Rapid Formative Research-Nutrition CBT Trial

(Assessing caregivers Knowledge, Attitude and Practices towards feeding practices for Children Under-5)

Monitoring and Evaluation & Nutrition Programme Units, WFP COX’S BAZAR
March 2021
Background

- GAM Prevalence
- BSFP target for under-twos only
- However, in the light of aggravating factors, COVID-19, and ensuring growth monitoring there's need of ensuring health status of 3-5 years olds

- Cash top=Incentive; could also address sales of WSB++
- Cash top=opportunity for SBCC
- What to target in SBCC and why?
- Issues to be probed
  - Anaemia=Dietary diversity
  - Diarrhoeal diseases(malnutrition cause)=optimal WASH(Clean water)
  - Poor caring practises associated with parental stress=psychosocial care support for target audience
Primary target audience – Caregivers of children 3-5 years old (Women of reproductive age)

• Parental stress-poor psychosocial support systems
• Early marriage
• Lack of incentives to buy nutritious foods
• Heavy workload of women with an effect on adequacy of hygiene and other child care practices,
• Decision making
How it works

E-Voucher Cash Top Up

• **Replaces provision of Super Cereal Plus** to caregivers with children 24-59 months enrolled in the nutrition programme

• ‘**Condition**’: Caregivers receive the e-voucher cash top up after attending growth monitoring sessions in the nutrition centres and children must have positive Growth Monitoring GMP plot.

Expected

• **Enable access to more nutritious food** and ensure that they diversify the children’s diet

• **Promote behaviours** related to consumption diets, care practices and hygiene among caregivers using SBC approaches
Rapid Formative Research—Why?
Understand current knowledge attitude and practice in the target audience and other influencers

- Dietary diversity
- Safe water
- Psychosocial care

1) Cultural taboos/practices
2) Household decision making
3) Key influencers in the decision making
4) Access and affordability

1) Understand practice of storing and treating water
2) Knowledge on practice related to feeding
3) Belief and confidence in ensuring safe water for feeding

1) Understand the influence of parental stress and impact on child’s well being
2) Knowledge on seeking care and support
3) Risk perception resulting from inadequate care to the child and delay in health seeking behaviour

1. Identify barriers towards uptake of positive behaviours
2. Identify motivators/enablers, influencers towards uptake of behaviours

Assess other structural, systemic, advocacy issues beyond behaviour change/communication solution
Rapid Formative Research  Specific Objectives

• Understand the consumption of diversified diets by children

• Identify level of knowledge among caregivers on dietary diversity

• Identify challenges, deep rooted cultural practices and taboos related to infant and young child feeding practices

• To understand the barriers and enablers to optimal dietary diversity
**Process & Methodology**

Conducted between February 24th and March 4th

Quantitative and qualitative approaches used

Covered two camps; Camp 25 and camp 27

Sampled 137 beneficiaries who were randomly selected

Respondents were caregivers (mothers, grandmothers, fathers) of the children who are enrolled in the cash trial from targeted camps

Interviews conducted by field monitoring assistants

Quantitative analysis carried out using MS Excel
## Sampling

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camp</td>
<td>Camp 25</td>
<td>Camp 27</td>
</tr>
<tr>
<td>Sample</td>
<td>56</td>
<td>81</td>
</tr>
<tr>
<td></td>
<td></td>
<td>137</td>
</tr>
</tbody>
</table>
## Qualitative Sample

<table>
<thead>
<tr>
<th>Groups</th>
<th>Camps</th>
<th>FGD</th>
<th>Total Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mothers</td>
<td>1 in camp 25</td>
<td>3</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>2 in camp 27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother in laws</td>
<td>1 in camp 25</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>1 in camp 27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Husbands</td>
<td>1 in camp 25</td>
<td>2</td>
<td>16</td>
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<tr>
<td></td>
<td>1 in camp 27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Total</td>
<td></td>
<td>7</td>
<td>56</td>
</tr>
</tbody>
</table>
## Respondent Characteristics & Coverage Area

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percent</th>
<th>Member</th>
<th>Percent</th>
<th>Category</th>
<th>Percent</th>
<th>Gender</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-30</td>
<td>62%</td>
<td>2-4</td>
<td>34%</td>
<td>0-2999</td>
<td>51%</td>
<td>Male</td>
<td>11%</td>
</tr>
<tr>
<td>31-40</td>
<td>30%</td>
<td>5-7</td>
<td>48%</td>
<td>3000-5999</td>
<td>29%</td>
<td>Female</td>
<td>89%</td>
</tr>
<tr>
<td>41-50</td>
<td>5%</td>
<td>8-10</td>
<td>18%</td>
<td>6000-8999</td>
<td>18%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51-60</td>
<td>3%</td>
<td></td>
<td>9000+</td>
<td>2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60+</td>
<td>1%</td>
<td></td>
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</tr>
</tbody>
</table>

- 59% respondents from camp 27 and 41% from camp 25
- 85% of the respondents were mothers of children aged 24-59 months while 11% were fathers and 4% grandmothers
- 66% of the households had 5 or more family members in their household
- Average household income was 3,212 BDT per month (average household size was 5)
Results
Close to half of the children in the survey (43%) had an average score of less than 5 indicating a less than adequate diverse dietary intake necessary for their proper growth and development.

The average IDDS score was 4.8 indicating that on average, children are consuming five food groups out of the nine recommended ones.
The most consumed food were cereals. 84% reported feeding other types of vegetables (e.g. tomato, onion, eggplant, Lady’s finger, Gourd) to their children. In terms of animal source protein foods, fish and eggs was most consumed by 76% and 42% respectively. Only 27% consumed flesh meat. Slightly over half of the children (51%) were consuming legumes, despite the fact that the legumes form a significant part of GFA rations. This could be attributed to taste preferences. In 61% of households different and less spicy food is prepared for under five children.
Fortified food consumption

69.9% children consumed fortified food once or more

30% children did not consume fortified food
Initiation of complementary feeding

- More than half of the children started (53%) complementary feeding at the recommended age of six months.
Decision making on buying groceries

- Both: 48%
- Female: 31%
- Male: 21%
Food Preparation

Who makes the decision on what to cook?

- Father: 20%
- Grand-Mother: 1%
- Mother: 79%
- Siblings: 1%

Who cooks?

- Aunt: 1%
- Grand-Mother: 1%
- Mother: 94%
- Siblings: 4%
Knowledge on Nutrition

Knowledge on food and key nutrition practices

- Food diversity: 61% Female, 47% Male
- Consequences of inadequate diversified food intake: 97% Female, 100% Male

Knowledge on complementary feeding

- Camp 25: 75%
- Camp 27: 73%
Caregiver’s attitude and understanding of feeding Practices

- 96% of caregivers believe the importance of feeding diverse foods.
- 84% believe they can prevent their children from malnutrition.
- 87% feel better knowledge can improve care-giving.
- 99% believe better knowledge can improve care-giving.

Female vs. Male:
- Caregivers know the importance of feeding diverse foods: 96% (Female), 93% (Male)
- Believe that they can prevent their children from malnutrition: 84% (Female), 87% (Male)
- Believe that better knowledge can improve care-giving: 99% (Female), 93% (Male)
Energy/ Fuel source

- Households are mainly dependent on LPG for cooking
- 36% in some cases use firewood alongside the LPG
- 10% of them are using dried leaves as a source of cooking

<table>
<thead>
<tr>
<th>Energy/Fuel Source</th>
<th>Camp 25</th>
<th>Camp 27</th>
</tr>
</thead>
<tbody>
<tr>
<td>LPG</td>
<td>100%</td>
<td>99%</td>
</tr>
<tr>
<td>Firewood</td>
<td>34%</td>
<td>37%</td>
</tr>
<tr>
<td>Dried leaves</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td>Others</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Dried cow dung</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Electricity</td>
<td>1%</td>
<td></td>
</tr>
</tbody>
</table>
Location of Food Purchases

- Beneficiaries buy most of their groceries from the E-voucher outlet (97%) and the local market (81%). Local market purchases are possibly fresh food items.
Beneficiary preference on assistance modality

61% beneficiaries prefer the e-voucher modality for receiving assistance.

36% prefer the direct cash as assistance modality.

3% prefer other type of modality including In-Kind, combination of Cash & E-voucher.
Beneficiary satisfaction: Quantity

- 56% beneficiaries reported that the current e-voucher assistance is partially sufficient.
Access and sources of drinking Water

- 98% reported that they have access to clean drinking water.
- 67% respondents reported the main source of drinking water is tap water.
- 10% of respondents use tube-wells for drinking water.
- 33% rely on water distributed by different humanitarian agencies.

Water Distribution:
- Taps: 73% (Camp 27: 60%, Camp 25: 40%)
- Water Distribution: 40% (Camp 27: 25%, Camp 25: 40%)
- Tube well: 14% (Camp 27: 6%, Camp 25: 14%)
- Borehole: 5% (Camp 27: 5%, Camp 25: 5%)
- Other: 4% (Camp 27: 4%, Camp 25: 4%)
Caregivers' attitudes toward WASH practices

Hand hygiene is key to ensure good health
- Female: 100%
- Male: 100%

Believe in the importance of providing clean water
- Female: 96%
- Male: 93%
# Source Of Health and Nutrition Information

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>NGO staff</td>
<td>90%</td>
</tr>
<tr>
<td>Health worker</td>
<td>26%</td>
</tr>
<tr>
<td>Other (Courtyard session, block volunteer, nutrition centers, Wash staffs)</td>
<td>8%</td>
</tr>
<tr>
<td>Community leaders (Mahji)</td>
<td>4%</td>
</tr>
<tr>
<td>TV</td>
<td>4%</td>
</tr>
<tr>
<td>Neighbor</td>
<td>2%</td>
</tr>
<tr>
<td>Family</td>
<td>1%</td>
</tr>
<tr>
<td>Religious leader (Imam)</td>
<td>1%</td>
</tr>
<tr>
<td>Radio</td>
<td>1%</td>
</tr>
<tr>
<td>Social media - Facebook</td>
<td>1%</td>
</tr>
</tbody>
</table>
Common Stressors affecting child care

- No income: 55%
- Lack of food: 26%
- Lack of time: 22%
- Uncertainty: 18%
- Livelihood: 15%
- Health: 9%
- Lack of knowledge: 3%
- All above: 1%

Most common stressors are lack of income and lack of food
Counselling followed closely by training most requested support
Feeding practices

3 meals – breakfast, lunch and dinner is common which is complemented by snacks around 10 am and between 4-5 pm. However this is dependent on available income.

Adults and children eat the same food. Only if the food is spicy or doctors restrictions separate food is cooked.

Children are not provided stale food or one day old food.

Mothers are primary caregivers and mother in laws help in some cases.
Typical food consumed

- Rice
- Pulses
- Vegetables
- Eggs
- Potato

Fruits: Banana, watermelon, apple, orange

Couple of mention of WSB based on child’s preference and suji

Chicken once or twice a month;

Fish weekly (this is also dependent on the availability of income)
"Snacks keep the child full and stop them from crying."

"Juicy and sugary drinks (7up, juice, lassi) keeps the child's body cold and fills their stomachs."

Snacks:
- Cake
- Chips/biscuits
- Chuchura (puffed rice)
- Singhara
- Halwa (pudding)
- Bread
- Banana
Food consumption within the household

Children

- Children are fed with adults, very young children eat with their mothers. Mothers usually are the last people to eat

Gender preference

- There is no difference in what is fed to a boy or a girl
- Usually with mothers eating last then end up with less curry
- Women eat less when the food is scarce
In this exercise the respondents were asked what are the diff foods they provide to the child for the three meals.

Most of the contents of the food are quite similar
Plate exercise contd..

- Common/Typical foods
  - Rice
  - vegetable,
  - potato, pulse
  - Fish,
  - Chicken/meat
  - Egg
  - Apple, banana, Malta

- Uncommon foods
  - Seasonal fruits and homemade cake.

- Snacks
  - Cake/Biscuit
  - Sugary drinks
  - Bon roti
  - WSB
  - Banana
  - Watermelon
  - Fruits
Feeding related concerns, taboos

- There are no taboos related to feeding except the timing – do not feed outside at noon and before morning prayers during Ramadan.

- Diversified foods is not always possible due to lack of sufficient income.

- E voucher limitation – cap on rice not enough to feed. Some respondents mentioned selling oil for paying rent.

- No storage facility – so perishable items are consumed on the same day or stored in bedrooms, bamboo husks, shelves, pots.

- Most of the time but when male members return home from the work at night the market get closed, so cant buy food for children as women do not go to market.
Understanding on healthy nutritious diversified food

Clean food covered food is healthy

No distinction between healthy, nutritious and diverse foods

Diversified food means all kinds of different food

Fathers, mothers and mothers in law found no difference in healthy, nutritious and diversified foods

There is a common understanding that outside food is not healthy but parents given into the child's request especially stop them from crying.
Association of good vs lack of food

Good Food

Associated with good health

Lack of Food

Associated with ‘sick child’ and ‘malnutrition’
Decision making on food purchase and feeding

Mothers usually take decision on what to feed the child

Men/ fathers usually made purchases but consulted their wives on what to buy

Women are responsible for all the household work and start very early
Workload analysis

Child care is an important daily chore and tends to have a fixed time for feeding

Summary

Workload – daily feeding pattern
- Child take 3-5 times food & snacks in a day such as Breakfast, Lunch, snacks & Dinner. It depends on food availability.

Practices – activity at the camp
- Wake-up: 5:30 am-6am
- Cooking & household work: 2-3 hours (if required)
- Others works: 1-2 hours
- Prayer five times: 1.5 hours.

Key timings (specific cultural practices)
- Breakfast: 7:00am to 9:00 am
- Snacks: 11:00 am - 12:00 pm
- Lunch: 1:00 pm-2:00 PM
- Snacks: 4:00pm-5:00 pm
- Dinner: 7:00 pm-8.00 Pm

Total no. of hours spent:
- Childcare: 1.5-2 hours (most time mother takes care)
- Work (outside): 1 hours
- Work (home): 3-4 hours
- Rest hours participate different NGOs event, gossiping with neighbours, sleeping & different work as & when required.
Clean Water and WASH

- NGO supplied water was considered clean as they used chlorine/some tablets
- Dirty water led to children being sick in their stomach with diarrhea, jaundice and dysentry
- Handwashing was practised at critical times
- Lack of handwashing led to children becoming sick in the stomach with diarrhea, jaundice and dysentry

The improved behaviour can be linked to the WASH messaging provided as part of the communication for COVID
Stress (mostly mentioned by males)

- Availability of income (mentioned by females)
- Search for work
- Lack of work and enough income
- Dilapidated housing
- Annoyed with the situation
- Cap on water of 15 ltrs not enough for families
- Corona virus
- Move to their own country
Health related information sources

- World Concern
- Medair nutrition volunteers
- Nutrition centre
- Information heard on mics occasionally

Most respondents are satisfied with the healthcare provided in the camps
<table>
<thead>
<tr>
<th>Mobile ownership</th>
<th>Mostly males, button phones are more common</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women do not own, mostly use to talk to their family</td>
<td></td>
</tr>
<tr>
<td>Sometimes internet is accessed by males who have smart phones to access information from relatives</td>
<td></td>
</tr>
</tbody>
</table>
Support requested

- Training seen as a requirement
- Financial support
Recommendations

- Develop and disseminate culturally acceptable recipes for children’s meals using locally available foods to promote the consumption of legumes, dairy, vitamin A rich fruits and vegetables and animal flesh foods.
- Where feasible support household production of Vit A rich fruit and vegetable production to increase access/availability through homestead/community gardening.
- Nutrition education through sensitisation and practical demonstrations to caregivers, especially targeting the conflicting messages.
- Strengthen the capacities of Community Nutrition Volunteers to provide nutrition education in targeted communities.
Recommendations

- Identify and promote healthy snack options for children.
- Qualitative assessment – to understand barriers to access/utilisation of nutrient dense foods and develop appropriate interventions. Awareness of dietary diversity is high (86%) yet practices are low.
- WASH sector should identify and support more sustainable solutions to water access gaps in camp 27 where 40% beneficiaries rely on water trucking for daily water needs.
- Integrate hygiene promotion in nutrition/health education sessions targeting hand washing behaviours.
- There is need to understand barriers to adequate child care practices and strengthen individual and group support for caregivers.
Designing a social behaviour change strategy

Target Audience

- Mothers identified as the primary caregiver
- Father is ‘ideally’ the consumer at the e-voucher store
- Both caregivers are equally important to target in this communication

Communication solution

- Basic knowledge and practices among caregivers is evident. It is important to nurture their behaviour – positively encouraging and improving the behaviour for ‘better future of the child’
- Improving the understanding/knowledge what it means to eat a ‘nutritious’ diet
- Nudging by enhancing the image of an attractive food basket with the e-voucher.
- Addressing the issue of ‘snacking behaviour’ – child feeling full and less of a distraction when working
- Limitation to media and access to information sources alternate but attractive communication approaches need to be explored

Capacity enhancement

- Enhancing the knowledge and skills of the nutrition volunteers

Important!
Uptake of behaviour dependent on the creation of an Enabling environment
Behaviours that need further probing

- Utilisation of e-voucher – assessing the male buying behaviour at the e-voucher (timing, how and what they buy)
- Identifying positive deviants
- Women’s mobility
- Snacking behaviour
- Assessing content of current training/activities provided at the nutrition center
For further exploring...

**Utilisation**
- E-voucher utilisation vs cash spending in a month
- Understanding average utilisation of essential food items in a household

**Resource limitations**
- Income is a root cause of lack of access to diverse food
- Caps on water utilisation and other resources
- Storage issues – stocking of perishable items

**Explore**
- Forms of incentivization that could work
- Per day/per week cost of buying snacks from available income
QUESTIONS ???