

Knowledge, Attitude and Practices of Maisandari and Mairi populations for recommended Nutrition and WASH practices/ Jere and MMC LGA's/



KAP Survey consultant

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- IMC preventive nutrition project/IYCF with CG model started on November 2016
- IMC uses the care group model, mass education, individual counseling, and community dialog for IYCF services
- **Key IYCF intervention areas:**
 - Importance of early initiation of breastfeeding
 - Exclusive breastfeeding up to six months age
 - Complementary feeding for children 6-23 months old

- Timely introduction of complementary feeding for children 6-23 months old with continued breastfeeding up to two years and beyond,
- Feeding of the sick child
- Good nutrition during pregnancy and lactation and improved hygiene practices
- Balanced diet, hygiene and sanitation, maternal and child health (MCH)
- Cooking demonstration using local available food commodities

- Provide an understanding of the communities IYCF level of knowledge, attitudes and Practices in Maiduguri and Jere LGAs
- Study findings will act as a baseline and recommendations will aid in designing, planning and implementation, of the future nutrition interventions
- Study findings help to design appropriate behavior change and communication interventions

SPECIFIC OBJECTIVES

1. Conduct a KAP survey on Maternal Infant and Young Child Nutrition (MIYCN); hygiene and sanitation and other related factors such as health seeking behaviour during illnesses
2. Use KAP survey results to recommend key simple and achievable interventions that will address the identified issues to ensure appropriate practices
3. To determine the effectiveness, relevance and appropriateness of the current BCC strategy (care groups, and others)
4. Document cultural and traditional practices that enhance or undermine appropriate nutrition and hygiene practices in the two sub-counties
5. To determine community knowledge and awareness on other nutrition interventions

- **Study Design**

The assessment was a cross-sectional survey utilizing quantitative and qualitative methods of data collection

- **Survey Groups**

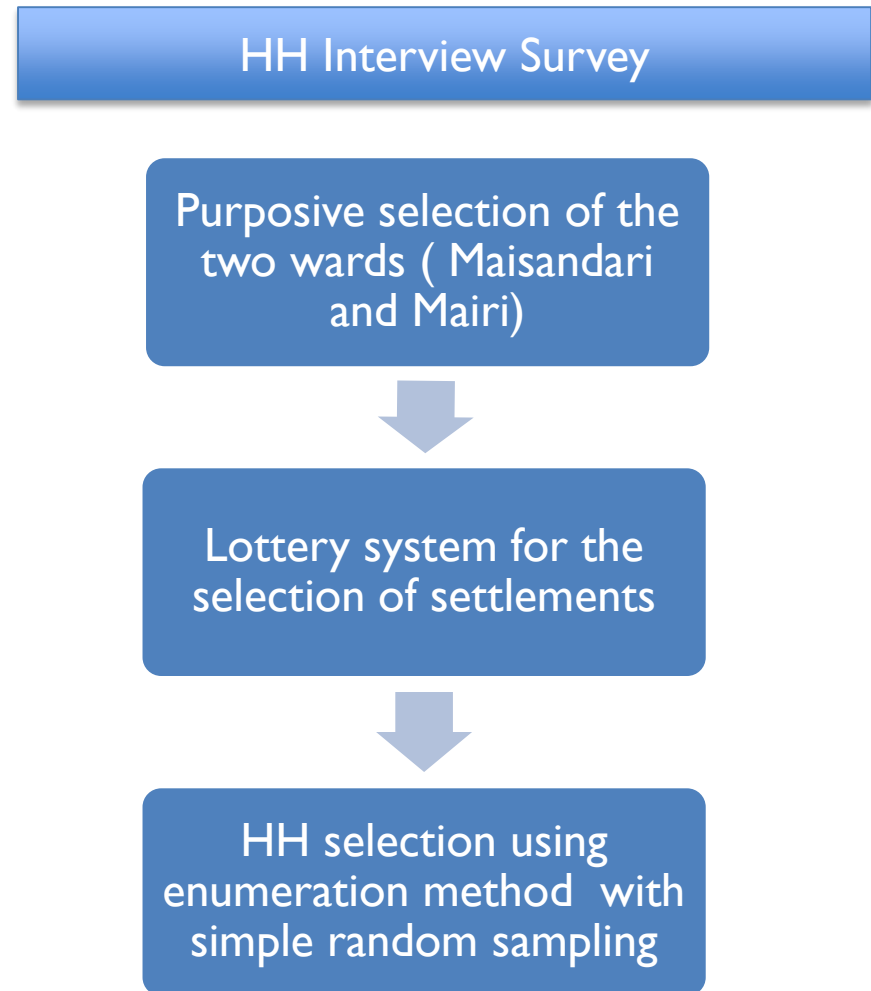
- Mothers and/or caregivers in households with children aged between 0-23 months
- Key community groups: mothers and fathers of children, elderly women/mothers in laws, community leaders, religious leaders and IMC's care group promoters or volunteers

• Sample Size Determination

- The key factors considered in the computation were **expected level of prevalence(default 0.5), desired precision, total population of Maisandari and Mairi, average household size and expected percent of non-response proportion of mothers.**
- **Sample size calculator:**

Sample size calculator input	Mairi Ward	Maisendari Ward
Total population	152,385	210,685
Confidence level	95%	95%
Response distribution	50%	50%
Margin of error	5%	5%
Average HH size	8	8
Sample size with 10% non-respondents	422(60 HH)	422(60 HH)
Number of survey individuals to be deployed	12	12
Number of data collection days	5	5

- **Sampling Techniques for HH interview survey**
 - The KAP survey is designed to have a three stage sampling layers
 - The universe of this KAP survey are the two wards of the MMC and Jere LGA's i.e Maisandari and Mairi



- **Sampling for qualitative data collection**

Key Informant interview(KII): In order to assess the approach, effectiveness and efficiency of current BCC component of the curative nutrition component such as (Mass communication, care group model, individual counseling, and community dialog)

Focus Group Discussion (FGD)

Male group: religious leaders, fathers, development agents and one involving,

Female group: mothers, grandmothers and female non beneficiary to explore cultural and traditional practices that enhance or undermine appropriate nutrition and hygiene practices among the two communities

- **Study Variables and Data Collection Techniques**
 - Household questionnaire adopted from the FAO manual for assessing nutrition –related KAP was used to collect quantitative data from mothers/caregivers of infants and young children aged 0-23 months old.
 - The HH questionnaire were adjusted in sequence of K,A and P to trace conflicting information during interview/data collection

- **KAP survey Training and Tools Pre-testing**
- Objectives of the survey methodology
- Interviewing techniques
- Data collection tools
- Accurate recording of responses
- ethical consideration in the assessment
- Role-plays and simulations on how to administer the questionnaire and record responses
- Plenary sessions
- Group exercises and discussions



Following the trainings, the tools were pre-tested in non-survey settlement called Mairi Kuwait

- Representativeness of the survey finding limited to the two wards but not at LGA level
- KAP questions have an inherent susceptibility for subjective biasness and recall
- Lack for population profile for different age groups of 0-23 month's old children was a limiting factor in the sampling process

- Demographic section

Background characteristics	Proportion or value		
	Mairi ward n=60(47)	Maisendari n=60(48)	Total N=120(96)
Head of Household (%)			
Male	85.1	85.4	
Female	14.8	14.5	
Marital status (%)			
Single	-	2.0	
Married	100	91.6	
Divorced	-	-	
Widowed	-	-	
Household main livelihood (%)			
Others(salaried)	76.6	54.1	
Petty trade	14.8	20.8	
Agriculture	2.13	10.4	
Highest form of education (%)			
None	12.7	4.1	
Primary	8.51	20.8	
Secondary	27.6	18.7	
Tertiary	19.1	10.4	
Koranic	31.9	45.8	
Maternal physiological status (%)			
Pregnant	6.3	6.2	
Lactating	68.0	75.0	
Pregnant & Lactating	4.2	2.08	
Not pregnant / Not Lactating	19.1	16.6	
Care group enrolled (%)			
Yes	8.5	4.1	
No	91.4	95.8	

- Infant feeding section (0-6months)

Knowledge variables		Mairi	Maisendari	P-value
First food a newborn baby should receive	Only breast milk	25.5	25.0	
	Other	8.5	4.1	
	Don't know	65.9	70.8	
Knowledge about exclusive breastfeeding	Yes	75.0	50.0	
	No	25.0	50.0	
Recommended length of exclusive breastfeeding	From birth to six months	27.6	14.5	
	Other	2.1	4.1	
	Don't know	70.2	81.2	
Overcoming barriers of breastfeeding	Expressing the milk, store and feeding the baby	64.7	33.3	
	Other	11.7	33.3	
	Don't know	25.5	21.8	

Attitude variables		Mairi	Maisendari	P-value
Perceived benefit of breastfeeding a child exclusively for six months	Not good	11.7	6.6	
	Not sure	11.7	13.3	
	Good	76.4	12.5	
Perceived barriers of breastfeeding a child exclusively for six months	Not difficult	68.7	53.3	
	So- so	0	6.6	
	Difficult	31.2	40.0	
Confidence of expressing, strong and feeding	Not confident	31.2	60.0	
	Ok/so-so	6.2	6.6	
	Confident	62.5	33.3	

Practice variables		Mairi	Maisendari	P-value
Exclusive breastfeeding	Yes	20	0	
Children who were breastfed by spoon, cup or bottle	Yes	40.0	20.0	
	No	60.0	66.6	
	Don't know	0	13.3	
Feeding breast milk when the mother is absent	Father	6.6	0	
	Grand mother	26.6	20.0	
	Other children	20.0	26.6	
	Other	40.0	40.0	
	Don't know	6.6	13.3	

- Complementary feeding(6 -23 months)

Knowledge variables		Mairi	Maisendari	P-value
Continued breastfeeding	Six months or less	2.7	0	
	6-11 months	11.1	8.3	
	12-23 months	50.0	72.2	
	24 months and more	36.1	16.6	
	Other	0	2.7	
Age of start of complementary feeding	At six months	71.4	64.7	
	Other	25.7	32.2	
	Don't know	2.8	2.9	
Giving diversity of foods and ways of enriching porridge	Animal source	53.3	46.6	
	Pulses and nuts	45.0	55.0	
	Vit A rich fruits & veggi	25.0	75.0	
	Green leafy veggie	61.5	38.4	
	Energy-rich foods	52.9	47.0	
	Other	50.0	50.0	

Attitude variables		Mairi	Maisendari	P-value
Perceived benefit of giving diversity of foods	Not good	11.7	5.7	
	Not sure			
	Good	88.2	94.2	
Perceived barriers of feeding a child several times a day	Not difficult	75.0	88.8	
	So- so	2.7	0	
	Difficult	22.2	11.1	
Perceived benefit of continue breastfeeding beyond six months	Not good	0	0	
	Not sure	0	0	
	Good	100	100	

Practice variables		Mairi	Maisendari	P-value
Continued breastfeeding for 6-23 months	Yes	64.7	67.6	
	No	35.2	32.3	
Dietary diversity	Grains, roots & tuber	58.3	41.6	
	Legumes & nuts	50.0	50.0	
	Flesh foods	28.8	71.1	
	Eggs	50.0	50.0	
	Vit A., fruits & veggi	41.0	58.9	
	Others(condiment)	47.6	52.3	
	Other fruits &veggie	50	50	
Minimum meal frequency		3	2	

- Under nutrition, nutrition during pregnancy and lactation

Knowledge variables		Mairi	Maisendari	P-value
Women's nutrition during pregnancy and breastfeeding	Eat more food/energy	87.2	91.6	
	Eat more protein-rich foods	31.9	31.2	
	Eat more iron-rich foods	25.5	14.5	
	Use iodized salt	6.3	6.2	
	Don't know	2.1	0	
Family planning/birth spacing	To build their body stores of nutrients	37.7	48.8	
	For the mother to be healthier before having a new baby	48.8	58.7	
	Other	4.4	4.3	
	Don't know	8.8	6.5	
Signs of malnutrition	Lack of energy/weakness	42.5	56.2	
	Weakness of the immune system	14.8	18.7	
	Loss of weight/thinness	70.2	58.3	
	Growth faltering	17.0	16.6	
	Other	2.1	6.2	
	Don't know	4.2	2.0	
Causes of malnutrition	Not getting enough food	87.2	87.5	
	Food is watery	4.2	4.1	
	Disease and not eating well	10.6	6.2	
Reasons why people don't get enough food	Not having enough money to buy food	76.6	87.5	
	Food is not available	12.7	14.5	

Attitude variables		Mairi	Maisendari	P-value
Seriousness for a baby to have a low-birth –weight	Not serious	17.3	4.3	
	Not sure	10.8	19.5	
	Serious	71.7	76.0	
Difficulty to eat more food during pregnancy	Not difficult	66.6	70.7	
	So-so	2.2	0	
	Difficult	31.1	29.2	
Seriousness of malnutrition for baby’s health	Not sure	2.1	4.3	
	Serious	97.8	95.6	

Practice variables		Mairi	Maisendari	P-value
Dietary diversity	Grains, roots & tuber	52.6	47.3	
	Legumes & nuts	47.7	52.2	
	Dairy products	83.9	16.0	
	Flesh foods	77.9	22.0	
	Eggs	100	0	
	Vit A., fruits & veggi	53.6	46.6	
	Others(condiment)	56.6	43.3	

Summary of HH interview

Infant feeding module (0-6months)

K

- Poor knowledge of first food for newborn and EBF

A

- Good level of confidence when it comes to expressing breast milk and EBF

P

- But poor EBF practice

Complementary feeding module (6-23 months)

K

- Good knowledge on continued breastfeeding for 6-23 months

A

- Good level of confidence to breastfed beyond 6 months

P

- Poor practice for eating frequency and diversity not more than 2 or 3 food groups

Under nutrition, nutrition for pregnancy and lactating mothers

K

- Poor knowledge on use of iodized salt

A

- High in confidence level for pregnant mothers to eat more food during pregnancy

P

- Good practices for eating variety of food (more than 3 food groups)

- Scalability of CG- Design(both HH and location)
- Capacity of CG staffs on concept of CG or project goals, best practice with theoretical, hands on and experience sharing visit
- Staffing of current CG
- Incentives for HH to be targeted for CG with soap, sugar and biscuit for kids?
- HH targeting criteria for CG and for other complementary projects(GFD, BSFP, food voucher, hygiene and sanitation)
- Community dialogue structure and targeting criteria

- BCC materials/tools, key messages and transmission channels(mass communication, pictures/posters, pamphlets, megaphone, Koranic verse)
- Cooking demonstration project design(recipe, targeting, message efficiency and transmission, crowd control, security)
- Scale up of GFD, BSFP and food voucher
- General food insecurity in the two wards(social safety net programs, economic activity)
- M & E system for the CG/IYCF project

- CG/IYCF project though infant stage, current enrollment to the project from the two wards found to be poor
- **As baseline**, there is good amount of knowledge and attitude in terms of recommended practice of WASH and nutrition but the effect of the CG to inflict these change is yet to be measured
- Current CG model and investment in IMC targeted catchment areas showed a positive return on investment(change to most of attitudes to EBF,ANC and WASH is being witnessed). But there is a room for improvement in both soft and hard ware of the project

Geared towards CG/IYCF- **Short run**

- Improve HH food security in the two wards- retargeting of CG target HH with BSFP or include HH that are non IDPs and through the food voucher
- Explore ways where HH targeted for CG to provided with soap, sugar and biscuit for kids
- Put in place robust M & E system for the CG
- Improve the current targeting and implementation modality of community dialogue, cooking demonstration sessions

- Design bigger pictures and pamphlets with key message on EBF, ANC and hygiene....(For ex.

Koran verses: "Mothers shall breastfeed their children for two whole years, for those who wish to complete the term" (Surah Baqarah 2:233).

Also, "His mother carried him, in weakness upon weakness, and his period of weaning is two years" (Surah Luqman 31:14).

- Improve staffing and training of staffs on concept of CG, M& E, best practice from other partners working in the vicinity

- Post those BCC material(bigger picture and with koranic message to be posted at Islamic women school, at Bulana House, during mass education)
- Design mass radio messages and use the local stations to transmit and reinforce the above messages

Geared towards CG/IYCF- mid to before end of the project

- Explore ways to also adapt the current CG to acute emergency settings (for any possible influx in the future, for places such as Damboa)
- Explore ways to link the current lead mother groups to any social safety net programs, economic activity, backyard or kitchen garden schemes to increase household food security and resilience
- Survey design such as PROPAN helps to quantify key breastfeeding and complementary feeding practice, formulate local available recipe be it at mid or as end line rather than pure KAP survey

Q & A session

Food for thoughts? (reflection of KAP, CMAM
operating settings(static vs mobile))