

# BUILD

# Formative research for developing an infant food hygiene intervention

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## Collaborative Research Process

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### BCD Framework



# Understanding Behaviors: Direct Observations

Series of structured and unstructured observations to identify target behaviors

Mixture of quantitative and qualitative methods to understand



**Understand the behavioral setting!** 

# Key Behaviors: Food Hygiene and Caregiving

Food preparation, storage, and handling:

- Food preparation Typically cooked in the morning, feeding throughout the day
- Food storage: typically uncovered, food left in cupboard or on kitchen floor
- Feeding: Hand feeding the norm, rarely accompanied by handwashing
- Reheating: Not feasible, heating was difficult and required coal fires

Caregiving:

- Range of formal and informal caregivers
- In and out of the home



## Knowledge and Motivation

- Series of qualitative interviews and direct observations
- Multiple phases of data collection



# Motivational Messaging

- Limited knowledge about food hygiene and link with child health
- Information from senior members of the community viewed as important
- Nurture emerged as a primary motive behavior, associated with:
  - Healthy = Happy
  - Helping your child succeed in the future





## Physical Environment

Based on direct and semi-structured observations of households

- Limited handwashing infrastructure in the home; no materials for food storage
- Cooking and feeding occurred in a variety of locations throughout the home and compound
- Hand feeding the norm

### **Environmental Modification**

Market assessment:

 Identified materials that could support improved behaviors available in local markets and shops

Caregiver Group Discussions

- Series of participatory workshops with caretakers
- Presented range of goods, asked caretakers to rank and prioritize



Preliminary Environmental Modification pack

# Delivery System: Community Health Volunteers

#### Methods

- Structured, quantitative observation of Community Health Volunteers as they completed their rounds
- Followed by in-depth, open ended interviews about
  - Training opportunities
  - Knowledge of behavior and behavior change
  - Workload
  - Institutional support

#### Findings

- CHVs are engaged in a number of official (government) duties plus a range of additional partner organizations
- CHVs have limited contact time with households
- Strong support from local government, but limited support for complex behavior change intervention

### Final Result: Multi-Part Intervention

Msingi Bora ili Mtoto afanikiwe!

Motivational Messaging: Supported by local graduate students

- Happy Baby focusing on of nurture and keeping your child healthy
- Successful Child focus on preparing your child for a good future

**Environmental Modification** 

 Series of materials to foster safe infant feeding and handwashing with soap

Delivered over multiple household visits. 1. Sensitization and education: CHV lead 2. Happy Baby: GLUK lead

Refresher training: CHV Lead II
Chakula Kisafi, Mtoto Mwenye Furaha
Successful Child: GLUK Lead