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Published: November 2010

389 Home Based Child Care for Reducing Child Malnutrition in Melghat

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Pediatric Research **68**, 200 (2010)

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Abstract

Background: Melghat is tribal area in India with very high child mortality & malnutrition. One of the major causes of mortality & morbidity are protein energy malnutrition(PEM). We developed Home Based Child Care (HBCC) model for tribal population to reduce children mortality and malnutrition.

Objectives:

1. To reduce Infant Mortality rate (IMR) & Under 5 children mortality rate(U5MR) (especially due to malnutrition) from 90, & 140 to 58.05 & 72.1 per 1000 live births respectively in population of 14,120 of Melghat over 3 years.
2. To reduce incidence of severe malnutrition in above population by 35% over 3 years.

Methods: Study-design was Randomised Control Trial. We selected 16 intervention (population 14,888) and 18 control (population 16,310) villages. Trained village health

workers in intervention area treated post-neonatal diseases such as malnutrition, diarrhoea, ARI, malaria and neonatal diseases like LBW, etc. Behaviour Change Communication programs were conducted.

Results: Baseline mortality indices and prevalence of severe malnutrition in control versus intervention areas were: IMR- 72.97 vs 94.9, & U5MR- 102.56 vs 143.52 and severe malnutrition-9.6% vs.9.8 %. After intervention IMR, U5MR & prevalence of severe malnutrition were significantly decreased in intervention area to 24.79, 37.19 & 4.4% respectively($p < 0.05$). The prevalence, number of deaths & case fatality rates due to malnutrition in intervention area were reduced significantly ($p < 0.05$).

Conclusions: HBCC resulted in significant decrease in children mortality especially due to malnutrition & prevalence of severe malnutrition. Our model is replicable for reducing children mortality due to malnutrition.

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About this article

Cite this article

Satav, K. 389 Home Based Child Care for Reducing Child Malnutrition in Melghat. *Pediatr Res* **68**, 200 (2010). <https://doi.org/10.1203/00006450-201011001-00389>

Issue Date

November 2010

DOI

<https://doi.org/10.1203/00006450-201011001-00389>

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Pediatric Research (*Pediatr Res*) | ISSN 1530-0447 (online) | ISSN 0031-3998 (print)

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