Socio-Behavioural and Normative Factors Contributing to the Prevalence of Undernutrition, Among Children Under Two Years and Women of Childbearing Age: A Formative Research in Nepal

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BACKGROUND

The goal of the formative research was to understand contextual evidence of social norms, behaviours, facilitators and barriers influencing community practices of antenatal, neonatal and post-natal care of women. Nutrition practices related to infant and young child feeding up to 2 years were assessed. The research is based on socio ecological model and considers all important secondary and tertiary stakeholders essential to determine the practices and effective change mechanisms.

The prevalence of severe malnutrition is still dire in the Terai region of the country.

Bordering India, Koshi Province and Madhesh Province have the highest rates of acute and chronic undernutrition.

A clear direction and a strong momentum have been created in Nepal to improve the situation of nutrition among vulnerable groups. Key sectors have been engaged for nutrition specific as well as nutrition sensitive interventions for the sustainable improvement of nutrition.

Measures have been outlined to bring positive changes in prioritizing improving access, quality and utilization of basic health and nutrition services in the long run.

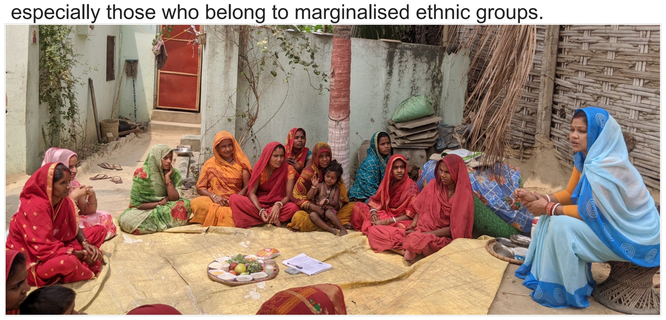
METHODS

A qualitative cross- sectional design was used to collect data using focus group discussions and key informant interviews. The study was conducted in three districts of Jhapa, Morang and Saptari.

RESULTS

This formative research points towards an understanding of health, nutrition and related behaviors of the key stakeholders. The findings show that majority of pregnant and breastfeeding women and their care takers seemed to have an understanding regarding nutritious food; however, malnutrition was not considered a serious health issue; they believed that it was a matter that could be resolved after feeding a malnourished child enough.

Pregnant women are motivated to visit health facilities for ANC visits, due to attached incentives. However, the reluctance in visiting health facilities was among majority of the adolescent pregnant women as they did not have citizenship for claiming the incentives. Pregnant participants and their caregivers had knowledge about different kinds of foods they need to consume during pregnancy, but many were found depending on the market (Hatiya) for vegetables, fruits, dairy and meat products. The use of ultra-processed foods seems common among children under 2 years of age, because of ease of accessibility, affordability, appeal and often given as gifts. Similarly, the issue of financial constraints was noticed direr for consuming nutritious food, especially those who belong to marginalised ethnic groups.



Breastfeeding is practised widely as a traditional community practice however there is limited understanding of exclusive breastfeeding among participating breastfeeding women and their care takers. Female community health workers seem to be key in facilitating breastfeeding in the community.

Regarding the importance of initiating complementary food, many of the caretakers' understanding was almost the same. According to them, children should be given solid food after six months of age, along with breastmilk because breastfeeding alone is not enough for a child's survival.

Through this study, it is also evident that food taboos during pregnancy and breastfeeding period were practised to a wide extent. The variety of restricted food items comprised fruits, especially papaya and banana, green vegetables including leafy vegetables, yoghurt, cold water, beaten rice and sour things. Additionally, in some ethnic groups, certain meat products were also found prohibited from eating.

Pregnant and breastfeeding women were seen as having autonomy in decision making regarding health and nutrition especially when they were educated and were in a nuclear family.

"People living here are poor and they cannot afford to manage their basic needs. Some pregnant women, if they don't work for others, they hardly get anything to eat. We talk about having nutritious food, additional food, foods rich in protein and minerals, having iron tablets and calcium but for these people, having everything is very challenging here. Leave alone this, there are areas in this ward where free supplements provided by Nepal Government are hard to get. People have to go to Khajur Gaacchhi to get iron and calcium tablets.– KII, Health worker (AHW), Jhapa

For those living in joint families, mothers-in-law were the key decision maker for pregnant and breastfeeding women and children under two years of children, whereas a husband of PBW/Gs had a very minimal presence at home to care for them. Nevertheless, they were the main source of finance in the family.

Men could access media at any time, while for women participants, the convenient time to access TV and mobile phones were in the evening.

Radio use was reported to be declining and television was merely used for entertainment purposes. Female Community Health Volunteers and mothers' groups were the main sources of health information for the community member. They liked to have information from FCHV as there could be two-way communication and most of their queries could be resolved. Health workers were found to be using very limited IEC/BCC materials, the most common reason being unavailability and/or limited availability of such materials and FCHV regarding the use of these materials as inconvenient.

"I do not have a mobile, but my husband has." – FGD with PBW/G (Pregnant woman), Jhapa

"I watch television around six or seven in the evening. If my husband watches then I get to watch. What can I do when I don't know how it works?" – FGD with Caretakers, (Mother-in-law), Morang

"I go to the mother group meetings. All the things related to malnutrition and about eating things are shared by FCHV herself." – FGD PLW (Breastfeeding Mother), Morang

IMPLICATIONS:

The study was used to design, develop and implement context specific social, and behaviour change activities in Mother & Child Health and Nutrition project implemented areas. The study helped to identify cultural context and supported to craft messages to address specific barriers of nutrition. Through the programme, support was provided to FCHVs to organize health mother's group meetings and conduct home visits for counselling). To promote the dietary diversity, a recipe book has been developed with Department of Food Technology and Quality Control (DFTQC). This recipe book is disseminated in communities and based upon which, cooking demonstrations are conducted in communities. Similarly, different forms of IEC materials (with key messages of nutrition) are designed, printed and disseminated in community level. Radio messages (jingles and drama) are produced and aired in the prime time from local FMs. The key messages of all forms of communication materials are created with insights gained from this formative research to foster long term engagement.

358,733 beneficiaries are reached through SBCC activities.

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