

AN ENQUIRY INTO THE SOCIAL DETERMINANTS OF HEALTH THROUGH HEALTHY URBANIZATION LEARNING CIRCLES

POBBATHI HULC



Theme: Social Determinants of Malnutrition and Anaemia among women and children. Need for better anganwadi facilities.

FIELD AREA Parvathipura and Kumbargundi low resource areas.

GROUP MEMBERS	
BBMP	NGO/CBO
Dr. Chetana N, Asst surgeon. Pobbathi Maternity home	Ms. Arokia Marry, Social Worker , Raypuram Slum Development society
Department of Women & Child Development	Ms. Sibi Verghese, Social Worker, Lion's West Eye Hospital
Mrs. Geetha B Patil, Child Development Project Officer, ICDS project, Bangalore Urban District,	



Bangalore
Healthy
Urbanization
Project

I. Overview of the community

Pobbathi Health centre is situated in south Bangalore. Of the two low resource settings selected for action research, Parvathipura is relatively better developed than Kumbaragundi (community living here belong to relatively socio-economic disadvantaged sections).

Overall, neither of these areas have the problems of other low resource areas houses are better built (they are covered with asbestos sheets or have concrete roofs). Water supply to the area is moderately good. There are individual toilets for all the houses. The area has good transport connections. The average income varies from Rs. 5000 to 7500 per month.

In Parvathipura majority of those employed work in shops or small business houses; some of them are small-scale entrepreneurs.

Kumbaragundi: this low-resource setting is situated in central Bangalore and falls under Pobbathi health centre jurisdiction. Outreach services are provided by the health centre. Total population is 1240 (243 houses). Majority of the people residing in this locality are working as Pourakarmikas in the Bruhat Bengaluru Mahanagara Palike. The houses are small but have facilities (like toilets and piped water). Family income varies (on an average) from Rs. 4000 to Rs. 6000 per month.

Most sanitation workers leave very early in the morning (around 6.am). They return in the afternoon (by 2.00 p.m.). Since this area is well connected to the business district, the adult children of these workers are employed as auto-rickshaw drivers, computer operators and small-scale entrepreneurs.

Parvathipura has good infrastructure, (water and sanitation facilities including a Government-run school and many privately-run schools). The area also has an anganwadi. The BBMP-run health centre is close by. A private Medical College with hospital facilities is within walking distance and a well-equipped city hospital is situated about three kilometres from this area.

II. Thematic relevance

In spite of being well served by hospitals and educational institutions, women living in these areas do not sent their children to anganwadies and Pobbathi Maternity Home is under-utilised. Women's and children's health suffer because of prevalent myths and misconceptions, which is also a root cause of low access to Government-run health services (especially services at the Pobbathi Maternity Home).

1 Sanitation workers.

Survey findings:

The total population of Parvathipura and Kumbargundi is 6595.

839 women are in the reproductive age group (15-45 yrs).

Of the 94 Pregnant women, 45% were anaemic (Hb < 10gm%).

Children from 0-5 years numbered 689. About 50% of these children were malnourished. 40% was mild to moderately malnourished and 10% were severely malnourished (as per ICMR charts).

Average monthly income ranges from Rs.3000 to Rs.4000.

III. Process

HULC members (supported by link workers) participated in Pobbathi Maternity Home's outreach programme - they visited the field area to build rapport with mothers, pregnant women, anganwadi workers and local leaders. At the same time they provided information on Health Centre and anganwadi services.

IV. Problem statement

Children below 5 years are malnourished and some pregnant women are anaemic in Parvathipura and Kumbargundi.

V. Summary of community diagnosis

As they have to leave their houses early in the morning, most community members eat at least one meal outside the home. Most families cook one evening meal which is eaten together with the family. Alcohol consumption and use of tobacco is very high in the community. However, they are unaware of the dangers of smoking and alcohol consumption.

Care-seeking behavior

Community diagnosis showed that pregnant women approach Pobbathi Maternity Home for routine check-ups and immunization services. For specialist services they approach the city hospital.

Community members expressed that they go to private hospitals because timings are more favorable and they perceive that the treatment (which includes provider behavior) that the private hospitals provide is better.

Knowledge-practice gaps

Unhygienic habits and practices were major community issues identified by the HULC.

Women were unaware of the importance of regular check-ups for their children. "Many times we avoid taking our children to doctors or hospitals. If they develop cough cold or fever, then we go to a medical store and buy some medicines".

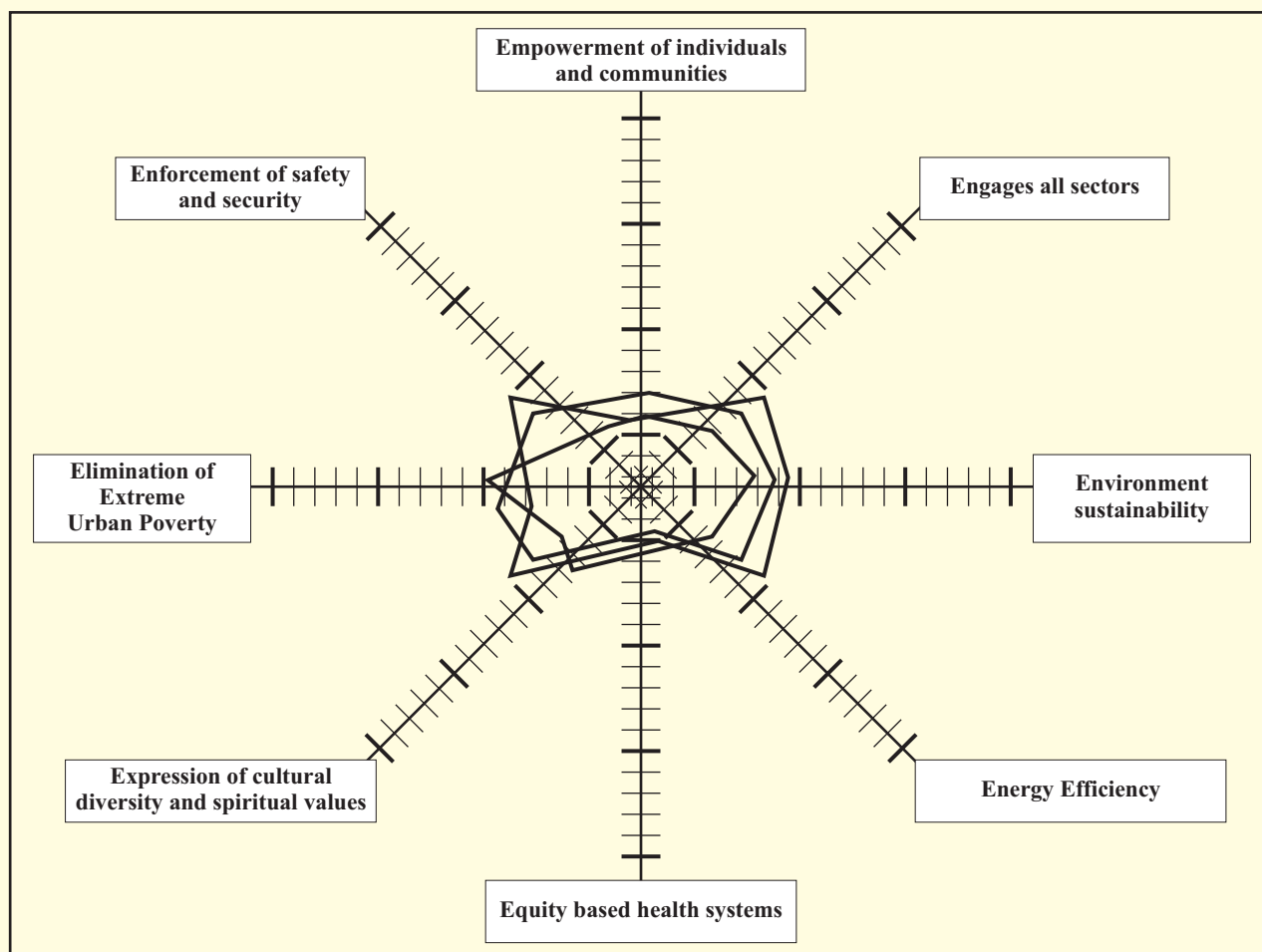
There was also a knowledge-practice gap with regard to child feeding practices - women did not have time to cook nutritious meals for their children though they had attended Nutrition Board demonstrations.

Lack of services and poor quality of care were the reasons for not sending children to anganwadies.



VI. Identifying community solutions

a. Spidergram



Empowerment of Individuals and Communities: women need information, better access to services and empowerment. This is due to factors like low education levels, poverty, overall neglect of infants and children.

Equity Based Health Care Systems: low awareness of healthcare issues, lack of food security and low utilization of anganwadi facilities and BBMP-run healthcare facilities

b. MULTIVOTING

List of social determinants of health	Vote 1	Vote 2	Vote 3
Environmental sustainability	1	0	0
Energy efficiency	0	0	0
Empowerment of individuals and communities	3	3	3
Engagement of all sectors	3	3	0
Elimination of extreme urban poverty	2	2	0
Expression of cultural and spiritual values	3	3	0
Equity based health care system	3	3	3
Enforcement of safety and security	2	2	0

The HULC focused on empowerment of individuals and communities and equity based health systems (as the high scores indicate) with the next level emphasis on enforcement of safety and security.

c. Stakeholder analysis

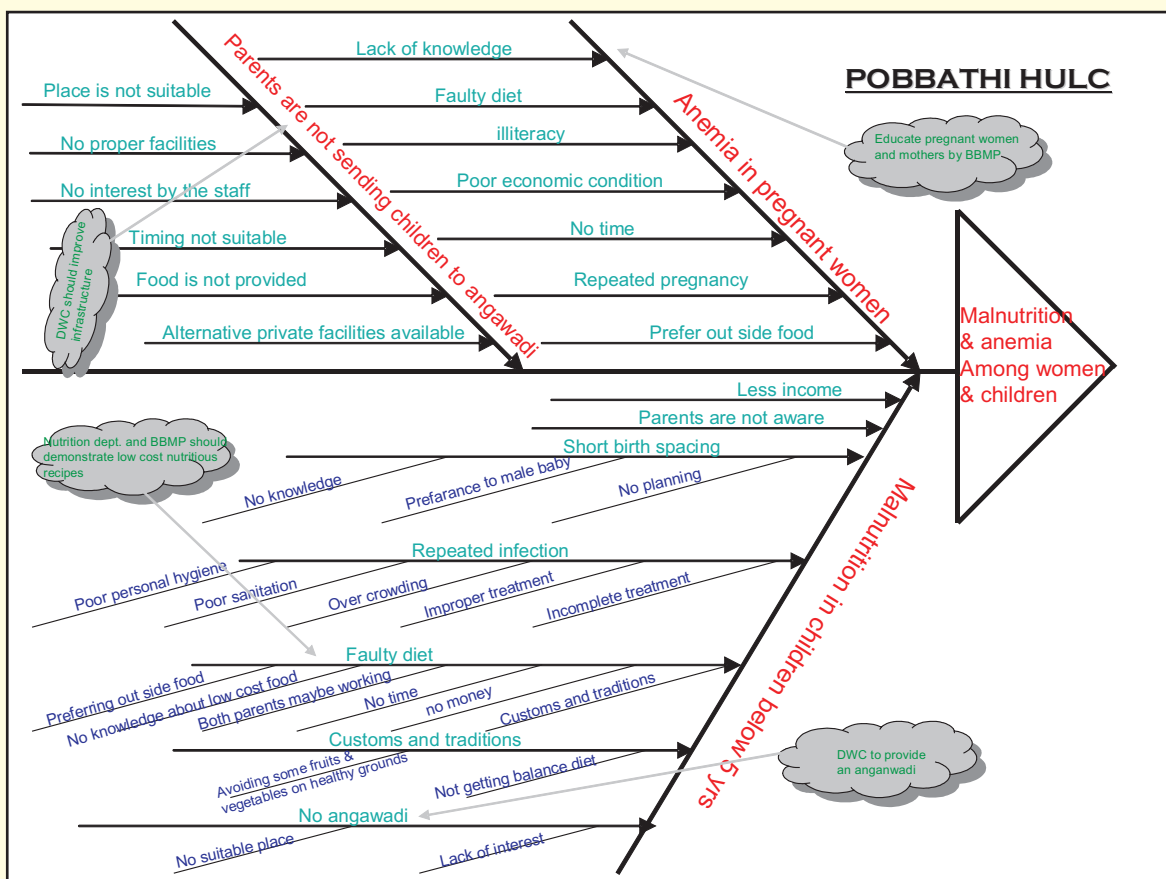
Stake Holders	Level of Influence in Society			Level of Interest in health Issues		
	Low	Medium	High	Low	Medium	High
Internal Stake Holders						
Local Leaders		x		X		
CDPO and School Teachers	x				x	
Medical Officers		x			x	
External Stake Holders						
BMP			x		x	
NGO			x			x
Dalitha Sangha			x		x	

The only stakeholders with high level influence in Pobbathi were NGOs. All others had medium and low levels of influence.

d. Theme Selection

Theme	Stake Holder	Need to Improve	Impact on Stake Holders	Overall weight
Empowerment of individuals and communities	Local leaders Dalitth sang	4	4	8
Equity based health systems	CDPO, School Teachers and	4	2	6

e. Fishbone diagram



Fishbone shows social and environmental factors that contribute towards malnourishment among women and children lack of time, of finances, correct and appropriate information.

VII. Community activities

The HULC outreach methods were a series of Mothers meetings which were used to create awareness on hygiene, health and childcare practices. Team members (with the support from link workers) organized Mothers Meetings to spread awareness about reduction of recurrent infections among women and children through better nutrition and hygiene practices. HULC members collaborated with the ICDS programme (Department of Women and Child), Food and Nutrition extension department to conduct informative activities in the community. Community members were involved in the demonstrations on healthy recipes and methods of maintaining hygiene. Information Education and Communication materials (IEC) were disseminated to the women who attended to enhance impact of the activity.

VIII. Key Informant interviews

These interviews (conducted in the community) indicated that women do not take Iron and folic acid tablets during pregnancy because they are worried about side effects. Pregnant women do not eat nutritious food (this is due to prevalent myths, poverty and lack of time and awareness). Neither are they aware of the importance of periodical medical checkups for their infants (below 5 years) for diagnosis and prevention of malnutrition.

IX. Focus Group Discussions

Private hospitals are preferred since community perceives that they get better treatment (which includes better provider behaviour). Moreover they feel Government hospitals lack modern techniques and equipment. The doctors are not available in the evening; staffing in the government hospitals is inadequate. “Due to these reasons, we prefer private hospitals for our deliveries. We know that we are spending money but we are helpless”.

FGDs indicated that merely giving information was insufficient. For instance, although women attended a camp on nutritious food preparation, constraints (time and money) were deterrents to cooking such meals.

In Parvathipura community members do not send their children to anganwadis since they are neglected there, food is insufficient and they are not given adequate guidance (teachers are irregular, children are not taught English and there is no provision for the children to play games).

X. Action research outcomes

Greater awareness of the importance of a low cost diet to prevent malnutrition. Women appreciated the importance of regular check ups during pregnancy and check-ups for infants (below 5 years) to prevent anaemia and malnutrition.

Pregnant women received information about the importance of eating seasonal fruits and awareness regarding better utilization of health services in small groups.

Pregnant women are more aware of the importance of iron and folic acid tablets.

Community sensitized about the importance of sending children to anganwadi and made aware about anganwadi facilities.

XI. Discussions with BBMP

Discussion with Chief Health Officer regarding the continued supply of iron and folic acid tablets.

Discussed the necessity of extending Pobbathi health centre timings.

Emphasized the need for providing space to start an anganwadi at Kumbargundi.

Presented the need for periodic demonstrations of low cost nutritious diet (in collaboration with the Nutrition Board).

Regular awareness camps to be arranged at health centre and community on malnutrition, immunization, ante-natal check-up and use of iron and Folic Acid tablets.

Regular and sustained awareness of the importance of regular check ups for women during pregnancy and for their children (infants below 5 years).

Correct information to counter myths about nutrition and low utilization of health services.

XII. Discussion with Department of Women & Child (DWCD)

Requesting the DWCD to sanction an anganwadi at Kumbargundi.

Requesting the Women and Child Department to upgrade facilities at Parvathipura anganwadi.

DWCD to discuss importance of sending children to anganwadi and generating awareness about facilities.

XIII. Recommendations

For the community	<ol style="list-style-type: none">1) Community leaders take initiatives to arrange and to participate in community awareness camps.2) Pregnant women start taking iron and folic acid tablets.3) Mothers attend periodic check ups for themselves and their children to prevent and manage malnutrition.4) Once the new anganwadi is initiated, community should be able to access services.
For BBMP (Health Department)	<ol style="list-style-type: none">5) Implement policy to bring about change in Health Centre timings.6) Health centre should mobilize local leaders for awareness campaigns (especially for utilization of services).7) Continuous supply of iron and folic acid tablets to Health Centre.8) To conduct awareness camps for pregnant women and mothers.9) To provide a place for an anganwadi at Kumbargundi.
For stakeholders	<ol style="list-style-type: none">10) Once the new anganwadi is initiated, community to be motivated to access services.11) Promotion of kitchen gardens in the community in collaboration with Nutrition Board and Horticulture department.

XIV. Monitoring Mechanisms

The Medical Officer should monitor supply of Iron and Folic Acid drugs provided at the Health Centre.

Health centre field staff to monitor awareness camps (include health promotion and education content) in the community.

Link workers to monitor the usage of iron and folic acid consumption by pregnant women under the supervision of Health Centre doctor.

BBMP and DWCD to monitor setting up of anganwadi at Parvathipura.

BBMP welfare department (with CDPO) to monitor anganwadi attendance in Kumbargundi.