Background and Objective

- Moderate acute malnutrition (MAM) in children under 5 is treated with specially formulated supplementary foods requiring the addition of oil and/or water in specific ratios.
- While trained personnel carry out MAM screening and health monitoring at health facilities, the burden of preparing food and providing MAM treatment falls to caregivers at home.

As part of the Food Aid Quality Review (FAQR) Project at Tufts Friedman School of Nutrition Science and Policy, we aimed to:

1. Understand barriers to knowledge uptake and recipe adherence among caregivers.
2. Identify messages that clinic staff and community health workers could communicate when counselling on proper food preparation.

Focus Group Discussion Overview

- FGDs discussed either:
  1. malnutrition causes, common complementary food preparation methods, and barriers to change
  2. modes of communication and community entry points.

Program Setting: Sierra Leone

Intervention: What We Needed Caregivers to Do

- Supplemental Feeding Program (SFP) for MAM children 6 mo. – 5 y.o.
- 1 of 4 Supplementary Foods is provided as MAM treatment in a 2-week ration.

Corn Soy Blend Plus
- Mix 85.7g of flour with 25.7g of FVO and 350g water
- Local measures: 1 baby feeding cup of flour filled to the line with 4 bottle caps of FVO and 3 baby feeding cups of water

Key Messages

- “Selling the food at market will decrease the amount of the food that is available for the child. It is important for the health of your child that you save all of the food for the malnourished child.”
- Messages focused on the health of the child. Sharing = Less Food = Slow Recovery
- Images of the caregiver receiving instruction from a nurse help link “food” with “medicine” or “treatment”
- Words like “dosage” or “ration” with “recovery” or “illness” helped relate the food’s recipes to treatment and to the child’s health
- “Follow the instructions given to you by the nurse, CHW and Lead Mother on how to cook the food. Using a different dosage could slow recovery.”

Conclusions

- MAM children were not perceived as ill even among health workers;
- Food was not viewed (in any form) as a mode of treatment; and health workers often considered caregivers “lazy”;
- Perceptions influenced caregiver behavior around sharing, dosage, and recipe preparation;
- Though caregivers were recognized as the primary cooks in households, husbands, neighbors, secondary caregivers, and mothers-in-law influenced their sense of power to consider caregivers “lazy”;
- Food was not viewed (in any form) as a mode of treatment; and health workers often considered caregivers “lazy”;
- Food was not viewed (in any form) as a mode of treatment; and health workers often considered caregivers “lazy”;
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Acknowledgements

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Formative Research to Tailor Counseling Messages for a Supplementary Feeding Program in Sierra Leone Reveals Link Between Knowledge, Social Stigma, and Recipe Adherence

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Background and Objective

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- While trained personnel carry out MAM screening and health monitoring at health facilities, the burden of preparing food and providing MAM treatment falls to caregivers at home.

As part of the Food Aid Quality Review (FAQR) Project at Tufts Friedman School of Nutrition Science and Policy, we aimed to:

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Intervention: What We Needed Caregivers to Do

Intervention: Supplemental Feeding Program (SFP) for MAM children 6 mo. – 5 y.o.
1. Mix 85.7g of flour with 25.7g or FVO
2. Mix 135.7 g of flour with 250 g water
3. Feed 100 g of paste
4. Local measures: 1 baby feeding cup of flour and 2.5 baby feeding cups of water

Program Setting: Sierra Leone

Focus Group Discussion Overview

12 participants/FGD at 4 locations = 96 participants/8 FGDs)

Key Messages

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- Messages focused on the health of the child. Sharing = Less Food = Slow Recovery
- This helped guide health workers away from explanation that could seem judgemental
- “Carelessness is in them [mothers]”
- “Mostly, let this do not offend my mothers, but, the suckling mothers are not serious in their homes.”
- “If you still do not take good care of him/her, he/she will become malnourished”
- Malnutrition was universally perceived as a result of ‘carelessness’ or resulting from a lack of care and support. Even when relating malnutrition (MAM specifically) to environmental factors, caregivers were not perceived as ill even among health workers; MAM children were not perceived as ill even among health workers; Food was not viewed (in any form) as a mode of treatment; and health workers often considered caregivers “lazy”;
- Perceptions influenced caregiver behavior around sharing, dosage, and recipe preparation;
- Though caregivers were recognized as the primary cooks in households, husbands, neighbors, secondary caregivers, and mothers-in-law influenced their sense of power to prepare the food as instructed by SFP staff.

Conclusions

- MAM children were not perceived as ill even among health workers;
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