Pastoral Community Platforms as Channels for Behavioural Change for Nutrition – **Case Studies**

Introduction

Behavioral Change for Improved Nutrition (BCIN) intervention study, through a period of seven months, assessed the potential of pastoral-community platforms to channel messages on optimal Maternal Infant and Young Child Nutrition (MIYCN) practices, and through this to promote positive behavioural change in the study pastoralist communities. This was done in two pastoralist Woredas (Districts) of the Somali Region of Ethiopia.

The platforms used in this instance were the existing pastoral field schools (PFS) and village community banking groups (VICOBAs) to explore what may be preventing mothers from automatically modifying feeding habits to optimise the nutrition and development of their infants. The study aimed to answer the question, "Is it possible to channel Social Behavioural-Change (SBCC) messages on MIYCN practices through the community platforms?"

Objective of the case studies

To complement the main community based quasi-experimental study, case study in depth interviews were conducted to further identify factors that may limit behavioural change for optimal MIYCN practices to triangulate with the findings of the quantitative study for these communities. The case studies included here provide an insight into perceptions of the particular participants of the study who live in the study area.

CASE STUDY 1

Feeding Other Milk Products to a Child Before Six Months Abandoned by Ablo Hassen

Ablo Hassen (24 years old), is married with three children. The oldest child is 6 years old, the middle one is now 4 years and the youngest is just 2 years old. Ablo is a member of the PFS (Pastoral Field School) groups in Hyguda Kebele and have participated in the weekly learning sessions of the PFS. Ablo's child care practices have changed over time; especially for the youngest child born when VSF-Suisse's project on community based nutrition was ongoing. She reports she used to give complementary food as early as just a few days after birth. She specially mentioned giving animal milk to her babies believing that the milk from her breast was not enough.

Ablo Hassen, Hayguda Kebele of Mubarek Woreda; Somali Region of Ethiopia.

Her outlook to infant and child feeding changed through the messages received through VSF-Suisse project and the lessons provided through the PFS groups where she is a member. She said, *"I gave only my breast for my third child Ferdossa and have witnessed for myself that exclusive breast feeding is not too much or too little for the child, it is just enough."* She further explained that the lessons learnt included discussions on environmental, food and personal hygiene matter a lot for a child's health, food intake and overall wellbeing. She said, *"We covered topics on the critical times to wash hands, before feeding the child, before preparing food for the household members, before and after visiting the toilet, as well as, after cleaning my child's stool"*.

When asked by the study team, *"what was new for you in this intervention?"* She replied, *"These things seem to be all what we know. But, we were not as such serious in practicing them. Now, we became serious about the different foods and recipes we can use for the child in early life, as it grows up and also on the hygienic practices"*. She further described that the nutrition and health education received is very important to keep her children, family members and herself in good health. She concluded: *"I will pass these good lessons to the rest of my family members. After all I have the responsibility of fetching water, keeping food safe and ensuring environmental hygiene where I raise my children. I am also the one preparing the food for the household and understood the big responsibility I have. More importantly, I have changed my previous perception on exclusive breast feeding as I have understood that it is just enough for the health and well-being of children up to the age of 6 months"*.

CASE STORY COLLECTED COMPILED AND WRITTEN BY DR. FISSEHA ABENET

CASE STUDY 2

Promoting Livelihoods and Nutrition Education in the VICOBA Group Appreciated by Fatuma Edaw Jiro

Introduction

This case study is a narrative by Fatuma reflecting on how the VSF-Suise project has contributed to improving lives of participants with some benefits spilling over into the wider community. It includes how the Fatuma perceives nutrition has been impacted.

Fatuma's background

In the remote kebele of Moyale called El-Dher, there is a rural restaurant established by Fatuma Edaw who is 42 years old. She is married and has been blessed with 7 children aged 2-20. The youngest is 2 years and the oldest is 20. The others are 16, 13, 12 and 4 years old.

What being a participant has meant for livelihood: Fatuma was asked to describe how she benefitted from the learning which took place in the VICOBA groups, she first explained the overall livelihood situation, how the VICOBA is functioning and what benefits the communities are deriving. She then described the relationship between these matters and nutrition.

Fatuma Edaw and her youngest child

She said, *"We are pastoralists but we do not have as many animals as in the past. We are now striving with very small numbers of livestock which is often not enough to provide the food and income we need to sustain our families healthy and nourished. This restaurant that I am managing in this rural village is to raise my children properly, feed them and take care of their health."* Fatuma gave a detailed account of how she raised the money to invest in the restaurant. *"I readily become a member of the*

VICOBA group established by VSF Suisse which supported me to have this small business. VSF Suisse trained us on business development skills and also granted 20,000 ETB for our group of 30 people, all women. It is now three years since we were established and started saving in the form of weekly group contributions of 10ETB and also a monthly social fund contribution of 5ETB. We had also made initial contribution of 500ETB. Our group then started petty trading, including food store selling basic food items in our area such as rice sugar, pasta such as macaroni, etc. We also sell some clothes. We have also fattened a few goats and sold them. We divided our profits 2 times. In the first-round I took my share of 700ETB and in the second round I earned 500ETB dividend and then I took a loan of 2000ETB. It is this 3200ETB that made the capital investment in this restaurant.

Chapatti Served at the restaurant owned by Fatuma Edaw

"These 'chapatti', small breads, are not cooked in the usual way." She indicated. Fatuma has improved her sensitivity towards the nutrition content of the food she prepares for sale as well as for her household consumption. She prepares the dough mixed with egg. She also told us that she started cooking rice mixed with beans, which improves the nutritional value and palatability of the usual grain based meals. She said, *"Now eggs have a market"*. She has also frequented putting slices of potatoes and tomatoes in most of the food she prepares.

Improving family income and helping others in the community

Fatuma went on to explain the importance of the VICOBA group in saving their livestock assets by generating useful income. She said, *"We used to sell our small stock at very low prices in order to get cash for medication, veterinary health care and other purposes. But now, thanks to our savings, we can access loans from the group depending on our contribution. We are now lending money even to the kebele chair persons when they are in dire need for immediate cash. We help community members who are in serious illness. This is not refundable but given out as a support to our neighbours"*.

Fatuam Edaw's Small restaurant and the VSF team taking breakfast in El-Dher Kebele of Moyale Woreda

This is why they collect a monthly contribution of 5ETB in the form of social fund which will not affect their group contribution which is meant for alternative livelihood development through dividends from the business activities and loans for eligible members based on their level of contribution. The social fund on the other had is targeting both members and non-members.

Fatuma also has a special role in the El-Dher VICOBA. She volunteered to be a chairperson for the group. Based on what Fatuma narrated, the 30 group members have so far taken 1200ETB as dividend and the current savings of each member has reached up to 6000ETB. The group has therefore raised 180,000ETB which is current saved in their cash box[1] and 36,000ETB has been given out in form of dividends since 2014. In this very rural area, credit and loan facilities and banking services are not available so the service provided by the group to its members is important. This case study therefore provides an example of how support to such community based financial facilities could contribute to food and nutrition security and livelihood development of people. It also has had a positive impact on reducing the social and economic marginalisation of people living in this hostile environment characterised by recurrent drought.

Impacting nutrition "... just imagine the wrong we were doing…!"

Fatuma also narrated how participating in the project may have impacted on nutrition.

Fatuma said, *"In our recent past, just before we were trained through the VICOBA nutrition sessions, children and mothers were not treated differently when it comes to food. Pregnant and lactating mother and especially those who recently gave birth used to be given sugar mixed with water in order to provide them with energy. VSF-Suisse introduced us to hygiene and sanitation and taught us about the importance of exclusive breast feeding. I am now more than aware that exclusive breast feeding is beneficial to both the mother and her child. The child will benefit from the nutrition while breast feeding immediately after giving birth is helpful to reduce placental retention. Suckling could also reduce bleeding by the mother….. Just imagine what wrong we were doing by not initiating breast feeding early!"*

She also remarked, *"let me tell you another mess we used to do. We discouraged our mothers and girls of reproductive age from eating much before and during their pregnancy, let alone to feed them separately with a variety of foods. We did this thinking that they will suffer from serious problems during labor. We even feared eating our normal diets when pregnant. We didn't even think of malnutrition"*.

Fatuma also narrated critical hand washing times, before cooking food, after coming back from toilet and after cleaning children.

"I", said Fatuma, *"stopped breast feeding for all my 6 six children before they were 6-month-old and put them on soft foods too soon after they were born. I, at least, gave them milk within few days of birth. It is only my last child that I exclusively breastfed for 6 months. She has never encountered any problem so far. She is rather active, healthy and brilliant. I gave her nothing other than my breast milk until 6 moths and later on started to give her mashed food. She also continued breastfeeding for 17 months. In the past, we did not give meat to children at all and if we did, it was what is prepared for adults as it is. But after the nutrition education, we have at least started to mince in small pieces meant for the children"*.

CASE STORY COLLECTED AND WRITTEN BY DR. FISSEHA ABINET

[1] The VICOBA groups have a cash-box locked in three keys, where they collect the money. They are established in remote areas very far from banking services. The cash-boxes are used as an alternative system to ensure safety and accountability for the cash collected. Three different members are the key holders for the cash-box.

CASE STUDY 3

Customary Practices can be Changed through Adult Education

Despite the many benefits of exclusive breast feeding, optimal breastfeeding practices are not the norm in many developing countries. The promotion, support and protection of breastfeeding requires a different type of engagement from the health system.

Especially in the context of the pastoralist communities which are governed by cultural and traditional wisdom, it is difficult to achieve change in social and behavioral conditions. These factors indeed pose particular challenges, which have been addressed with varying degrees of success by various programs implemented to achieve change in the overall knowledge, attitudes and practices of communities towards exclusive breastfeeding, infant and young child feeding practices and health. Change is difficult but it does not mean it is impossible. The crux of the matter is on how we select and package the key messages and communicate them to the communities and also who we train to be the change agents.

Fatuma Oumer, Dhukisu Kebele of Moyale Woreda; Somali Region of Ethiopia

The experience of VICOBA member, Fatuma Oumer is worth sharing to demonstrate this. She lives in Dhukusu Kebele of Moyale Woreda and is a 42 year old mother of 8 children and a step mother of another 2 children. She has thus brought up 10 children in total in addition to looking after some of her grandchildren.

Fatuama said, *"My first child used to enjoy a lot of breast milk as I was a young and strong woman but as I continued to have more children, I believed that my breastfeeding capability gradually decreased. That my breast produced less and less milk for my subsequent children. To be honest, I started feeding milk to my 6th baby from the fourth day and for the last two children I started complementary feeding immediately. To your surprise, I did not exercise exclusive breastfeeding during any of the 8 children I delivered because I and all the elders around me always believed that it was not enough to satisfy our babies".*

Fatuma learned in the PFS/VICOBA (Pastoral Field Schools and Village Community Banks) sessions, among other things, that new born babies until six months of age should exclusively be breastfed. VSF-Suisse communicated this through the training of the PFS facilitators and VICOBA leaders and emphasised that it is best for the child and the mother. Fatuma at her age may not benefit from this but others can. So, we posed a question to her, what benefit would the nutrition education provide to her? She said, *"I do not live for myself any longer. I do think of my children and grandchildren. I do not want them to be disadvantaged by not exclusively breast feeding. It is not only breastfeeding that I learned, it is also health and hygiene education which is very important to all of us"*. She smiled and told us the following story of what happened between her and the father of her daughter's husband.

"My daughter, Halima, who is now 17 years, delivered a baby boy just recently. I stood outright and prevented her from giving any food other than her breast. This was entirely against our culture to see a baby crying and crying for several hours and nothing other than insisting to give the breast milk. The father of my daughter's husband later came and shouted at my daughter and at me. He roared at us, ***'what is happening around here?'*** *He was told that I said no to give either milk or water. He gave me a strong warning that I will be the only person accountable if the family loses this child and even if he becomes sick. I told him again that he is going to be fine because I know my daughter's breast milk is plenty as I have seen it; and the only reason that the child is crying is just because he has to adapt to this world a bit. We gave breast milk only and the child gradually became eager to suckle and slept well. In a few days we proved that our old cultural practices has nothing to do with the baby's comfort. It is rather a cause for malnutrition, poor growth and health".*

Fatuma's effort and firm position in the family to promote exclusive breastfeeding among her daughter's family was not easy. It is indeed challenging to go against the cultural gradient. But, change is always possible with commitment and 'taking risk' to change practices that are not beneficial.

CASE STORY WRITTEN BY DR. FISSEHA ABINETCASE STORY WRITTEN BY DR. FISSEHA ABINET

Concluding remarks

These case studies shed light on the type of perceptions that prevailed in the study communities. They point to the importance of exploring community perceptions in order to inform how intervention messages may need to be structured for greater impact. They also emphasise the importance of nutrition education as a component of the broader spectrum of nutrition interventions to address, cultural practices, livelihoods and nutrition. In the words of one of the case study interviewee "Just imagine the wrong we were doing". Such case studies are valuable tools to dive deep into perceptions that may impact the nutrition status on mothers and children negatively and should be considered more often than not as part of informing the best ways to structure MIYCN messages within the context of specific community settings.

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