

Nutrition Problems of Female Carpet Workers in Kathmandu

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Key messages

- > Carpet factories in Nepal commonly employ women and children from various marginalized ethnic groups with very low socioeconomic status.
- > Children and women working in carpet factories have numerous health problems, including micronutrient deficiency disorders.
- > HRS conducted a Knowledge, Attitude and Practice (KAP) survey to understand how to combat nutrition problems among women and their children working in carpet factories.
- > The introduction of Early Child Development Centers (ECDC), medical examination and nutrition education for mothers, and Healthy Baby contests has improved awareness of the importance of good nutrition.
- > Despite the positive achievements to date, the activities of the Nepalese government alone may not be sufficient to reach these vulnerable people unless they are complemented by the efforts of NGOs and INGOs.

Helpless Rehabilitation Society (HRS)

Helpless Rehabilitation Society (HRS) is an NGO involved in the field of health, education and income generation activities for the benefit of underprivileged women and children. For the past 20 years, it has focused on improving the nutritional status of carpet factory workers, targeting women and children in and around the Kathmandu Valley, the most developed and populated area of Nepal.

There are about 750 carpet factories operating in the Kathmandu Valley alone. Carpet factory workers represent about 30 of the country's 75 districts. Each carpet factory employs between 100 and 800 people as carpet workers. These people come predominantly from various marginalized ethnic groups who hail from hilly and mountainous areas of the country, and have a very low socioeconomic status. Migration rates among these groups have been increasing, mainly due to political crises and poverty. They migrate to the urban areas, and especially in the capital city Kathmandu, mainly in search of employment opportunities there. The majority of these people readily obtain extremely low-paid jobs in the local carpet factories.

Malnutrition in Nepal

Malnutrition is a serious problem in Nepal, as it is in other countries of South Asia, and is a major threat to the health of infants, adolescent girls and pregnant and lactating mothers. About 80% of Nepal's people live in rural areas and depend on subsistence farming for their livelihoods. Household food security and poor nutrition are still major concerns in rural areas. Children and women working in carpet factories have numerous health problems, including micronutrient deficiency disorders. In 2011, HRS conducted a survey among the women and children of the carpet factories and found that 48% of children under five suffer from chronic malnutrition, 40% of them are underweight, and 11% are wasted. Likewise, 32% of women are malnourished, fol-



Parent counselling program organized by HRS

lowed by 39% with iron deficiency anemia, which is attributable to inadequate knowledge of nutrition, lack of extra food intake during pregnancy and lactation, and very low health-seeking behavior.

“Children and women working in carpet factories have numerous health problems, including micronutrient deficiency disorders”

The main reason for this situation is low consumption of nutritious food, including fresh fruit and vegetables. Access to such food is highly dependent on local seasonal availability, and lack of dietary intake from these sources contributes to nutritional disorders such as deficiencies in iron and vitamin A. Nutritional disorders, including iodine deficiency, are more prevalent among women employed as carpet workers. Other important influences include morbidity, poor health infrastructures, and socioeconomic factors.

Knowledge, Attitude and Practice (KAP) survey

In light of the above situation, HRS conducted a Knowledge, Attitude and Practice (KAP) survey to understand how to combat nutrition problems among women and their children working in

carpet factories. The findings of the KAP, in which a total of 370 nursing mothers, pregnant women and adolescent girls participated, are as follows.

Knowledge

- > Seventy-nine percent of adolescent girls, 38% of nursing mothers and only 15% of pregnant woman were correctly informed about iron-deficiency-related anemia.
- > Regarding the signs and symptoms of anemia, 57% of adolescent girls, 39% of nursing mothers and 36% of pregnant women were correctly informed.
- > Questioned about those most affected by anemia, 20% of adolescent girls were correctly informed, whereas among nursing mothers only 1% were correctly informed and pregnant woman did not have any knowledge about it.
- > Concerning foods supporting iron absorption, 4% of adolescent girls, 7% of nursing mothers and 6% of pregnant women were correctly informed.
- > In terms of iron-rich foods, 34% of adolescent girls, 34% of nursing mothers and only 24% of pregnant women were correctly informed.

Attitude

- > Fifty-three percent of adolescent girls and nursing mothers and 51% of pregnant women had a positive attitude about the causes of anemia.
- > Regarding where a person with anemia should turn for help, 88% of adolescent girls, 88% of nursing mothers and 77% of pregnant women had a positive attitude.
- > Concerning the chances of abortion in the case of pregnant women with anemia, 47% of adolescent girls, 13% of nursing mothers and 11% of pregnant women viewed the likelihood as high.

Practice

- > In practice, 12% of adolescent girls, 9% of nursing mothers and 15% of pregnant women were found to have had a nutritious meal in the morning of the day on which they were interviewed.
- > Whenever they experience any symptoms of anemia, 87% of adolescent girls, 70% of nursing mothers and 56% of pregnant woman said that the head of the household suggests going to the health posts.

To combat this problem, HRS organized several meetings with the carpet factory owners, the leaders of the carpet factory union, relevant government authorities for the district, and related stakeholders in order to obtain their support. HRS then planned and implemented activities to improve the nutritional status of children and women employed as carpet workers.



A midday meal being served to children in a day care center

Major activities implemented

a) Early Child Development Center (ECDC)

Mothers working in the carpet factory do not have sufficient time to feed their children. This extends to breastfeeding. They have low economic status and do not have adequate knowledge of child care and feeding practices. This results in high child morbidity, especially as a result of malnutrition. When children's health is compromised, they become ill more frequently, which in turn hampers their mother's capacity to work. Once the mother is not working regularly, her wages drop. The reduction in her income results in the delivery of ever poorer nutrition to her children and the rest of her family.

HRS manages two Early Child Development Centers (ECDCs) at different locations, each of them taking 75 children of carpet factory workers. These children are between 2 and 6 years of age. Children aged between 2 and 3.5 years go into a play group. At 3.5–6 years, they are placed in an education group and are enrolled at the nearby schools after one year of educational rehabilitation. Each child is provided with a nutritious midday meal, improved personal hygiene, and a quarterly health check-up, including height and weight monitoring. Many more children employed in carpet factories are in need of this service, but HRS manages only 150 of these, drawing on the support made available by the Goodweave Foundation and other sources.

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“Each child is provided with a nutritious midday meal, improved personal hygiene, and a quarterly health check-up”

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b) Medical examination and nutrition education for mothers

Each child is examined for potential health problems, including the signs of micronutrient deficiencies, by the medical doctor every two months. A register is maintained, and the results for each child are regularly compared. At the same time, mothers are given nutrition education focusing on the care of under-fives, the selection and preparation of food, the importance of feeding vitamin A rich foods, the need for ensuring their children receive vitamin A capsules during the biannual distribution, the utilization of health care services when their children are ill, etc.

c) Healthy Baby contest

Each year, a Healthy Baby contest is organized and a winner chosen. Talks about nutrition are also given. This has created

awareness of the importance of good nutrition among the mothers themselves and also among the carpet factory owners, governmental and non-governmental organizations, and the general public.

Major outcomes achieved

- a) Carpet factory owners in the program area are encouraged to support the day care centers. Because their children are taken care of and provided with nutritious food, the mothers have more time for weaving carpets. This has a beneficial effect not only on the quantity but also the quality of their output.
- b) Children aged 2–6 years from various ethnic and marginalized population groups are becoming nutritionally sound, and more than 70% of them enroll in the schools each year.
- c) The Healthy Baby contest has encouraged mothers to take better care of their children and feed them nutritious foods.
- d) The children's caretakers are adopting preventive measures as suggested, and are improving the practice of planning and consuming nutritious foods.
- e) The number of school enrollments has increased, especially for young girls.
- f) The use of the existing health care facilities has changed, and the incidence of morbidity and mortality due to nutrition deficiency disorders has declined.
- g) More than 80% of mothers now have good knowledge of, attitudes towards, and behavior regarding proper child care and timely enrollment of children at the school.

“More than 80% of mothers now have good knowledge of proper child care”

There are high numbers of women and children working in carpet factories in Nepal, but few programs that focus specifically on the nutritional status of women and children. The activities of the Nepalese government alone may not be sufficient to reach these marginalized and vulnerable people unless they are complemented by the efforts of NGOs and iNGOs.

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Further reading

1. USAID/Nepal's Suaahara project to strengthen policies and programs that improve the health and nutritional status of women and children in Nepal. www.usaid.gov/nepal/fact-sheets/suaahara-project-good-nutrition
2. Nutrition promotion and consultancy services (NPCS) Nepal. www.npcs.org.np/about.html
3. Goodweave Foundation Annual Report. www.goodweavenepal.org/pdf/GoodWeave_AnnualReport-2014.pdf



Individual meeting with a mother and her child