



# RANCHI LOW BIRTH WEIGHT PROJECT

## BASELINE STUDY FINDINGS-3

### Nutritional status and behavioural practices among infants and young people

The realization of optimal health is critically dependent on favourable nutritional status. Effective child feeding and weaning practices go a long way in ensuring healthy growth and preventing malnutrition during early childhood. It has been observed that worldwide 30% of the children under five are stunted owing to poor feeding practices. Good nutrition leads to improved physical growth, reduced susceptibility to common childhood infections and better resistance to cope with them in children. It also has long lasting health benefits for the child throughout its life span and reduces the risk of certain non- communicable diseases.

Favourable nutritional status of the youth not only signifies a potentially healthy young population but is also indicative of physical preparedness for future parenthood. It is estimated that every year, 1.7 million adolescents lose their lives with pregnancy related complications being a major cause of death. Adolescent girls are particularly vulnerable to malnutrition. They need protein, iron and other micronutrients to support the spurt in growth and meet the body's increased demand for iron.

This research brief is thematically based on such issues and highlights child feeding and weaning practices, nutritional status of young women and knowledge of symptoms and causes of anaemia among the young people in Ranchi district of Jharkhand state.

#### Child Feeding Practices

##### Initiation of breastfeeding and colostrum feeding

The proportion of children who are breastfed within one hour or even within one day of birth is very small in rural Jharkhand. Only 8.5 % of the women initiated breastfeeding within one hour of birth and 14.8% did so within a day of birth. A higher proportion of the women in the

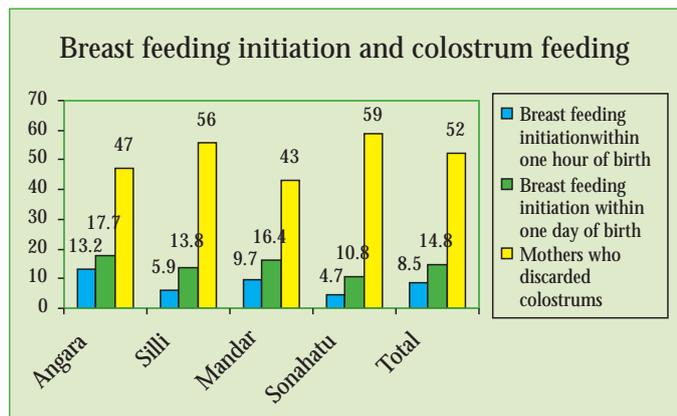
#### Ranchi Low Birth Weight Project

##### 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.

15-19 years age group start breastfeeding within one hour of birth while women in the 30 plus age group generally commence breastfeeding within one day of birth (though not immediately after birth). Overall, about 52% of the women across the various sample sub groups do not feed colostrum to their newborns. Discarding of colostrum is more common among the illiterate mothers (55%), Hindus (54%), Sarnas (51%) Scheduled Castes (56%), working mothers (59%) and those in the lower Standard of Living Index (SLI) category (56%). Interestingly, 54% of the women who delivered at home discarded colostrum in comparison to 40% of the women who had institutional deliveries. Mothers who had received complete ANC before the birth of the child were less likely to discard colostrum. It has also been observed that mothers exposed to any sort of mass media were less likely to discard their first breast milk. Women of Silli and Sonahatu blocks were significantly more likely to discard colostrum.



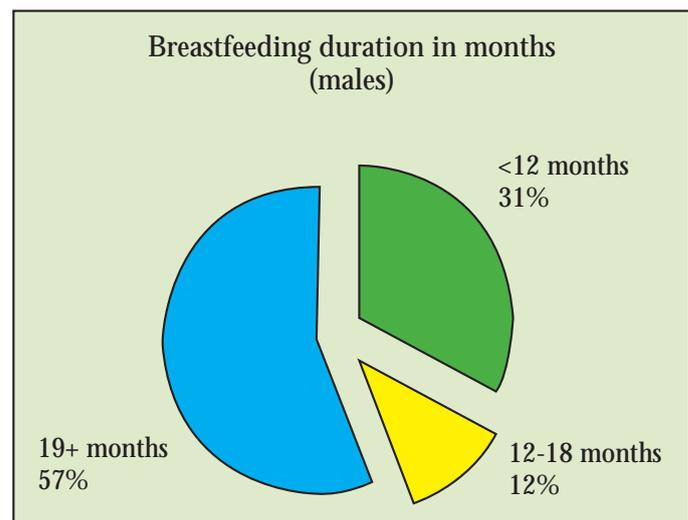
### Duration and quality of breastfeeding

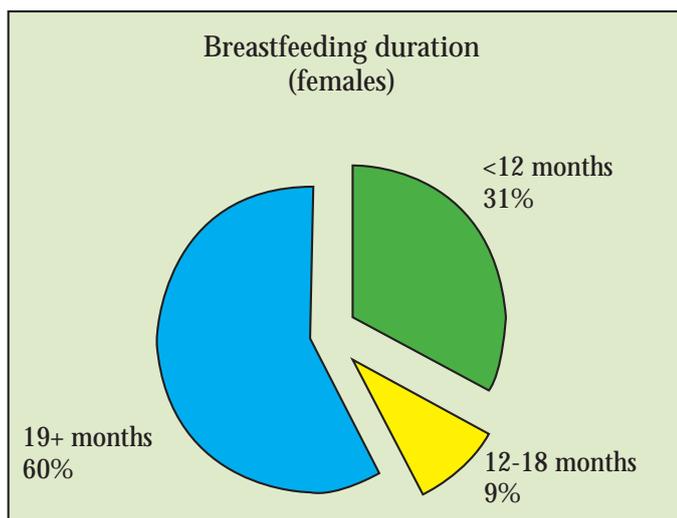
The mean duration of breastfeeding is 20.2 months. Interestingly, newborn babies in the study areas are usually breastfed for either less than 12 months or more than 19 months. A feeding duration of 12-18 months is not that common. Not much difference is observed in the duration of breastfeeding of male and female children. Qualitative data from FGDs reveal that after birth, a child is first fed a mixture of honey/sugar and water. Thereafter goat's milk is given to the child. Breast milk is given to the child from the third day onwards. Exclusive breastfeeding is rarely reported as water is usually given along with mother's milk. After five months of age, the custom of moohjhuti is observed marking the initiation of the child to 'normal' food. Children are subsequently given light meals, biscuits and cereals. They

## Methodology

Data for this study was collected between January to July 2004, in 195 villages through a Household Survey. The study areas were Angara, Silli, Sonahatu and Mandar blocks covering 72 sub centre areas within 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. A total of 941 male and 1010 female unmarried young people in the age group of 15-24 years participated in the youth survey. 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.

may continue to be breastfed simultaneously, sometimes till the age of one and a half years or beyond.

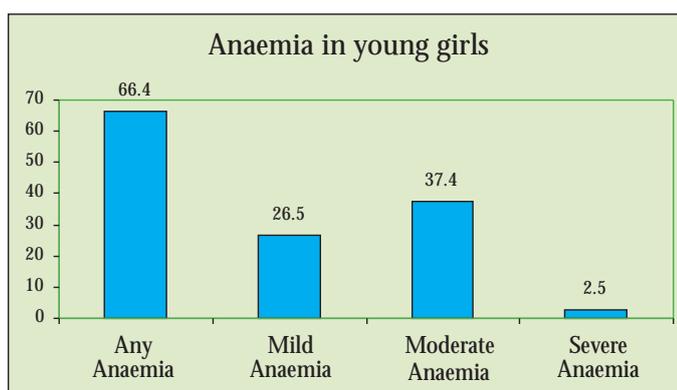




## Youth Nutrition

### Nutritional status of young girls

On an average, 66.4% of the young girls in the study area suffer from some form of anaemia, with moderate anaemia being the most widely prevalent form. Compared to the other blocks, Silli has a slightly higher prevalence of severe anaemia (3.3%), although the difference is not statistically significant. Slightly more than half of the women (50.1%) have a Body Mass Index (BMI) less than 18.5 kg/m<sup>2</sup>. A significant difference in the levels of BMI among different age groups of unmarried young females has been observed with BMI being significantly higher for those in the age group of 18 to 24 years.



## Knowledge of symptoms and causes of anaemia

The data collected during the youth survey revealed that 58% of the young women are aware of the term anaemia, though awareness regarding its symptoms is very poor. Among those aware of the term anaemia, 65% identified weakness as the prime symptom of anaemia. The next most commonly recognised symptom is pallor or paleness (31.2%). Swelling of ankles and palpitation are the least known symptoms of anaemia. About 45% of the young men are aware of the term anaemia. They also perceive weakness as the primary symptom of anaemia (50.6%). A very small proportion of the male respondents can recognize other symptoms of anaemia.

Both young men and women believe that anaemia is caused by poor diet like low intake of green leafy vegetables, animal proteins, fruits and milk, though the relative importance of the food items differs for the two groups. A negligible proportion of three percent or less of the respondents among both young men and women is aware of the fact that repeated childbirths, abortions and malaria can cause anaemia.

## 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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