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Summary Report
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Pakistan

The bond of care: Rawalpindi district

CIETinternational

Action summary

The Bond of Care in Rawalpindi

Education of women
Improved antenatal care
Promote colostrum for newborns
Prevent domestic violence

Care is the bond between women's rights and children's rights.

The Bond of Care approach unpacks the actionable components of this connection to identify how better care for women and greater respect for their rights can have an important impact on children.

This initiative is a collaboration between the District Administration of Rawalpindi, UNICEF and CIET. It is part of a larger project to build the community voice into planning through development of credible stakeholder information systems on issues that affect the lives of the residents of Rawalpindi.

Objectives of the study

- To learn about community perceptions and practices on care of women and children.
- To identify actionable interventions for the care of the mother that can change her care of her child, ultimately leading to improved child survival, protection, and development.
- To identify care resources at household and community level (time, energy, knowledge, or money) that are necessary to bring about change in care practices.

Box 1

Information base on Bond of care cycle Rawalpindi	
Number of sentinel sites	20
Population of sample	25114
Number of households	3963
rural	60%
Number of women interviewed with children under 3	2966
Average household size	6.3
Children aged 3 years and under	2978
females	52%
Anthropometry	2342
% of all children	79%
Health institutions reviewed	29
Focus Groups	
Female preliminary	20
Mother's feed back	20
Father's feed back	20
Mothers-in-law's feed back	20
Key informants	
Community leaders	20
Dais/TBAs	44
LHV/LHW	20

Methods: CIET methods combine quantitative and qualitative data in a way that facilitates action. In 20 representative sites, several instruments were administered: a house-to-house survey identified the care received during pregnancy and care given to the child under three years of age. Female fact-finding focus groups enabled a closer look at feeding practices and domestic violence. Feed back focus groups with fathers, mothers-in-law and mothers provided community level dialogue on the evidence and at the same time suggestions for change. Key informant interviews with community leaders provided an overview of each of the 20 communities. Key informant interviews with Dais, LHVs/LHWs provided their experience, training, and information on services and advice they give to pregnant women; and institutional reviews of health facilities gave information on health resources at community level.

Four action areas

1. Women and education

In 1998, 12% of children under three in Rawalpindi were acutely malnourished. A child of a woman with *no* education in Rawalpindi is 35% more likely to be acutely malnourished than a child of a mother with some education. A child of an illiterate mother is 38%

“Due to not caring for the mother and not paying attention to her, the health and education of children is effected badly.”
Father, Focus group, Massot

more likely to be delayed in sitting up without support than a child of a literate mother. Although literacy is more common among poorer groups, and poverty is also associated with child nutrition and development for other reasons, this link between mother’s education and child development is independent of poverty, father’s education and antenatal care as measured in this survey.

2. Antenatal care

Almost one-half of the women of Rawalpindi do not go for antenatal check-ups. A mother who does not go for a check-up is 34% more likely to have an acutely malnourished child than a mother who does go for a check-up. Low antenatal care attendance is common among the poor and less educated, factors that themselves determine acute malnutrition, so a key part of the analysis was to untangle the effects on malnutrition of antenatal care, mother’s education and socio-economic level. Although it does not explain the effect of antenatal care on malnutrition, education is a factor in antenatal care attendance. A mother with no education is three times more likely *not* to go for a check-up than a mother with some education. Lack of awareness, the belief that check-ups are not necessary and financial reasons are the main reasons given by Rawalpindi women for not going for check-ups.

3. Colostrum - the first milk

Colostrum, the best source of immunity for newborns, was given to 69% of babies born in Rawalpindi. There is a strong link between colostrum and chronic malnutrition, which affects 35% of children under three years of age. A child who did not have colostrum is 22% more likely to be chronically malnourished than a child who received colostrum. Use of colostrum is demonstrably related to care of the mother. A mother who does not go for a check-up is 30% more likely to not

give her child colostrum than a mother who does go for check-ups. A woman who did not feel cared for during her pregnancy was 52% more likely to *not* give her newborn colostrum compared with a woman who felt cared for. Furthermore, a woman reporting to having less or the same amount of food during her pregnancy was 35% more likely to *not* give her newborn colostrum.

Traditional beliefs explain in part why 31% of babies do not benefit from something so valuable yet without any cost. There is a widespread need for information on the benefits. Focus groups called for help from mothers-in-law to ask daughters-in-law to give colostrum to the baby and for doctors. They also said lady health visitors and *dais* should inform mothers of the advantages of colostrum. Television was also suggested as a medium to reach women about the benefits of colostrum.

4. Domestic violence

The bond of care is broken with domestic violence. Despite the difficulties in communicating openly about this, more than one out of every ten women (13%) openly reported a serious quarrel in the last year. It seems likely that this is only the tip of the iceberg. One half of these quarrels were with their husbands (57%) and one-quarter with their mothers-in-law. When asked what happened during the quarrel, 30% did not answer, 47% indicated that it was only verbal, with the remaining identifying some sort of physical abuse (23%).

A child living in a household where a serious quarrel was reported is 29% more likely to suffer chronic malnutrition. In comparison with a child in a house *not* reporting a serious quarrel, an average child whose mother has serious quarrels is:

- 42% more likely to sit *after* the Denver II standard of six and a half months;
- 64% more likely to stand *after* the Denver II standard of 12.5 months; and
- 70% more likely to walk *after* the Denver II standard of 13.5 months.

Concluding remarks

By improving the position of women, we can take better care of our children. The dialogue that has begun on the evidence is a result in its own right. It has motivated some members of communities, organisations and governments to act.

In the words of the Deputy Commissioner of Rawalpindi, Mr. Shamail Ahmed Khwaja:

“This project gives us the evidence to strengthen the bond of care, making sure our resources go to actions that give us the greatest impact.”