

The choices for development policy: A case study of malnutrition in south Asia

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Plan

- Alleviating poverty-the first MDG
- Child under-nutrition: direct support can provide food, but can it feed the child?
- Building capacity in mothers: a sustainable alternative

The Millenium Development Goals and Poverty alleviation

MDGs in summary

Eight time-bound goals, agreed by the UN and a consortium of development and donor agencies

Goal 1: Eradicate extreme poverty and hunger

Goal 2: Achieve universal primary education

Goal 3: Promote gender equality and empower women

Goal 4: Reduce child mortality

Goal 5: Improve maternal health

Goal 6: Combat HIV/AIDS, malaria, and other diseases

Goal 7: Ensure environmental sustainability

Goal 8: Develop a global partnership for development

Health is at the centre of the Millennium Development Goals

- MD Goal of alleviating poverty
- Target by 2015
 - Reduce the share of malnourished children by 1/2

Strengths...and limitations of the MDGs

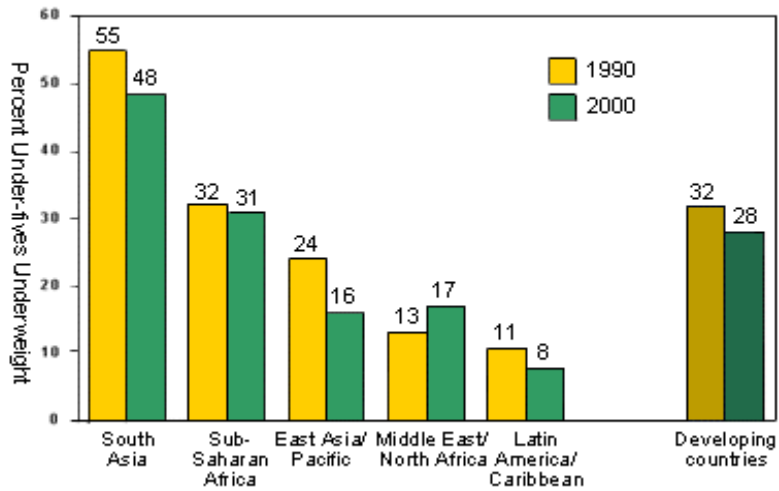
- Support of 189 nations
- A compact between rich and poor nations
- A mechanism for holding nations accountable
- Address many key development challenges
- Defined time scale and funding strategy
- ...even support from Bono
- Limitation: Omit some important public health problems e.g. injuries, mental health
 - (Haines, Lancet 2005)

Achieving the targets for child under-nutrition: is providing food enough?

The scale of the problem

- Over 300 million children in the developing world are malnourished;
- Malnutrition is associated with mortality and long-term adverse cognitive and psychological sequelae
- South Asia is home to the largest number of children < 5 years in the world and the largest number of malnourished children

Malnutrition declines from 32 to 28 percent



Source: UNICEF, 2001

The National Family Health Surveys of India

Children under 3 who are underweight

1998-99 46.7%

2005-06 45.9%

Negligible change in 7 years

Children 12-23 months fully immunised (BCG, measles and 3 doses each of polio/DPT)

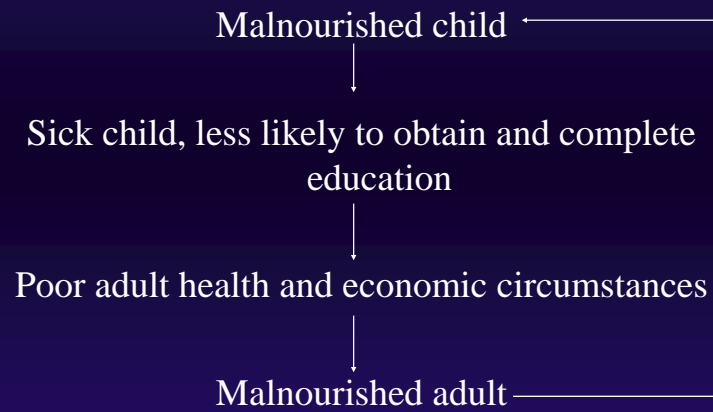
1998-99	42.0%
2005-06	43.5%

Beyond childhood: anaemia in mothers

Married women age 15-49 years who are anaemic (%)

1998-99	51.8%
2005-06	56.1%

Inter-generational continuities of poverty



The usual solution...food aid



Will providing food do the trick?

- Ironically, as the region steams forwards economically, the power of growing food stocks and wealth to reduce child malnutrition weakens
- The ICDS of India, one of the worlds largest early child intervention programs focuses on supplementary nutrition, has been in operation for over a decade
- Rates of malnutrition in South Asia has only fallen by a few percentage points in the last decade-in absolute terms, the number of malnourished children has actually increased in the region.
- Nutrition focused programs alone will not have the impact which we once hoped they would.

The alternative?



Building capacity through empowering mothers

- Mother is the single most important carer for the nutrition of a baby
- Building capacity in mothers and families is potentially a more sustainable and effective strategy for reducing child undernutrition
- and for promoting women's health (MDG2)

What is maternal empowerment?

- At the structural level, *“a process by which women gain greater control over material and intellectual resources which will assist them to increase their self-reliance, and enhance them to assert their independent rights, and challenge the ideology of patriarchy and gender based discrimination”*
- At the individual level *“a state of well-being in which a mother realizes her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her community”*.

Deconstructing Empowerment

- Empowerment is a ‘dynamic’ process
- Separating the process into components:
 - Enabling factors
 - Women’s agency, i.e. ability to formulate strategic choices and control resources and
 - (World Bank 2002)
- Maternal mental health as an enabling factor: the definition of individual empowerment is the WHO definition of mental health

Can promoting women’s mental health empower them?

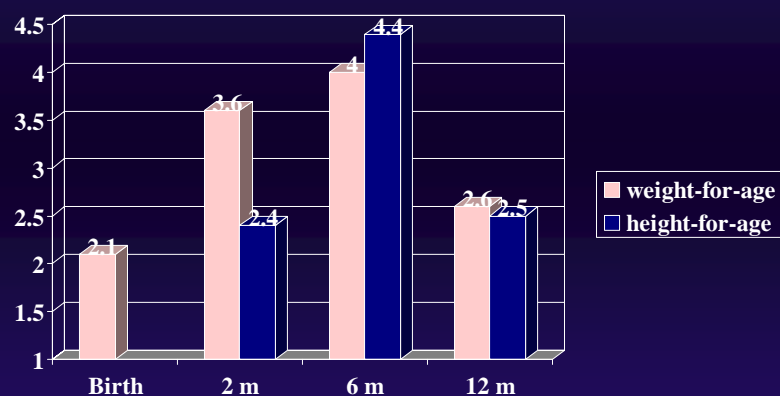
- Evidence showing the impact of maternal mental illness on child growth and development
- Evidence showing that interventions promoting mental health can improve child health outcomes
 - Individual mother-child psychosocial interventions
 - Participatory women’s group interventions

Maternal depression and child nutrition

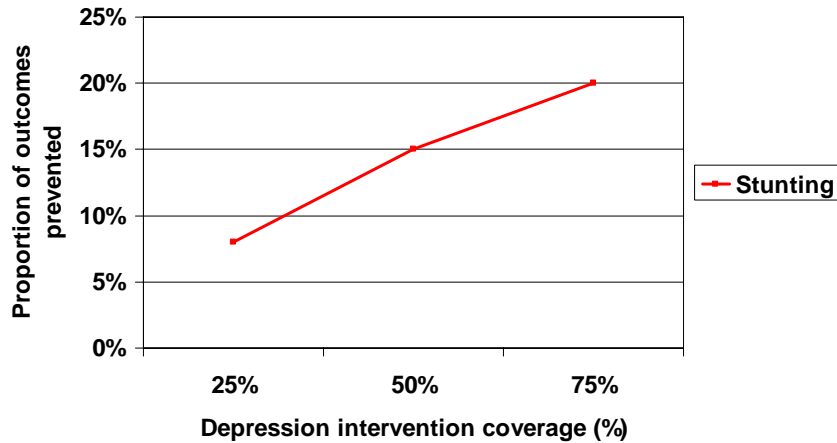
- Series of studies from south Asia on impact of maternal mental illness on child growth and development
- Children of mothers who are not functioning at their optimal level of mental health, for e.g. because they are less educated, live in violent relationships, or are in poor physical health, or who have had a girl child, or are unsupported by their families, or are clinically depressed, are much more to be stunted

Relative Risk of being underweight and stunted with maternal depression

(Rahman et al, 2004)



Proportion of cases of infant stunting (Pakistan) theoretically prevented following increased coverage of evidence-based treatment for depression



Psychosocial stimulation vs Nutritional interventions

- Randomized controlled trials comparing psychosocial interventions with nutritional interventions in Jamaica, China, South Africa and Bangladesh
- Psychosocial interventions include focus on strengthening mother-child interactions, for e.g. through play
- Such programs more effective than nutrition interventions alone in improving child growth and development
- Jamaican study showed that children who received psychosocial stimulation in the first year of life continued to show a range of health benefits more than 10 years later.

• (Walker et al, 2006; Walker et al, 2007)

Participatory women's group interventions

- Empowering mothers through a participatory group intervention can reduce neonatal mortality in impoverished areas of south Asia by over 30%
 - (Manandhar et al, Lancet 2004; funded by DfID)
- How?

Empowerment works through promoting maternal mental health

- Maternal mental health is a universal human attribute which is intimately influenced by social and environmental factors.
- If maternal mental health is poor, this has adverse effects on the growth and development of her baby.
- Maternal mental health is a proximal variable on the pathway between social adversity and adverse child health outcomes.
- The reason why psychosocial stimulation and group interventions work is because they promote maternal mental health.

Poverty alleviation or empowering mothers for MDG1?

- Focusing on food and nutrition alone
 - Providing mid-day meals
 - Improving food distribution system
 - Food vouchers for the poor etc
- Or building capacity in mothers?
 - Teaching and supporting mothers with parenting
 - Providing pre- and after-school creches
 - Reducing exposure to gender based violence
 - Treating maternal depression

How to build capacity

- Changing the way community and maternal health workers deliver maternal and child care, for e.g. by integrating principles of cognitive behaviour therapy and mother-child interaction, and delivered through individual or group interventions
 - Thinking Healthy Programme: cluster RCT of a patient-centred approach, community intervention for PND in Pakistan (in progress), results by 2007
 - The Jharkhand Participatory Womens' Group Intervention Program in India: in progress, results by 2008.

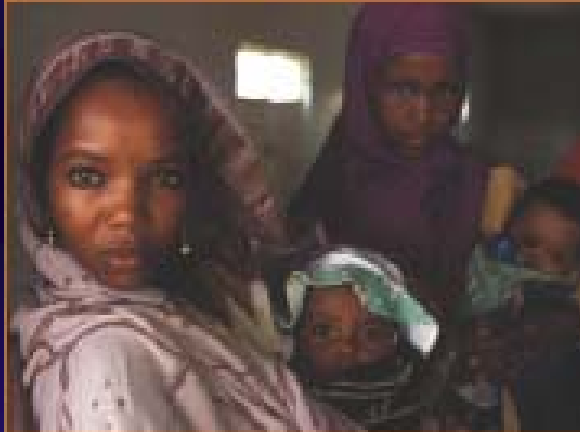
In Summary

- Women's empowerment are critical requirements for alleviating poverty and improving health
- At the level of individual mothers, mental health promotion interventions provide a conceptual model to empower and thereby build capacity in mothers
- In the UK, new initiatives led by the London School of Hygiene & Tropical Medicine, the Institute for Child Health, Oxford University and University of Manchester, with partners in South Asia and South Africa aim build on the evidence to develop and test the benefits of empowerment interventions focusing on young mothers, who are most likely to be mothers and bear the highest burden of malnutrition and mental illness, and their babies

DfID's role?

- To support such initiatives which propose to tackle the root causes of childhood poverty and nutrition, and build sustainable capacity for long-term poverty alleviation through maternal (and women's) empowerment
- Such an approach fits perfectly with the rights based approach for alleviating poverty (DFID Target Strategy Paper, 2000)

**Who's got the power?
Transforming health systems
for women and children**



Achieving the Millennium Development Goals