

Siddharth Agarwal<sup>1</sup>, Karishma Srivastava<sup>1</sup>, Vani Sethi (vanisethi777@yahoo.com)<sup>2</sup>, Madhvi Mathur<sup>1</sup>, Kirti Sanger<sup>1</sup>, Partho Halder<sup>1</sup>, Ayushi Agnihotri<sup>1</sup> and S. Kaushik<sup>1</sup>

## 1. Introduction:

- Despite proximity to health institutions, in urban slums of India, 1.1 out of 2 million births take place at home<sup>1</sup> and 44% are born Low Birth Weight (LBW)<sup>2</sup>.
- Many LBW neonates born in such settings do not get optimum care and treatment possibly owing to social and economic factors. This often leads to death of such newborns.
- However, simple home-based practices can ensure survival of a large proportion of LBW newborns.
- In this context, it is worth learning from urban slum dwelling poor families who have rehabilitated LBW newborns by practising indigenous household behaviours (a phenomenon often called positive deviance (PD)<sup>3</sup>) so that these behaviours can be promoted in other slum families.

## 2. Objective:

- To learn from families of surviving and healthy LBWs residing in urban slums of Indore, Madhya Pradesh (India) those household behaviours which led to successful rehabilitation of LBW newborns.

## 3. Methodology:

- Study Area:** 11 out of 79 slums of Indore where UHRC's-Indore program activities are operational.
- Sample Size:** Those LBW babies (<2.5kgs) who were surviving and currently weighed appropriate for their age were identified from records of slum-based health volunteers. Fifteen such babies were available during the study period (Dec'04-Feb'06).
- Data Collection Process:**
  - Interview with mothers and care providers.
  - Aspects enquired:
    - How did you identify that the baby required extra care?
    - What extra care did you provide at home?
    - In which instances did you seek referral?
    - Who supported /advised you?



Figure 1: Field Investigator interviewing a mother

## 4. Results:

Figure 2: Pictures of LBW newborns rehabilitated through home-based care



Gayatri at age 1 day (2kgs) & 3 months (4.5kgs) Bajrang Nagar Slum, Indore  
Roshni at age 1 day (1.9kgs) & 4 months (5.65kgs) Bajrang Nagar Slum, Indore

### 4.1 Reasons families mentioned which prompted them to take extra care of their LBW baby:

- Slum-based health volunteer identified the baby as LBW and emphasized need for extra care.
- Knowing that baby born in 7th/8th month of pregnancy warrants extra care.
- At birth; baby did not move as though s/he was not breathing & looked very weak/tiny/extremely skinny.

### 4.2 Home-based care which families provided to ensure that LBW babies survive:

#### 4.2.1 The following methods were used by these families to ensure that the baby was kept warm:

- Keeping traditional heating source in the room.
- Baby kept in close proximity with the mother.
- Warming a cloth on a tawa (heated steel plate) and then wrapping the baby with that cloth.
- Oil/ghee massage.
- Bathing baby once in 2-3 days.



Figure 3: Mother warming a cloth on a tawa

#### 4.2.2 Breastfeeding:

- These mothers breastfed as soon as the baby cried or frowned.
- These mothers breastfed more frequently realizing that the baby got tired while suckling and was able to suck only a small amount in one feed.
- One mother also supported the baby's chin and head helping him to take the feed.

#### 4.2.3 Infection Prevention:

- A mother did not leave her baby unattended or alone and did not allow older siblings to play with the baby feeling they would hurt the baby. She also did not take the baby out of the room unnecessarily.
- While working, many such mothers would cover baby's face with thin muslin cloth to prevent flies and mosquitoes from touching the baby.

### 4.3 Danger signs which prompted families to seek referral:

- Baby refused to take breastfeed.
- Baby sleeping all day or crying continuously.
- Baby was cold to touch

### 4.4 Social support system that enabled the mother to provide extra care:

- Family's supportive and positive attitude to adopt positive practices.
- Social support and reinforcement by neighbours/slum-based health volunteers.

## 5. Conclusion & Program Implications:

- Household behaviours adopted by PD families in caring for LBW newborns are simple and easy to promote in similarly poor community.
- Their logic of practising such behaviours can help encourage other families adopt similar behaviours.
- PD families are able to establish a clear need for extra care and have the confidence to persevere with extra care to small (LBW) newborns. Their examples can help motivate other families.
- The common feature of having at least one supportive person to the mother will be important to influence members of other families to provide support to mother. Since social support systems are weaker in slum situations women's groups play a crucial role in providing social support.
- The method used to identify PDs in this study is simple for any slum-based health volunteer to use. This would enable her to identify both practices, including positive social support practices and such members from PD families who can serve as behaviour-promoters for influencing others to adopt behaviours.

## 6. References:

- EHP, 2003: Re-analysis of NFHS 2, 1998-99, by Standard of living Index.
- TN Medical College. Rapid survey assessment of health status of community - a cross-sectional study (unpublished). Mumbai: Department of PSM, 2000.
- Wishik SM, Vynck SVD. The use of nutritional 'positive deviants' to identify approaches for modification of dietary practices. Am J Public Health 1976; 66:38-42.