The Long- term Impact of Community Mobilization Through Women's Groups on Child Growth in Rural Bangladesh

GIFTS WP-4



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BADAS-Perinatal Care Project







Background Information:



- PCP-GIFTS Survey represents a part of the 3 year multi- centered GIFTS study (Genomic and lifestyle predictors of foetal outcome relevant to diabetes and obesity and their relevance to prevention strategies in South Asian peoples).
- We performed this study as part of a multi-country investigation of genomic and lifestyle factors involved in early developmental prediction of diabetes and obesity in South Asians (EU Seventh Framework Programme. (FP7), project number 278917, http://www.gifts-project.eu/drupal/).



Background Information:

- PCP had conducted two trials with women's groups in 18 unions in 3 districts of rural Bangladesh:
 - 1. To reduce neonatal and maternal mortality.
 - 2. To improve child(under 5) and women health.
- ☐ The first showed a *38% reduction* in neonatal mortality and the second showed improvements in hygiene practices and improved dietary practices.



Map of Bangladesh highlighting 3 districts

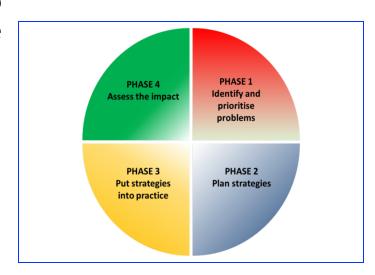
6 Upazillas, 18 Unions (Clusters)



Women's Group Intervention through PLA:

- The present trial was a follow up study of these trials.
- The aim of this study was to evaluate the impact of participation in women's groups on nutritional phenotypes/anthropometry and epigenetics of children born subsequent to exposure to the PCP trial intervention. The epigenetics analysis is ongoing.





PLA Cycle



Study Objectives:

■ The objectives of this study are:

To compare the anthropometric measures of children born to mothers who received Participatory Women's Group (PWG) Intervention, to children born to mothers in the control areas who did not receive the intervention.









Selection criteria for Intervention and Control areas:

Children born to all women who:

- Permanently reside in intervention and control unions.
- Attended at least six meetings on a monthly basis before delivering the baby (Intervention)
 - Never heard of or attended PCP women's group intervention. (Control)
- Gave birth to a live baby between October 2009 and June 2011 (i.e. child would be between 24 and 48 months at the time of data collection)
- Were successfully interviewed for the monitoring and evaluation (M&E) of the cycle 1 intervention.

Data Collection:



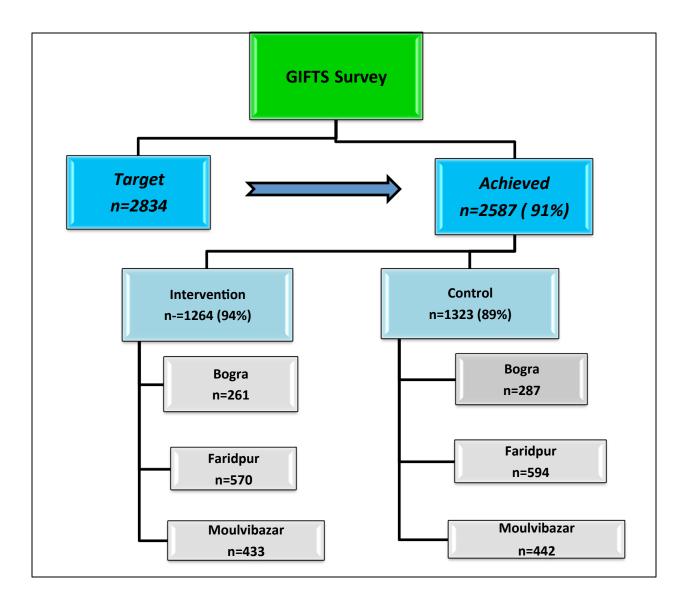






Fig. 1 - Study sample targets and achievement.



Anthropometry:

- Child and mother's weight (to assess size and body composition)
- 2. Child and mother's height (to assess size and body composition)
- **3. Child abdominal circumference** (as an index of liver size)
- **4.** Child head circumference (as an index of brain size)









Anthropometry:



- **5. Child chest circumference** (as an index of skeletal growth)
- **6.** Child triceps (as an index of subcutaneous adiposity)
- 7. Subscapular skin-fold thickness (as an index of subcutaneous adiposity)
- 8. Mid-upper-arm circumference (to assess muscle size)



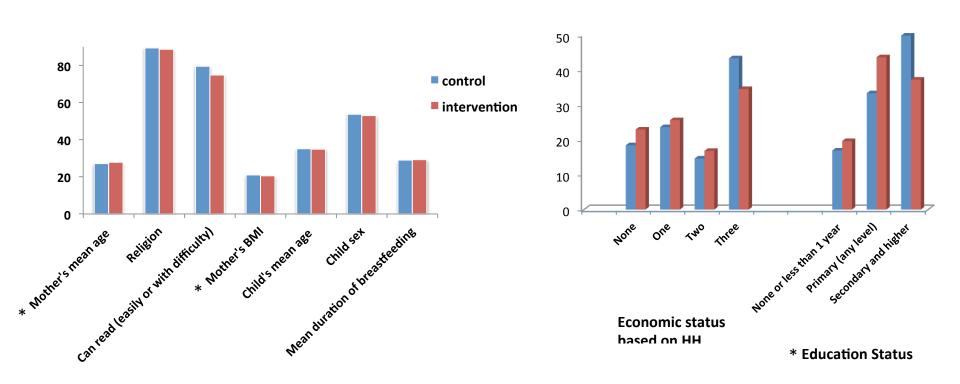








Results:



<u>Fig.2</u>: Cluster level mean socioeconomic and demographic characteristics of the study population by control and intervention arms and random effects regression coefficients

^{*}Mother's mean age(p=0.038), Education status(p=<0.001), Mother's BMI(p=0.042)



<u>Table 1</u>:Overall anthropometric z-scores for children (males and females) aged from 24 to 48 months. Regression coefficients derived from random effects linear regression models intervention effect.

			Crude*		Adjusted^	
Outcome (z-scores)	Cont. (n=1323)	Int. (n=1264)	Regression Coefficient (95% CI)	p-value	Regression Coefficient (95% CI)	p-value
Weight-for-age	-1.73	-1.85	-0.12 (-0.22, -0.02)	0.016	-0.08 (-0.17, 0.00)	0.053
Length-for-age	-1.89	-2.12	-0.23 (-0.42, -0.04)	0.017	-0.18 (-0.35, -0.01)	0.040
Weight-for-length	-0.94	-0.97	-0.02 (-0.11, 0.06)	0.560	-0.02 (-0.08, 0.08)	0.947
ВМІ	-0.75	-0.65	0.10 (-0.05, 0.24)	0.185	0.09 (-0.03, 0.22)	0.128
Head circumference	-1.69	-1.58	0.10 (-0.06, 0.27)	0.193	0.24 (-0.02, 0.30)	0.092
MUAC	-1.06	-1.01	0.05 (-0.06, 0.17)	0.367	0.07 (-0.01, 0.16)	0.094
Abdominal circumference	-0.04	0.02	0.06 (-0.10, 0.21)	0.475	0.07 (-0.10, 0.24)	0.405
Chest circumference	-0.05	0.04	0.09 (-0.06, 0.24)	0.247	0.11 (-0.07, 0.29)	0.222
Sub-scapular	-0.43	-0.38	0.05 (-0.25, 0.36)	0.736	0.08 (-0.23, 0.38)	0.626
Triceps	-0.42	-0.35	0.06 (-0.16, 0.29)	0.593	0.02 (-0.10, 0.14)	0.745

^{*}Adjusted for stratification and clustering only

[^] Adjusted for stratification and clustering and potential confounding effects of maternal age, education and household assets



<u>Table 2 (a):</u> Cluster mean anthropometric z-scores for children (24-48 months) stratified by maternal BMI <18.5

Maternal BMI <18.5 (n=743)									
			Cru	de*	Adjusted^				
Outcome (z-scores)	Cont (n=352)	Int (n=391)	Regression Coefficient	p-value	Regression Coefficient	p-value			
	(11–332)		(95% CI)		(95% CI)				
Weight-for-age	-2.15	-2.11	0.02 (-0.11, 0.16)	0.731	0.05 (-0.09, 0.18)	0.480			
Length-for-age	-2.15	-2.28	-0.15 (-0.32, 0.01)	0.069	-0.12 (-0.29, 0.05)	0.164			
Weight-for-length	-1.35	-1.21	0.13 (-0.02, 0.29)	0.097	0.14 (-0.01, 0.29)	0.060			
BMI	-1.10	-0.89	0.21 (0.02, 0.39)	0.028	0.21 (-0.00, 0.42)	0.055			
Head circumference	-1.88	-1.66	0.22 (0.08, 0.36)	0.002	0.22 (0.08, 0.36)	0.002			
MUAC	-1.35	-1.20	0.14 (-0.04, 0.32)	0.128	0.13 (0.00, 0.25)	0.045			
Abdominal circumference	-0.36	-0.12	0.23 (0.02, 0.43)	0.031	0.23 (-0.05, 0.42)	0.013			
Chest circumference	-0.35	-0.15	0.19 (-0.08, 0.45)	0.168	0.21 (-0.00, 0.42)	0.053			
Sub-scapular	-0.59	-0.52	0.06 (-0.28, 0.41)	0.718	0.05 (-0.13, 0.23)	0.566			
Triceps	-0.51	-0.42	0.07 (-0.17, 0.31)	0.567	0.02 (-0.10, 0.14)	0.745			

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<u>Table 2 (b)</u>:Cluster mean anthropometric z-scores for children (24-48 months) stratified by maternal BMI ≥18.5 &<23



Maternal BMI ≥18.5 &<23 (n=1211)									
			Crude ³	ł	Adjus	ted^			
Outcome (z- scores)	Cont (n=606)	Int (n=605)	Regression Coefficient (95% CI)	p-value	Regression Coefficient (95% CI)	p-value			
Weight-for-age	-1.73	-1.80	-0.07 (-0.18, 0.03)	0.168	-0.04 (-0.14, 0.06)	0.447			
Length-for-age	-1.93	-2.15	-0.21 (-0.44, 0.01)	0.059	-0.18 (-0.39, 0.04)	0.107			
Weight-for- length	-0.93	-0.89	0.05 (-0.12, 0.21)	0.576	0.06 (-0.07, 0.19)	0.348			
ВМІ	-0.73	-0.52	0.22 (-0.14, 0.58)	0.225	0.23 (-0.05, 0.52)	0.105			
Head circumference	-1.71	-1.55	0.15 (-0.06, 0.37)	0.164	0.18 (-0.00, 0.37)	0.053			
MUAC	-1.06	-0.98	0.08 (-0.05, 0.22)	0.242	0.09 (0.00, 0.18)	0.052			
Abdominal circumference	-0.05	0.06	0.11 (-0.08, 0.30)	0.271	0.12 (-0.09, 0.33)	0.249			
Chest circumference	-0.06	0.10	0.16 (-0.01, 0.33)	0.073	0.18 (-0.01, 0.37)	0.062			
Sub-scapular	-0.44	-0.34	0.10 (-0.18, 0.38)	0.487	0.10 (-0.08, 0.29)	0.286			
Triceps	-0.40	-0.32	0.07 (-0.16, 0.29)	0.559	0.07 (-0.12, 0.26)	0.464			

^{*}Adjusted for stratification and clustering only ^ Adjusted for stratification and clustering and potential confounding effects of maternal age, education and household assets

Table 2 (c): Cluster mean anthropometric z-scores for children (24-48 months) stratified by maternal BMI ≥23



Maternal BMI >23 (n=617)									
			Cru	de*	Adjusted^	`			
Outcome (z- scores)	Cont (n=353)	Int (n=264)	Regression Coefficient (95% CI)	p-value	Regression Coefficient (95% CI)	p- value			
Weight-for-age	-1.29	-1.58	-0.28 (-0.46, -0.10)	0.002	-0.23 (-0.43, -0.04)	0.018			
Length-for-age	-1.54	-1.82	-0.26 (-0.49, -0.04)	0.022	-0.22 (-0.49, 0.05)	0.116			
Weight-for-length	-0.60	-0.80	-0.20 (-0.35, -0.04)	0.012	-0.17 (-0.33, -0.00)	0.047			
ВМІ	-0.44	-0.60	-0.16 (-0.32, -0.00)	0.043	-0.14 (-0.31, 0.03)	0.116			
Head circumference	-1.46	-1.53	-0.06 (-0.28, 0.15)	0.570	-0.05 (-0.27, 0.18)	0.678			
MUAC	-0.79	-0.80	-0.02 (-0.16, 0.12)	0.793	0.01 (-0.14, 0.16)	0.909			
Abdominal circumference	0.29	0.16	-0.12 (-0.30, 0.05)	0.169	-0.13 (-0.34, 0.08)	0.224			
Chest circumference	0.25	0.16	-0.09 (-0.33, 0.16)	0.500	-0.05 (-0.28, 0.18)	0.679			
Sub-scapular	-0.23	-0.30	-0.07 (-0.45, 0.31)	0.708	-0.04 (-0.40, 0.32)	0.830			
Triceps	-0.30	-0.31	0.01 (-0.27, 0.30)	0.920	0.04 (-0.22, 0.30)	0.781			

^{*}Adjusted for stratification and clustering only

[^] Adjusted for stratification and clustering and potential confounding effects of maternal age, education and household assets



<u>Table 3</u>: p-values for interactions between intervention exposure and child gender for each anthropometric outcome.

		Outcome								
Interaction	Wt-for-age	Length-for- age	Weight-for- length	ВМІ	Head circ.	MUAC	Abdominal circ.	Chest circ.	Sub-scapular	Triceps
Intervention* Female sex	0.829	0.094	0.035*	0.080	0.234	0.655	0.284	0.083	0.432	0.069

^{*} Significant (p<0.05) interaction identified.

<u>Table 4:</u> Cluster mean weight-for-length z-scores for children (24 to 48 months) stratified by child sex amaternal BMI category. Regression coefficients derived from random effects linear regression models

Maternal BMI	Child	Cluster n	nean child weight-	Cru	de*	Adjusted ⁴	١
	Sex	for-l	ength z-score	Regression	p-value	Regression	p-
		Cont.	Int.	coefficient (95%CI)		coefficient (95% CI)	value
	Male	-1.35	-1.15	0.20 (0.01,	0.040	0.20 (0.01,	0.042
<18.5				0.39)		0.40)	
	Female	-1.35	-1.28	0.06 (-0.19,	0.625	0.08 (-0.15,	0.508
				0.32)		0.30)	
	Male	-1.03	-0.84	0.19 (0.00,	0.048	0.22 (0.05,	0.012
\10 E 0 < 02				0.38)		0.38)	
<u>></u> 18.5 &<23	Female	-0.83	-0.96	-0.13 (-0.47,	0.433	-0.11 (-0.33,	0.310
				0.20)		0.10)	
<u>></u> 23	Male	-0.52	-0.75	-0.23 (-0.46,	0.048	-0.20 (-0.44,	0.088
				-0.00)		0.03)	
	Female	-0.75	-0.91	-0.16 (-0.38,	0.148	-0.13 (-0.34,	0.209
				0.06)		0.07)	

^{*}Adjusted for stratification and clustering only

[^] Adjusted for stratification and clustering and potential confounding effects of maternal age, education and household assets



Summary:

- In the most under-nourished mothers, the intervention had it's greatest effect on both these measurements (MUAC and abdominal circumference) as well as on brain growth (head circumference) without increasing adiposity (subscapular and triceps measurements).
- In the over-weight mothers, children in the intervention group had increased length and decreased adiposity.
- Hence these results suggests a beneficial effect on the risk of later type 2
 diabetes.



Conclusion:

- ☐ The findings of this study suggests that PWGs using a participatory learning and action cycle can have a beneficial effect on the growth of children born to exposed mothers.
- Given our positive results, it is now important to design a powered study to look at detailed metabolic and phenotypic outcomes in children whose mothers are exposed to a similar intervention.





Thank You

