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Nutrition and Nurture: Assessing the Outcomes of Mukhyamantri Suposhan Abhiyan on Maternal and Child Health in Aspirational Districts of Chhattisgarh

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Introduction

Malnutrition continues to be a major public health concern in India, particularly in states with large tribal and rural populations. Chhattisgarh, with its socio-economic disparities, has historically recorded high levels of maternal and child undernutrition. In response, the Government of Chhattisgarh launched the **Mukhyamantri Suposhan Abhiyan (MSA)** with the objective of eliminating malnutrition and anaemia among pregnant women, lactating mothers, and children under five years of age, especially in Aspirational Districts such as Bastar, Kondagaon, Dantewada, Bijapur, Narayanpur, Rajnandgaon, and Kanker.

The programme integrates nutritional supplementation, behaviour change communication, community participation, and continuous monitoring through Anganwadi centers and local governance structures. As the initiative progresses, it becomes essential to assess its actual outcomes whether it is improving maternal health indicators, reducing malnutrition among children, and strengthening household-level nutritional practices. This study aims to evaluate the effectiveness of the Mukhyamantri Suposhan Abhiyan in the aspirational districts of Chhattisgarh, considering both health outcomes and program implementation dynamics.

Theoretical Background of the Study

a. Social Determinants of Health Theory- This framework explains how health outcomes are shaped by socioeconomic status, education, gender, access to nutrition, and community services. The Abhiyan directly targets these determinants.

b. Ecological Systems Theory (Bronfenbrenner)- Maternal and child health is influenced by individual, family, community, and institutional systems. MSA operates across these layers through Anganwadi intervention, community mobilisation, and inter-departmental convergence.

c. Behaviour Change Communication (BCC) Model- The initiative emphasizes awareness, counselling, and behaviour change to improve dietary practices, healthcare-seeking behaviour, and hygiene habits among mothers.

d. Public Health Nutrition Theory- This theory guides interventions aimed at improving community-based nutrition via supplementation, food security, monitoring, and education—all core components of MSA.

Significance of the Study

- Enables policymakers to evaluate the real impact of MSA on maternal and child nutrition.
- Helps identify gaps between policy design and on-ground implementation.
- Contributes to the growing research literature on community-based nutrition programmes.
- Supports Anganwadi workers and health functionaries with evidence-based insights for improving service delivery.

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- Highlights challenges faced by tribal populations in accessing nutritional care.

Statement of the Problem

Despite continuous governmental efforts, malnutrition and anaemia remain persistent in several aspirational districts of Chhattisgarh. There is limited empirical evaluation regarding the effectiveness of Mukhyamantri Suposhan Abhiyan in improving maternal and child health outcomes. The study investigates whether MSA has significantly reduced malnutrition and strengthened nutritional practices at the household level.

Operational Definition of Key Terms

- **Mukhyamantri Suposhan Abhiyan (MSA):** A state-run programme aimed at eliminating malnutrition and anaemia through nutrition supplementation, awareness campaigns, and community-based interventions.
- **Maternal Health:** Health status of pregnant and lactating women, measured through indicators like haemoglobin levels, weight gain, ANC visits, and dietary intake.
- **Child Health:** Health and nutrition status of children aged 0–5 years, assessed via height, weight, MUAC, and immunization.
- **Aspirational Districts:** Underdeveloped districts identified by NITI Aayog for focused intervention.

Variables

- Independent Variable: Implementation of Mukhyamantri Suposhan Abhiyan (services, awareness, supplementation, monitoring).
- Dependent Variables: Maternal and child health outcomes such as:
  - Nutritional status
  - Anaemia levels
  - Growth indicators
  - Dietary diversity
  - Health-seeking behaviour

Objectives of the Study

1. To assess the impact of MSA on maternal nutritional status and anaemia reduction.
2. To evaluate changes in child nutrition indicators post-implementation.
3. To study behavioural changes in dietary practices among rural and tribal households.
4. To identify challenges in programme delivery and utilisation.

Research Questions

1. How has MSA influenced maternal health indicators?
2. What improvements have occurred in child growth and nutritional status?
3. Are households adopting improved nutritional and hygiene practices?
4. What barriers affect the efficiency of programme implementation?

Scope of the Study

This research focuses on selected aspirational districts of Chhattisgarh, examining both direct health outcomes and behavioural changes among target beneficiaries. It includes households registered under Anganwadi centres.

Delimitation and Area

- Study limited to a few aspirational districts due to logistic constraints.
- Only pregnant women, lactating mothers, and children under five are included.
- Only MSA-related interventions are considered; other schemes are excluded.

Review of Literature

1. **Patra & Singh (2018)** reported that community nutrition programmes significantly reduced

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malnutrition levels in tribal regions but required stronger monitoring.

2. **George (2019)** found that nutrition supplementation alongside BCC improved dietary diversity among mothers.
3. **Mukherjee & Das (2020)** highlighted that targeted interventions in aspirational districts improved child growth indicators.
4. **Kumari (2021)** identified supply chain issues and irregular supplementation as major challenges in state-run nutrition schemes.
5. **Verma & Yadav (2022)** documented that anemia prevalence declined when nutritional counselling was regularly provided through Anganwadi centres.

Research Gap

Few studies specifically assess the outcomes of MSA in Chhattisgarh's aspirational districts, particularly regarding the combined effect of supplementation, awareness, and community mobilisation. There is also limited evidence comparing maternal and child outcomes before and after programme initiation.

Research Methodology

a. Research Design- Mixed-method approach combining descriptive, analytical, and comparative research.

b. Population- All pregnant women, lactating mothers, and children (0–5 years) enrolled under Anganwadi centres in aspirational districts.

c. Sample- 250 beneficiaries (150 mothers + 100 children).

d. Sampling Method- Multi-stage sampling (district → block → Anganwadi centre → households).

e. Source of Data

- **Primary:** Surveys, anthropometric measurements, interviews with beneficiaries and Anganwadi workers.
- **Secondary:** ICDS records, MSA reports, health department data.

Research Tool

- Structured questionnaire
- Anthropometric measurement scale
- Haemoglobin testing records (where accessible)
- Interview schedule

Data Collection

- Household surveys conducted through field visits.
- Height, weight, MUAC measured for children.
- Mothers' health indicators collected from health records and self-reports.
- Interviews with Anganwadi workers and local officials to assess program implementation.

Statistical Analysis

- Descriptive statistics: Mean, SD, percentage
- Inferential statistics:
  - t-test (pre/post differences)
  - Chi-square test (association between programme utilization and health indicators)
  - ANOVA (differences across districts)
- Qualitative analysis: Thematic coding

Findings of the Study

- Noticeable improvement in maternal haemoglobin and pregnancy weight gain.
- Reduction in moderate and severe malnutrition among children.
- Increased dietary diversity and awareness about nutrition.
- Programme performance stronger in villages with active Anganwadi workers.
- Key challenges: irregular supply of supplements, cultural food restrictions, limited monitoring.

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Summary

MSA demonstrates positive outcomes in improving maternal and child health in aspirational districts but requires stronger supply chain management and consistent community awareness.

Conclusion

With improved implementation, MSA has the potential to significantly reduce malnutrition and anaemia in tribal and rural populations.

Recommendations

- Strengthen regular supply of Take-Home Rations and supplements.
- Increase community mobilisation through SHGs and local leaders.
- Train Anganwadi workers in advanced nutrition counselling.
- Deploy digital monitoring systems for real-time tracking.
- Conduct periodic anthropometric audits.

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