

FEEDING AS A SOCIAL AND DEVELOPMENTAL ACTIVITY

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The argument presented in these pages goes as follows:

As UNICEF looks "beyond survival," programmes fostering both growth and psycho-social development will grow in importance. These two programming lines should be considered together. In nutrition programmes, how a child is fed should be attended to — along with attention to screening and to what and how much a child is fed. That is so because feeding is a social activity with psychosocial developmental purposes as well as a nutritional activity with nutritional and growth purposes. These purposes, and the effects of programmes directed toward fulfilling them, are inter-related. The quality of the social and psychological interaction during feeding affects nutritional status both through a physiological effect on the child and through its influence on the amount of food the child demands and ingests.

The effect of social interaction and psycho-social development on nutrition is not as well documented or accepted as the reverse effect of poor nutritional status on, for instance, sociability and mental development. That knowledge gap is perpetuated by bureaucratic and academic specialization and compartmentalization (which works against joint consideration of nutrition and child development programming,) fostering a piecemeal rather than an integrated view of early growth and development. Thus, nutrition manuals and interventions rarely include serious attention to the psycho-social factors that affect and are affected by how a child is fed. A special effort is therefore needed to unite growth and developmental perspectives in both nutrition and early childhood programming.

In the following pages I will present a brief rationale for increasing attention to growth and development, discuss the interaction of the psycho-social and nutritional dimensions of feeding, examine several nutrition manuals for their treatment of the social dimension of feeding, and suggest some programme implications.

child development manuals and interventions focus on the effect of nutrition on psycho-social development rather than on the interaction. Growth and development are used

A Rationale for Attending to "The Eleven Who Survive":

The infant mortality rate for developing countries dropped from 150 per 1000 in 1960 to 84 in 1985, and is projected to be below 50 by the year 2000. Put another way, whereas one in six children died before age one in 1960, one in twelve dies today. Turning this around, 11 of 12 children now survive. By the year 2000, 19 of 20 children are expected to survive to age one; many countries with which UNICEF works have already reached that level. Unfortunately, because most surviving infants live in the same debilitating circumstances that put them "at risk" of death, they are now "at risk" of debilitated or delayed growth and development with attendant long-term consequences. Increased attention is needed to those who survive.

These simple demographic facts should be seen in light of moral, scientific, social equity, economic, and programmatic arguments for increasing attention to "The Eleven Who Survive."

The morale argument. Children have a human right to be able to grow and develop to their full potential. Allowing malnourishment, stunting, disability, and arrested development to occur at a high rate among young children when most of it could be prevented violates that basic right.

The scientific argument. Evidence from the fields of physiology, nutrition and psychology indicate that the early years are critical to health and in the formation of intelligence, personality, and social behavior. Moreover, as children grow older, negative effects on development and behavior can accumulate.

The social-equity argument. Exceptionally stressful conditions inhibiting a person's healthy growth and development in the early years affect the poor more than the rich, reinforcing social inequities. The disparities are often gender linked as well.

The economic argument. Investments in health, nutrition, and stimulation early in life can bring a high return by increasing a person's productivity in later years. Moreover, preventive programmes can produce savings by, for instance, reducing the later need for expensive health care or by improving the efficiency of education systems through reductions in dropout, repetition, and remedial programmes.

The programmatic argument. The effectiveness of health and nutrition programmes can be increased by combining them with early childhood stimulation and education, and vice versa, taking advantage of the interactive effects.

In sum, there is a strong basis for increasing the attention given jointly to UNICEF programming for early childhood growth and development.

The Interaction of Social and Nutritional Dimensions of Feeding

This brief section draws heavily on the work of Marian Zeitlin and Mohammed Mansour. Readers who would like to pursue the topic in greater depth are referred to their paper prepared for the WHO/UNICEF Joint Nutrition Support Programme and titled "Positive Deviance in Child Nutrition: With Emphasis on Psychosocial and Behavioral Aspects and Implications for Development."*

Why should one pay attention to the social dimensions* of feeding? First, feeding provides natural and frequent opportunities for interaction between caregivers and children. Feeding is a time when a child can be held, cuddled, looked at, talked to and responded to, all of which can contribute to its psychological and social health and development. Second, and the point of emphasis in this paper, the social effects of feeding (and more generally, of enhanced psycho-social development) can have an influence on nutritional status. There seem to be two reasons for this. The first is a physiological reason, related to stress:

"It has long been known that psychological stress causes protein catabolism. A stressful caretaker-child interaction, therefore, can be expected to increase protein requirements while tending to decrease the amount of food that the child consumes. Pleasantly stimulating interactions, on the other hand, enhance the child's tendency to exercise its developing organ systems and hence to utilize nutrients for growth and development." Moreover, stress and depression are linked to health. "There is increasing evidence that psychoactive peptides such as natural opiates produced by the human brain in association with psychological mood, attract immune cells to parts of the body where they are needed to fight infection or repair damaged tissues. Monocytes, which are attracted by such peptides secrete hormones." (Zeitlin and Mansour, p. 53)

The second way social interaction can affect nutritional status is through its influence on the amount of food the child takes in. On a general level, a child that is psychologically and socially alert demands more from its environment (including demands for food) and is more likely to elicit responses from its caregivers. A mother who is sensitive to her child's responses as she feeds will get more food into the child than one who is not.

"The baby's ability to make its desires known and to respond to feeding opportunities offered by the mother in a manner that is not apathetic, excessively distracted, or self-assertively rejecting, may affect its growth." (Zeitlin and Mansour, p.61)

The conclusion to be drawn from the above is that the social dimension of feeding should be included in discussions of nutrition. It seldom is.

*Reference to the social dimensions of feeding in these notes is not to the social status of a child or its family, nor to the surrounding socio-economic circumstances that will have a conditioning affect on the process. Those "social dimensions" are important, of course. Rather, reference is to the social and psychological interaction between the mother (or other caregiver) and an infant or toddler that occurs in the process of feeding.

Nutrition Manuals

A brief discussion of two manuals will illustrate the cursory treatment by nutritionists of the social dimension of feeding and of early childhood development as it is related to nutrition.

1. Margaret Cameron and Yngve Hofander. Manual on Feeding Infants and Young Children. Third Edition. Oxford: Oxford University Press, 1983. This manual was prepared under the auspices of the FAO/WHO/UNICEF Protein Advisory Group.

This manual is intended primarily for professional groups who have some basic knowledge of nutrition, child health, home economics, etc. Early childhood development, as first mentioned in a paragraph on p. 5, is treated exclusively in terms of the development of skills related to the functioning of the brain. An initial chapter dealing with risks and screening includes brief mention of developmental "milestones," treated as a screening device, much as a growth chart. The only mention of the social dimension of feeding is in relation to breastfeeding where two pictures make the points that "quiet confidence insures successful lactation and² breastfeeding establishes a close and happy contact between the mother and child. The effect of this quiet confidence and contact on the nutritional status of the child is implied but not explicit. In one of the pictures the mother is looking at her child; in the other she is not. A paragraph labeled "social aspects of breast-feeding" does not include anything about interaction between the mother and child. A summary of advantages of breastfeeding has nothing about interaction or about psychosocial development. A chapter dealing with the management of breastfeeding has nothing about holding, gazing, interacting or talking. The same holds for a chapter on "replacement feeding." Guidelines for weaning do not include anything about mother-child interaction (or its absence).

2. Karen Mitzner, Nevin Scrimshaw, and Robert Morgan (ed.), Improving the Nutritional Status of Children During the Weaning Period, A Manual for Policymakers, Program Planners and Fieldworkers, 1985. Prepared for the Office of Nutrition, U.S. Agency for International Development.

The cover of this manual shows a woman feeding a child, but with the child turned toward the camera and away from the mother. In a chapter dealing with collecting information about feeding practices, attention is given to what is fed and to whether food is properly prepared, but none is given to the actual feeding practice or to mother child interaction. A section on "Feeding Techniques" does not deal with interaction, except to say that by the time the child is two years old it should be given its own portion of the family food and be allowed to eat by itself. There is no treatment in the book of the interaction between mother and child in feeding.

The point of these examples is simply to illustrate how knowledge is compartmentalized. Most child development manuals pay minimal attention to nutrition.

Programme Implications

1. Nutrition programming and early stimulation/child development programming should be considered together.

2. Nutrition manuals for professionals and field workers should discuss the two-way relationship between early development and nutritional status and should give attention to how a child is fed as well as to identifying growth faltering and to improving diets.

3. Nutrition education messages and materials prepared for parents and caregivers should include attention to the social and developmental aspects of feeding (just as child development messages should include information about nutrition). For instance, encouragement should be given to holding and talking to the child when feeding. Pictures of feeding should show the mother (caretaker) and child in eye-contact. More general attention to stimulation should be promoted. Such advice may seem to be simplistic or to insult natural mothering abilities. Yet many cultures have rules against "spoiling" infants which reduce interactions. In some places there is a belief that infants of 12 months should be able to feed themselves, a practice that can contribute to undernutrition. And, if a bottle is introduced (like it or not) there is a tendency to leave the child alone rather than to hold it while feeding. Active persistent feeding by the mother should be encouraged. Obviously, harassing depressed mothers with social marketing messages telling them to "smile and be cheerful with your baby" will not be productive. On the other hand, awareness or reminders of both the positive effects of interaction and the negative effects of stress will be helpful in less extreme circumstances, particularly when someone other than the mother is responsible for feeding as the child is weaned. And a child that is helped to be more alert and inquisitive will increase its chances of thriving nutritionally.

These suggestions look well beyond the current strategy that focuses on growth monitoring to a strategy of feeding and developmental actions.