

Pastoral Community Platforms as Channels for Behavioural Change for Nutrition

A seven-month Behavioral Change for Improved Nutrition (BCIN) intervention assessed the ability of pastoral-community platforms, Pastoral Field Schools (PFS) and Village Community Banks (VICOBA) to increase awareness on optimal Maternal Infant and Young Child Nutrition (MIYCN) practices to promote positive behavioural changes in the study communities.

A community-based quasi-experimental study design, complemented by a qualitative component, was used. The goal was to assess the potential of using PFS and VICOBA groups for Social Behavioral Change Communication (SBCC) for optimal MIYCN.

The study found that these platforms have potential for channeling messages on key MIYCN practices. It was found that some perceptions on MIYCN practices, income and educational status were among the factors that can influence these practices.

Background

The Ethiopian National Nutrition Program (NNP) for 2013- 2015 recognised the challenges associated with adapting community based interventions to pastoralist communities such as those found in the Somali region of Ethiopia. For these communities, the settlement patterns, seasonal mobility and recurrent drought has posed a challenge in implementing community based nutrition interventions¹. These are coupled with further challenges in recruiting, training and retaining female Health Extension Workers (HEWs). Health facilities in pastoralist communities are also limited in number, are under-staffed and service delivery is poorly organised. It is therefore important to find contextualised ways of delivering behavior change communication messages on MIYCN.

The nature of the Intervention Conducted

The research was designed to explore the potential of using pastoral-community platforms for channeling maternal, infant and young-child nutrition (MIYCN) messages to community members. The research question addressed was, 'Can Social



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“It is important to find contextualised ways of delivering behavior change communication messages on Maternal Infant and Young Child Nutrition.”

Village Community Banks groups at Arda Ola Kebele of Moyale Woreda.

¹ Challenges and opportunities in CBN adaptation to pastoral areas in Ethiopia; a report by EHNRI

Behavioural-Change Communication (SBCC) be used to improve MIYCN practices when channeled through the community platforms? The research was conducted in two pastoralist Woredas (Districts), Moyale and Mubarek, of the Somali Region of Ethiopia. Two study legs were included, intervention communities and comparison communities where the intervention did not take place. A total of 942 mothers having children 0-23 months were interviewed, where 471 of them were in each study leg. The MIYCN messages were provided at the PFS/VICOBA training and those trained were encouraged to pass on the messages to others in their communities and to indicate where they receive this information from.

Main Findings

Exclusive Breastfeeding: It was found that the exclusive breast feeding practice of mothers was influenced by the mother’s age, source of income and having knowledge of the benefits of exclusive breast-feeding for the baby. The mother’s knowledge on at least one way of ensuring sufficient breast milk supply was also a factor.

Dietary diversity: After the intervention, the majority of mothers with young children (6-23 months) did not feed their children according to the recommended minimum dietary diversity of at least 4 out of 7 food groups the previous day. Only 1.8% of the mother reported feeding their young children from at least 4 food groups. This may in part be

“The exclusive breast feeding practice of mothers was influenced by the mother’s age, source of income and knowledge of the benefits for the baby.”

affected by the recurrent seasonal drought affecting the area and the low availability of a variety of foods including fruits and vegetables.

Food safety and personal hygiene: Only 35% and 29% of mothers were knowledgeable on the correct procedure of hand washing and cleaning food utensils, respectively. The likelihood of mothers to engage in the appropriate practice depended on age, educational status, income, prior information about food safety, having knowledge on how to prevent cross contamination, having knowledge about critical times for hand washing, and perceived risk of contracting diseases. Being aware of PFS/VICOBA groups was a positive factor.

How much change was possible?

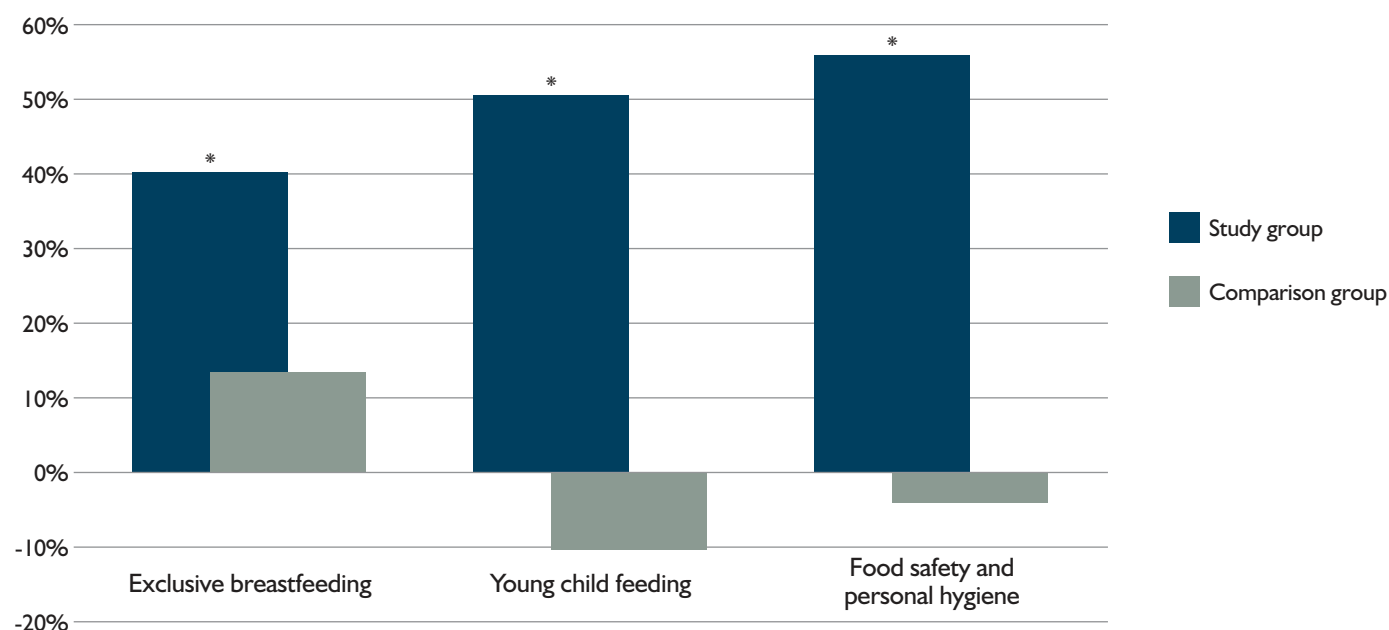
The research design used made it possible to quantify the changes that may have been brought about by the intervention.

The change in the proportion (percent) of mothers exhibiting a particular practice at baseline and end of the study was computed.

The number of mothers who heard about the practices promoted by the intervention messages were higher for the intervention communities compared to the comparison communities ($P < 0.001$) (Figure 1). These included information about exclusive

breastfeeding, optimal young child feeding practices, food safety and personal hygiene. It is therefore possible that the intervention had a positive influence on this knowledge aspect.

Figure 1 Percentage change of mothers who reported receiving information on key optimal infant and young child feeding practices from baseline to end; Moyale and Mubarek Woredas of Somali Region, Ethiopia, 2015–2016
 ($n=471$ for the study group and $n=471$ for the comparison group)

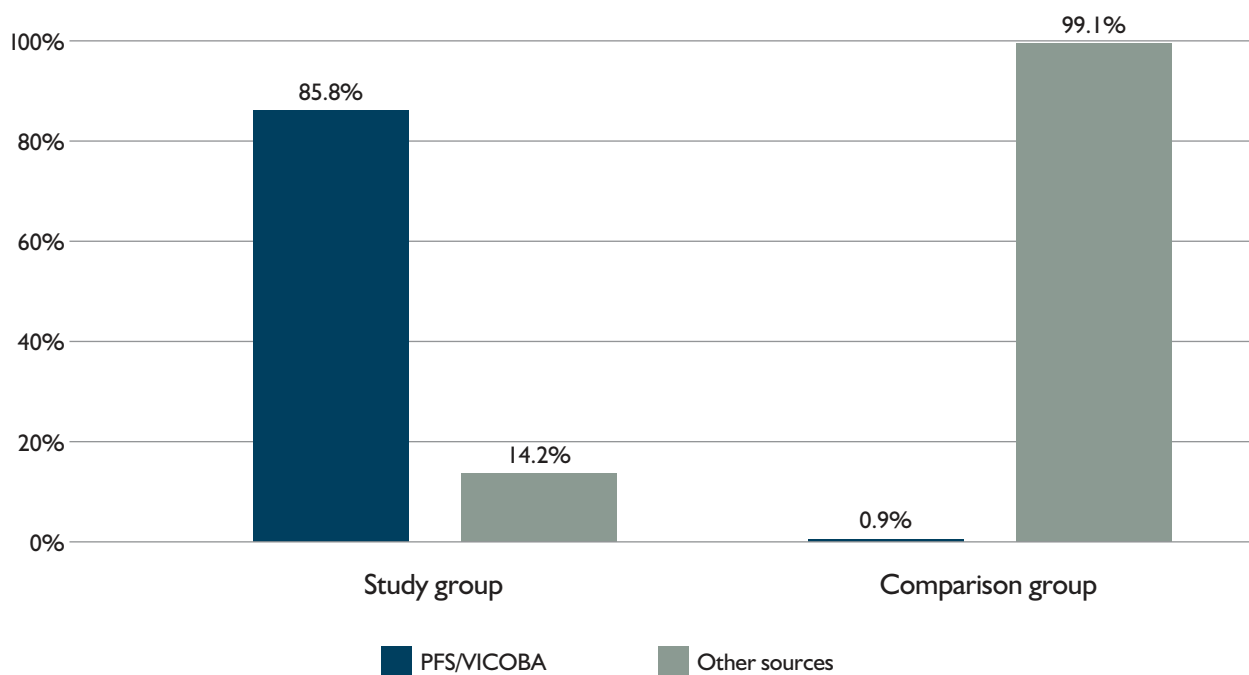


* P value at < 0.001 showing a significant difference

When asked, 85% of the mothers in the intervention groups reported receiving the information through the community platforms compared to 14.2% from other sources (Fig.2).

Therefore, these platforms can be used as an alternative means to channel positive messages for optimal MIYCN.

Figure 2 Reported Source of information on Exclusive Breastfeeding by mothers after intervention, Moyale and Mubarek Woredas, September 2016 (n=471 for the study group and n=471 for the comparison group)



Similarly, through more mothers in the intervention communities had received information channeled through the community platforms on;

- Critical times for hand washing – 42%
- Benefits of introducing additional food at six month – 25%
- First food a newborn should receive – 23%
- The reason why a baby receives Breast Milk only for six months – 16%
- How frequent to feed with Breast Milk – 7%

The mean dietary diversity score in both the intervention and comparison groups remained below the minimum required in more than 90% of the study subjects and they

mostly fed their young children 6-23 months with animal milk. This is mainly affected by the availability of diversified food in their locality. Hence, the need for nutrition intervention integrated to horticulture activities tailored to pastoral areas.

“Dietary diversity for children 6–23 months was low for both groups even after the intervention and should be given additional attention.”



Ongoing training of PFS groups in Moyale Woreda.

Recommendations

- PFS and VICOBA have shown potential for SBCC for nutrition in pastoral areas. The use of these platforms should be considered for scale-up in other pastoral areas where use of the usual health extension package can be challenging.
- The study suggests that income is one of the factors that can influence optimal MIYCN practices. VICOBA, are one of the rural financial institutions in remote pastoral areas with limited access to financial services and can be considered as a means to promote optimal nutrition through improved household income. But there should be explicit nutrition objectives incorporated into the VICOBA to ensure that nutrition can indeed benefit.
- Minimum dietary diversity for children 6–23 months was low for both groups even after the intervention and should be given additional attention in subsequent interventions.

Further reading

Federal Ministry of Health; National Nutrition Programme, 2013 –2015

Ethiopian Health and Nutrition Research Institute. Challenges and opportunities in CBN adaptation to pastoral areas in Ethiopia; Report Prepared by ENRI, Food Science and Nutrition Research Directorate In collaboration with FMOH and WB

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