



a **participatory**
and **response-orientated**
nutrition causal analysis

FOCUS: LINK NCA IN INDIA, 2014

ACF conducted a Link NCA in India (Burhanpur District, Madhya Pradesh) from April to August 2014. The overall objective of the study was to provide a greater level of understanding regarding the possible causes of child undernutrition, ACF-India implementing only few activities focussed on two fields of expertise (IYCF and Nutrition) and existing information not allowing an in-depth comprehensive lecture of the context.

This present article presents some of the risk factors leading to undernutrition identified by the study. One should remember that a large part of the results were interrelated and that the study was looking at undernutrition in a global way (stunting and acute malnutrition).

CAREGIVERS' LEVEL OF EDUCATION

Caregivers' level of education, particularly for the women, is known to have an impact on nutrition and child health status and is an important influencing factor for child undernutrition. It is also often viewed as a proxy for socioeconomic status and improved care practices.

Illiteracy and school dropout rates being generally high in India, especially in rural areas, "caregivers' level of education" had been validated has a hypothesis to be field tested.

Quantitative results showed a high rate of illiteracy among caregivers (59.68% [95% CI, 51.92% - 67.44%]) while average level of education among the ones who attended school remaining relatively low (7.36 years completed [95% CI, 6.92-7.8]). Although quantitative results and grey literature tends to show that caregivers' level of education has an impact on child health and nutrition status, qualitative enquiry demonstrated that communication between mothers in their community and involvement of frontline workers were having a positive impact on knowledge of the mothers. Indeed, mothers explained being conscious of the difficulties of understanding they might face or of finding the adequate information. To counterbalance those potential difficulties, mothers used to seek for advices, especially regarding reproductive health and care practices, from the ones who might have a better understanding, i.e. community health workers (Anganwadi workers), mothers-in-law or women having attend high school.

LOW INCOME

In the given context, low income was a major contributor to a large scope of risk factors: from inadequate food diversity to high workload of women.

A majority of the studied population was casual labour workers with work opportunities highly depending on seasonality. Indeed, the peak of employment is correlated to the monsoon season, when families usually save money for the all year. Then, employment opportunities are decreasing till summer season when casual work opportunities are nearly inexistent. At this time of the year, families have to release on their saving, resources management should be carefully monitored to avoid important family depletion before the next monsoon.

In 2005, Indian Government enacted a labour law and social security measure that aims to guarantee a “right to work” and insure livelihood security in rural areas: the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA). The act enacted a right of at least 100 days of wage employment per financial year to every household whose adult members volunteer to do unskilled manual work.

Qualitative enquiry shows although the MGNREGA act was well known by the population, households were largely reticent to enter in the scheme as long delay of payment had been reported (one week to three months) and they feared not being able to cope during this period. Therefore, community did not seem motivated to volunteer for job opportunities provided within the MGNREGA and remained in a difficult situation during the summer. Lack of efficient implementation of the MGNREGA was considered as an important pathway to low income.

In the early stages of the Link NCA, migrant groups were identified as possible nutrition vulnerable groups due to living conditions in migration. The study figured out that reasons of migration differed from a household to another, with traditional and occasional migration.

Traditional migrants mainly considered migration as a strategy for household wellbeing growth, while occasional migrants seem to move to cope with economic external shocks. Traditional migrants are following old and established routes towards less dependence on contractors and stronger social networks. Living condition, employment opportunities and potential wages are well identified and migrants can plan their yearly expenses accordingly. Occasional migrants are pushed into migration due to absence of coping mechanism to economic external shocks. One of the main reasons of entering migration was due to delay of the monsoon and therefore longer period with very few employment opportunities. Groups having difficulties to cope would ask for advance wages and then migrating to reimburse their contractors. Unlike traditional migrants, those groups often end up in areas that they are new to them, with no social networks and difficulties to access to basic services.

Qualitative survey also demonstrated a correlation between access to land and migration, with more migration from dry areas not benefiting from a good irrigation system.

An important added value of this Link NCA was to identify more precisely the nutrition vulnerable groups and inform on local phenomenon of migrations.