

In Brief

This report is part of an occasional series that distills learning and highlights resources around specific development issues.



AGA KHAN FOUNDATION
CANADA

An Agency of the Aga Khan Development Network

Nurturing Maternal and Child Health:

Changing Behaviour to Ensure Better Health for Mothers and Children



Photo caption: This nutrition group facilitator – and expectant mother – educates families in Pitolha, Mozambique about proper nutrition and signs of malnourishment in children.

The AKFC Seminars on Nurturing Maternal and Child Health were hosted in partnership with the Canadian Network for Maternal, Newborn and Child Health (CAN-MNCH) from September 2013 to January 2014. Five seminars explored approaches and strategies designed to strengthen health care in developing countries, with a particular focus on maternal and child health.

*This report builds on the seminar, **Shifting Behaviours: Tools for Better Health Practices** (November 14, 2013), drawing out lessons identified in a panel discussion with **Dr. Daoud Khuram**, Aga Khan Foundation, Afghanistan; **Ms. Robin Montgomery**, Interagency Coalition on AIDS and Development; **Mr. Rohit Ramchandani**, Cola Life; and **Ms. Carolyne Nabalema**, Water, Hygiene and Sanitation Consultant.*

Ensuring healthier lives, especially for women and children, begins at home. Women and children die every day of diseases such as diarrhea, which are easily preventable with better hygiene practices. But how can the health care community spur a change towards healthier practices?

In the quest to save lives and improve the health of mothers and young children, knowledge is crucial. Parents need to be aware of the benefits of breastfeeding and delivering babies in facilities with trained midwives on staff. They need to know how to treat common but lethal illnesses like diarrhea; how to prevent those illnesses through proper hygiene and sanitation; and how to ensure their children are better nourished. They also need to be supported and encouraged by other families in their communities that share this knowledge.

Efforts to help parents and communities adopt better health practices form a prominent part of projects designed to improve Maternal, Newborn and Child Health (MNCH). This work -- called Behaviour Change Communications-- can take many forms, including training health workers to educate parents during home visits and enabling community health committees to launch health improvement projects. It incorporates communication through radio spots, community festivals and theatre troupes, and via the distribution of easy-to-understand, picture-based instruction cards.

But more important than its multiple forms are some key principles that can enhance the success rates of such efforts to promote better health behaviour. Examining a range of programs across the developing world yields a set of common approaches and lessons on how to motivate effective, lasting changes in behaviour that lead to improved health:

Lesson #1: A multi-dimensional approach is often essential to improving health behaviour.

The decades-long, global struggle to contain the spread of HIV, largely through behavioural change, provides some important lessons applicable to a broad range of public health activities, including MNCH.

For example, a landmark project involving sex workers in Calcutta, India, shows how “a mixture of behavioural, biomedical, and structural programs” can produce dramatic results, says Robin Montgomery of the Interagency Coalition on AIDS and Development. Originally, she recalls, the project was primarily behavioural, focusing on education on the importance of condom use and STI testing, with a lesser biomedical component in the form of condom distribution. But while it was obvious that changing individual behaviours was key to lowering HIV infection, contexts and community norms also had to be considered. It became clear that the “social and structural drivers of HIV” – in this case, the women’s marginalization – needed to be addressed, to give the women the power to insist that men agree to safer practices. So microfinance and other initiatives were offered to increase the women’s sense of security, to change their relationships with others and to give them access to greater resources. Public awareness campaigns were also launched to erode the stigma the women faced.

This multi-dimensional campaign produced striking results: a rise in the rate of condom use from 3 per cent to 90 per cent, and a dramatic drop in rate of HIV prevalence to 10 percent among participants (where the prevalence rate among sex workers remains at between 50 and 90 percent elsewhere in India).

Lesson # 2: Changing health behaviour often requires a user-friendly solution accounting for the needs of the user.

Why does diarrhea remain the second leading cause of child death, even though readily-available Oral Rehydration Solutions (ORS) and zinc tablets are highly effective remedies?

The experience of Cola Life in Zambia suggests a big part of the answer is that families are unable access those simple medicines in a form they can readily use. “In most of the world ORS typically comes in 20 gram sachets and makes one litre of solution,” explains Cola Life’s principal researcher Rohit Ramchandani. While that’s practical in a clinical setting, it produces much more solution than a child will consume at home, meaning that caregivers either waste much of the mixture, or use it over multiple days, risking contamination. As well, their lack of a means to measure water often leads them to make a solution that’s too diluted or too strong, which makes it either less effective or even dangerous.

Enter Cola Life’s “human centred design approach.” The organization’s Kit Yamoyo (kit of life) contains 20 4.2 gram ORS sachets; 10 zinc tablets in a blister pack; and a bar of soap to reinforce the idea of prevention. Ingeniously, the package itself doubles as the mixing/measuring container, and is exactly the right size for the ORS sachets. Distributing these more attractive, convenient kits has resulted in more families using zinc and ORS for home treatment of diarrhea, and less misuse. While around 40 percent of users of the standard ORS packets mixed it incorrectly, 93 percent of Kit Yamoya users were able to combine water and medicine in the correct proportions.

Lesson # 3: Existing networks and systems can often be used effectively to bring positive behavioural messages and tools for change to the people who need them.

Why create an expensive distribution system from scratch to move information or health supplies to remote communities, if that is not needed? Cola Life, for example, piggybacked on the Coca Cola company's extensive distribution and retailing network to make its Kit Yamoyo available in remote Zambian communities, (which accounts for the organization's name, Cola Life).

The Aga Khan Development Network (AKDN) takes a similar approach in Afghanistan, where its messages about changing health behaviours are often delivered through organizations such as schools, agricultural cooperatives, women's groups and community-based savings groups, which have ready-made constituencies. Often, there is a natural symbiosis between the conduit and the message. For example, agricultural cooperatives provide a logical platform for reaching people with messages about nutrition and sanitary food preparation.

Lesson # 4: Behaviour change should be driven primarily by people within communities.

Inadequate access to clean water, sanitation and hygiene (known as WASH) is a significant contributor to an estimated 1.4 million global child deaths each year. Improving WASH facilities has been shown to be one of the most effective strategies to improve maternal and neo-natal health.

In Uganda, the Community-led Total Sanitation (CLTS) program encourages people in remote communities to build and use safe latrines and to refrain from defecating in the open. CLTS facilitators catalyse community action by presenting the reality and the effects of open defecation in a direct and straightforward manner. Community members are shown the state of locations where open defecation takes place, and are shown how easy it is for bacteria from feces to contaminate food and water supplies – leading to diarrheal diseases that are especially devastating for small children. “The goal is for people to realize that one person can put everyone at risk,” says WASH expert Carolyne Nabalema.

The reaction to this new realization is often very emotional, prompting communities to commit to a whole-community solution. The communities provide local materials and the labour to build sanitary latrines and are responsible for maintaining them. These contributions reflect the community's sense of ownership over the project. Often, the community will also decide to impose sanctions on people who fail to use the latrines.

Community empowerment is similarly at the centre of the AKDN's Mother Care and Child Survival Initiative in Mali, Mozambique and Pakistan. There, community members – particularly pregnant women and new mothers – take part in cooking demonstrations where they learn how to prepare nutritious foods using seasonally available, local food products.

Community social activities – those cooking classes, or women's circles or children's playgroups – are particularly effectively communications vehicles when they highlight “positive deviance.” This requires finding families that deviate from community health norms in positive ways (by having bigger, better nourished or healthier children) and then determining how they've achieved that. Those better-than-average families provide an example of what's practical and achievable under local conditions and can inspire others. Studies show that using social groups to promote improved health practices is effective in lowering rates of maternal and infant mortality.

Lesson # 5: Local leaders are often essential to an initiative's success.

Local religious leaders can be persuasive agents for change in health practices. In Tanzania, the AKDN's Joining Hands Initiative educated both Christian and Muslim clerics about good MNCH practises. Those respected leaders then incorporated important messages – such as the value of delivering babies in health facilities – into their sermons and outreach to their communities.

In Afghanistan, similarly, many imams in the AKDN program areas use their influence to urge greater access to health care for women and to promote better health practices. This commitment arose from a process of dialogue, prompted by the AKDN's publication of a book that shows how Muslim holy writings endorse the concept of enhanced care for women and children

Lesson # 6: Behaviour change requires an understanding of women's role in the household

In societies where young women frequently marry early and have their first child in their teenage years, husbands and mothers-in-law may have more decision-making power than mothers over matters such as infant feeding, children's diets, and the importance of prenatal care. Promoting positive changes in health practices accordingly requires reaching out to those husbands, mothers-in-law and other family members so that they understand and support mothers' attempts to adopt healthier practices, such as exclusive breastfeeding, and recognize the importance of having a skilled health worker to assist with labour and delivery.



Photo caption: A father and daughter wait for the newest member of their family to be born at the maternity ward of the Faizabad Hospital in Afghanistan's Badakhshan province. Successful health promotion programs help fathers understand their important role in ensuring that women have timely access to the care they need for a safe pregnancy and delivery.]

Changing health behaviours is rarely a simple matter, and local conditions and contexts must always be considered. But by being mindful of the lessons of past experience, it is possible to inspire change that has real impacts on health outcomes.

Further Resources

The Fortifying Human Capital in the Health Sector (October 8, 2013) seminar featured Jules Zanre, Head of Mali Delegation, Canadian Red Cross, and Anne Wilson, former President, Canadian Association of Midwives, who discussed specific human resource needs in the health sector and strategies to address them. To watch a recorded webcast, please click [here](#)

Nurturing Maternal and Child Health series overview

MNCH Photo Gallery

Daring to Deliver

Aga Khan Foundation Canada

Aga Khan Foundation Canada (AKFC) is a non-profit international development agency, working in Asia and Africa to find sustainable solutions to the complex problems causing global poverty. Established in 1980, AKFC is a registered Canadian charity and an agency of the worldwide Aga Khan Development Network.

Aga Khan Foundation Canada | The Delegation of the Ismaili Imam, 199 Sussex Drive, Ottawa, Canada, K1N 1K6 | akfc.ca

Undertaken with the financial support of:



Foreign Affairs, Trade and
Development Canada

Affaires étrangères, Commerce
et Développement Canada

Canada