition and Health Education and counseling to the mothers
2.	Between first and second growth curve	Grade I	Nutrition & Health Education and counseling to the mother
3.	Between second and third growth curve	Grade II	<ul style="list-style-type: none"> <li>● Supplementary Nutrition at AWC</li> <li>● Nutrition and Health Education and counseling to mother</li> </ul>
4.	Between third and fourth growth curve	Grade III	<ul style="list-style-type: none"> <li>● Supplementary Nutrition (double) at AWC</li> <li>● Refer to PHC/Hospitals</li> <li>● Nutrition &amp; Health Education and counseling to mother.</li> </ul>
5.	Below the fourth growth curve	Grade IV	<ul style="list-style-type: none"> <li>● Supplementary Nutrition (double) at AWC</li> <li>● Refer to PHC/Hospitals</li> <li>● Nutrition &amp; Health Education and counseling to mother.</li> </ul>

Step 5



# Health Check-up Overview:

- Involves antenatal check-up for pregnant women, post-natal check-up for nursing mothers, and health check-up for children under six years.
-

# Ante-natal Check-up:

- AWW responsibilities:
  - Ensure three antenatal check-ups for pregnant women.
  - Conduct a complete physical examination during check-ups.
  - Administer Tetanus Toxoid immunization.
  - Provide IFA Supplementation (One tablet for 100 days).
  - Offer Supplementary Food at AWC.
  - Encourage delivery by trained dai or in a hospital.
  - Provide comprehensive information on prenatal, natal, and postnatal care.

# Continued:

## **1.Information Provision:**

1. AWWs should offer information on care, diet, and rest during pregnancy, as well as care for newborns.

## **2.Record-keeping:**

1. Maintain records of ante-natal care in the 'Mother Child Card' provided for this purpose.

## **3. Identifying 'At Risk' Cases:**

1. AWWs should identify 'at-risk' pregnant women and refer them to the nearest health facility.

# 'At Risk'

---

## Children 'At Risk'

- Infants with low birth weight (less than 2.5 kg.)
- When breastfeeding has not been established or is insufficient from the very beginning of infant's life
- Inadequate or no weight gain for three consecutive months
- Weight below 70% of expected weight (Grade II malnutrition)
- Children having repeated infections especially diarrhoea
- Birth order of five or more
- The only child born after a long married life
- One parent
- History of death of more than two siblings during the first two years of life
- Illness of parents
- Alcoholic parents
- Twins

## Pregnant Woman 'At Risk'

- Women who are under weight at the beginning of pregnancy (weight of 40 kg or less prior to pregnancy).
- Women who have height less than 5 feet
- Women who gain too little weight during pregnancy
- Women who have a very short period between one pregnancy and the beginning of the next pregnancy
- Women who have had still birth or abortion during previous pregnancies
- Previous delivery of child who died within a month of birth
- Women who become pregnant before the age of 18 years or after 35 years
- Women who have more than 4 children
- Women who have previously given birth to low birth weight babies
- Twins
- History of previous caesarean or instrumental (forceps) delivery
- Prolonged pregnancy (14 days after expected date of delivery)

## Postnatal Check-up (Nursing Mothers):

- AWW ensures two visits by Health Staff within the first 10 days.
- Weighs the baby and records it on the growth chart.
- Identifies 'at-risk' babies for further attention.
- Ensures breastfeeding is well established.
- Manages immunizations and family planning registration.



# Health Check-up of Children under Six Years:



- AWW conducts quarterly health check-ups with health staff.
- Monitors child development and growth, especially for 'at-risk' children.
- Administers immunizations and vitamin A doses as per schedule.
- Maintains records of children's health check-ups.

# Immunisation Services

## Immunization Overview:

- Protects children from six killer diseases through vaccines.

## Importance:

- Prevents illnesses, disabilities, undernourishment, and death.

## Full Immunization:

- Essential for complete protection as per the schedule.

## ICDS Strategy:

- 'Fixed day' approach for immunizing children.
- Safe for children with minor illnesses or malnourishment.

## Pulse Polio Programme:

- Offers additional Oral Polio Vaccine (OPV) to children below five.

## Accessibility and Cost:

- Available at AWC/Sub Centre/Primary Health Centre at no cost



# Referral Services:

## 1. Referral Services Overview:

1. Immediate medical care and follow-up for serious diseases.

## 2. Referral Process:

1. Pregnant women and children needing specialized treatment are referred by AWW/ANM/LHV to PHC/hospital.
2. AWW fills a Referral Slip with three parts: one retained at Anganwadi, one for parents, and one for the PHC doctor.
3. PHC doctor returns the slip to AWW after the patient's follow-up action.

Referral Slip Integrated Child Development Services Programme (For AWW)	Referral Slip Integrated Child Development Services Programme (For the Parent of the Child)	Referral Slip Integrated Child Development Services Programme (For the Doctor)
S. No. _____ Date _____	S. No. _____ Date _____	S. No. _____ Date _____
Village _____ AWC No. _____	Village _____ AWC No. _____	Village _____ AWC No. _____
Name of the Child _____	Name of the Child _____	Name of the Child _____
Age _____ Sex _____	Age _____ Sex _____	Age _____ Sex _____
Year/Months _____ Male _____ Female _____	Year/Months _____ Male _____ Female _____	Year/Months _____ Male _____ Female _____
S. No. of Family _____	S. No. of Family _____	S. No. of Family _____
Signs of Illness _____	Signs of Illness _____	Signs of Illness _____
Illness _____	Illness _____	Diagnosis _____
Treatment Given _____	Treatment Given _____	Prescription _____
_____	_____	_____
Referred to _____	Referred to _____	Follow up _____
Signature of AWW _____	Signature of AWW _____	Signature of Doctor _____
Name of AWW _____	Name of AWW _____	Name of Doctor _____

## Involvement of Local Bodies:

- Local bodies or panchayats may assist in providing transportation for referral cases if unavailable or if the family can't bear the cost.

## When to Refer a Child to PHC/Hospital:

- Severe diarrhea, rapid breathing, very low birth weight/premature delivery, persistent high fever, fever with fits/convulsions, lethargy or unconsciousness, malaria not responding to treatment, whooping cough with fever and weight loss, failure to gain weight for three successive months, severe malnutrition (Grade III & IV), inability to drink or eat, and congenital defects/disability.

# Nutrition & Health Care of a Pregnant Woman

- **Pregnancy – A Period of Stress:**
- Pregnancy imposes physiological and psychological stress on a woman.
- The period involves significant changes as the baby in the womb develops from a minute cell to a fully formed baby.
- Special care is essential for the mother's well-being and proper nutrition for fetal development, delivery preparation, and lactation.
- Maintaining happiness and good health is crucial during pregnancy.
- Awareness of 'risk factors' and 'alarming signs' is important for both the pregnant woman and family members.
- Immediate referral to the hospital is necessary if any 'danger signs' are observed during pregnancy

# Warning Signs during Pregnancy

## Warning Signs during Pregnancy

- Failure to gain weight.
- Anaemia - very tired or easily out of breath.
- Unusual swelling on legs, arms or face.
- Foetus moves very little or no movement

## Danger Signs during Pregnancy

Bleeding during pregnancy



Anaemia

High fever during pregnancy



Continuous vomiting

Excessive weight gain  
(more than 2 Kg in one month)



Convulsions or fits or blurring of vision

Labour pain for more than 12 hours



Bursting of water bag without labour pains

# Nutritional Care during Pregnancy - Registration:

- A pregnant woman, upon confirming her pregnancy or within the first three months, must register with an ANM/AWW.
- The pregnant woman receives a 'Mother Child Card' or Jachha-Bachha Card from the ANM/AWW upon registration.



# Health Care - Antenatal Care:

- Antenatal care aims to:
  - Detect "high-risk" cases and provide special attention.
  - Monitor fetal development and foresee complications.
  - Improve the chances of a healthy birth.
  - Reduce maternal and infant morbidity and mortality.
  - Educate the mother on child care, nutrition, personal hygiene, and environmental sanitation.

# Health Check-ups during Pregnancy:

A pregnant woman should undergo a minimum of three health check-ups:

- First Trimester: Immediately upon confirming pregnancy (before 3 months).
- Second Trimester: Between 4-6 months.
- Third Trimester: Between 7-9 months.

More frequent check-ups may be necessary in case of any pregnancy-related problems.

# Weight Gain during Pregnancy:

- Target weight gain for a pregnant woman is 10-12 kgs.
- The gain should be at least 1 kg every month during the last 6 months of pregnancy.
- Poor weight gain (5-6 kilograms) may result in low birth weight babies.
- Adequate weight gain requires nutritious food, proper care, and additional rest during the day.



### 3.3.2.9 Rest during Pregnancy

- A pregnant woman should take rest for at least two hours during the day. It helps the baby to grow well and improve his/her birth weight.
- While resting, she should lie on the left side of the body
- Routine activities should be continued with short periods of rest in between.
- She should not undertake physical activities such as fetching water and firewood, lifting heavy things, etc.
- Family members should help the pregnant woman in household chores so that she gets time to take adequate rest.



**3.3.2.7** A pregnant woman should get herself immunized against Tetanus Toxoid (TT) as per the schedule (on Page 98)

**3.3.2.8** An AWW should provide **Nutrition and Health Education** to pregnant women so that they can look after their own health and nutritional needs as well as that of the baby.



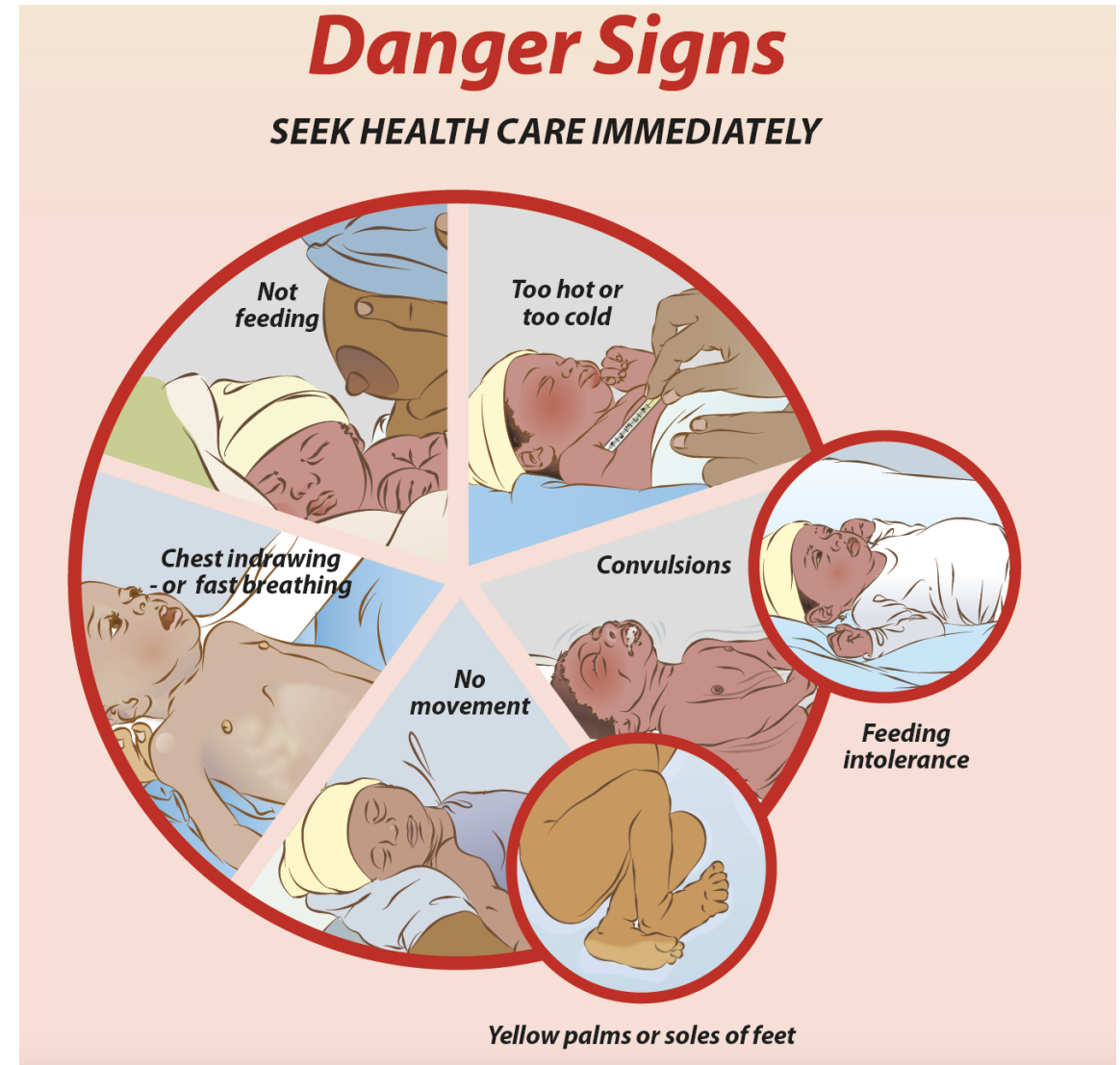
# New born care



- **Care of Low Birth Weight Babies:**
- Babies weighing less than 2.5 kg are considered low birth weight and require special care.
- Provide extra warmth by proper wrapping and covering the baby's head to prevent heat loss.
- Keep the baby close to the mother and encourage frequent breastfeeding.
- Limit the number of people handling the baby, and those with infections should stay away for at least the first month.

# Danger Signs among Newborns:

- If a newborn shows any of the following danger signs, immediate referral to the nearest hospital is crucial:
  - Baby does not suck or refuses to breastfeed.
  - Baby does not cry or experiences difficulty in breathing.
  - Baby feels excessively hot or cold to touch.
  - Baby develops yellowness in palms and soles.
  - Baby has convulsions.
  - Baby is drowsy or cries continuously.



# Breastfeeding:

- Optimal way to feed an infant, enhancing quality of life.
- Breast milk provides the necessary nutrients for baby's growth and development in the right proportion.
- Almost all mothers can successfully breastfeed; frequent breastfeeding stimulates increased milk production.
- Nighttime breastfeeding is beneficial as the milk-producing hormone is secreted more during the night, offering a relaxing effect to the mother.
- Babies should be breastfed on demand (8-10 times a day) from both breasts.
- Avoid prelacteal feeds like sugar, water, honey, ghutti, as they interfere with breastfeeding and reduce the baby's desire for feed.



- <https://youtu.be/XskYN49Ew48?si=1Ahvp1d0R9WQZZCG>
- <https://youtu.be/7msDT4nZKQo?si=HrCi98QoCTgFBLm->



## Contd..

- Breastmilk provides all the energy and nutrients that the infant needs for the first months of life, and it continues to provide up to half or more of a child's nutritional needs during the second half of the first year, and up to one third during the second year of life.



## Contd..

- Breastfed children perform better on intelligence tests, are less likely to be overweight or obese and less prone to diabetes later in life.
- Women who breastfeed also have a reduced risk of breast and ovarian cancers.
- Inappropriate marketing of breast-milk substitutes continues to undermine efforts to improve breastfeeding rates and duration worldwide.



# Contd..

- In 2012, the World Health Assembly Resolution 65.6 endorsed a Comprehensive implementation plan on maternal, infant and young child nutrition , specifying six global nutrition targets for 2025, one of which is to increase the rate of exclusive breastfeeding in the first 6 months up to at least 50% .
- Globally, less than half of all newborns (48 per cent) are put to the breast within an hour of birth – leaving far too many newborns waiting too long for this critical contact with their mothers.

# GLOBAL TARGETS 2025: TO IMPROVE MATERNAL, INFANT AND YOUNG CHILD NUTRITION



## Childhood overweight

TARGET: No increase in childhood overweight



## Breastfeeding

TARGET: Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%



## Wasting

TARGET: Reduce and maintain childhood wasting to less than 5%

# GLOBAL TARGETS 2025: TO IMPROVE MATERNAL, INFANT AND YOUNG CHILD NUTRITION



## Stunting

TARGET: 40% reduction in the number of children under-5 who are stunted



## Anaemia

TARGET: 50% reduction of anaemia in women of reproductive age



## Low birth weight

TARGET: 30% reduction in low birth weight

# EARLY CHILDHOOD NUTRITION



- Good nutrition is the bedrock of child survival and development. Well-nourished children are better able to grow, learn, play and participate in their communities. They are also more resilient in the face of crisis.
- Today, many children are not getting the nutrition they need to survive and thrive. This is especially true for the poorest and most vulnerable children.



## Contd..

- At least one in three children under 5 is affected by malnutrition in its most visible forms: stunting, wasting and overweight.
- Children affected by **stunting** – some 144 million under the age of 5 – are too short for their age, and their brains may never develop to their full cognitive potential, hindering their ability to learn as children, earn as adults, and contribute fully to their societies.

## Contd..



- **Wasting** affects 47 million children globally. Children with wasting are desperately thin, have weakened immune systems, and face an increased risk of death: They require urgent treatment and care to survive.
- **Overweight** affects nearly 38 million children under 5 worldwide.
- As global food systems shift and the consumption of processed foods high in fat, sugar and salt increases, childhood overweight is on the rise in every region of the world, particularly in middle-income countries.



## Contd..

- Children need the right foods at the right time to grow and develop to their full potential. The most critical time for good nutrition is during the 1,000-day period from pregnancy until a child's second birthday.
- In the first two years of life, breastfeeding saves lives, shields children from disease, boosts brain development and guarantees children a safe and nutritious food source.



- WHO and UNICEF recommend:
- Early initiation of breastfeeding within 1 hour of birth;
- Exclusive breastfeeding for the first 6 months of life; and
- Introduction of nutritionally-adequate and safe complementary (solid) foods at 6 months together with continued breastfeeding up to 2 years of age or beyond.





## EXCLUSIVE BREASTFEEDING ????

- Defined as the practice of only giving an infant breast-milk for the first 6 months of life (no other food or water) – has the single largest potential impact on child mortality of any preventive intervention .





# EXCLUSIVE BREASTFEEDING

- Breast milk is the best food for a baby.
- Exclusive breastfeeding upto six breastfeeding means, breast milk is the only to the infant during the first six months.
- Ensure no water during this period.
- Breast milk is the natural food that is produced in the mother for the baby.



# EXCLUSIVE BREASTFEEDING

- Breast Milk has sufficient water that is needed by the baby.
- Every mother has the capacity to feed her baby with her own milk.
- Production of breast milk increases with the frequency of suckling.
- Breast milk provides all the nutrients required for the baby growth



# EXCLUSIVE BREASTFEEDING

- Breast milk contains immunological factors which protect the baby from infections during the early stages of life.
- Breast Milk is free from harmful germs and does not cost any money
- Only if the baby not gaining weight at 4-5 months, starts complementary feeding.
- Advice from a Health Centre should be sought for such babies.

# Colostrum Feeding

- Initiate breastfeeding within half or one hour of birth, as babies are most active during this period, maximizing success of lactation.
- Colostrum, a thick yellowish fluid produced in the first two/three days after birth, is the perfect food for newborns, rich in proteins, Vitamin A, and other nutrients.
- Colostrum contains anti-infective factors, serving as the baby's first immunization against infections.
- Early breastfeeding ensures the intake of colostrum, satisfying the baby's hunger; even though the amount is small, it is sufficient, and no other food is needed.
- The act of suckling stimulates milk production, leading to a gradual increase in the mother's milk supply

# The TEN STEPS to Successful Breastfeeding

## 1 HOSPITAL POLICIES

Hospitals support mothers to breastfeed by...

- Not promoting infant formula, bottles or teats
- Making breastfeeding care standard practice
- Keeping track of support for breastfeeding

## 2 STAFF COMPETENCY

Hospitals support mothers to breastfeed by...

- Training staff on supporting mothers to breastfeed
- Assessing health workers' knowledge and skills

## 3 ANTENATAL CARE

Hospitals support mothers to breastfeed by...

- Discussing the importance of breastfeeding for babies and mothers
- Preparing women in how to feed their baby

## 4 CARE RIGHT AFTER BIRTH

Hospitals support mothers to breastfeed by...

- Encouraging skin-to-skin contact between mother and baby soon after birth
- Helping mothers to put their baby to the breast right away

## 5 SUPPORT MOTHERS WITH BREASTFEEDING

Hospitals support mothers to breastfeed by...

- Checking positioning, attachment and suckling
- Giving practical breastfeeding support
- Helping mothers with common breastfeeding problems

## 6 SUPPLEMENTING

Hospitals support mothers to breastfeed by...

- Giving only breast milk unless there are medical reasons
- Prioritizing donor human milk when a supplement is needed
- Helping mothers who want to formula feed to do so safely

## 7 ROOMING-IN

Hospitals support mothers to breastfeed by...

- Letting mothers and babies stay together day and night
- Making sure that mothers of sick babies can stay near their baby

## 8 RESPONSIVE FEEDING

Hospitals support mothers to breastfeed by...

- Helping mothers know when their baby is hungry
- Not limiting breastfeeding times

## 9 BOTTLES, TEATS AND PACIFIERS

Hospitals support mothers to breastfeed by...

- Counsel mothers on the use and risks of feeding bottles, teats, and pacifiers

## 10 DISCHARGE

Hospitals support mothers to breastfeed by...

- Referring mothers to community resources for breastfeeding support
- Working with communities to improve breastfeeding support services



# IMMEDIATE SUPPORT TO INITIATE AND ESTABLISH BREASTFEEDING

- These include:
  - Early skin-to-skin contact,
  - Early initiation of breastfeeding,
  - Rooming-in and
  - Demand feeding



## EARLY SKIN-TO-SKIN CONTACT

- Immediate skin-to-skin contact is done immediately after delivery, less than 10 minutes after birth.
- Early skin-to-skin contact was defined as beginning any time from delivery to 23 hours after birth.
- Skin-to-skin contact should be uninterrupted for at least 60 minutes. The infant is thoroughly dried and kept warm (for instance by being covered across the back with a warmed blanket).





## EARLY INITIATION OF BREASTFEEDING

- Involves a breastfeeding initiation time of within 1 hour after birth.
- Delayed breastfeeding initiation means initiating breastfeeding after the first hour after birth (1–23 hours after birth or a day or more after birth).





## ROOMING-IN

- Rooming-in involves keeping mothers and infants together in the same room, immediately after leaving the labor or delivery room after a normal facility birth or from the time when the mother is able to respond to the infant, until discharge.

# DEMAND FEEDING OR RESPONSIVE FEEDING OR BABY-LED FEEDING)



- Involves recognizing and responding to the infant's display of hunger and feeding cues and readiness to feed, as part of a nurturing relationship between the mother and infant.
- Demand, responsive or baby-led feeding puts no restrictions on the frequency or length of the infants' feeds, or the use of one or both breasts at a feed, and mothers are advised to breastfeed whenever the infant shows signs of hunger, or as often as the infant wants

## Correct Position of Mother and Child during Breastfeeding

- While breastfeeding, mother should hold the baby in correct position as it ensures adequate supply of breastmilk and reduces incidence of breast problems.
- Mother should hold her baby comfortably during feeding

### Position for Feeding

- Baby's head and neck is straight or bent slightly back.
- Baby's body is turned towards the mother
- Baby's body is close to the mother facing breast
- Baby's whole body is supported
- Baby has eye-to-eye contact with mother.



### Signs for Correct Sucking Position

- Baby's chin touches the breast
- Baby's mouth is wide open
- Baby's lower lip is turned outward
- Much of the upper dark part around the nipple (areola) is seen inside baby's mouth
- There is no pain in the nipple area during breastfeeding



- Incorrect sucking position may cause difficulties such as sore and cracked nipples, inadequate milk and refusal to feed.



# COMPLEMENTARY FEEDING



- Around the age of 6 months, an infant's need for energy and nutrients starts to exceed what is provided by breast milk, and complementary foods are necessary to meet those needs.
- An infant of this age is also developmentally ready for other foods.
- If complementary foods are not introduced around the age of 6 months, or if they are given inappropriately, an infant's growth may falter.





## GUIDILINE FOR COMPLEMENTARY FEEDING ARE:

- Continue frequent, on-demand breastfeeding until 2 years of age or beyond;
- Practice responsive feeding (for example, feed infants directly and assist older children. Feed slowly and patiently, encourage them to eat but do not force them, talk to the child and maintain eye contact);





# Contd..

- Practice good hygiene and proper food handling;
- Start at 6 months with small amounts of food and increase gradually as the child gets older;
- Gradually increase food consistency and variety;
- Gradually increase food consistency and variety;



## Contd..

- Increase the number of times that the child is fed: 2–3 meals per day for infants 6–8 months of age and 3–4 meals per day for infants 9–23 months of age, with 1–2 additional snacks as required;
- Use fortified complementary foods or vitamin-mineral supplements as needed; and
- During illness, increase fluid intake including more breastfeeding, and offer soft, favourite foods.

## HOW C-SECTION ARE LINKED TO LOW POSSIBILITIES OF BREASTFEEDING WITHIN 1 HOUR OF BIRTH

- The rate of C-section deliveries increased from 17% in 2015 -16 to 22% in 2019-21.
- C-section are particularly common in private sector (47%), public (14%) more common among first birth (28%) & higher in urban than rural areas (32% against 18%)

# SDG RELATED TO BREASTFEEDING

## Breastfeeding

is key to achieving the Sustainable Development Goals by 2030





# **THE GLOBAL GOALS**

For Sustainable Development

The **Sustainable Development Goals (SDGs)**, officially known as **Transforming our world: the 2030 Agenda for Sustainable Development** is a set of 17 "Global Goals" adopted on September 25<sup>th</sup> 2015 to **end poverty, protect the planet, and ensure prosperity for all** . Each goal has specific targets to be achieved over the next 15 years.





Breastfeeding is a natural and low-cost way of feeding babies and children. It is affordable for everyone and does not burden household budgets compared to artificial feeding. Breastfeeding contributes to poverty reduction.



Exclusive breastfeeding and continued breastfeeding for two years and beyond provide high quality nutrients and adequate energy and can help prevent hunger, under-nutrition and obesity. Breastfeeding also means food security for infants.

# 3 GOOD HEALTH AND WELL-BEING



Breastfeeding significantly improves the health, development and survival of infants and children. It also contributes to improved health and wellbeing of mothers, both in the short and long term.



Breastfeeding and adequate complementary feeding are fundamentals for readiness to learn. Breastfeeding and good quality complementary foods significantly contribute to mental and cognitive development and thus promote learning.



Breastfeeding is the great equalizer, giving every child a fair and best start in life. Breastfeeding is uniquely a right of women and they should be supported by society to breastfeed optimally. The breastfeeding experience can be satisfying and empowering for the mother as she is in control of how she feeds her baby.

## 6 CLEAN WATER AND SANITATION



Breastfeeding on demand provides all the water a baby needs, even in hot weather. On the other hand, formula feeding requires access to clean water, hygiene and sanitation.



Breastfeeding entails less energy when compared to formula production industries. It also reduces the need for water, firewood and fossil fuels in the home.

## 8 DECENT WORK AND ECONOMIC GROWTH



Breastfeeding women who are supported by their employers are more productive and loyal. Maternity protection and other workplace policies can enable women to combine breastfeeding and their other work or employment. Decent jobs should cater to the needs of breastfeeding women, especially those in precarious situations.

## 9 INDUSTRY, INNOVATION AND INFRASTRUCTURE



With industrialisation and urbanisation the time and space challenges become more prominent. Breastfeeding mothers who work outside the home need to manage these challenges and be supported by employers, their own families and communities. Crèches near the workplace, lactation rooms and breastfeeding breaks can make a big difference.



Breastfeeding practices differ across the globe. Breastfeeding needs to be protected, promoted and supported among all, but in particular among poor and vulnerable groups. This will help to reduce inequalities.



In the bustle of big cities, breastfeeding mothers and their babies need to feel safe and welcome in all public spaces. When disaster and humanitarian crises strike, women and children are affected disproportionately. Pregnant and lactating women need particular support during such times.



Breastfeeding provides a healthy, viable, non-polluting, non-resource intensive, sustainable and natural source of nutrition and sustenance.



Breastfeeding safeguards infant health and nutrition in times of adversity and weather-related disasters due to global warming.



Breastfeeding entails less waste compared to formula feeding. Industrial formula production and distribution lead to waste that pollutes the seas and affects marine life.



Breastfeeding is ecological compared to formula feeding. Formula production implies dairy farming that often puts pressure on natural resources and contributes to carbon emissions and climate change.



Breastfeeding is enshrined in many human rights frameworks and conventions. National legislation and policies to protect and support breastfeeding mothers and babies are needed to ensure that their rights are upheld.

# 17 PARTNERSHIPS FOR THE GOALS



The Global Strategy for Infant and Young Child Feeding (GSIYCF) fosters multi-sectorial collaboration, and can build upon various partnerships for support of development through breastfeeding programs and initiatives.

# Advantages of Breastfeeding

Breastfeeding is advantageous to both baby and the mother

## For Baby

- Complete food for the baby for first six months
- Breast milk is safe and hygienic
- Protects against infections / allergies
- Easily digestible and absorbed
- Higher intelligence quotient
- Promotes emotional bonding & development

## For Mother

- Helps delay in a new/another pregnancy
- Protects mother's health
- Prevents anaemia and breast & ovarian cancers in mothers
- Helps in contraction of the womb

# Problems of Bottle Feeding:

- Mothers should avoid using bottles at any age, as it can be harmful and lead the child to refuse breastfeeding.
- Baby foods are expensive, and over-dilution can result in malnutrition.
- Improper preparation and lack of hygiene in bottle feeding can lead to infections.
- Unfinished bottle feed left until the next feeding can spoil and cause infection if consumed.
- Uncovered teats exposed to flies and dust increase the risk of infection.




# Dangers of Artificial Feeding:



- Mothers should avoid giving artificial milk or powdered milk to babies below six months as it is not as good or complete as breast milk.
- Artificial feeding includes infant formula (powdered milk), animal milk (cow, buffalo, goat, camel milk), and condensed milk.
- Difficulties faced by mothers using artificial milk:
  - Lack of appropriate amounts of proteins, fats, vitamins, and minerals needed by the baby.
  - Different quality of proteins compared to breast milk.
  - Higher amounts of salt, calcium, and phosphate.
  - Increased chances of infection, indigestion, and respiratory infections.
  - Expense and lower nutritional value compared to breast milk.

# Summary

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## 3.7 Nutrition and Health Care of Infants and Children (Below 6 Years)

Age of Children	Nutrition Care	Health Care
<p>0-6 Months</p> 	<ul style="list-style-type: none"> <li>● Start breastfeeding within half an hour to 1 hour after birth.</li> <li>● An infant should be <b>exclusively breastfed (not even water)</b> upto six months of age.</li> <li>● An infant should not be given honey, water sweetened with sugar, glucose and jaggery, ghutti or janam ghutti after birth.</li> <li>● Breastfeed an infant as often as he/she wants during day and night.</li> <li>● Contact a health worker, if mother is not able to breastfeed the infant.</li> </ul>	<ul style="list-style-type: none"> <li>● Get regular health check up done.</li> <li>● Immunize the child against BCG, DPT and Polio.</li> </ul>
<p>6-12 Months</p>  	<ul style="list-style-type: none"> <li>● Continue breastfeeding as long as the child wants.</li> <li>● Foods which are given to the child after the age of six months in addition to breastmilk are called <b>Complementary Foods</b>. These help the child to grow adequately and prevent malnutrition.</li> <li>● Complementary foods should complement rather than replace breastmilk. Give semi-solid foods 3 times per day if the child is breastfed and 5 times per day if not breastfed.</li> <li>● Following points should be kept in mind while giving complementary food:             <ul style="list-style-type: none"> <li>– Complementary foods that can be given are dalia, rice, suji, kheer, dal, mashed chappati, milk, curd, seasonal fruits (such as banana, papaya, guava, mango, etc.), vegetables (such as potatoes, carrots, green leafy vegetable, pumpkin etc.), meat, fish and egg.</li> <li>– Complementary foods given to child should be:                 <ul style="list-style-type: none"> <li>❑ Semisolid in consistency but not watery, inexpensive and easy to prepare, preferably from foods available at home (feeding from 'Family Pot')</li> <li>❑ Easy to digest, freshly prepared, clean and less spicy.</li> <li>❑ High in calories and should provide proteins, Vitamin A, iron etc.</li> <li>❑ Add a little ghee/oil and green leafy vegetables to mashed roti/rice/ bread/ or khichri.</li> </ul> </li> <li>– Introduce one food at a time and add variety.</li> <li>– Practice Active feeding.</li> </ul> </li> <li>● Children can also be given <b>Supplementary Nutrition</b> provided at AWC.</li> </ul>	<ul style="list-style-type: none"> <li>● Get regular health check-up done.</li> <li>● Immunize the child for measles at the age of nine months.</li> <li>● Give Vitamin-A along with measles vaccine.</li> </ul>

Age of Children	Nutrition Care	Health Care
<p data-bbox="122 125 384 205">12 Months – 2 Years</p> 	<ul style="list-style-type: none"> <li>● Breastfeeding should be continued as long as the child wants.</li> <li>● Feed the child 5 times per day.</li> <li>● Give adequate servings of foods such as rice, dal, chapati, biscuits, milk, curd, seasonal fruit (such as banana, guava, mango, etc.), vegetables (such as potatoes, carrots, green leafy vegetables etc.) meat, fish and eggs.</li> <li>● Increase the quantity gradually and the child should be given non-spicy food. Use only iodized salt for the child.</li> <li>● Actively feed the child and encourage the child to eat himself.</li> <li>● By the time the child is 1½ years, the child should eat half the food an adult eats.</li> <li>● Continue feeding during illness.</li> <li>● Give <b>Supplementary Nutrition</b> provided at the Anganwadi Centre.</li> </ul>	<ul style="list-style-type: none"> <li>● Get regular health check up done.</li> <li>● Give Vitamin A solution at an interval of 6 months.</li> <li>● Immunize the child for DT (booster dose) vaccination.</li> </ul>
<p data-bbox="71 682 295 722"><b>(2-5 Years)</b></p> 	<ul style="list-style-type: none"> <li>● Feed 5-6 times a day.</li> <li>● Feed adequate quantity of family foods three times a day. Also give nutritious snacks such as pakoras, biscuits, chikki, ladoos, panjiri, peanuts and gajak 2 times a day between family meals</li> <li>● Observe the amount of food the child eats to ensure that he is eating enough. Use only iodized salt for child's food.</li> <li>● Encourage the child to eat himself. He should be given foods that she/he can hold and eat.</li> <li>● Caregiver should encourage the child to try new foods by showing that she/he also likes the foods.</li> <li>● If a new food is refused, small amounts as "tastes" should be repeatedly offered over several days.</li> <li>● Eating every day at the same time helps the child to have a good appetite and he eats more.</li> <li>● Give <b>Supplementary Nutrition</b> provided at the Anganwadi Centre.</li> </ul>	<ul style="list-style-type: none"> <li>● Get Regular health check up done.</li> <li>● Give Vitamin A solution at an interval of 6 months and immunize the child for DT Vaccine</li> </ul>



## BREASTFEEDING IS STILL IMPORTANT AFTER YOUR BABY TURNS ONE.

Breastmilk continues to provide **important nutrients** for as long as your baby continues breastfeeding.

Babies who breastfeed into the second year and beyond are **less likely to become overweight**.

Breastfeeding helps your baby fight off infections and builds a **stronger immune system**.

### BREASTFEEDING IS GOOD FOR MOTHERS TOO.

It reduces your risk of breast and ovarian cancers, type 2 diabetes and cardiovascular disease.

The longer you breastfeed the more these risks are reduced.

WHO recommends breastfeeding your baby for two years or more, and then for as long as you and your baby want to keep breastfeeding.

# THANK YOU