

Demand Generation for Acute Malnutrition Treatment

Formative research findings: Understanding health-seeking behaviors to improve Mozambique's National Nutrition Rehabilitation Program

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> Adopting appropriate communication channels within the community and engaging key influencers, such as CHWs, are highly recommended strategies to promote better health-seeking behavior.

Key messages

- > The main challenge identified for the treatment of acute malnutrition in this setting was barriers to behavior change influenced by lack of nutrition knowledge. Beliefs and traditional practices also play an important role in perceptions of the health of children under 5 years (CU5) and pregnant and lactating women (PLW). Conversely, the most important motivational factor for seeking acute malnutrition treatment was the wellbeing of the family, and also observing the benefits of a new behavior among community members.
- > Parents of CU5 do not regard low weight as an indicator of severity requiring immediate health intervention unless accompanied by other signs, such as fever, diarrhea, extreme weakness and loss of appetite.
- > Decisions about healthcare are largely influenced by key family and community members. The husband and the mother-in-law are the most influential in the family, but community health workers (CHWs) and community leaders also have an important influence on decisions related to healthcare.
- > Programs in this setting should focus not only on knowledge but also on motivation as key factors in creating a positive environment for good nutrition and health-seeking behavior.

Introduction

Mozambique is a low-income country with a largely rural population. The country is consistently challenged by food deficits and ranks very low in global indices of development, hunger and inequality. Several persistent obstacles prevent the country from making significant progress on Sustainable Development Goal 2 targets (*End hunger, achieve food security and improved nutrition and promote sustainable agriculture*). These include high rates of malnutrition, lack of economic and physical access to food, insufficient national safety nets, and vulnerability to cyclical climate shock, which exacerbates food insecurity.

“Several persistent obstacles prevent Mozambique from making significant progress on SDG 2 targets”

To support progress in reducing malnutrition in Mozambique, the World Food Programme (WFP) has supported the Ministry of Health since 2010 with the implementation of the National Nutrition Rehabilitation Program. The program focuses on provinces that have a high prevalence of acute malnutrition based on data from nutrition and food security analyses. PLW with moderate acute malnutrition (MAM) who are enrolled in the program receive Super Cereal, while CU5 with MAM receive a ready-to-use supplementary food, both of which are made available by WFP in the district health centers.

To increase the uptake of acute malnutrition services for CU5 and PLW, WFP launched a demand generation program in 2017, informed by robust formative research.

Objective of the formative research and key areas of enquiry

The formative research aimed to better understand how to promote health-seeking behavior, focusing on PLW and CU5 with acute malnutrition, with a view to designing the program. The formative research included three key areas:

- 1) Perceptions around the health of PLW and CU5:
 - a) signs that draw attention to the health of CU5 and PLW, and signs considered to be the most alarming; and
 - b) perception of low weight.
 - 2) Barriers and motivational factors related to the healthcare, as well as:
 - a) barriers faced in healthcare; and
 - b) motivational factors in healthcare.
 - 3) Networks of trust and communication channels:
 - a) networks of trust within communities; and
 - b) existing community communication channels.
- Perception of the health of CU5 and of PLW:
- c) at the family level;
 - d) at the community level; and
 - e) at the level of health authorities.

Methods

The formative research was conducted during 2 weeks in the provinces of Zambézia (central region) and Cabo Delgado (northern region). Two districts within each province were selected: one located in an urban area, and the other in a rural area. A total of 24 focus group discussions (FGDs) were held with parents of CU5, PLW and community influencers, formed separately and composed of 6–10 participants. Only one member of each household was selected, to avoid mutual influences in the responses. FGDs took place at health centers in the villages in which participants were residents.

Results

Perceptions around the health of CU5 and PLW

The findings of the formative research revealed that the perception of children's health is closely related to their physical wellbeing. Interviewees mentioned signs and symptoms including lack of appetite, frequent crying, fever, pimples, weakness, seizures, diarrhea, red eyes, coughing and rapid breathing as the main indicators of poor health in children. However, some of these conditions are considered to be more worrying than

others, warranting an urgent response from caregivers: diarrhea, fever and vomiting. The reason given for the greater concern associated with these conditions is the perception of the severity of the diseases they indicate.

The interviewees did not mention low weight alone as a sign of concern; low weight only becomes a relevant concern when it is associated with the abovementioned conditions. Another belief related to low weight highlighted by the FGDs is that, while the condition may be caused by diseases or insufficient food, it can also be caused by 'local diseases' or 'external manifestations' beyond the scope of medical science. According to participants, people are often affected by diseases that can be resolved only by a traditional healer and not by a healthcare professional. This perception is based on a belief system that is historically rooted in the daily life of communities, especially in rural areas.

“According to participants, people are often affected by diseases that can be resolved only by a traditional healer and not by a healthcare professional”

Among PLW, low weight is regarded with even less concern, largely owing to beliefs that low weight may be explained by the effect on women of the substantial physical burden of household activities. Only constant fever, headache and bleeding were regarded as signs requiring swift intervention in the health of PLW.

Barriers and motivational factors related to the healthcare of CU5 and PLW

a) Barriers

The FGDs revealed key barriers related to proper healthcare for CU5 and PLW, which can be broadly grouped into two areas: lack of nutrition knowledge and belief system; and fear of adopting a new practice and/or consuming an unfamiliar food product.

Lack of nutrition knowledge and certain traditional practices

The interviewees revealed a lack of knowledge regarding the health and nutrition status of CU5 and PLW, and also a lack of awareness of the causes and consequences of low weight both in children and adults. Furthermore, beliefs and traditional practices have hampered the seeking of treatment when low weight in children is noticed, leading sometimes to severe acute malnutrition.

Fear of adopting a new practice and/or consuming an unfamiliar food product

The participants in the FGDs reported that adopting an unfamiliar product takes time because people need to be sure that

the product is not going to be harmful. They only feel confident when they can observe the benefits of a new practice through a neighbor.

b) Motivational factors

The most important motivational factor for the healthcare of CU5 and PLW was the wellbeing of the family. Keeping a family healthy and free from the threat of illness is a key concern for many. Individuals are motivated to immediately seek health services when they understand the risks posed by the disease and observe the benefits of a new behavior among community members.

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“The most important motivational factor was the wellbeing of the family”

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Networks of trust and communication channels

The most influential figures within the family are the husband, the mother-in-law and the mother. The husbands have a central role in making decisions concerning care for the children and the PLW. At the community level, traditional healers, religious leaders, community leaders and CHWs are regarded as ‘people who act for the sake of the community,’ and are therefore trusted.

Mobile brigades, community gatherings, influential community figures, neighbors and friends, and national and community radio were identified as the main sources of information. However, the community radio is more widely accessed than the national radio by most people in the districts because its programs offer information about daily life.



A community health worker visiting a beneficiary of the program



A beneficiary sharing a success story during a live radio program

Applying the findings of the formative research to improve nutrition

The findings of the formative research informed a strategy to generate demand for acute malnutrition treatment through:

- a) A two-pronged approach focused on: **1)** the utilization of community radio to deliver messages on nutritional rehabilitation services and sensitization programs; and **2)** the involvement of CHWs in screening, referral, follow-up and sensitization activities for acute malnutrition.
- b) The development of communication materials to support screening and referral activities, designed for an audience with a very low level of literacy.

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“The program focused on two key domains driving health-seeking behavior: knowledge and motivation”

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The program focused on two key domains driving health-seeking behavior: knowledge and motivation. Consideration of these domains was crucial in the design of activities emphasizing a positive environment for nutrition and health.¹ Several aspects are essential in encouraging people to consider their wellbeing and to change their behavior, such as: **a)** information on how to identify the signs of poor health; **b)** perceptions of the risks of diseases, or the threat of death; and **c)** perceptions of the benefits of treatment.^{2,3} The combination of these key motivational factors is critical to address the lack of perception related to low weight in CU5 and PLW, and to create demand for MAM treatment.



A beneficiary in Ilha de Moçambique, Nampula Province, returns to work following completion of treatment

To create a positive environment for nutrition and health, the target audience and CHWs were strongly encouraged to share success stories throughout communities and give testimonials on the theme ‘Why my family is happy,’ as illustrated in the following quote:

“(...) So, at the CHW’s insistence, my mother advised me to go to the health facility. There, they confirmed that I was sick and gave me a treatment, a flour [Super Cereal]. I finished my treatment, and no longer feel weak and do not spend my time in bed (...). Now I’m back to work and am already selling cupcakes with my mom in the market. So my mother is happy now and so am I because I got to take care of my baby.”

Beneficiary, Ilha de Moçambique, Nampula Province

Here we see the social proof approach, in which behavior is learned by observing the actions of others.⁴ In this light, the traditional approach to community radio – i.e., radio spot broadcasting – was expanded to include live interactive programs involving CHWs and beneficiaries, and also live programs within the communities.⁵ Such activities are strategically designed to engage community members in radio programs, allowing them to act simultaneously as speakers and as listeners. These activities position beneficiaries not only as receivers of assistance, but also as active participants.⁶

Illustrative pamphlets, including photos, were designed to support screening and referral activities being carried out by CHWs with low levels of literacy. Understanding the audience’s context when developing such communication materials is key to achieving the desired impact.⁷ These materials were assessed with the CHWs after use, and they highlighted how confident they felt using these materials to support their activities within communities.

Conclusion

The findings of this formative research highlighted key areas to focus social and behavior change efforts to increase the uptake of acute malnutrition treatment for CU5 and PLW in Mozambique. The promotion of health-seeking behavior is often challenged by tradition and by belief systems that have been in place for many generations. A deep understanding of the local context, novel approaches to community mobilization and community radio, and the development of tailored communication materials have in combination enabled better delivery of the National Nutrition Rehabilitation Program in Mozambique.

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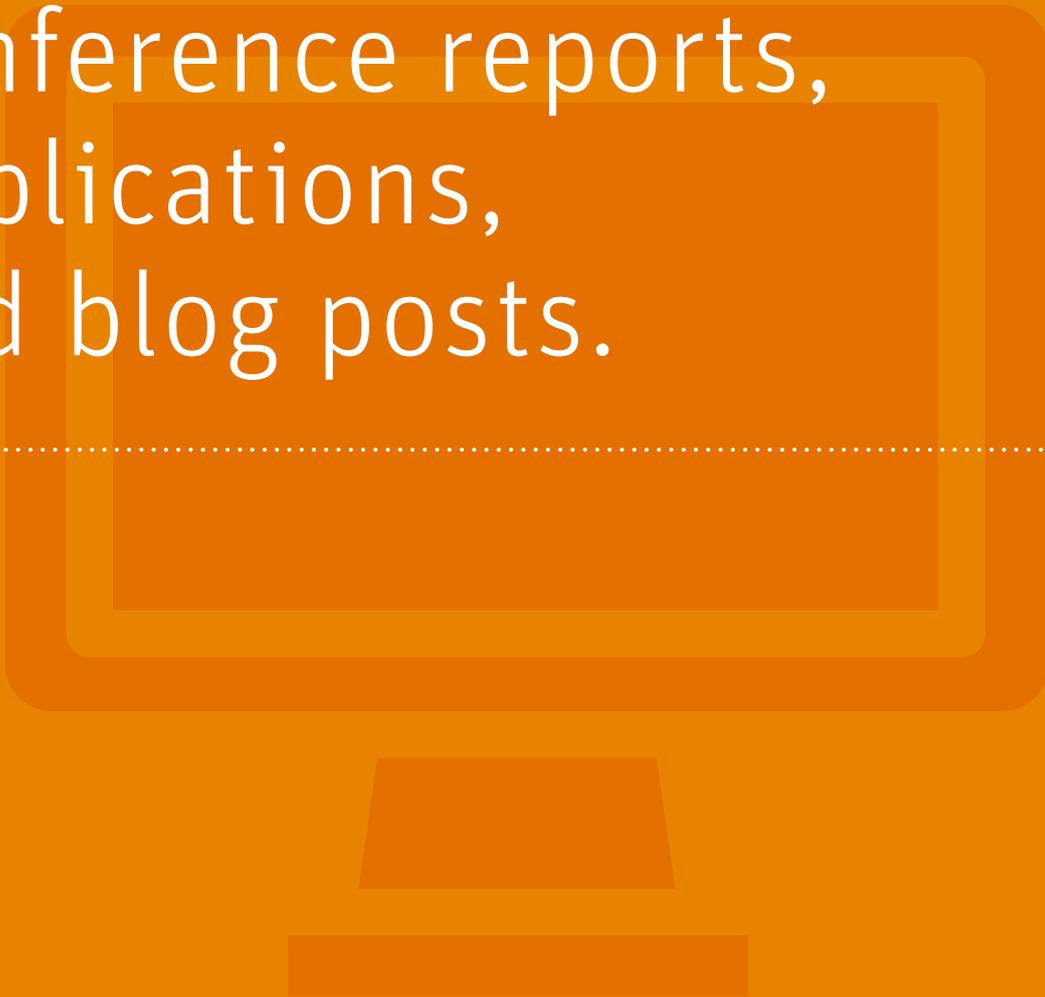
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A stylized, minimalist illustration of a computer monitor. The monitor is represented by a large, rounded rectangle with a thick orange border. Below the rectangle is a trapezoidal shape representing the base of the monitor, also in orange. The entire graphic is centered at the bottom of the page.