SUMMARY

Formative Research on Key Child Survival and Nutrition Practices in the First 1,000 Days of Life: Findings

© UNICEF/Nelson Owoicho

Introduction

Poor nutrition during the most crucial period for children's growth and development – the first 1,000 days through pregnancy until a child's second birthday – can cause irreversible damage to a child's growing brain and limit their growth potential. In turn, these developmental effects will have ripple effects, affecting that child's ability to do well in school and ultimately the number of children who are able to rise out of poverty and contribute to the larger society and economy (FHI Solutions LLC, 2022).

It is well established that a variety of factors contribute to maternal, infant, young child and adolescent nutrition (MIYCAN). While hygiene practices and access to adequate nutrition, health, social protection and health and water, sanitation and hygiene (WASH) services are essential for optimal nutrition and health outcomes, the causes of malnutrition are complex and deeply rooted in household and community-level factors, extending to sociocultural contextual and structural factors in the larger society. Notable among these contextual factors, and less well understood, are social and gender norms, which affect women's and girls' ability to achieve equal health, education and socioeconomic outcomes.

To obtain an in-depth understanding of the factors leading to MIYCAN, health and WASH key practices in Nigeria during the first 1,000 days of life, the United Nations Children's Fund (UNICEF) commissioned this formative research study.

Poor nutrition during the most crucial period for children's growth and development – the first 1,000 days through pregnancy until a child's second birthday – can cause irreversible damage to a child's growing brain and limit their growth potential.

The study's findings are intended to provide qualitative contextual insights to be used in the development of the national SBC strategy for MIYCAN, as well as future policies and programmes in Nigeria.

Research objectives

This formative research study was designed to complement previous research and current quantitative indicators by using qualitative methods to uncover contextual detail. The specific research objectives were:

- To identify and analyse barriers and challenges to the adoption of positive nutrition, health and WASH practices, including the availability and quality of services and access to resources, as well as enablers that can facilitate and trigger improved practices.
- To explain and analyse the influence of gender dynamics and gender roles in families on childcare, including nutrition practices and health and WASH behaviours.
- To provide a deeper understanding of the prevailing social norms and cultural context that influence caregivers' behaviours in childcare.

The study's findings are intended to provide qualitative contextual insights to be used in the development of the national SBC strategy for MIYCAN, as well as future policies and programmes in Nigeria.

Data was collected in semi-structured interviews, interviews with observations using a 'go-along' method and participatory discussion groups across 12 communities in six states in Nigeria.

Methodology

This cross-sectional, descriptive formative study was conducted using one-on-one interviewing, observation and focus group discussion. Areas of inquiry for the study were guided by existing evidence on key child survival and nutrition practices during the first 1,000 days through pregnancy until a child's second birthday (Victora et al., 2021) and the key findings of a rapid scoping literature review (FHI Solutions LLC, 2022) and resulting study conceptual framework.

The study's conceptual framework builds on UNICEF's model of immediate, underlying and enabling determinants (UNICEF, 2021a) by placing these determinant types into a socioecological model (Bronfenbrenner, 1979) and identifying specific types of immediate, underlying and enabling determinants at each level of the model. Ten determinants were selected for focus and included in the conceptual framework: diet, life course, related health and WASH practices, knowledge and beliefs, access to services, quality of services, household decision-making, gender dynamics, sources of information and support and social norms.

Data was collected in semi-structured interviews, interviews with observations using a 'go-along' method[1] and participatory discussion groups across 12 communities in six states in Nigeria: Cross River, Enugu, Gombe, Kano, Niger and Oyo. Selected states and communities were chosen to represent each of Nigeria's six geopolitical zones as well as the diversity of religions; ethnicities; urban and rural, and gender

1 The 'go-along' or 'walk-along' method is a form of in-depth qualitative interviewing that is conducted by researchers accompanying individual informants on outings or as they engage in routine behaviours in their communities (Carpiano, 2009; Bibi & Ehgartner, 2021).

normative contexts; differing status on MIYCAN indicators and varying access to social amenities across Nigeria. Participants consisted of adolescent girls and young women (aged 15–19 years), pregnant women, mothers of children under 2 years of age, health-care providers, community and traditional leaders, fathers, husbands, mothers-in-law and grandmothers.

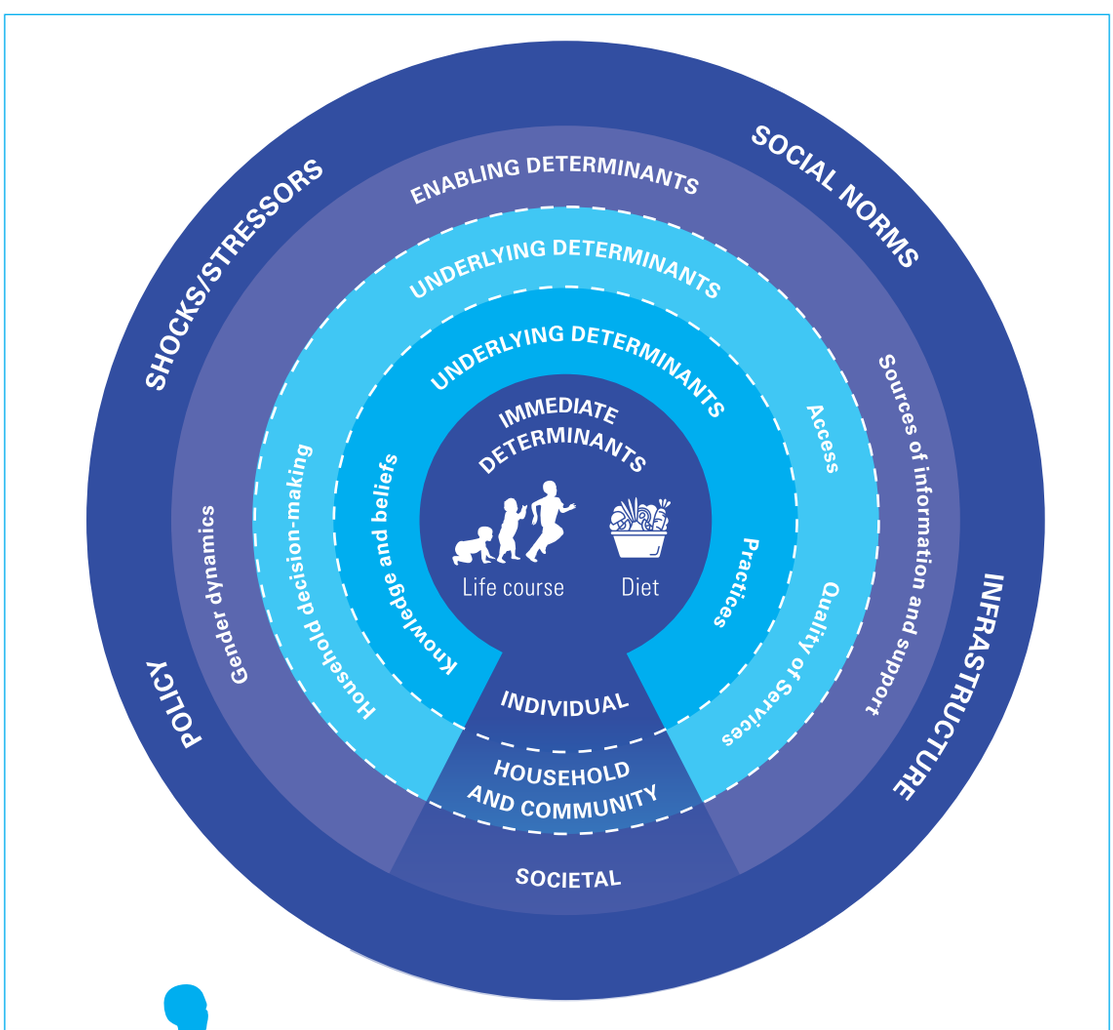
In total, 575 individuals were purposively sampled and enrolled for data collection between October 26, 2022 and November 25, 2022. Most of the participants were female (71 per cent) and aged 20–39 years (59 per cent). Men and adolescents were also targeted for inclusion and made up 29 per cent and 13 per cent of all participants, respectively.

The interviews, discussion groups and observations focused on exploring the determinants of four key areas of interest:

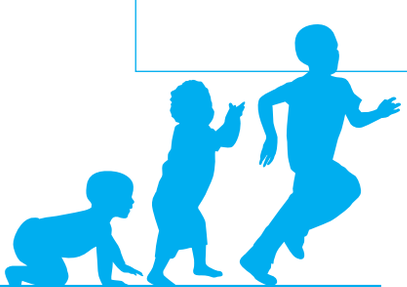
- adolescent and maternal nutrition,
- infant and young child feeding,
- health-care utilization, and
- WASH practices.

Subsequently, qualitative thematic analysis was conducted to identify themes and uncover insights to address a set of specific research questions relating to these practices.

Figure 1: Conceptual framework for the study



Source: FHI Solutions LLC, 2022



© UNICEF/Andrew Esiebo

Women and health-care providers noted gaps when it comes to women's ability to implement nutritional counselling recommendations. These gaps were largely due to financial issues, which can reduce the perceived usefulness of counselling and decrease women's interest in the services.

Key findings

1. Nutrition, health and WASH services and infrastructure

Qualitative study findings related to access and barriers to nutrition, health and WASH services and infrastructure include:

- The majority of pregnant women and mothers of 0–23-month-old infants reported receiving **nutritional counselling**, while the majority of adolescents reported never receiving it.
- Health-care providers in all observed **counselling sessions** made eye contact with mothers, used simple language and gave mothers the opportunity to ask questions. However, only half recognized and praised the mothers for correct practice.
- Many **health-worker** participants reported gaps in their own **training**, particularly on maternal nutrition topics, as well as gaps in the frequency of trainings and few refresher trainings.
- Health workers reported receiving **supportive supervision** more routinely for other topics and skills – such as immunization services – and not for nutritional counselling.
- Despite many health workers reporting that they had **job aids** (e.g., posters, flip charts and flyers), the use of job aids was observed in only half of the counselling sessions. Cooking demonstrations were rarely reported.
- Women and health-care providers noted gaps when it comes to **women's ability to implement nutritional counselling recommendations**. These gaps were largely due to financial issues, which can reduce the perceived usefulness of counselling and decrease women's interest in the services.
- Multiple **barriers to accessing health services** were discussed by participants, including financial barriers, distance, limited service hours, lack of supplies and staff and health-worker attitudes.

2. Behavioural practices, knowledge, beliefs and norms

Qualitive study findings related to current behavioural practices, knowledge, beliefs and social norms that affect MIYCAN in the first 1,000 days of life include:

- Adolescent girls, pregnant women and mothers participating in the study discussed eating from a variety of food groups and many were able to articulate **correct knowledge about the nutritional benefits** of some foods, e.g., fish, eggs and beans are high in protein and rice and yams are high in carbohydrates.
- **Motivations for food consumption** seemed to vary in women at different stages of the life course; adolescent girls placed greater priority on foods that were convenient to prepare, compared to mothers, who prioritized their husbands' or families' preferences.
- Women in all regions reported engaging in **practices that undermine exclusive breastfeeding**, such as expressing and discarding colostrum and feeding infants liquids soon after birth. Prelacteal feeding was a typical practice in communities and often done as part of traditional rituals.
- Almost all mothers learned from health workers that **complementary feeding** should start at 6 months, yet many reported starting complementary feeding before 6 months. Across locations, pap (maize meal porridge), rice, eggs and beans were most often mentioned as foods that mothers started feeding their children at 6 months, and continued feeding them up to 23 months.
- While all the pregnant women who participated in the study were taking **iron and folic acid (IFA) supplements** and most of pregnant women and mothers were aware of the benefits of IFA supplementation, almost none of the adolescent girls were taking IFA supplements, nor were they aware of the benefits of or recommendations for adolescent girls to do so.
- While almost all women reported using **antenatal care** at some point during pregnancy, there was wide variation in when women reported initiating visits and how many visits they attended. Some mentioned thinking antenatal care is only necessary when the mother is sick or experiencing complications.
- Participants did not recognize most **positive WASH behaviours** as socially normative, with the exception of separating animals from infants.
- **Open defecation** was viewed positively, neutrally or as a necessity, and the reason cited most often for open defecation was a belief that latrines are a source of infection.

3. Gender dynamics and gender ideologies

Qualitive study findings related to gender dynamics and gender ideologies in the family and community that have implications for MIYCAN and health include:

- Participants described strong traditional gender ideologies that ascribe different **spheres of influence** to women and men. The women's sphere was described as limited to domestic and caregiving duties, whereas men were attributed a broader sphere of influence outside of the household and viewed as the key decision makers for most household matters.
- **Decisions on food purchasing** for the household were mostly made by husbands and largely based on their dietary preferences. Many participants reasoned that men have more purchasing decision-making power because of their status as financial providers.
- Men were seen as responsible for making **decisions about seeking health care**, including when to visit a health facility and which health facility to attend. Some husbands do not allow health workers to touch their wives because of their religious or cultural beliefs.

Practices that adolescent girls observe growing up impact behaviours later in life, including WASH practices and cooking, which they learn from mothers, grandmothers and other female relatives.

- Participants expressed the widespread norm that wives need to seek **permission** from their husbands **before accessing health facilities**, either for themselves or for their children.
- Participants discussed several serious **social repercussions** (i.e., social sanctions), ranging from social shame to divorce, that women and men face if they **do not conform with normative expectations**. Men face more sanctions outside the household than women do (e.g., from community leaders), while women face more sanctions within their own households from their husbands and families.

4. Sources of information and support

Qualitive study findings related to reported sources of information and support for MIYCAN, health and WASH practices include:

- **Practices that adolescent girls observe** growing up impact behaviours later in life, including WASH practices and cooking, which they learn from mothers, grandmothers and other female relatives.
- The **most trusted sources of information** for adolescent girls and mothers included their own mothers, mothers-in-law, grandmothers, sisters, community health workers, community leaders and hospital health workers, as well as radio, TV and religious influences (e.g., mosque and church).
- **Social media** were also mentioned, but participants noted not trusting them as much as **radio** or **TV**.
- **Barriers to adolescents accessing information** included being at school when relevant radio or TV programmes aired and needing permission from a parent to visit health facilities for information.
- Mothers reported **relying on their own mothers and mothers-in-law for information** on breastfeeding. Mothers and grandmothers promoted giving prelacteal feeds, discarding colostrum and delaying initial breastfeeding.


© UNICEF/Andrew Esiebo


© UNICEF/Nelson Owoicho

Key considerations and recommendations

Drawing on the study's findings, sociocultural assets and factors that could potentially facilitate social and behaviour change (SBC) for MIYCAN, and recommendations for possible approaches to trigger and facilitate desired MIYCAN SBC include:

- SBC campaigns should continue to **encourage men**, not only as household gatekeepers but also as "loving protectors", to ensure proper health-seeking practices and provision of healthy food for their wives and children.
- **Providing women** with food demonstrations, recipes and nutritional information in support groups, markets and food stores or over radio or TV channels would offer them additional knowledge, skills and support to provide nutritious meals for their families.
- **Grandmothers and mothers-in-law** are seen as protectors of tradition and in this role their support and shared responsibility for teaching and encouraging optimal nutrition practices is critical.
- **Expansion of programmes in schools** and greater involvement of teachers in imparting nutrition and health information would make an impact on adolescents.
- Given noted levels of social cohesion and regulation in communities, recognition and **celebration** at the community level **of mothers and families practising optimal behaviours** may serve as a strong motivator for SBC.
- **Strengthening of capacity of health workers** is needed to address reported training deficiencies and chronological training gaps, particularly on maternal nutrition topics.
- **Gender transformative approaches** are needed not only to enable women to be involved more fully in household nutritional decisions, but also to allow men to participate in child rearing and domestic work more fully, which are traditionally ascribed to women.

In line with key study findings, 25 specific SBC activities are detailed and organized by five key SBC approaches.

© Government of the Federal Republic of Nigeria and the United Nations Children's Fund

Recommended citation: Government of the Federal Republic of Nigeria and the United Nations Children's Fund. (2023, April). *Formative Research on Key Child Survival and Nutrition Practices in the First 1,000 Days of Life: Findings – Summary*. Abuja, Nigeria.

Conclusion

The findings and recommendations laid out in this report are intended to contribute to the capacity of UNICEF, the Nigerian government and partners to design more tailored and contextually-aware SBC approaches to improve MIYCAN in Nigeria. Refined, more innovative, sustainable and nuanced SBC programmes to improve maternal and adolescent nutrition, health and well-being will play a critical role in helping Nigeria achieve the World Health Assembly Global Nutrition Targets in 2025 and contribute to Sustainable Development Goal 2 on zero hunger.

References

Bibi, R. & Ehgartner, U. (2021). Walkalong interviews. In Barron, A., Browne, A. L., Ehgartner, U., Hall, S. M., Pottinger, L. & Ritson, J. (Eds.), *Methods for change: Impactful social science methodologies for 21st century problems*. Aspect and University of Manchester.

Bronfenbrenner, U. (1979). *The Ecology of human development: Experiments by nature and design*. Harvard University Press.

Carpiano, R. M. (2009). Come take a walk with me: The "go-along" interview as a novel method for studying the implications of place for health and well-being. *Health & Place*, *15*(1), 263–272. https://doi.org/10.1016/j.healthplace.2008.05.003

FHI Solutions LLC. (2022). Key Child Survival and Nutrition Practices in the First 1,000 Days of Life in Nigeria: Literature Review and Conceptual Framework.

Victora, C. G., Christian, P., Vidaletti, L. P., Gatica-Domínguez, G., Menon, P., & Black, R. E. (2021). Revisiting maternal and child undernutrition in low-income and middle-income countries: Variable progress towards an unfinished agenda. *The Lancet*, *397*(10282). https://doi.org/10.1016/s0140-6736(21)00394-9

© UNICEF/Nelson Owoicho