

CIET

www.ciet.org
building the community voice into planning

Summary Report
SR-PK-sindboc-99

Pakistan

The bond of care: Sindh province

CIETinternational

Action summary

The Bond of Care in Sindh

The Government of Sindh, UNICEF and CIET are collaborating in a province-wide initiative to building the community voice in planning (see section *Methods* for more details). The rationale for UNICEF is described in its 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 1996), the first cycle addressed *Gender Gap in Primary Education*. The second cycle in Sindh addressed *Community Responses to Sanitation Risks*, in response to the Government of Pakistan's declared intention to improve environmental sanitation and water supplies, a goal compatible with a wide range of international development initiatives. The third cycle in Sindh focused on the *Bond of Care*, the practical manifestation of the bond between mothers and their children.

Three main reasons justify this choice:

There is a growing recognition that inadequate 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
Little research has been done on the *causal linkages* between care for women and care for children.

In the usual CIET process to support evidence-based planning, a survey of 5718 households was carried out during the months of June and July 1998, in a representative panel of 37 community clusters in Sindh Province. A total of 4485 women were interviewed and they gave information on 4932 children under three years.

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

22% of children were reported to be small or very small at birth;

49% of children aged 6-36 months are chronically malnourished (low height for age);

18% are acutely malnourished (low weight for height); and,

56% are acutely malnourished (low weight for age).

The level of care women received during their last pregnancy was directly linked to care of the child, his/her birth weight, nutritional status, and development milestones. These linkages illustrate how better care for women and greater respect for their rights could have an important secondary impact on children.

In addition to the equity issue, there is a cost dimension: a single intervention that improves at the same time the situation of the mother and the child should cost less than a separate, independent action aimed at each individual.

There is also an issue of motivation. Fathers might be more motivated to invest more care in their wives when they see the very positive consequences for their children

Care for the Mother

In rural Sindh, 22% of the mothers have less than two years in between pregnancies. Compared with a mother who had more than two years between pregnancies, a mother who had less than two years is:

59% more likely to have health problems during pregnancy, and

64% more likely to have health problems during delivery

Some 36.5% of women in Sindh did not increase their *food intake during pregnancy*. Only 35% took iron/folate tablets and 33% said they had less food during pregnancy than before becoming pregnant. Compared with a child whose mother took iron/folate tablets during pregnancy, a child whose mother did not take iron/folate tablets during her pregnancy is:

17% more likely to be chronically malnourished,

33% more likely to sit up late, and

52% more likely to stand up late.

In Sindh there is limited attendance to *antenatal care* provided by the health services. As many as 61% of women said they received no formal antenatal care. Compared with those children whose mothers attended antenatal care, a child whose mother did not go for check-ups more than twice is:

29% more likely to be chronically malnourished in urban Sindh; and,

twice as likely to be delayed in sitting up.

The majority of the mothers (88%) in Sindh did not reduce their workload up to their seventh month of pregnancy. Compared with those children whose mothers reduced their workload by the seventh month of pregnancy, a child whose mother did not reduce her workload by the seventh month of pregnancy is:

21% more likely to be chronically malnourished; and,

49% more likely to be acutely malnourished (weight for height).

Some 5% of women indicated they had been physically or emotionally abused by one or more family member. In contrast with this relative low frequency responding directly to the question about abuse, one half of the mothers' focus groups participants mentioned that maltreatment of women by men is commonplace in their communities.

A mother who is abused physically or emotionally by a family member is 59% more likely to have had health problems during her last pregnancy compared with a mother who is not abused by a family member.

A child living in a rural household where the mother is abused by a family member is more than twice as likely to be delayed in sitting up compared with a child living in a rural household

where the mother is not abused by a family member.

A mother living in a community where women are beaten by men is 31% more likely to have had health problems during delivery in her last pregnancy, compared with a mother living in a community where women are not beaten by men.

A child living in a rural community where women are beaten by men is 37% more likely to be delayed in sitting up, and 27% more likely to be delayed in walking, compared with a child living in a rural community where women are not beaten by men.

A child living in a rural community where women perceive themselves to be maltreated by men is 43% more likely to be delayed in sitting up compared with a rural child living in a community where women do not perceive themselves to be maltreated by men.

Some 78% of women said they had not attended school at all or left school before completing Class 5. A child whose mother did not attend school or attended to less than Class 5 is 31% more likely to be “small” or “very small” at birth, twice as likely to be chronically malnourished (height for age), 37% more likely to be acutely malnourished (according to weight for height), and twice as likely to be underweight (according to weight for age) than a child whose mother has completed class 5 and above.

Care for the Child

The survey suggests that, although breastfeeding is almost universal in Sindh Province, inappropriate practices such as delayed initiation of breast milk, early initiation of liquids and semi-solids, discarding of colostrum and giving liquids other than breast milk before initiation of breastfeeding are widespread.

A child who is *given other things before starting breastfeeding* in rural Sindh, is 18% more likely to be chronically malnourished compared with a child who is given breast milk exclusively.

A child living in a community where mothers do not understand the benefits of colostrum is 30% more likely to be acutely malnourished (weight for age) compared with a child living in a community where mothers understand the benefits of colostrum.

A child in a community where mothers do not understand the benefits of exclusive breastfeeding is 36% more likely to be delayed in standing up compared with a child living in a community where mothers understand the benefits of exclusive breastfeeding.

The mother’s reaction to her child’s refusal to eat also has an affect on the nutritional status of the child. For example, a child whose mother does not insist on giving food when the child refuses to eat is 25% more likely to be chronically malnourished compared with a child whose mother insists.