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# Micronutrients in Child Growth and its Effects leading to Obesity

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## INTRODUCTION

Disasters threaten children's nutritional status and affect their mental, physical and social health. Adequate Infant and Young Child Feeding (IYCF) in disasters prevent malnutrition and saves lives. Significant progress has been made in providing nutrition assistance in times of disaster, but child malnutrition remains evident. This scoping review study was conducted to identify nutritional gaps in children during disasters. Articles published in PubMed (1946-2020) were primarily retrieved and scored with the addition of some relevant articles. A total of 103 articles were included in the scope of this review. Increased morbidity and mortality due to malnutrition (macro and micronutrient deficiencies), communicable diseases, and mental health problems are the nutritional impacts of disasters. Pre-disaster malnutrition, food insecurity, shelter living conditions, poor breastfeeding practices and socio-cultural factors, organizational and administrative challenges has a significant impact on child nutrition during disasters. As a result of their efforts and collaboration, standardized guidelines and codes were developed and presented as the IYCF's Sphere Project and Operational Guidelines in Emergency Situations. The study recommends a well-coordinated and defined approach that includes preparedness, advocacy, policy development/update, and nutrition education for children, families, and caregivers. The child requires regular nutritional assessment and emergency nutritional support by a designated IYCF authority. Education and participation of the population is also important. Future evaluations should examine food allergies in children and the effect of diet on children's mental health during disasters.

## DESCRIPTION

Diversity in infant diets is often inadequate in developing countries. Using data from a randomized controlled cluster study in Bangladesh, we evaluated the impact of digital research-guided nutritional counseling on dietary diversity in children aged 6 to 23 months. In this study he had 5 arms, each with 25 clusters. Four intervention groups were counseled with digital task aids and various prenatal and postnatal combinations of lipid-based nutritional supplements and a comparison group with usual practice. 1,500 pregnant women were followed until their children reached their second birthday. We developed a tablet-based system for intervention delivery, data collection, and project monitoring.

## CONCLUSION

There are several barriers to breastfeeding for physician mothers, including no convenient place to express breast milk, unpredictable and inflexible schedules, and lack of time to breastfeed and express. A survey of physicians working in surgical and procedural specialties, including anesthesiology, revealed that the lack of breastfeeding facilities close to operating rooms is a barrier to breastfeeding. Unlike other physicians and clinicians in various healthcare settings, anesthesiology is unique in that it often does not have built-in rest periods or predictable end times for operating room schedules. As a general rule, we have established a rest system within the facility to ease meal breaks for trainees, anesthesiologists, and anesthesiologists. This rest system may not be sufficient to accommodate the required frequency or length of breastfeeding sessions. Additionally, these pausing systems typically do not alleviate anesthesiologist monitoring during meal times and breastfeeding. A multidisciplinary study of physician mothers found that anesthesiologists were significantly more likely than women in other medical specialties to self-report maternal discrimination. The study defines maternal discrimination as discrimination based on pregnancy, maternity leave, or breastfeeding. As a workforce and profession, we need to support breastfeeding anesthesiologists and facilitate breastfeeding when they return to work.

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