Impact of a UNICEF Child Survival Strategy on the Nutritional Status of Children Under 3 in Rajasthan, India



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> In Collaboration with: UNICEF India

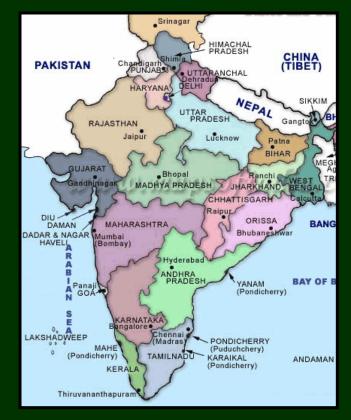
Presentation Outline

- Background on Rajasthan
- Nutritional Context
- Anchal Se Angan Tak Strategy
- Research Question & Evaluation Objectives
- Methods
- Results
 - Feeding practices
 - Caring practices
 - Nutritional status

Program Successes and Future Challenges

Background on Rajasthan

- Most northwestern state in India
- Population = 56.4 m
- Extreme level of poverty, illiteracy & malnutrition
- Gender inequity
- Poor child health indicators



Nutritional Context in Rajasthan

Anthropometrics

| | % of children U5 |
|-----------------------|------------------|
| Stunting (HAZ <-2) | 43.7 |
| Wasting (WHZ <-2) | 20.4 |
| Underweight (WAZ <-2) | 39.9 |

70% of children 6-59 months are anemic

- 28% of infants born with a low birth weight
- Median duration of exclusive BF = 1.4 months

Background on ASAT

Early childhood care strategy implemented by UNICEF and the Government of Rajasthan

Focus on children under three

Behavior change communication approach

- Infant and young child feeding practices
- Immunization/Vit A supplementation
- Proper hygiene and sanitation
- Effective diarrhea management
- Promotion of iodized salt



Research Question:

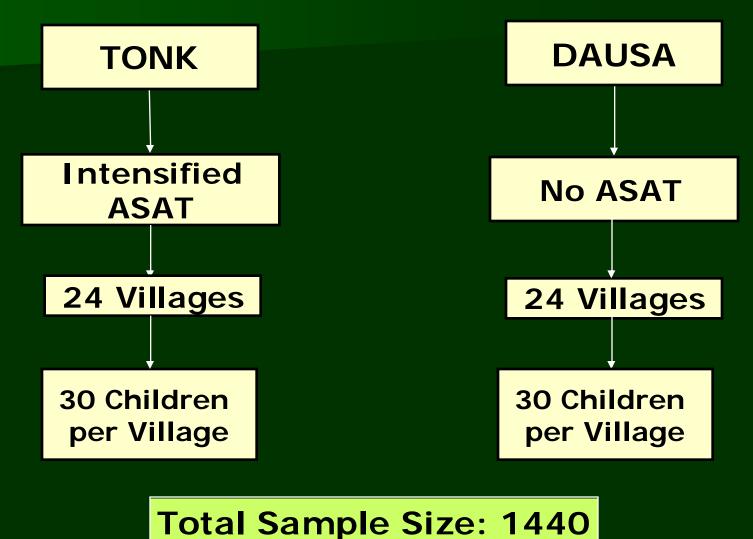


Does the Anchal Se Angan Tak (ASAT) strategy significantly and positively affect the overall nutritional status of children under three?

Evaluation Objectives & Key Indicators

| To Evaluate: | Key Indicators |
|--------------------------|--|
| Breastfeeding Practices | Time of BF introduction |
| | Feeding of colostrum |
| | Other substances given prior to BF |
| | Duration of exclusive BF |
| Timeliness of | Mean age of introduction of semi-solid |
| Complementary Feeding | food |
| Diarrhea management | Use of ORS |
| | Continued feeding during diarrhea |
| Hygiene practices | Frequency and timing of hand washing |
| | Substance most commonly used to wash |
| | hands |
| Child nutritional status | HAZ, WHZ, WAZ |
| Salt iodization | % of household with adequately iodized |
| | salt (>15 ppm) |





Data Collection

- Quantitative Questionnaire and Anthropometrics
 - Administered to mother/female caregiver
 - Collected info on:
 - Breastfeeding and child feeding practices
 - Hygiene and sanitation
 - Diarrhea management
 - Immunizations
 - Awareness of community resources
 - Household SES



Data Analysis

SPSS

- Independent sample t-tests to compare continuous variables in ASAT and non-ASAT districts
- Chi-square analysis to compare categorical variables
- z scores calculated under both NCHS and WHO growth standards

Results: Child & Maternal Characteristics

| | ASAT | Non-ASAT |
|---------------------------------|-------------|-------------|
| | N~675 | N~712 |
| Child Characteristics | | |
| Age (mean months ± SD) | 16.4 ± 9.5 | 16.3 ± 9.0 |
| Male (%)† | 54.3 | 48.9 |
| Maternal Characteristics | | |
| Age (mean years ± SD) | 26.6 ± 29.6 | 26.0 ± 28.5 |
| Education (mean years \pm SD) | 1.2 ± 2.8 | 1.4 ± 3.1 |
| Literacy (% literate) † | 17.6 | 19.2 |

† Chi-square analysis revealed a significant relationship between the district and the relevant variable

Results: Household Characteristics

| | ASAT | Non-ASAT |
|---|--------------|-------------|
| | N~680 | N~712 |
| Caste † | | |
| SC/ST (%) | 41.7 | 64.6 |
| OBC (%) | 45.3 | 22.1 |
| General (%) | 13.0 | 13.3 |
| Religion † | | |
| Hindu (%) | 97.2 | 99.3 |
| HH Wealth Index Score (mean ± SD) | 2.5 ± 0.1 | 3.6 ± 0.1 |
| Land Owned (mean biswas ^e ± SD) ** | 58.4 ± 315.1 | 24.1 ± 60.0 |

† Chi-square analysis revealed a significant relationship between the district and the relevant variable

* * p < 0.001

° 1 Biswa = 50 square yards

Results: Feeding Practices

| | 0-6 mths | | 6-12 mths | | 12-36 mths | |
|---|----------------------|----------------------|----------------------|-----------------------|----------------------|-----------------------|
| Indicator | ASAT N~103 | Non- ASAT N~97 | ASAT N~174 | Non- ASAT N~178 | ASAT N~389 | Non- ASAT N~412 |
| Child Fed Colostrum % | 58.3** | 39.2** | 42.8* | 31.8* | 46.3** | 34.4** |
| Child Fed Non – Breast Milk Substance Prior to BF % | 69.6 | 74.5 | 68.4 | 72.5 | 69.8 | 73.1 |
| Age of Complementary Food Introduction ° (Mean mths ± SD) | | | 7.7±3.4 | 8.0±2.2 | 9.9±4.0 | 10.4±3.4 |

* p < 0.05, ** p <0.01

† Solid foods were defined as any that is soft in texture (e.g. rice, roti, dal, halwa, khichiri)

° Calculation based on children who are already receiving complementary food

Results: Caring Practices

| | 0-6 mths | | 6-12 mths | | 12-36 mths | |
|---|----------------------|----------------------|----------------------|-------------------------------------|----------------------|-----------------------|
| Indicator | ASAT N~103 | Non- ASAT N~98 | ASAT N~172 | Non- ASAT N~179 | ASAT N~410 | Non- ASAT N~434 |
| Mother Washing Hands with Soap After Defecation % | 27.2* | 16.3 * | 27.9** | 11.7** | 25.4** | 15.2** |
| Use of ORS During Episodes of Diarrhea† % | 38.4 | 32.9 | 45.2 | 43.9 | 52.9 | 50.6 |
| Child Fed the Same or More During Diarrhea† % | 88.3 | 86.0 | 84.8 | 89.5 | 78.9* | 85.7* |

* p < 0.05, ** p < 0.01

† Calculation based on children who have experienced diarrhea

Results: Nutritional Status

| | ASAT | Non-ASAT |
|----------------------|----------------|----------------|
| | N~686 | N~712 |
| Stunting | | |
| WHO HAZ (mean ± SD) | -1.63 ± 1.87** | -1.92 ± 1.57** |
| NCHS HAZ (mean ± SD) | -1.48 ± 1.65** | -1.73 ± 1.42** |
| Wasting | | |
| WHO WHZ (mean ± SD) | -1.42 ± 1.03* | -1.31 ± 1.01* |
| NCHS WHZ (mean ± SD) | -1.37 ± 0.86* | -1.27 ± 0.86* |
| Underweight | | |
| WHO WAZ (mean ± SD) | -1.91 ± 1.30 | -2.02 ± 1.21 |
| NCHS WAZ (mean ± SD) | -1.98 ± 1.22 | -2.08 ± 1.10 |

* p < 0.05, ** p < 0.01

Results: Gender Differences in Nutritional Status

| | AS | AT | Non-ASAT | | |
|--|------------------------------|------------------------------|-------------------------------|-------------------------------|--|
| | Males N~373 | Females N~312 | Males N~348 | Females N~364 | |
| Stunting WHO HAZ (mean ± SD) NCHS HAZ (mean ± SD) | -1.61 ± 1.95 -1.42 ± 1.68 | -1.65 ± 1.75 -1.56 ± 1.61 | -1.85 ± 1.57 -1.62 ± 1.38* | -1.98 ± 1.57 -1.83 ± 1.46* | |
| Wasting WHO WHZ (mean ± SD) NCHS WHZ (mean ± SD) | -1.45 ± 1.00 -1.37 ± 0.83 | -1.39 ± 1.07 -1.37 ± 0.90 | -1.30 ± 0.99 -1.27 ± 0.87 | -1.33 ± 1.04 -1.27 ± 0.85 | |
| Underweight WHO WAZ (mean ± SD) NCHS WAZ (mean ± SD) | -1.91 ± 1.28 -1.94 ± 1.19 | -1.92 ± 1.34 -2.02 ± 1.25 | -1.93 ± 1.40 -1.99 ± 1.07* | -2.10 ± 1.27 -2.17 ± 1.12* | |

* p<0.05

Results: Salt Iodization



| | ASAT | Non-ASAT |
|----------------------------------|-------|----------|
| | N=673 | N=708 |
| Not Iodized (0 ppm) % | 42.8 | 46.2 |
| Inadequately Iodized (<15 ppm) % | 23.9 | 26.1 |
| Adequately Iodized (>15 ppm) % | 33.3 | 27.7 |

Summary of Key Findings

Program Successes

- Earlier initiation of breastfeeding
- More mothers fed infants colostrum
- Earlier introduction of complementary feeding
- More mothers washed hands with soap
- Lower rates of stunting

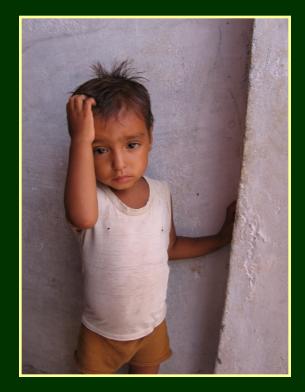
Future Challenges

- Improve management of diarrhea
- Improve WHZ and WAZ scores
- Increase use of iodized salt

Limitations of the Evaluation

No baseline data

- Difficulties measuring breastfeeding practices
- Unable to use sample weights



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Questions?

