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Summary Report
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Pakistan

The bond of care: Northwest Frontier province

CIETinternational

Action summary

The Bond of Care in NWFP

The Government of NWFP, UNICEF, and UNDP are collaborating with CIETinternational - an international non governmental organisation devoted to building the community voice in planning - to introduce CIET methods in the province. The rationale for UNICEF is the Master Plan of Operation of the Government of Pakistan-UNICEF Country Programme of Cooperation 1996-1998.

Initiated first in Sindh (July 1996), and Balochistan (December 96), the topic selected for the first cycle was *gender gap in primary education*. The second cycle in NWFP focused on the *Bond of Care*, the different ways in which the care of the mother determines the quality of child care. Four main reasons justify the choice of this topic:

There is a growing recognition that care for children is a major cause of child malnutrition, one of the biggest problems in South Asia

Care has received insufficient attention for programmatic support or intervention compared with the other underlying causes of child malnutrition

There is a cost dimension: a single intervention that improves the situation of the mother and the child at the same time would cost less than separate actions aimed at each independently

Little research was done on the *causal linkages* between care for women and care for children

A total of 4213 households were visited during the month of May 1998 in a representative panel of 26 community clusters in North West Frontier Province. A total of 3640 women were interviewed; respondents reported on 4137 children under three years.

The size of the baby at birth (mothers' reports), malnutrition rates (obtained through anthropometric measurement) and motor milestones (mothers' reports) are quite alarming:

32% of children were reported to be small at birth;

43% of children aged 6-36 months were reported to be chronically malnourished (low height for age);

10% are acutely malnourished (low weight for height);

41% were reported to have low weight for age;

20% were reported to have delay in sitting;

18% were reported to have delay in standing;

37% were reported to have delay in walking.

Factors related to the level of care a woman received during her last pregnancy were directly linked to those related to the care of that child, his/her size at birth, nutritional status and development milestones. This permits to determine whether better care for women and greater respect for their rights could have an important secondary impact on children.

Associations described below are each independent of all other co-determinants studied in the survey such as age of the child, or socio-economic status.

Care for the mother

A large number of women did not increase their *food intake during pregnancy*. Only 35% took iron/folate tablets; 35% said they had less food during than before pregnancy.

A child whose mother did *not* take iron/folate tablets during her last pregnancy is 27% more likely to be chronically malnourished and 67% more likely to be acutely malnourished compared with one whose mother took iron/folate tablets.

A child whose mother had less food during her last pregnancy is 29% more likely to be small at birth compared with one whose mother had the same or more food.

Traditional values in NWFP forbid most women from attending *antenatal care*. About 67% of women said they received no formal care. Compared with one whose mother attended antenatal care, a child whose mother did not go for check-ups is:

33% more likely to be small at birth,
39% more likely to be acutely malnourished and
48% more likely to be chronically malnourished

Some 23% of women indicated having had a *serious quarrel* with a family member during the year preceding the survey. Most mothers' focus groups participants mentioned that beating is commonplace in their communities.

A woman who had a serious quarrel with a household member is 12% more at risk of having a small baby at birth, 30% more likely to leave her child alone some hours during the day, and 50% more likely to have a negative interaction with him/her compared with one who did not have any quarrel.

A child from communities where mothers' focus groups reported being beaten is 46% more likely to be left alone some hours during the day compared with one from communities where mothers' focus groups mentioned no beating in the area.

When asked whether they *felt cared for* during their last pregnancy, 17% of women gave a negative response. A child whose mother did *not* feel cared for during her last pregnancy is 39% more likely to be small at birth compared with one whose mother felt cared for.

The great majority of women (82%) were reported to have received *no education*. A child whose mother has received no education is 20% more likely to be small at birth, 60% more likely to be chronically malnourished, 58% more likely to have delay in sitting and 35% more likely to have delay in standing and walking than one whose mother has received some education. One reason could be that educated mothers were found to be more likely to observe appropriate feeding practices:

initiation of breastfeeding within the first two hours
giving of colostrum
not giving of prelacteal feeds
feeding the child five times a day and more

Care for the child

The survey suggests that, although breastfeeding is almost universal, inappropriate practices such as delayed initiation of breastmilk, discarding of colostrum, provision of prelacteal feeds and early initiation of liquids and semi-solids are widespread.

A child who was *not breastfed within the first two hours* is 40% more likely to have delay in sitting and 36% more likely to have delay in walking than one who was breastfed within the first two hours.

A child who was *given prelacteal feeds* is 6 times more likely not to start breastfeeding within the first two hours than one not given prelacteal feeds.

A child who was *given prelacteal feeds* is 40% more likely to be acutely malnourished than one not given prelacteal feeds.

A child who was *given liquids during the first four months* is 30% more likely to be acutely malnourished compared with one given liquids after the fourth month.

Compared with one who is fed five times and more a day, a child aged 12-36 months who is *fed less than five times* a day is

37% more likely to be acutely malnourished and
50% more likely to have delay in standing.

An observation of the *interaction between the mother and her child* made by the household interviewer revealed that 23% of mothers had a negative one. There is a suggestion that a child who has a negative interaction with his/her mother is 44% more likely to show delay in walking than one who was reported having a positive interaction with his/her mother.

Food intake, care during pregnancy, family support (emotional and physical), all were found to have an impact on the mother-child interaction.

Interviews with health providers in the main health facilities visited by pregnant and lactating women, traditional birth attendants and lady health visitors - especially those mentioned by the household respondents - were conducted to assess the available resources at community level.

Net gains for each intervention mentioned above are shown in the Technical Report. For planners, this allows assessment of an appropriate investment strategy to optimise the use of resources.

A large number of health facilities surveyed were not properly equipped to provide good care to pregnant women and young children: out of a total of 53 health facilities, 34 had adult weighing scales in working condition at the time of the survey, 23 had an available stock of iron/folate tablets. Of the 40 who indicated having a weighing scale for children, 16 reported using growth charts for growth monitoring of children. Only 10 had a scale to measure the height of the children.

Both lady health visitors (LHVs) and traditional birth attendants (TBAs) reported conducting check-ups; however, lady health visitors - who are more educated and who have received a formal training -

are more suitable to perform those tasks as they have the necessary equipment. Also, lady health visitors are more cautious in managing deliveries.

Most health providers working in the facilities were found to have the necessary knowledge about nutrition of pregnant and lactating women as well as young children. However, the key problem is that very few women do go to the health facilities, mainly because of traditions and lack of equipment or supplies: 67% of women never went for check-ups during their last pregnancies and the majority of them reported being delivered at home, either by a traditional birth attendant or a relative. This should be taken into account in future action plans.

The survey findings were thoroughly discussed in a series of meetings called *workshopping process* and translated into concrete programmatic actions. The framework for an action plan was later presented, discussed and fine-tuned with policy-makers at the provincial workshop.