

“SITUATIONAL ANALYSIS TO ASSESS THE CURRENT WOMEN, ADOLESCENTS AND THE CHILDREN’S HEALTH, NUTRITION AND PROTECTION STATUS”

MISSION SUNEHRA KAL Community WAtCH Development Programme



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Executive Summary

To understand the current health situation and gaps a situational analysis was conducted in the Joarguri, Tulsiberia, Kendua, Dhulagori and Panchla gram panchayats of Howrah, Chandrahati 1&2 gram panchayats of Hooghly and ward 79 and 80 of Khidderpore area of Kolkata.

In terms of demographic profile, there is mix of General caste, Schedule caste and Other Backward classes. However, in Beldhubi GP, Kolkata ward 80 and Panchla GP the concentration of Other Backward Classes is more. The presence of Muslim community is more prominent in some of the GPs in Howrah district namely in Panchla GP (97%). On the other hand in Hooghly there is dominance of Hindu population. There is a mix of both religions in Kolkata district.

Average family size of the households is around 5 members. Chandrahati 1&2 are on the lower side which could be attributed to the presence of sizable Hindu population.

The average literacy rate for female is showing lesser at 86% than the males at 90%. Only 56% of the girls and 59% of boys are going to either school or college in the age band of 4 to 23 years. School going is significantly low at 34% among both sexes in Chandrahati 1.

It is found that on an average 10% of the mothers in Howrah district are currently pregnant, 7% in Hooghly and 10% in Kolkata Borough IX are pregnant. In majority of the cases there is registration with AWW or ASHA or ANM. In Kolkata due to limited availability of AWC, the mention of Private health institution or Government health centre or medical officer found which is not so prevalent elsewhere.

During ANC visits there has been weight checks, receipt of IFA tablets as all mentioned the same. Based on mothers' recall the average number of times weight checked during pregnancy is 4 times. Around 66% of the women mentioned that

they received 30-60 IFA tablets and 28% mentioned receipt of 60-100 tablets. Only 5% mentioned that they received more than 100 IFA tablets.

With regard to nutritional supplement during pregnancy, at overall level 3 out of every 10 women mentioned that *they have never received any supplementary nutrition* during pregnancy. Around 40% mentioned that they received nutritional supplement *regularly* during pregnancy and 30% reported that they received nutritional supplement *sometimes*.

In terms of place of birth, on an average, 12% mentioned *home delivery*. However, majority mentioned institutional delivery with 70% availing government health facilities and 18% availing private facility. In Beldubi GP highest percentage of mothers reported delivery at home (17%) followed by Chandrahati 2 (14%), Tulsiberia (13%) and Dhulagori (13%).

In terms of availing **Janani Suraksha Yojna (JSY)** it is found that on an average 45% of the mothers have registered and received cash, 33% mentioned that they have registered however not received cash and 23% mentioned not registered.

Majority of the mothers mentioned that they have received Post Natal Care (PNC) after child birth and in most cases there has been up to 2 visits. However, as per the norms of Post natal care – a mother should receive more than 3 check-ups. A gap in terms of sufficient PNC is found in terms as only 22% mentioned that they received 3 or more checks.

As reported by the mothers, majority of the children have birth weight more than or equal to 2.5 kg. However, in Tulsiberia and Ward 80 around 18% of the mother reported that their child's birth weight was less than 2.5 kg.

All reported *first feed given to child was mother's milk*. First feed to baby reportedly given with 1 hour of birth by 54% of the mothers and within 1 to 3 hours by 23% of the mothers. Among those who gave first feed later 92% did so because of medical condition (child sick to take feed or mother sick to feed the child). Awareness about exclusive breastfeeding till first 6 months is high among mothers and the same is practiced also.

Around 35% of the mothers reported that their child was 7 months old when solid or semi-solid food was started. By 8th month of age 71% of the mothers started solid or semi-solid. By 9th month almost all the mothers started solid or semi-solid food. There is not much clarity among mothers regarding how long breast feeding is beneficial for the child and what is the right time to discontinue.

When asked about child suffering from any disease – three out of every ten women reported of such situation. All those who faced such a situation got treatment for the child. Majority went to Government hospital or Block Primary Health Centre (BPHC) for treatment of the child. Mothers have expressed lack of adequate knowledge about child diseases and ways to prevent them.

No reporting of malnutrition by mothers however when MUAC measured it was found that in Chandrahati 1&2 around 3% of the children fall under the category of SAM and 4% of the children in Chandrahati 2 can be categorised under MAM. Across all GP/Wards of Howrah and Kolkata there is presence of MAM.

Among mothers there is high awareness about child immunization with around 80% receiving primary immunization.

There is need for knowledge building with regard to hygiene and sanitation as use of soap to wash hands before feeding the child is found among half of the women as 54% mentioned this practice.

Majority of the women mentioned that AWW/ANM/ASHA/HHW has talked to them about ways to delay next child. Among women awareness about daily pills and Condom is universal across locations. This is followed by IUD/Loop and Sterilization methods. Awareness about condom is high due to advertisements on Television. However, around 28% mentioned that they do not use of any family planning method. Use of pills is more common.

Around 70% of the women interviewed reported that they are aware of HIV/AIDS. Awareness about STI/RTI is found among 17% of the women. However, during the discussions on probing it was found that most of the women are only aware of the name and nothing beyond that.

Awareness about social security schemes (RSBY or PMJDY). Awareness about mother's scheme such as Anganwadi programme, JSY is high. School schemes like Kanyashree and WIFS programme has also registered high awareness. Low awareness about child education (RTE) and protection related services or programmes among mothers. Awareness about Anwasha clinic services and Childline service is also very low.

Majority of the adolescent girls are school goer but there is discontinuation of studies after a certain level (standard 8 or 10). There is scope for higher uptake of on-going Government programmes and schemes in school among the girls.

There are several myths and misconceptions around menstruation among adolescent girls. 17% of the adolescent girls perceive that *menstruation is a disease*, 30% believe that during menstruation *girls get dirty*, 28% think it is *discharge of impure blood* and 43% perceive that it is *discharge of pure blood*.

Absence of health programmes related to adolescent health and awareness – presence of unaddressed issues related to reproductive and sexual health among adolescent girls. Need for strengthening the linkage with available services such as Anwasha clinic and Government health facilities.

Report of health problems is less among adolescent girls – however, low awareness about adolescent health but there is eagerness to know more. Many of the girls mentioned that they experience body cramps, allergic eruptions, itching in private areas but do not know what to do and why these happen.

There is need for convergence across different stakeholders belonging to health, education, administration and parents in general. Need for linkages with the available services and programmes through awareness generation and knowledge building. Need for evaluating the current health facilities and providing adequate support where needed in terms of infrastructure and trained manpower. Currently the issues of school dropout and early marriage are not tackled comprehensively – need for focus on adolescent issues.



Data Collection:

Sample Coverage:

Quantitative – Household survey

DISTRICT	HOWRAH						HOOGHLY		KOLKATA		
BLOCK	ULUBERIA II		SANKRAIL		PANCHLA		CHINSURA-MOGRA		BOROUGH IX		
GRAM PANCHAYAT / WARD	JOARGORI	TULSHIBERIYA	KENDUA	DHULAGORI	PANCHLA	BELDHUBI	CHANDRAHATI 1	CHANDRAHATI 2	WARD 79	WARD 80	TOTAL
Women (with 0-6 child)	89	90	91	89	92	88	95	85	90	90	899
Adolescent girls	31	30	30	30	30	30	32	28	30	30	301
TOTAL	120	120	121	119	122	118	127	113	120	120	1200

Qualitative Focus Group Discussion – 25 ~ 300
Key Informant Interviews – 45

Mothers	Adolescents	Men	School Principal
Pradhan	ICDS Supervisor	Health Supervisors	Anwasha Counsellor

Field team and training:

A detailed 2-day training was conducted with hands on practice of registering weight and MUAC check-up. Mock sessions were conducted to make the team well conversant with the tools and methodology.

Glimpse of gap analysis training



Data collection procedure:

During data collection a team of more than **20 female interviewers' team were engaged keeping in mind the sensitivity of the information areas**. There were 4 supervisors managing a team of 5 interviewers. 2 senior supervisors were engaged who ensured quality assurance through continuous back checking.

Interviews were conducted in respondents' household which was conducive for them to share their information without any intimidation.

Glimpse of household survey



However, in spite several requests the presence of other family members especially mother in law or children or parents could not be avoided in case of all in the village setting.

While conducting the Qualitative discussions a more private setting for discussion could be provided as a result the discussions were more frank and insightful. When in group of adolescents or young mothers were done the parents or in-laws were requested to not intervene and there were enough co-operations.

Glimpse of qualitative discussions



Key informant interviews were conducted among stakeholders like Panchayat Pradhan, health service providers, Anwasha counsellor and school principals.