

Side Trip

Early Childhood Counts

INDICATORS OF THE CURRENT NUTRITIONAL CONDITION OF WOMEN AND CHILDREN

From: The Care Initiative: Assessment, Analysis and Action to Improve Care for Nutrition. UNICEF Nutrition Section, New York, April 1997. Prepared by Patrice Engle, with Lída Lhotská, Helen Armstrong, UNICEF, New York

In doing an analysis of a situation, the first step is the assessment of the current nutritional condition of women and children, and the caregiving situation of the children. Table 1 suggests basic indicators. Users are encouraged to add other indicators appropriate to their own settings and priorities, and in accord with locally available data. Indicators that are potentially useful, but for which no data exist, may be tentatively filled out from the users' best guess, and perhaps noted as deserving further enquiry. Those indicators which are clearly not appropriate to the setting may, after consideration, be eliminated.

For each indicator listed below, users are encouraged to assess their situation. For most items a rating of adequate (+) and inadequate (-) can be given. In cases in which there is particular strength identified, one could use a star (*). When no data exist, NA may be used. It may be necessary to make a rating in words or to indicate that more information is needed. Possibly users will wish to develop their own rating system rather than this three-level model.

In the tables examples are shown of how users filled in columns and added indicators for a hypothetical country. A working group might fill in these columns as they discuss their knowledge of the individual aspects of care in their own country area or community.

Table 1. Assessment of Nutrition and Caregiving Situation for Women and Children (example)

ASPECT OF CARE	POSSIBLE INDICATOR	RESULTS	OVERALL ASSESSMENT
Child's Nutritional Status	Newborn MR, 1-11 mo MR or infant mortality rate	IMR 90/1000	-
	child mortality rate	birth-4 yrs 130/1000	-
	% wasting and stunting	stunting: 6 mos 10% 12 mos. 20% 18 mos 30% little wasting	- *
	% iron deficiency anemia	12 mos 20% , 24 mos 36%	-
	% vitamin A deficient	18 mos 20%	-

Table 1. Assessment of Nutrition and Caregiving Situation for Women and Children (example)

ASPECT OF CARE	POSSIBLE INDICATOR	RESULTS	OVERALL ASSESSMENT
Child's Nutritional Status (cont.)	% iodine deficient	18 mos 1%	*
	other micronutrient deficiencies	none	+
	ages when growth faltering begins and ends	(no data available)	NA
	% low birth weight infants	<2000g 6%, <2500g 18%	–
	% below -2SD weight/age (Example of indicator added using locally available data)	24 mos 20%	+
Women's Nutritional Status	% of women with low BMI or Wt/Ht	16%	–
	% caregivers with anemia	pregnant women Hgb<6 2% Hgb 6-8 10%, Hgb 8-11 22%	+
	% caregivers with goitre	not known-very low	*
Caregiving Situation	Average number of children <5	2.9	–
	Average number of children in household	5.8	–
	% mothers with children < 6 working for income	< 1 yr 30%, 1-2 yrs 45%, 3-5 yrs 50%	cannot rate; women need employment
	% in inadequate alternate care or unattended children	<1 yr 25% 1-3 yrs 20%	–
	% children not living with mother (fostered, orphaned, etc.)	Less than 1%	*
	Availability of non-family child care options	urban: some rural: none	+
Policy context	Has government signed and ratified CRC?	Yes	*
	Has the government signed and ratified CEDAW?	No	–
	Has the government implemented the International Code of Marketing of Breastmilk Substitutes?	In draft since 1986	–
	What maternity entitlements exist?	12 weeks for government employees only, unpaid	–

Overall Assessment: + Adequate; – inadequate; * particular strength; NA not available.

In the country illustrated in Table 1, there are a number of nutrition problems to be addressed, particularly stunting and some micronutrient deficiencies. On the other hand, wasting is not significant. A number of women work for earnings, and a fairly large number of young children are

in what is considered inadequate alternate care. Family sizes are large, so siblings are likely to constitute a considerable proportion of alternate caregivers. The policy environment is mixed, with only the Convention of the Rights of the Child (CRC) in place.

Table 2 asks users to consider the relative importance of the three necessary conditions for good nutrition outcomes: food, health and care. Filling out the table will help evaluate how important care may be in the nutrition situation of women and children, compared to household food security, and to health services and a healthy environment. In the example which follows, both household food security and health services were considered adequate, but care was not. Such a situation may arise in rapidly urbanizing environments, where cash incomes and supply of food are sufficient, water and sanitation are adequate, basic health services are accessible and affordable, and yet nutrition indicators remain unsatisfactory. A simple rating system is again employed as a means of identifying adequate (+), inadequate (-) factors, as well as strengths (*) in this hypothetical setting.

Table 2. Relative Effects of Food Security, Health and Care on Nutrition (example)

	GENERAL SITUATION	RATING
Household Food Security	Food available all year	*
	Almost all adults well-fed, including mothers	*
	Purchase of food takes <35% of minimum wage	+
Health Services and Healthy Environment	Health posts functioning	+
	Immunization rates high	+
	Widespread use of child spacing methods	*
Care for Women and Children	Many women work outside home	need to know more
	Child care left to siblings under 12 yrs	-
	Low rates of exclusive breastfeeding	-
	Many single-parent households	-

Rating: + Adequate; - inadequate; * strength; NA not available

Table 3 presents an example of identifying positive practices and resources which might be built upon, and some examples of ways to reinforce them, build on them or extend them. For each positive practice, there are many possible extensions to improve care. However, it is also necessary simply to recognize and reinforce good practices in and of themselves. Maintaining the prevalence of valuable patterns may be more important and effective under changing social conditions than using all available resources to change selected behaviors.

Table 3. Good Caring Beliefs, Practices, and Resources (example)

	VALUABLE BELIEFS, PRACTICES AND RESOURCES	HOW CAN THESE BE MAINTAINED AND BUILT UPON?
Care for Women	TBAs care for mothers several days following delivery	Increase recognition and training for TBAs TBAs could teach exclusive breastfeeding
Breastfeeding and Feeding Practices	All mothers expect to breastfeed	Support this attitude and reinforce it with scientific justification
	Partial breastfeeding prevalent and thought to be best for infant	Protect breastfeeding from commercial undermining and educate on deficits of partial breastfeeding
	Most mothers encourage children to eat special foods when sick	Praise mothers for knowing that nutrition is vital in illness Link this belief to encouraging well children to eat good foods that build resistance to illness
Psycho-social Care	Belief that infant should have their wishes honored	Praise mothers for understanding that breastfeeding whenever child wants is a good idea Help caregivers support infants' desires to grab and hold objects
Food Preparation	Mothers prepare special foods for young infants	Ensure that this self-reliance continues
		Encourage mothers to exchange recipes and experiences
		Discuss why making fresh food is better than re-heating leftovers
Hygiene Practices	Mothers bathe infants daily	Praise and reinforce behavior Have experienced mothers demonstrate how to wash babies to the new mothers
		Thank mothers; point out how this lets illness be stopped early; suggest girls also need this care
Home Health Practices	Mothers take boys to clinics early when sick	Make all clinics warm and welcoming to mothers; ensure recommendations are tactful and respectful of mothers
	Children are brought more consistently where staff are friendly and not critical	
Human Resources	Women have relatively high levels of education and about half read newspapers	Use written material to communicate messages; help women make up their own newsletter on care
Economic Resources and Control	Even though there is much poverty, women who work have the right to control the money they make	Women's groups are formed for income-earning purposes under women's control
Organizational Resources	The state has supported a day care center network for 3-5 year -olds to help older girls get to school	Find ways to extend the daycare center downward to the group who is most in need of child care.

4.3. POSSIBLE INDICATORS FOR ASSESSING AND MONITORING OF CARE.

Table 4 provides some examples of measurements that might be used to assess less satisfactory caring practices or a lack of care resources. In the sample table, for each of the six caring practices and the care resources, a less satisfactory caring practice is identified, reasons for concern are listed, and possible indicators and measurement approaches are suggested. As in the case of previous tables, users are encouraged to add other examples of less satisfactory caring practices, and to eliminate those which are not relevant.

Following each indicator, a means of data collection is suggested in parentheses. For some indicators, statistics may already be available at the national level or at the community level, through local health care centers, hospitals, or a growth monitoring program. These are marked “archival”. Many others are marked “survey”. Much can be learned by directly asking people their opinions through a survey. In a few cases, a scale is recommended, which is a list of questions that can be added together to provide a measure of a construct or concept, such as “stress.” For other items qualitative assessment will be needed, particularly since indicators may differ by local context. In this case, use of key informants or focus groups may be a helpful strategy, and focus groups are suggested. Some measures can be obtained through observation of caring practices. These observations can be made on a smaller number of families. Although collecting data through focus groups and observation may be time-consuming, they are perhaps the best way of learning what people actually do, which may differ from what they say they do in response to surveys. When families are observed, they tend to demonstrate what they believe to be ideal behavior, which can be most informative.

Table 4. Examples of Possible Indicators of Care Practices and Resources

POSSIBLE LESS SATISFACTORY CARING PRACTICE	REASON FOR CONCERN	POSSIBLE INDICATORS (MEASUREMENT APPROACH)
Care for Women: Not receiving adequate percent of family food or improved food quality during pregnancy and lactation	Importance of diet during pregnancy for birthweight, health of mother, lactation performance Observation that women often do not get extra food during these times	<ul style="list-style-type: none"> ■ Percent adequacy of pregnant and lactating woman's food compared to other family members (food weighing or dietary recall) ■ Food frequency of all family members (food frequency) ■ Prevalence of nutritional deficiencies (low BMI, low Vit. A, anemia or IDD) ■ Women and men's beliefs about pregnant and lactating women's priority in food allocation and importance of weight gain during pregnancy (survey, focus groups) ■ Family decision-makers' beliefs about nutrition during pregnancy and lactation (survey or focus groups)
Breastfeeding and Feeding: Mother does not initiate breastfeeding within first hour after birth	Early initiation of breastfeeding facilitates exclusive breastfeeding; pre-lacteal feeds increases infection risk, reduces chance of exclusive breastfeeding	<ul style="list-style-type: none"> ■ Time of breastfeeding initiation (survey) ■ Mother's knowledge of the importance of early initiation of breastfeeding (survey) ■ Use of pre-lacteal feeds (survey or focus groups for customary patterns)

POSSIBLE LESS SATISFACTORY CARING PRACTICE	REASON FOR CONCERN	POSSIBLE INDICATORS (MEASUREMENT APPROACH)
Psycho-social Care: Infrequent positive interactions (touch, hold, talk) with caregiver	Positive interactions help children develop to their highest possible level. Talking to children is important even during infancy	<ul style="list-style-type: none"> ■ Frequency of responses by caregiver to child in brief observations of caregiver/child interaction (observation) ■ Assessment of home environment; warmth of caregiver to child observed (adaptation of HOME scale) (Bradley, Caldwell et al, 1989)
Food Preparation Practices: Cooking methods are time-consuming or pose risks for child and mother's health	Indoor air pollution from open fires can be a risk for children; collecting firewood may be very time-consuming; coal and kerosene may produce toxic effects	<ul style="list-style-type: none"> ■ Type of cooking method (survey) ■ Fuel gathering time and how work is distributed in family (survey)
Hygiene Practices: Caregiver doesn't wash hands prior to food preparation and feeding child and after defecation and disposal of child's wastes	Contaminants on caregiver's hands can be pathogens	<ul style="list-style-type: none"> ■ Method for washing hands, i.e. soap, water temperature (survey) ■ Timing of handwashing, i.e., whether washes after defecation, disposing of child's wastes, before feeding child (survey, observation)
Home Health Practices: Recommended home treatments are not given	Both ARI and diarrhea can be treated appropriately with home remedies	<ul style="list-style-type: none"> ■ Caregiver knowledge of nutritional management of diarrhea (continued breastfeeding, ORT, continued feeding)(survey) ■ Caregiver knowledge of management of ARI (survey)
Resources for Care—Human: Lack of knowledge or education by caregiver	When alternate caregivers are young siblings, they may have less knowledge about care; children tend to grow less well	<ul style="list-style-type: none"> ■ Identification of alternate caregiver who has full responsibility; knowledge of care practices and education of that person (survey) ■ Lack of knowledge of specific care practices, such as breastfeeding duration, feeding appropriateness, home health practices and hygiene by alternate caregiver (survey)
Resources for Care—Economic: Caregiver's work for earnings does not allow enough support for good child nutrition	If work is too poorly paid, time-consuming and there are no adequate alternates, children may be more likely to be malnourished.	<ul style="list-style-type: none"> ■ Identify primary caregivers. For this person identify: <ul style="list-style-type: none"> – Work for earnings: hours, location, wage rates, whether it can be flexible if needed (survey) – Control over income earned (survey)
Resources for Care—Organizational: Lack of community support for alternate care	Community child care arrangements can alleviate risks of poor nutrition, if accessible for the group who needs and wants it	<ul style="list-style-type: none"> ■ Availability of informal child care arrangements ■ Availability of formal child care arrangements ■ Attitudes in community about acceptability of various care options ■ Perceived need for child care (age of children, times needed, etc.)

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Early Childhood Counts: Programming Resources for Early Childhood Care and Development. CD-ROM. The Consultative Group on ECCD. Washington D.C.: World Bank, 1999.