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Summary Report
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Pakistan

The bond of care: Balochistan province

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Action summary

The Bond of Care in Balochistan

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

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 among the Government of Balochistan, UNICEF, Balochistan Trial District Management Project/UNDP 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 Balochistan.

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.

Methods: CIET methods combine quantitative and qualitative data in a way that facilitates action. In 26 representative sites, several

Information base on the Bond of Care Balochistan

Number of sentinel sites	26
Number of households	3859
rural areas	2474
urban areas	1385
Children under three years	3834
Health facilities reviewed	22
Focus groups	
Preliminary	26
Feed back mothers	26
Feed back mothers-in-law	26
Feed back fathers	26
Traditional birth attendants	129
Lady Health Visitors	28
Lady Health Workers	65
Community profile	26

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 26 communities. Key informant interviews with TBAs, LHVs, and 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.

Action areas

The following areas of action arise from the analysis demonstrating clearly the bond of care and at the same time identifying the areas of need for action to be taken.

1. Women and education

In 1998, 61% of children under three in Balochistan were chronically malnourished (low height for age), 13% were acutely malnourished (low weight for height) and 59% were underweight (low weight for age). Education of women is strongly linked to these levels of malnourishment in Balochistan:

Education is light. Life is dark without it.

Mother-in-law focus group

- a child of a woman with *no* education in Balochistan is 21% more likely to be chronically malnourished compared with a child of a mother with some education.
- a child of a woman with *no* education in Balochistan is 24% more likely to be acutely malnourished compared with a child of a mother with some education.
- a child of a woman with *no* education in Balochistan is 37% more likely to be underweight compared with a child of a mother with some education.

Although illiteracy 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.

Motor milestones are another measure of the development of children. In Balochistan, 51% of children under three are delayed in sitting according to the Denver II standard that indicates that 75% of children should be able to sit by six and a half months. Education of mothers also has an impact on such a development milestone:

- a child of a woman with *no* education is 34% more likely to be delayed in sitting up without support compared with a child of a literate mother.

Feeding practices, such as initiation of breast feeding and giving colostrum, was also linked to the education of mothers:

- a mother who has received some education is 27% more likely to initiate breast feeding within two hours after birth compared with an illiterate woman,

- a mother who has received some education is almost three times more likely to give colostrum to her newborn compared with an illiterate woman.

2. Antenatal care

More than one-half of the women of Balochistan (61%) do not go for formal antenatal check-ups. Attendance of antenatal care has an important impact on the health practices of women. A woman who attends antenatal check-ups is:

- two and a half times more likely to report having enough food during their last pregnancy compared with a woman who does not for antenatal check-ups;
- ten times more likely to take iron/folate tablets compared with a woman who does not go for antenatal check-ups; and
- 45% more likely to give colostrum to her newborn compared with a woman who does not go for antenatal check-ups.

Not perceiving the need because they had no problems (38%), financial reasons (18%), not part of the tradition (14%) and not being allowed (11%) are the main reasons given by Balochistan women for not going for check-ups. From the community profiles and linking them to the household data, a woman who lives in a community where she spends more than 30 minutes to reach a health facility is 80% more likely to not go for antenatal check-ups. In addition these women are at a greater risk of having problems during pregnancy compared with a woman who lives in a community where she spends less than 30 minutes to reach a health facility.

In many of the communities, TBAs trained from the government hospitals showed a positive impact on women's health practice. The evidence shows that a mother attended by a TBA who had been trained from government hospital compared with a mother who had been attended by a TBA who had learned her skills from other sources is:

- two times more likely to go for a check-up;
- 94% more likely to give her newborn colostrum; and
- four times more likely not to introduce other fluids (including water) to the baby during the first four months after birth when exclusive breast feeding is important to the baby's health.

3. 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 (12%) openly reported a serious quarrel in the last year. It seems likely that this is only the tip of the iceberg. Almost one half of these quarrels were with their husbands (47%) and one-quarter with their mothers-in-law (24%). When asked what happened during the quarrel, 68% indicated that it was only verbal, with the remaining identifying some sort of physical abuse (32%).

Mistreatment of women is not forgiven, neither by Allah nor by this world.

Men's focus group, Dera Allah Yar

Such quarrelling affects the development of children. A child living in a household where a serious quarrel was reported is::

- 56% more likely to suffer chronic malnutrition and
- 54% more likely to walk *after* the Denver II standard of 13.5 months.

Quarrelling also has an impact on the caring of children: a woman who had a serious quarrel is 30% more likely to leave her child alone some for several hours during the day compared with a woman who does not have any quarrels.

In terms of preventing domestic violence, based on meetings with community leaders and linking this information to the household data, it was revealed that in a community where there is *no* indigenous system to settle domestic situations leading to mistreatment of the woman, a women is 36% more likely to have a problem during pregnancy compared with a woman who lives in a community where there is an indigenous system.

4. Feeding practices

Colostrum, the best source of immunity for newborns, was given to 68% of babies born in Balochistan. There is a strong link between colostrum and acute and chronic

Colostrum is the first gift by a mother for her baby.
Mother's focus group, Mithri Bolan

malnutrition, and underweight children. A child who did *not* receive colostrum is 22% more likely to be chronically malnourished, 58% more likely to be acutely malnourished and 33% more likely to be underweight compared with a child who received colostrum. Use of colostrum is demonstrably related to care of the mother. A mother who does go for a antenatal check-up is 45% more likely to give her child colostrum compared with a mother who does not go for antenatal check-ups.

Another important feeding practice is immediate initiation of breast feeding. Although breast feeding is almost universal, only a little over one-half of mothers (57%) start on the first day. A child whose mother *delays* two hours or more to start *breast feeding* is 60% more likely to be *delayed* in *standing* compared with a child whose mother started breast feeding in less than two hours after birth.

From focus group data it is evident that there is a strong recognition about the importance of breast feeding. Yet exclusive breast feeding for a minimum of four months, which is important for the health of the child, is not always practised. By the first month the results show that 41% of children are already receiving liquids.

The bond of love between mother and child is so strong that if any one of them is hurt then the other feels it.

Mother's focus group, Hassan Zai Khuzdar