

Lifestyle Diseases among Girl Child in Urban India

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Abstract

The paper will focus on the problems due to lifestyle in the health status of girl child in urban India. To access lifestyle changes among the girl child, different lifestyle diseases and their impact on health will be emphasized. Lifestyle is an individually constructed behaviour that determines the health and well-being of an individual. Health of the girl child is determined by a wide range of factors like family background, their socialization process, social class, peer group influence and their like. Girl child in urban India is more vulnerable to lifestyle diseases owing to lack of physical activities and improper food habits resulting due to transformation in consumption pattern. As a result, they are susceptible to obesity which leads to health problems in the long run. Besides obesity, lifestyle also develops the risk of other diseases like type-2 diabetics, cardiovascular disease, cancer, etc. In recent years, these diseases have developed a severe public health concern not only among adults but also for children. This study is based on an extensive literature review to identify the evolving problems and significant health risks associated with such diseases. It is observed that the role of media such as television, mobile phone, and access to a computer also play a prominent role in the lifestyle of the girl child. Therefore, this paper also delineates the effect of digital accessories that has changed the preferences and choices of the girl child in multiple ways.

Keywords: Lifestyle diseases, Girlchild, Urban India, Consumption pattern, Public Health

Introduction

In the contemporary society, fast production and consumption are some of the critical areas of life that has given rise to into unplanned urbanization and globalization particularly in developing countries⁹. Not surprisingly, this principle of ever advancing social acceleration in developing countries has led to the emergence of non-communicable diseases (NCDs) like cardiovascular disease, cancer, chronic respiratory disease, and diabetics. It is estimated that globally 41 million deaths each year are the result of NCDs where 85% of these premature deaths occur in low and middle-income countries². In a country like India, the incidence of the NCDs has developed stern public health concern not only in the health of adults but also among children²⁵.

Girls are particularly more vulnerable to NCDs as in many developing countries they are discriminated in terms of their marriageability which in some societies represents the route for economic and social status. The vulnerability of girl child is also observed in physical mobility which is often associated with diabetics, obesity, cardiovascular disease and certain types of cancer¹.

Various Social Determinants of Health (SDOH) like gender, lifestyle, standard of living, social norms and attitude, geographical location, and culture impact health and well-being of the girl child^{4, 32, 13}. SDOH is the condition in which people are born, grow, live, work, and age and the circumstances that are shaped by the distribution of money and resources at global, national and local level. SDOH are responsible for health disparities where unfair differences in health status are seen within and between countries³³. Interestingly, in the health of girl child, the SDOH like lifestyle, gender, and culture play a prominent role in bringing health disparity³⁴. Lifestyle is a crucial SDOH that shape the choices and preferences of the girl child¹⁶. The

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formative years of the girl child stand fundamental in their lifespan as, during this period of the life cycle, lifestyles are formed and hence becomes established where girls become more independent and make their own choices^{3,2}. Thus, the objective of this paper is to understand the growing prevalence of lifestyle diseases among girl child resulting due to less physical activity, sedentary lifestyle, and dietary practices.

Methodology

This study is based on secondary data which includes published academic of literature. Therefore, an extensive literature review was conducted for the same. The age group of girl child was chosen between 8-18 years based on literature, the problem concerning lifestyle disease among girl was found within the specified age-group^{4,3,22}. The literature search was done on an available public domain such as Google Scholar, Jstor. The keywords used for the search included but not limited to lifestyle and urban children, gender and Social Determinant of Health, technological use and impact on children health. Journals were chosen concerning the health of girl *Journal of Child Health Care, Indian Pediatrics, Asia-Pacific Journal of Public Health, Health Promotion International*, etc.

Children Lifestyle and Health

WHO (2019) defines a child to be any person within the age of 19 years or younger. However, a child is also defined to be any human being below 18 years of age unless s/he attends a majority under the prescribed law³⁵. Apart from this, childhood is a social construction and not merely a biological fact. It is not only determined by culture but also conceived according to social class, ethnicity, and gender⁷. The sociological understanding of childhood perceives a child as a social actor who reflexively constructs their environment¹⁸. The social character of childhood is recognized as an essential factor in shaping experiences of the children¹⁵.

Lifestyle, on the other hand, is defined as a set of mediating structure that seeks to reflect upon activities, attitudes, social values, and an array of behavioural patterns depending upon age, education, economic and social factor, among other³⁶. It also represents the steady form of personal behaviour where independent choice provides a way to solve social system antagonisms²¹. Lifestyle in the contemporary society is considered to be integrated into the bodily regimens where people have become more responsible for both health and design

of their bodies⁸. Moreover, lifestyle pattern of children particularly girl child cannot be characterised by a single entity as it is determined by the range of factors like family background, social class, cultural milieu, and religious affiliation⁷. It is in fact shaped during their childhood that makes a lasting effect in their adult lifestyle and later life⁶.

Health, as perceived from the social model, is influenced by various factors like political, economic, social, psychological, cultural, and environmental⁵. WHO (1998, p.1) defines health as a “state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity.” As for the health of girl child is concerned adherence to basic lifestyle behaviour as a result of imposition by the adult member of the society becomes a part of imitation in their early life²¹. Under such conditions identifying the risk of ill health problems can serve as a useful measure to stop the preventable lifestyle-related health problems among girls and for future generations¹. In most of the situation self-reflection in behaviour patterns among the girl child in adopting healthy lifestyle becomes inherently blurred in the absence of adult control. As a result of which they violate basic principles of a healthy lifestyle in later life²¹. Moreover, failure to act on the problems of NCD will undermine developmental gains that also include progress by recognising the importance of girl child in the contribution to society¹.

Delineating causes of lifestyle diseases among the girl child

NCDs are generated with increased indulgence in a social and physical environment designed to influence the way we work, produce, process, and consume⁹. This advanced level of development and change in structures can be perceived in the consumption patterns and physical inactivities that have ultimately led to epidemiological transition³⁰. According to WHO (1996), the epidemiological transition is the condition where a general shift from acute infectious and deficiency disease to chronic NCD become widely visible. India is in the midst of the epidemiological transition due to the emerging conditions of NCDs²³. Given this background, identifying the factors responsible for rising risk of NCDs becomes essential. Hence, it is of particular significance to investigate causes of NCDs on many counts.

First, in addition to lifestyle as a SDOH, technology has an important role to play in health of a girl child⁴.

At one hand technology has been praised for reinforcing educational advancement that has enhanced learning while on the other, it has induced anomie and anti-social behaviour among girls¹⁴. Prolonged television viewing along with snacking behaviour is allied with the risk for development of overweight among the girl child¹⁰. Here the risk is presumed in a way where society actively tries to break away from the past to that of a modern system of lifestyle¹². Lifestyle choices are also shaped by the conditions where girls are not provided with a safe environment due to lack of opportunity¹⁷. This brings us to analyze the role of gender which is an essential SDOH and their impact on health of the girl child. Cultural differences in terms of gender forbid girls to engage in outdoor play activity as compared to boys. Due to this, they invest their time in watching television or computer which also develops the risk of NCDs among the girl child⁴.

Second, advertisements commercialize living standards of the girl child in such a way that the images that are sold through advertisements become the symbols of their childhood¹⁴. Their childhood is in fact trapped in 'steel-hard' cage where advertisement media are also responsible for reinforcing hegemonic control over the mind of a girl child⁹. However, in India, the pervasive influence of advertisements mainly through audio and visual aids has influenced the dietary pattern of girls²⁰. This is for the fact that in India advertisement promotes an unhealthy diet including food that is rich in fat, sodium or added sugar^{16,29}. Such kind of shift in food pattern develops the problem of obesity which is not just a physical problem but also a social problem like eating disorder and obsession with body shape²⁶.

Third, urban settings are mostly associated with lower levels of physical activity as compared to rural settings¹. Limited space in the cities does not provide an adequate and safe environment due to which the girls are sequestered in their home thereby focusing on the use of television or computer²⁸. SDOH like gender also plays a significant role in bringing health differences among the girl child where interests on sports are emphasized among the boys as compared to the girls²⁸. Moreover, despite the involvement of girl child in activities like walking and cycling, the overprotective nature of the parents often restrict them from such physical activities¹⁹. Therefore, the above factors show the susceptibility of girl child in urban areas. Under such circumstances, an interactive approach through intensive and repetitive intervention can serve as an effective pillar in preventing

NCDs among the girl child²⁴.

Discussion and Conclusion

The UNCRC (1989) recognises the right of every child to self-determination, dignity, respect, non-interference, and the right to make an informed decision. UNICEF (2003) claimed that 'World Fit for Children' will only be accomplished with full participation of children and young people. Children's participation in research should advocate in understanding their needs to determine health literacy capacities across diverse communities by adopting a child-centred approach in research. Ironically, the active involvement of children in the study is not acknowledged in academic discourse²⁷.

In addition to this, the development of the curriculum should be such that it resonates with the experiences of children in terms of both media and health³⁷. SDOH like gender and lifestyle should also be addressed by focusing on the gender-responsive health system to provide adequate attention to gender needs and priorities¹. In the Indian context, awareness among the parents in making right choices in food and physical activity should be internalized as they play an active role in the socialization process. Their role in addressing purchasing power and choices relating to food should also be discussed to minimise the health consequences²⁶.

Moreover, in India understanding the problems of lifestyle diseases among the girl child is a national concern. It is because problems associated with the NCD are emerging at a time when undernutrition is still a significant public health concern¹³.

Besides, not many studies have specifically provided insight into the health of a girl child. Furthermore, studies related to the problem of NCDs in India correlates with affluence while it is also prevalent among children belonging to the middle-income group. Therefore, to elude the risk of NCDs, empowerment and equal access to knowledge and resources should be emphasized through interventional programme. Such programme can assist policymakers in reducing the growing problems of risks associated with lifestyle among girl child.

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