

The impact of covid-19 on maternal and child undernurtit

Shannon Lovell Greene

University of Monash University, Australia

The COVID-19 pandemic has had a devastating and unanticipated effect on destabilising nutrition globally, but more markedly in middle and low-socioeconomic countries (Fore et al., 2020, p. 517). The most significant burden of the global destabilisation of trade routes, transportation, disruption of production and social distancing has created a deficit in fresh and affordable food, which is most noticeably affecting maternal and child nutrition. Health systems are beyond strained, humanitarian response and engagement has been minimal. This diminishing contact is forcing individuals to pursue nutrient poor substitutes (Robertson, et al., 2020, p. 902). The economic downturn has become protracted without an end in sight, creating a malnutrition epidemic, that more harshly affects children and expectant mothers and even render them more likely to suffer extreme symptoms of COVID-19 (Headey, et al., 2020, p. 1).

Globally nutrition has suffered a tremendous blow during the COVID-19 crisis. Malnutrition rates have grown exponentially as supply lines and a global recession have limited nutritious food sources and more people than ever are struggling with poverty and isolation. Children have become more vulnerable as food shortages have meant fewer school meals, greater access to poorer quality alternatives and due to maternal wasting and malnutrition breastfeeding rates are falling (Gundersen and Ziliak, 2015, p. 1834). Women are struggling to maintain their own nutritional needs, jobs are scarcer and incomes are suffering, feeding their children places a further burden on their own bodies which require substantially higher caloric intake to sustain themselves and their children and finally living in close quarters, unable to social distance places them at further risk of contracting infectious diseases (Farhadi and Ovchinnikov, 2018, p. 168). Governments and health authorities are not adhering to global health advice (WHO, 2020) – such as leaving COVID-19 affected or suspected affected women to breastfeed their babies, as they act out of misguided concern for the children involved. Governments themselves are financially struggling and their usual resources are stretched or completely broken due to trade restrictions, travel bans and the fall in agricultural productivity, and have reduced funding to school lunch programs and regional meal programs (Kluge et al., 2020, p. 2020). Thus it has fallen to international humanitarian and global health programs to both create awareness and understanding around malnutrition and expose how a global pandemic has adversely impacted on maternal and child health (Lambrecht et al., 2020, p.1), and also provide access to nutritional substitutes and high quality foods in many regional areas to stem the rise of malnutrition – a task that is immense and unfeasible long term, and demands global attention to initiate procedures to mitigate this disaster

Biography:

Shannon Lovell Greene is a transgender registrar in obstetrics and gynecology in regional Australia with a special interest in law and ethics as it pertains to reproductive rights. He has completed BSc, BA, LLB, Master of Bioethics, MBBS and is currently studying MPH and Master of Forensic Medicine.