Covid-19:

Ensuring Proper Nutrition for Children

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Introduction

To halt the transmission of Covid-19, schools all over the country have been closed as part of the Movement Control Order (MCO). The Deputy Education Minister has announced that schools won't open immediately after lifting the MCO, now slated for 29 April¹. School closure not only disrupts classroom learning, but also prevents children who rely on the Program Sarapan Pagi (PSP) to get their first meals of the day. The first phase of the PSP began on 20 January, catering to 37,000 students from poor households². This number doesn't include beneficiaries of other programmes such as the Program Hidangan Berkhasiat di Sekolah by the Ministry of Health (MOH). With such programmes interrupted, the Covid-19 Prihatin response should include feeding these children.

¹ EdgeProp.my (2020)

² MOE (2019), Lee (2020)

Meeting nutrition needs

For children, the time in school coincides with the time of their rapid physical development³. As such, it is crucial that school children eat a balanced diet meeting all essential macro and micronutrient requirements. In Malaysia, food from programmes such as the Rancangan Makanan Tambahan (RMT) met a fourth to a third of primary school children's daily macronutrient requirements⁴. With schools closed, many children may be forced to skip meals, especially if parental income has been cut by the MCO. Undernourishment compromises health and increases the risk of contracting diseases⁵. Additionally, undernutrition can cause both physical and cognitive harm in the long-term⁶.

In 2017, almost one-tenth of school-going children aged 10-17 were stunted i.e. too short for their age⁷. Another type of malnutrition, hidden hunger i.e. involving deficiencies of essential micronutrients, undermines the long-term health and prospects of the children. Without the proper interventions, these will likely deteriorate.

On the other end, there are concerns about the pandemic's effects on obesity. Among the Association of Southeast Asian Nations member states, Malaysia has the second-highest prevalence of childhood obesity after Brunei⁸. During the MCO, food at home spending is the only expenditure category to increase for most households⁹. We should worry if the bulk of this increase is for low-cost, highly processed, easy-to-cook foods high in saturated fats, sugar, salt and other problematic additives¹⁰. Findings from an online survey by the Department of Statistics (DOS) indicate that purchases of ready-to-eat meals were lower during the MCO than before it, but we cannot generalise from these trends as the sample may not be representative of the general population due to the sampling method¹¹.

Decreasing purchasing power

The pandemic negatively affects households' purchasing power. The MCO, along with the cancellation of pasar tani, pasar malam and bazaars, disproportionately affect the livelihood of low-income households in urban areas¹². Moreover, unemployment has surely increased e.g. almost 50% of self-employed respondents from DOS' survey on the effects of Covid-19 reported to have lost their jobs¹³. These economic pressures have been compounded by school closures for

³ Aside from the first 1,000 days, ages 5 to 19 provides a second window of opportunity for growth as it is a time of rapid physical development. During this period, children could make up for growth deficits suffered in early childhood with positive effects on children's development. Source: UNICEF (2019)

⁴ MOE (n.d.)

⁵ Dunn et al. (2020)

⁶ Ibid.

⁷ IPH (2017)

⁸ WHO (n.d.)

⁹ DOS (2020a)

¹⁰ UNICEF (2020)

¹¹ Analyses were based on respondents not in the civil service who participated in the online survey. Source: DOS (2020b)

¹² Puteri Marjan Megat Muzafar et al. (2020)

¹³ DOS (2020b)

poor households as their children miss out on foods provided under feeding programmes such as the RMT worth at least RM15.50 per child per week, or almost RM100 for the six-week-long MCO¹⁴. But the actual amount spent by parents to feed children is probably higher after taking into account the travelling costs and the higher price of retail foods considering that schools purchase in bulk. To cope, hard-hit families are being forced to deplete their already limited savings¹⁵, ration food consumed by household members and/or forego other essentials.

Recommendations

One way to address this is by adopting innovative approaches to school feeding. To do this, food delivery models should be in line with MOH recommendations on nutritionally balanced meals as well as Covid-19 physical distancing and precautionary measures, including sanitation. In the US, several districts in Michigan and New York are arranging food deliveries by bus to bus stops or homes¹⁶, while in South Carolina, food is provided at specific sites¹⁷. To feed our children, we will need to be flexible and adapt to local situations to ensure nutritional assistance is received by all. For example, in red zone areas, on-site food collection may not be recommended. Such initiatives can mobilize school bus/van operators not operating during the MCO to help distribute food. Additionally, schools can become centres to distribute food, granted they meet all the recommended health measures. Moreover, schools should have the necessary information on students and can thus assist the relevant authorities in reaching them.

A complementary approach is to increase cash transfers to affected households, especially as the duration of the MCO has been tripled following the initial announcement of Prihatin relief measures. To ease the burden for low-income families with children, the children's supplement of the Bantuan Sara Hidup should be increased. This would reach more households rather than just those with children in school feeding programmes. However, some low-income households may still be left out. Thus, direct cash assistance to the poor may be more necessary than ever.

Conclusion

As we continue the fight against Covid-19, it is critical that we ensure the nutritional needs of children are met in order to avoid exacerbating inequalities, not only in terms of income, but also health and educational outcomes. We should consider possible strategies that can be used and improve on them to provide nutritional support to children, especially as physical distancing is likely to be very much part of the 'new normal' for some time to come.

 $^{^{14}}$ Assuming one meal costs RM2.50 and one carton of milk costs RM1.50. Meals are provided daily whereas milk is only provided twice a week.

¹⁵ DOS (2020b)

¹⁶ Dunn et al. (2020)

¹⁷ Ibid.

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