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CONVENIENCE IN ACCEPTING INCONVENIENCES: ANALYSING PERFORMANCE STAGNATION OF AN URBAN SLUM BASED NUTRITION AND HEALTH PROGRAMME

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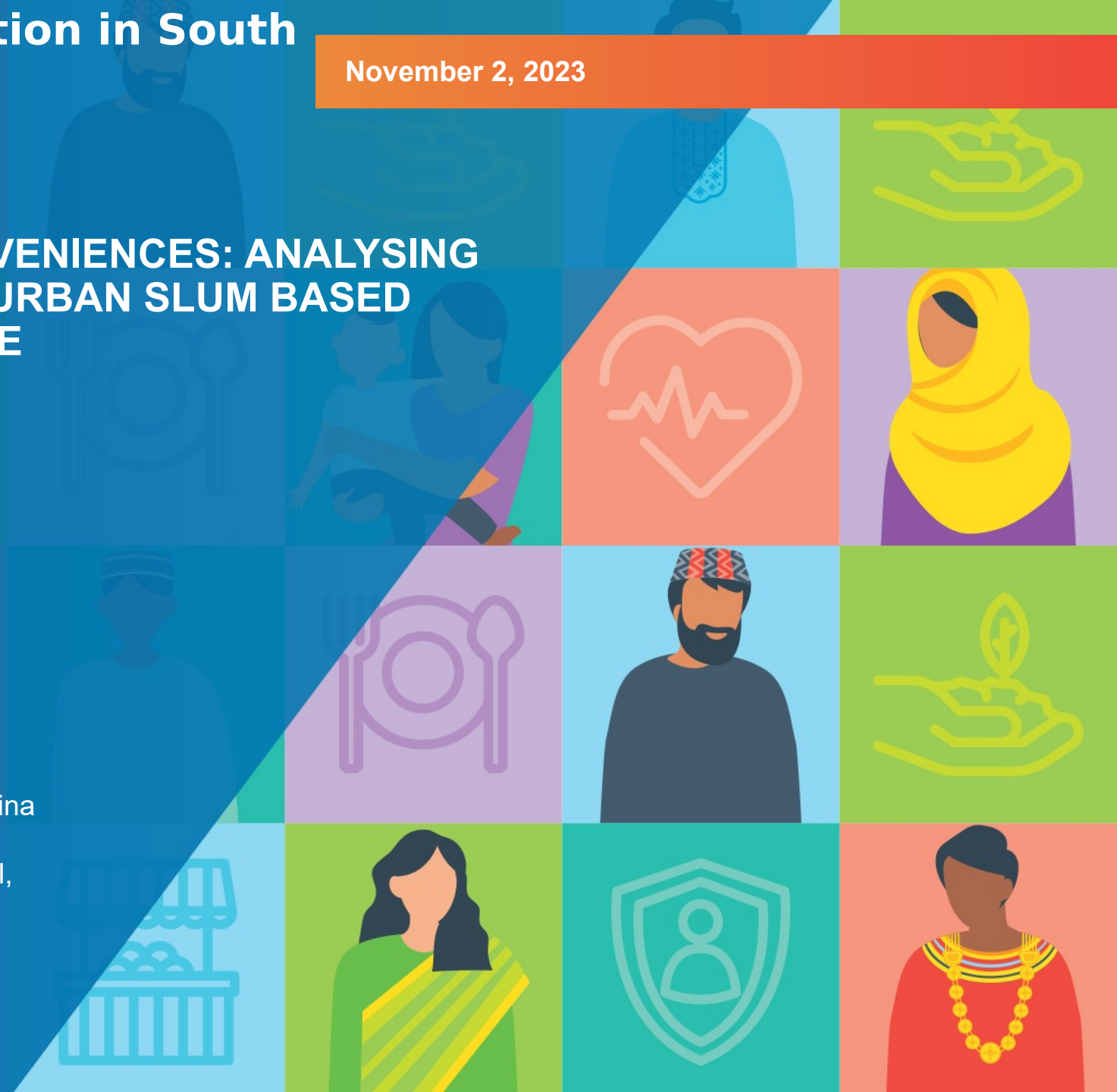
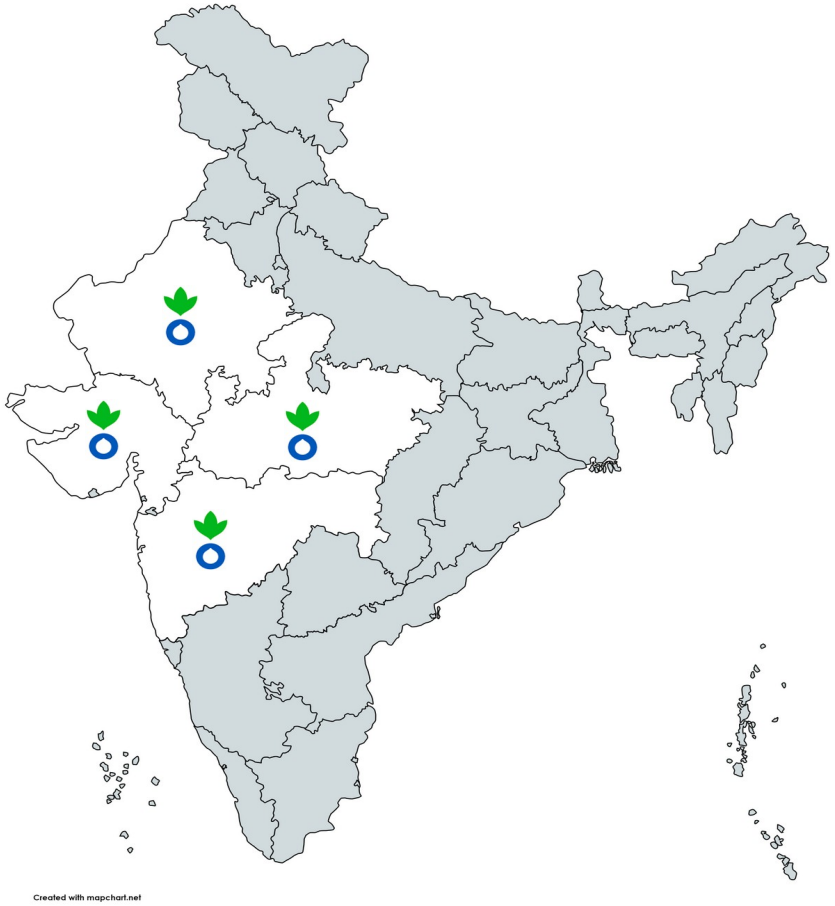


BACKGROUND

- In India, Health and Nutrition are State subjects. Hence different states can have their own policies and programs to address the issue of malnutrition.
- Action Against Hunger (ACF) India works in 4 states towards prevention and treatment of malnutrition in mothers, children, and adolescent girls.
- ACF programs are designed to work in conjunction with policies and local context of specific states.
- The nature of these programs is diverse and they have differential success rates and impact.
- It became imperative to understand the factors influencing these differences in the success of the programs.
- A Comprehensive Community Assessment study was conducted in 202 to understand the barriers and boosters to behavior change related to nutrition and health care practices for mothers and children.



RATIONALE

GOAL:

To understand the barriers & boosters and identify contextual as well as potentially sustainable and replicable implementation strategies for improving maternal & child nutrition for vulnerable target groups in the district of Baran, Rajasthan and Govandi slum settlements, Mumbai, Maharashtra.

STUDY DOMAINS:

1. Community knowledge, perceptions and behaviours of primary caregivers on maternal and child nutrition and health.
2. Community systems, structures and actors engaged in community centered prevention, treatment and management of maternal and child nutrition and health.
3. Strengths and weaknesses of current service delivery structures and government schemes of maternal and child nutrition and health.

METHOD

STUDY DESIGN:

Mixed-methods research: Quantitative + qualitative

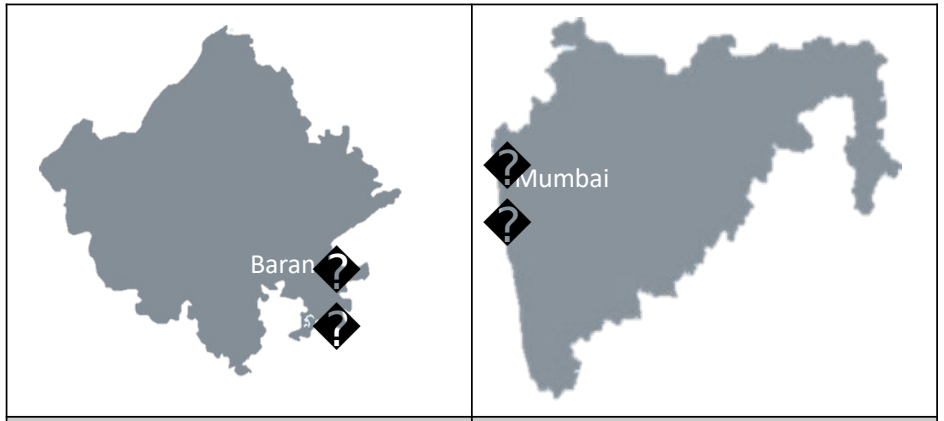
FOUR BROAD TARGETED POPULATION GROUPS:

- Primary Caregivers:
  - Pregnant women & mothers of children under 5 years
- Family decision makers:
  - Husband/ mother-in-law/ father-in-law
- Health care providers/ service providers:
  - Frontline workers of Nutrition & Health ecosystem
  - Traditional/Faith Healers
- Key informants/ stakeholders:
  - Govt. officials of Nutrition & Health ecosystem
  - Community stakeholders: PRI members/ school principals/teachers, PDS

ETHICAL CONSIDERATIONS:

- Ethical approval received from Institutional Review Board.
- Written informed consent taken & a copy of consent given to respondents
- Respondents given a unique ID to prevent identification

STUDY SITES:



RAJASTHAN	MAHARASHTRA
• Two rural tribal blocks in Baran	• Urban slum of Govandi in Mumbai

Qualitative: *92 in-depth interviews and 11 focus group discussions conducted (reported through summary sheets)*
Quantitative: *n = 460*

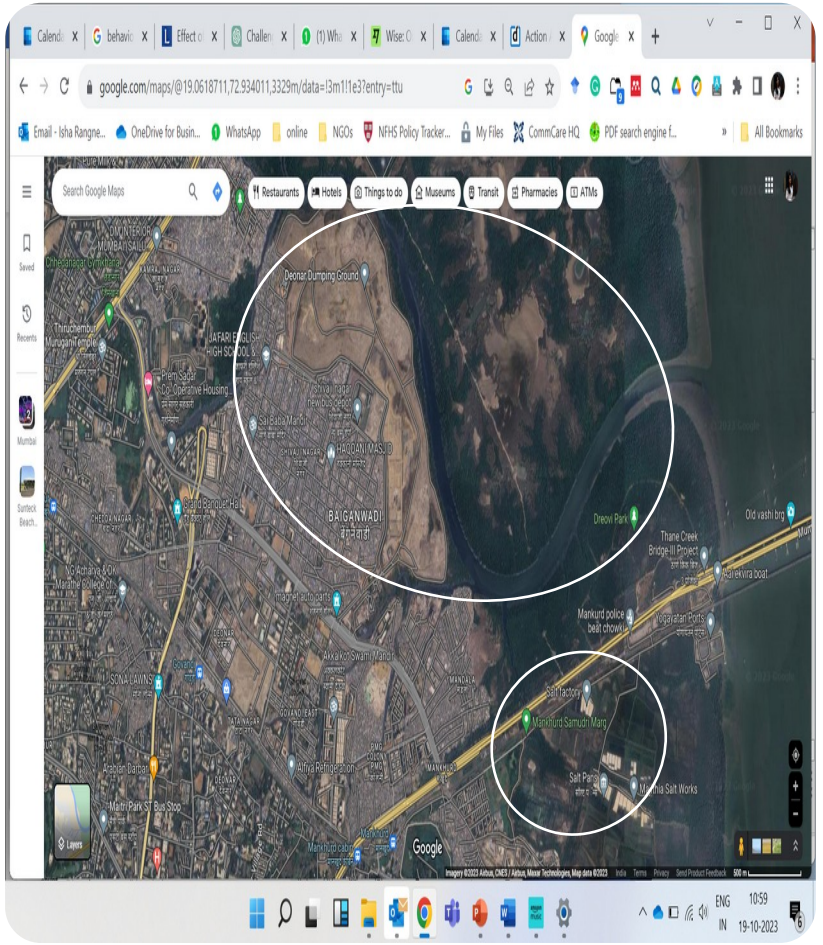
Findings presented are from qualitative understandings from study site in Mumbai

QUALITATIVE DATA ANALYSIS:

- Summary sheets analyzed through an Excel-based framework analysis matrix
- Thematic analysis of qualitative data conducted manually

CONTEXT: URBAN SLUM OF GOVANDI, MUMBAI

- Govandi slums are located adjacent to Deonar dumping ground (largest waste ground in the country).
- These urban slums have constricted space-settings and high rate of in-migration from other states.
- Women accompanying husbands to these slums often face challenges with autonomy, privacy and prioritizing resources for nutrition and health.
- Existence of such conditions as unresolved issues play major role of silent actors in the public health domain.
- Despite engaging multi-sectoral programming with integrated interventions, these factors along with several others make behaviour change a complex and challenging endeavor.
- This has brought the impact of programmes for reducing malnutrition in these urban slums at stagnated at low levels.



Picture credits: Google Maps

FINDINGS

DIETARY & LIFESTYLE PATTERNS OF WOMEN & CHILDREN

- Children's major proportion of diet consists of inadequate home meals, snacks from local vendors (*idli, vada paav, samosa*), packed commercial snacks.
- One mother reported eating freshly cooked meal once in whole day, as a dinner only.
- Illness is the biggest factor perceived for malnutrition than the feeding practices.

  बीमार हो जाते हैं, बुखार हो जाता है, जुलाब हो जाता है तो बच्चे कामजोर हो ही जाते हैं। *(अपने कुपोषित के बारे में बात करते हुए)* जुलाब इसको हफ्ते में दो बार हो जाता है...अब क्या मालूम क्या खा लेता है कि जुलाब हो जाता है ।

  They fall ill, get fever and diarrhoea, and so the children become weak. (Talking about her MAM child) He gets diarrhoea twice a week, now who knows what he eats that causes diarrhoea.

  - Mother of a MAM child in Govandi

- Mother's food habits are same as children in terms of preference to market food.
- Late start of the day delays the first meal to late afternoon and second meal late in the night.
- An estimated meal pattern based on 24 hourly dietary recall could be deduced from the following:
  - 9:00 AM 1/2cup (125ml) Tea + 2 pcs. of *khari butter* (snack)
  - 4:00 PM 125 ml *masoor dal* + 125 ml *sabji* + 250 gm rice
  - 11:30 PM 125 ml *masoor dal* + 125 ml okra *sabji* + 250 gm rice
- In between this long gap if they consume anything at all, there is a high dependency on market snacks.

FINDINGS

बाहर का कुछ लेके खा लेती थी, बाहर का ही अच्छा लगता था ये बिरयानी विरयानी... कल रात को दाल (मसूर), चावल, भाजी (मटन) बनाई थी वही खाया।

वह नहीं बनती जो मुझको पसंद, (क्योंकि) वो इसके अब्बा को नहीं पसंद... अलग-अलग दो जान के लिए क्या बनाऊ...रोटी नहीं बनती हूं...घर में ही इतना काम रहता है, खड़े होके नहीं बना पाती...कभी (रोटी) खाने का दिल करा तो बाहर (होटल) से मंगवाती हूं। हम तो ज्यादा रोटी नहीं खाते....कभी वो बोलते हैं तो बना लेती हूं...इन लोगों (बच्चों) को भी दाल चावल, खिचड़ी पसंद है।

I used to buy something from outside and eat it, I liked this biryani-viryani from outside only… last night I had prepared dal (lentils), rice, bhaji (mutton) and ate the same.

I don't make what I like, (because) her (the child's) father doesn't like it... What should I make for two separate people... I don't make roti... There is so much work at home, I am unable to do it while standing.... Whenever I feel like eating (roti), I order it from outside (hotel). We don't eat much roti...whenever he (her husband) asks, I make it...these people (children) also only like dal, rice and khichdi.

- Pregnant woman from Govandi

POOR ADHERANCE TO PROGRAMMES

- **Lack of Awareness:** The respondents were registered with Government Health & Nutrition systems but not aware of their benefits, and how to access them.

- **Stigma:** टीचर बोलते थे बहुत कामजोर बच्चा हैं। अच्छा नहीं लगता था। *Teacher (Anganwadi Worker) used to say that child is very weak. I didn't feel good. – Mother of a SAM child*

- **Limited flexibility of timings:** The varying schedules of residents of the urban slums often causes mismatches with the schedule of organizational and Govt. frontline workers.

FINDINGS ARE SUGGESTIVE THAT……

From mother's perspective

- **Nutrition Awareness and Education:** Mothers need access to comprehensive nutrition education, not only for their husbands but also for their own health and the well-being of their children. With this, balanced meal is also crucial.
- **Empowerment and Decision-Making:** Empowering women to make informed decisions about their nutrition. Encouraging them to prioritize their and their children's dietary needs towards improved health outcomes.
- **Access to Nutrient-Rich Food:** Efforts should be made to improve access to nutrient-rich foods at affordable prices. They should not have to resort to non-nutritious food when there are nutritive alternatives.

For implementers

- **Adaptation to Local Context:** Interventions need to be culturally sensitive and adapted to such specific challenges. This includes offering flexible work schedules and locations for interventions to align with the availability of mothers.
- **Community Involvement:** Involving the community, including husbands and other family members, in nutrition education can help shift the collective mindset towards ensuring maternal & child health and nutrition.
- **Tailored Messaging:** To raise awareness about the consequences of malnutrition in children and the importance of early intervention. Messages should resonate with the cultural norms and beliefs of the

For Governments and policy makers

- **Nutrition Programs:** Governments should prioritize nutrition programs that specifically target settings such as the urban slums. Localization is key here too.
- **Addressing the 'inevitable social and structural inconveniences':** These inconveniences may include economic disparities, inadequate infrastructure, or geographic isolation. Innovative reimagining of approaches is required to overcome these obstacles.
- **Tailored Program Schedules**: Government programs should consider the daily routines and preferences of the community. This means ensuring their interventions along with the efforts align with the schedules of the families.

IMPLICATIONS

- The findings acknowledge that every community and demographic has its own set of beliefs, values, and circumstances that influence how they perceive and access healthcare.
- Recognizing their unique worldviews, cultural beliefs, and circumstances that shape their lives within these communities can significantly enhance the effectiveness of our initiatives.
- Social and structural challenges are often inescapable barriers to access, making it imperative to find innovative solutions that address these inconveniences.
- Due to the social constraints and adversities, communities, especially women, tend to accept the inconveniences as part of their life, conveniently.
- Mother and child need to be kept at the core of initiatives and innovations need to account for their dynamics and environment for effective delivery of programmes.
- Public health programmes need to ensure equity and policy frameworks and interventions should be tailored to incorporate these nuances.

THANK YOU!