

Delivering for Nutrition in South Asia Transforming Diets

Identifying enabling factors and barriers for good child nutrition in a rural Bangladesh population

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Rational/Objective

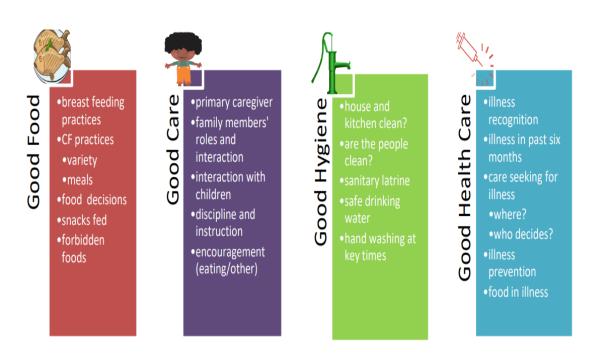
- Despite targeted interventions to pregnant women and families of children under 2 in a 1000 days nutrition program, improvement in Exclusive Breastfeeding, minimum dietary diversity, minimum meals and anthropometric outcomes were limited
- The purpose of this three-year action research was to inform implementation of an ongoing rural nutrition project through assessment of current nutritional status of children 6 to 24 months and identification of local positive and negative deviant behaviors related to feeding, caring, hygiene and health care.



Methods/ Analysis

- A cohort of 558 children in three unions of Bangladesh were followed from six months to two years with six-monthly data collected on 24-hour dietary recall, height & weight, and care practices.
- Focus groups were held with parents and grandparents of children under two to identify common breastfeeding and complementary feeding attitudes and practices.
- Stunting, wasting, minimum dietary diversity (MDD) and minimum meals were calculated at each age. Qualitative data was coded and analyzed by topic.

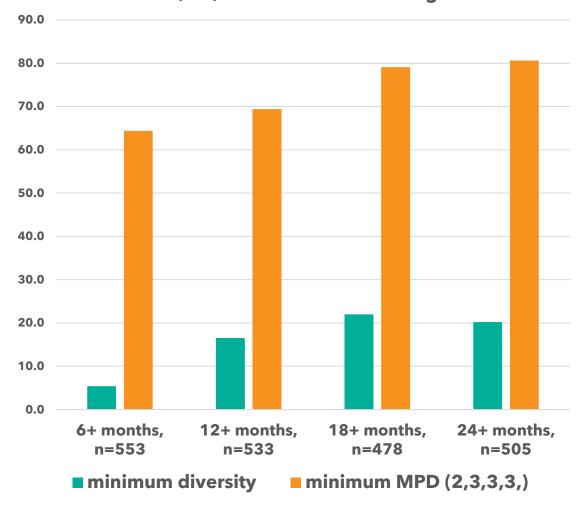
 A 10% sample of well-nourished children from the poorest 40% (positive deviants), and a 5% sample of poorly nourished children from the wealthiest 40% (negative deviants) of families were interviewed and observed at home using WV guidelines





Results (cohort)

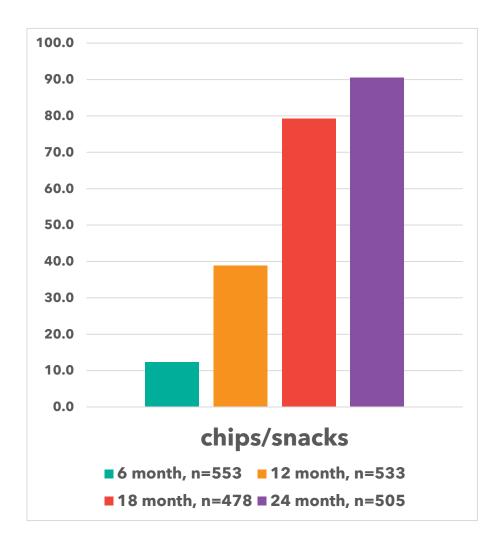
Minimum Dietary Diversity and Minimum Meals at 6, 12, 18 and 24 months of age







Results, continued



Why do you feed children food from the shops?

- Mothers and grandmothers:
 - 'It takes too long to boil an egg'; convenience
 - 'fruit shops are far away';
 - 'the baby likes it and cries if they don't get it'
- Fathers and grandfathers:
 - 'The child wants what they see other children eating'
 - 'To keep the baby quiet and busy while mom works
 - 'It is acceptable gift for children-if we bring an egg they will think we are uncultured'
 - 'Our wives tell the child we will bring something for them'
 - 'There aren't nutritious snacks available in the shops'

How can this practice be stopped?

• If children aren't given snacks from the shops they will get hungry and eventually eat homemade food



Summary of Positive and Negative Deviant behaviors observed in study population

	GOOD FOOD	GOOD CARE	GOOD HYGIENE	GOOD HEALTH CARE
Positive deviant behaviors	-decrease BF freq, increase CF in 2nd yr - use family food for CF from 6 mo -give nutritious 'bits' (eg. liver) to <2 child	-carry child on mother's back while working -teach good habits (hand washing, latrine use) -build routines (eating/ sleeping)	- wash mother and baby's hands with soap	-de-worming
Negative deviant behaviors	-starting CF <6 mo & feed rice/suji/formula -mainly energy foods for CF -frequent BF into 3rd year -frequent feeding of cake/biscuit/chips	-force feeding	-wash only with water or not at all at key times	



Policy implications

- Knowledge of local food and cultural practices are key to improving children's diets. Simply giving good nutrition messages is not enough to change family practices. Country dietary recommendations need to consider regional and ethnic preferences
- Further research is needed to explore the
 - Fathers' and grandparents' role in childcare and nutrition;
 - Social and commercial factors contributing to consumption of low nutrition purchased snacks and the role of government in regulating and labeling of non-nutritious foods
 - Traditional recipes (from Grandma's) for healthy homemade snacks that were fed to children before the proliferation of commercial snacks