



# RANCHI LOW BIRTH WEIGHT PROJECT

## BASELINE STUDY FINDINGS-4

### Household Health Production : Child Health Behaviour

Health status and indeed survival of children is contingent upon household health production. Health producing processes in the household are a manifestation of a community's norms and practices shaped, inter alia, by the interface of communities with systems. Household health production thus determines and is determined by a community's health status. This brief is thematically based on household health production with respect to child health behaviour. It highlights beliefs and practices related to newborn care, child immunisation practices and utilisation of services in this regard.

#### Beliefs and Practices Regarding Newborn Care

Qualitative data from FGDs reveal certain practices in rural Jharkhand that are followed in order to protect newborns from diseases. After the umbilical cord is severed, the child is rubbed with an oil soaked cloth/rice husk and bathed with soap and water. Following this, the newborn is wrapped with a clean and dry cloth in order to provide warmth. At some places, the newborn may be touched around the navel with a hot hand sickle. Traditional belief has it that a child so treated would be protected from jaundice. Goat milk and sweet water (and sometimes honey) is then given to the baby. In some families, mother's milk is given within a couple of hours after birth, while in others the newborn is breastfed after three to four days. Colostrum may or may not be fed to newborns. Usually within a month, BCG vaccination is administered to the child.

#### Child Vaccination

The Expanded Immunisation Programme of the Government of India aims at mitigating six childhood diseases by vaccinating a child against BCG, DPT (three doses), Polio (three doses) and measles by the age of twelve months. Usually, vaccination cards containing information on the immunisation schedule of the pregnant woman

### Ranchi Low Birth Weight Project

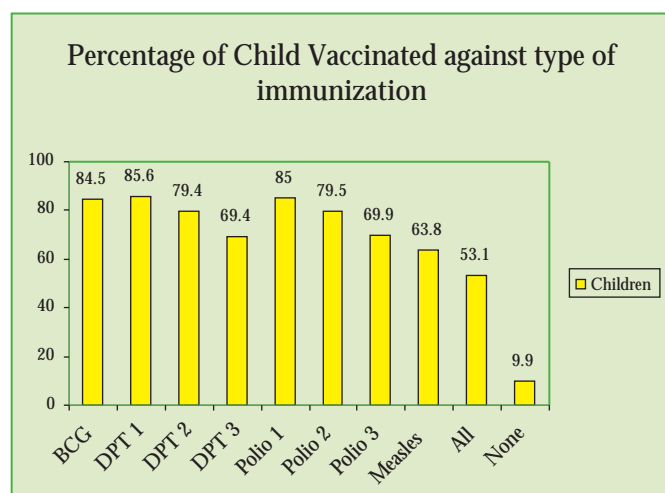
#### PROJECT PARTNERS

Krishi Gram Vikas Kendra  
Social Initiatives Group, ICICI Bank  
Child In Need Institute

The baseline survey of the Ranchi Low Birth Weight Project was carried out in 2004 and has collected information on maternal, child and young people's health. The survey forms part of a large, ongoing field trial to reduce incidence of low birth weight. Key baseline findings have been thematically organized and published in the form of a series.

and her soon to be born child are given to women seeking antenatal care. However, in the study area only 27.7% of the women seeking antenatal care have received such cards, with the supply being weakest in the Angara block. Given the tremendous potential of vaccination cards to act as monitoring tools as well as memory aids for timely and appropriate immunisation, the provision of such cards should be stepped up.

A little more than half of the children (53.1%) in the study area have completed the immunisation schedule. About ten percent of the children have not received any immunisation. Vaccination coverage progressively declines as one advances in the immunisation schedule. Vaccinations given soon after birth (BCG, DPT1, Polio1) record the highest coverage, while measles vaccine which is administered at nine months records 63.8% coverage. Vaccination dropout rates are high in all the four blocks.



The sex of the child or its birth order do not significantly affect its chances of getting vaccinated. Children born to families of high Standard of Living Index (SLI), literate mothers as well as those belonging to the Christian community are more likely to receive complete immunisation. Only 17% of Muslim children have been reported to have received all the recommended vaccinations in the primary immunisation schedule. It has been observed that children of Silli and Sonahatu block are more likely to be completely vaccinated than children of the other blocks.

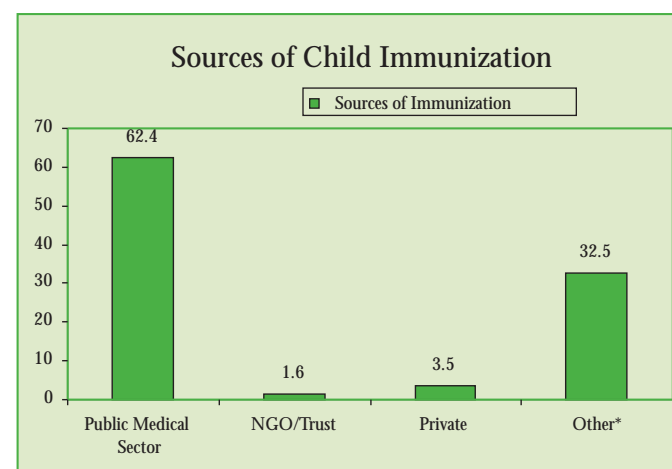
### Sources of Childhood Vaccination

Survey results show that 62.5% of the children receive

## Methodology

Data for this study was collected during January-July 2004 in 195 villages through Household, ANC and Youth surveys. The study areas are Angara, Silli, Sonahatu and Mandar blocks covering 72 subcentre areas in Ranchi district. The household survey was conducted among 3536 female respondents who had had a live birth in the preceding five years. It collected information on maternal and childcare behaviours. Information on feeding practices was collected on all surviving children under the age of five years. Focus Group Discussions (FGDs) have been used to supplement the quantitative information and were carried out with three groups – women below 30 years, women above the age of 30 years and key informants like teachers, women of self-help groups, housewives, nurses, dais, health workers, students and registered medical practitioners. A total of 57 FGDs have been carried out.

vaccination from public health facilities. Qualitative data confirm this pattern. Public facilities are the default destination for child vaccination. The dominant perception among the people is that few selective activities are carried out at a PHC, with child vaccination being one of the most prominent and easily identified one. The utilisation of public health facilities for this purpose is higher for literate mothers, Hindus and those belonging to high SLI category. Outreach workers especially the Anganwadi workers also contribute significantly to child vaccination with about a third (32.5%) of the children

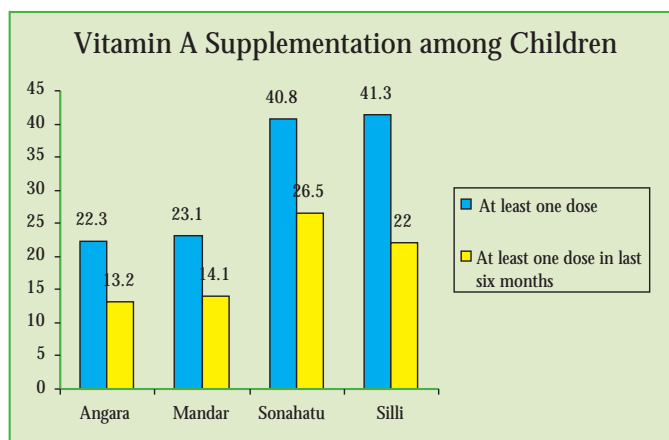


getting vaccinated by such workers. Interestingly, 66% of the children belonging to the Christian community get vaccinated by the outreach workers.

### Vitamin A Supplementation

Vitamin A supplementation is poor and uneven across the study area. Only 32.8% of the children in the study area have received at least one dose of Vitamin A. Further, while about 40% of the children have received at least one dose of Vitamin A in Sonahatu and Silli blocks, less than a quarter have received a dose in Angara and Mandar blocks (the differences being statistically significant). The percentage of children having received at least one dose of Vitamin A supplementation in the past six months falls even further.

Children of educated mothers are significantly more likely to receive Vitamin A supplementation. Children of almost 40 % of the literate mothers have received Vitamin A dose at least once while only 28 % of the children of illiterate



mothers have received such a dose. An exceptionally low proportion of Muslim children (especially those aged between 12-35 months) have received at least one dose of Vitamin A. There is no significant gender differential in receiving Vitamin A dosage.

## ABOUT THE PROJECT PARTNERS

Krishi Gram Vikas Kendra is recognised by the Government of India as a mother NGO for the RCH programme in the state of Jharkhand. It has a strong history of working with local communities in Ranchi district. Child In Need Institute, a national NGO, has more than three decades of experience in the field of reproductive and child health. It has been working on a community-based life cycle-based approach to reduce low birth weight and malnutrition. Improving infant health at birth has been one of the key thrust areas of the Social Initiatives Group, ICICI Bank. It supports and funds development of promising models that address gaps in policies and programmes. These common interests have resulted in a tripartite collaboration for the action research project known more popularly as the Ranchi Low Birth Weight Project. The Department of Health, Medical Education and Family Welfare and the Department of Social Welfare, Government of Jharkhand, are closely involved in the project and have provided continued support.

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