Review Article

Parity in Disparity

Aanya Shahani

While I have been cognisant of the fact that our country has been transforming rapidly, it was a revelation that among the poor even the rudimentary outlook to food has altered along with the change that comes with progress. This write up is an amalgamation of information I have gathered over 7 months.

An educational project with AngelXpress slum children over 3 months gave me insights into their lifestyle and eating habits. We noticed a lot of children were anaemic after taking note of their height, weight, BMI and pale skin colour.

It was then that I decided to probe further to talk to few medical and social service workers who work with slum children in Mumbai. I also spoke with some doctors who work on ground with slum workers in villages in Maharashtra. The objective of this project was to draw a comparison of lifestyle and food habits among the urban poor and rural poor.

The social workers in Mumbai routinely said that the children snacked on packet foods, fell sick often and hence missed school. They were not taken to doctors immediately for treatment. They often suffer from viral infections, short breathing, water borne diseases and skin/ eye infections. This clearly indicates low immunity and lack of hygiene in their environment.

As I explored the eating habits further in Maharashtra, I found that a more affluent rural region in Panchgani, Raigarh district has similar trends. A maid in that region who earns Rs. 8000 monthly brings home 3 packets of `Kurkure' for her children. She is oblivious that they could have eggs/ vegetables instead of junk to keep them satiated. As I went deeper into a poorer village in Chinchghar, I spoke to a lady who repairs roads. She too bought cheap biscuits to fill her children's stomach when it came to snacking. The social worker of Palghar district, the most malnourishment affected area in Maharashtra, revealed that children came hungry to school. They waited for the free afternoon meal provided by the government and that was their motivation to come to school. The free lunch is carbohydrate heavy and doesn't have any of the micro nutrients. It fills their stomach but leaves them malnourished. The signs of iron deficiency is visible through dark, puffy eyes and marks on their face. If they can afford to buy a snack, they prefer packaged junk. After all it is cheaper to buy a packet snack costing Rs.5-10 versus making dal chawal for the child. The girl children are discriminated against and

Student of Dhirubhai Ambani International School, Bandra Kurla Complex, Bandra (East), Mumbai - 400 098.

given less food. These insights are uniform across urban and rural poor.

On speaking with some paediatricians it was revealed that many of the children had respiratory disorders and fell sick often. This leads to overall weak immunity and hence they grow up with weak systems. It is a vicious cycle as during child birth a weak mother gives birth to a weak child. The cycle of malnourishment continues inadvertently. The government has an initiative to provide iron supplements to children and lactating mothers. The children tend to spit out the medication as they don't like the taste. We need to find a solution to this problem which is rising in epidemic proportions.

We are reaching a crisis where the poor can afford packaged foods but cannot afford the illnesses related to this lifestyle. They do not realise the repercussions of poor dietary habits on their health and future. They can ill afford medical costs. According to the statistics provided by the NGO that pioneered 'The Breakfast Revolution' in coordination with the government, 90% of adolescent girls are malnourished. This is an alarming figure.

Understandably so, the well-being of their children is important to the poor. They are easily influenced by media, hence make these food choices believing it to be healthy or harmless for their children. We can't only blame the western culture percolating in our system. It is our own media which is the biggest influencer of this lifestyle change. They are informed enough to check the expiry date of packaged food but not educated enough to understand the food choice for the betterment of their family. They do not know that deficiency of iron or protein could lead to life threatening diseases.

Some even proudly said that they feed their children 2 almonds almost every day. The doctor working in rural areas recommended that they give their children a handful of peanuts to gratify their hunger which also gives them enough nutrients. Peanuts are a lot more affordable but lack the status of almonds. The urban and rural poor have enough disposable income which is irrationally spent. Children are not malnourished due to starvation. They are malnourished due to unhealthy eating habits.

There is dire need to educate the poor on nutrition and impacts of food and poor nutrition. I repeat, it is a crisis because it is going to affect the well-being of the nation if we don't have healthy children and youth. We cannot afford first world social care expenses as a nation.

In the following months I plan to educate the children in the slums of Mumbai and small villages around the backwaters of Tapola, Raigarh district, on nutrition, immunity and associated deficiencies, on how to prevent diseases and ensure their life is rich and nourished. Children are the biggest influencers and teachers of their parents. We could work at changing the mindset of the society.

Little steps such as nurturing a kitchen garden in villages will help inculcate a sense of wellbeing. In the

villages around Panchgani, I have assisted the local doctor and taught them how to grow spinach and other green vegetables such as drumsticks in a kitchen garden, as these are high in iron. I also assist in educating the young mums on nutrition for babies and themselves. Over the years it has made a substantial difference to the health of the community. They need constant and continuous education on the benefits of nutrition and the ill effects specially of iron deficiency, which is very high in India. At every point of interaction they need to be educated on nutrition. A good example would be during immunisation the doctors can educate young moms on weaning foods for the child. Many such points of influence can be taken advantage of.

The NGOs are trying their best to promote nutrition and hygiene in 'Aanganwadis' but the force of strength is not enough. In my capacity, I plan to take advantage of it at NGO schools and aanganwadis in villages. I hope more doctors and social workers take every opportunity to make this their personal endeavour.

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Inferences gained from secondary data sources

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Paving the Way for Improved Treatment of Acute Stroke with Tenecteplase

The treatment of acute ischaemic stroke is changing rapidly. Three years ago, endovascular thrombectomy was added to thrombolysis with intravenous recombinant tissue plasminogen activator (alteplase) as a cornerstone of treatment of acute stroke.

Tenecteplase is a genetically engineered variant of alteplase with superior fibrin specificity that could provide greater thrombolytic activity than alteplase, potentially averting the need for thrombectomy.

Tenecteplase has a long half-life and can be administered as a bolus, in contrast to alteplase, which is infused over a period of 1 hour; this difference could have the desirable effect of reducing the time between the onset of stroke and thrombectomy.

The trial conducted by Campbell at al. has paved the way for tenecteplase to provide an alternative or replacement for alteplase in patients undergoing bridging therapy for acute stroke and to avoid thrombectomy procedures in some patients.

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