

## New Urban Families

Conclusions and recommendations of a workshop on nutrition  
of the International Paediatric Association

By

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### *Explanatory note:*

The discussions at the Workshop were restricted specifically to the nutritional problems of families who move from rural to urban areas. The phrase "New Urban Families" has been used to describe them. It is clear that the magnitude and the nature of the problems differ markedly in different countries. It is also evident that some of the problems relating to their nutrition are generally applicable and that no government can deal with the problems of New Urban Families without also considering the needs of the population of the whole country. Nevertheless, the problems of New Urban Families are so acute, that they merit detailed consideration in their own right.

### CONCLUSIONS

1. The nutritional state of children in New Urban Families is frequently unsatisfactory.

2. A decline both in the proportion of mothers breast feeding their children and in the duration of breast

feeding commonly occurs. In these circumstances early weaning and inadequate supplementary feeding are important causes of undernutrition during the first year of life.

3. Among the factors leading to a decline in breast feeding the following seem to be important:\*

- (a) Socio-cultural changes.
- (b) Mothers going out to work.
- (c) Imitation of friends, neighbours or prominent persons who have achieved success in raising their babies with bottle feeding, which thus may acquire a higher status value.
- (d) Easy availability of human milk substitutes.
- (e) Inappropriate promotion of commercial infant formulas.
- (f) Misconceptions on the part of mothers about the value of breast milk.
- (g) Personal embarrassment.
- (h) Fear of losing female attractiveness.
- (i) Mothers busy with social engagements.

\* These are not listed in any order of priority.

- (j) Psychological stresses.
- (k) Lack of sympathetic and enthusiastic orientation of health workers including doctors, both in and out of hospital.
- (l) Influence of largely disease-orientated health services.

4. Unavailability of home-grown foods, higher costs and insufficient understanding of shopping and monetary values in cities contribute to the children in New Urban Families receiving an unbalanced and unsatisfactory diet.

5. Family stresses from economic, employment and housing difficulties contribute to nutritional hazards.

6. The rapid growth of New Urban Areas often leads to shanty towns with an inadequate water supply and poor sanitation, with consequent detrimental effects on nutritional status.

7. Advertising by commercial firms may lead to parents buying foods which are not the most suitable or the most nutritious for their children, and it often leads to an injudicious use of limited financial resources.

8. The use of improperly prepared or excessively diluted infant foods may lead to nutritional deficiency.

9. Two major lines of attack are necessary:

(a) Because of the immense difficulties of providing a substitute for breast milk which *under the prevailing conditions* is even marginally acceptable from nutritional, hygienic and financial points of view, maximal efforts should be made to counteract a further decline in breast feeding.

(b) When all attempts to encourage

breast feeding are not being successful and cow's milk preparations are not available, the use of inexpensive feeding mixtures, essentially based on plant foods, which can fulfil the needs of growing infants must be considered. A small percentage of animal protein enhances the nutritive value of such mixtures; using limited supplies of milk and/or fish protein concentrate in this way may be most rewarding.

10. Milk provision from outside sources cannot, especially in the more populous countries, meet the nutritional needs of all the children on a secure or permanent basis, such supplies being inevitably inadequate and also subject to sudden cut-off because of political or other changes.

11. Paediatricians should engage themselves positively and energetically in systematic efforts to promote the domestic production of protein-rich low-cost foods, useful as supplements during the weaning period. This can relate both to commercial production and to home-made foods. The latter deserve much more prestige than has been given to them so far. In many areas it is more useful for weaning foods to be home prepared rather than industrially produced.

12. In some areas calorie deficiency may be as important as protein deficiency.

13. Foods from indigenous sources must be acceptable to the population, be economical, have good storing qualities and be available on a permanent basis. Problems in acceptability of such foods are often associated with prestige attitudes.

14. Every effort must be made to ensure that when milk or other protein-rich foods are provided from outside sources they do not:

- (a) depress efforts to increase the production of protein-rich foods from indigenous sources,
- (b) make the acceptance of indigenously available protein-rich foods more difficult to achieve.

15. Problems of hygiene in the preparation of foods for infants should be emphasized, notably the hazards associated with bottle feeding.

16. Before making changes, careful consideration should be given to established local practices and the reason for these.

17. Grossly inadequate feeding of institutionalized children is unfortunately still a problem in some urban areas. Sufficient attention should be given to providing and properly controlling the hygiene of nutritious diets.

18. Special attention should be given to food supplementation or pregnant and nursing mothers.

19. Efforts should be designed to meet the important nutritional needs of the preschool and the out-of-school school age child.

20. Attention should be given to the advice and services to families which can lead to the spacing or limiting of pregnancies, this being of great importance not only for the nutrition of the mother, but also of the offspring.

21. Many situations highlight the necessity for co-operation between paediatricians, obstetricians, nutritionists, educators, economists, agri-

culturalists and social authorities at national, community and family levels.

22. Sometimes there is a lack of understanding by the executive officers of governments of the seriousness of the nutritional problems in New Urban Families.

### RECOMMENDATIONS

1. The seriousness of the problem of malnutrition in New Urban Families should be brought to the attention of governments.

2. Similarly, steps should be taken to ensure that the problem be better recognized by medical and paramedical personnel.

3. The maintenance of breast feeding is a major public health measure. Every effort to promote it should be made through education, and by emphasis in both the training of health personnel and in the planning of a food and nutrition policy.

4. While recognizing that the maintenance of breast feeding is of the greatest importance, action should be taken to minimize the ill effects of any decline in its incidence and duration.

5. It must also be recognized that cow's milk, whether fresh or processed, is often not available, nor likely to be available, in sufficient quantity for a majority of children in New Urban Families, so action must be taken to provide alternative foods from indigenous sources.

6. Exchange of information about the problems of preparing and market-

ing protein-rich foods should be encouraged.

7. Realizing the paramount importance of good nutrition during early life, especially during the first six months and that, under the conditions prevailing among under-privileged groups in developing countries, it is extremely difficult to substitute any suitable food for breast milk, the formula-producing food companies should observe great caution in applying methods of promoting their products.

8. The skills and interests of commercial companies may be used in the promotion and distribution of supplementary foods, which are suitable both in composition and cost.

9. Persons contacting mothers should be so well-informed that they are able to look at the nutritional problems of the family as a whole. They should never use their influence to promote a particular product in such a way that it could be detrimental to good breast feeding practices.

10. Public educational efforts in nutrition should be strengthened through school programmes, mass media, etc., as well as through family care.

11. All opportunities of contact with health services, homes, clinics and hospitals should be utilized for the nutritional education of children, parents and families.

12. The paediatrician should feel it is his responsibility as a specialist in child health to engage very actively in the communication of sound knowledge in infant feeding.

13. In educational programmes related to the feeding of infants and young children much emphasis should be given to influencing the "New Elite" groups.

14. Examples of research aimed at collecting much needed new information would be:

(a) An international co-ordinated study on breast feeding in different areas of the world. (The socio-cultural dynamics of breast feeding.)

(b) An international co-ordinated study on the nutritional status of New Urban Families.

15. Because of the close interrelationship between nutrition, infection and the spacing of pregnancies, none can be considered in isolation.

16. Training programmes should be improved and expanded so that more and better qualified persons are available to provide the necessary education and services to the public.

17. The importance of improving the nutritional state of children, as compared with providing solely curative medical services, should be emphasized to governments.\*

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\* The cost for the hospital care of one single child with severe malnutrition may amount to large sums which could be used much more appropriately in preventive health work to the benefit of a number of children.

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