

Policy brief:
**BEHAVIOR CHANGE INTERVENTIONS ON
BABY WASH AND NUTRITION RELATED
BEHAVIORS IN ETHIOPIA**

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Background

The Ethiopian Government is currently implementing a One-WaSH National Program, which is a multi-sectoral approach with actors from different backgrounds and fields to reduce stunting, wasting and under-weight in under 5-year-olds. Within this program, an approach called Baby WASH and Nutrition is applied which deals with the unhealthy and unhygienic conditions for the growth of children up to 2 years old. To inform the design of Baby WASH interventions to be integrated in the national program, a two-phase formative study was conducted by RANASMosler (www.ranamosler.com) in collaboration with the local NGO JARCO (www.jarco.info).

The aim of this formative research was to develop behavior change strategies based on quantitative data of the population at risk for the behaviors handwashing with soap before feeding a baby, using clean dishes and cups for feeding the baby, and giving diverse food to the baby.

Approach and methodology

The RANAS (Risk, Attitudes, Norms, Abilities, Self-Regulation) approach was applied containing two phases. Within the first phase, an extensive determinative research was realized. In a primary step, spot check observations were conducted to measure the prevalence and practices of the several WASH and nutrition behaviors to identify which behaviors present the biggest health risk to the babies. Data revealed that three behaviors were supposed to have the most significant influence on the health of the babies: handwashing before feeding the child, feeding the child using clean cups and dishes, and feeding it with diverse nutrition. In a second step, qualitative interviews with caregivers were conducted to depict the existing health knowledge, beliefs about advantages and disadvantages of the behaviors, feelings associated with the behaviors, perceived barriers, and barrier planning. In a third step, video recordings of the selected behaviors were taken to disclose barriers and facilitators of the behavioral sequences.

In the first step of the second phase, a quantitative survey was realized with 420 caregivers to gather information on the behaviors and their driving behavioral factors. According to the RANAS model, these factors comprise health risk perceptions, personal attitudes and beliefs, norms regarding the approval and behaviors of others, perceived ability, and self-regulatory factors like dealing with barriers and planning and self-monitoring the performance of the behavior. In a second step, the data of this survey was used to determine which factors steer the behaviors by comparing the mindsets of those caregivers who performed each behavior frequently and those who did not. Using the identified behavior-steering factors, behavior change techniques were selected from a RANAS catalog and designed to different intervention campaigns. This procedure ensures that the interventions are perfectly tailored to the perceptions, beliefs, and feelings of the targeted caregivers and should therefore be most effective in changing behaviors.

Handwashing with soap before feeding a baby

Findings

Caregivers who reported to perform handwashing less frequently felt less a personal responsibility to wash hands and felt less to be a dedicated mother when washing hands with



soap and water before feeding the baby. They were not aware of the health risks for their babies when not washing hands before feeding them. They did not perceive social pressure as they believed that other household members and important people in the village were not worried if they did not wash their hands before feeding the baby. Finally, they were not confident that they could always wash hands, they felt not committed to it and therefore did not pay attention to wash hands with soap and water before feeding the baby.

Planned interventions

Several caregiver group meetings, household visits, and phone messages were suggested. In the meetings they are to be informed about health risks, they will be guided to build permanent handwashing stations to their ability to wash hands, social norms will be created, and a public commitment to handwashing before feeding a baby will be requested. During the household visits, the whole family will express their commitment, they will be guided to realize self-monitoring of handwashing, and the personal obligation will be boosted, especially towards being a dedicated mother. The spoken messages to be sent by phone will be used to remind the caregiver of handwashing, to recall the behavioral contract, to provide feedback on performance, and evoke regret if not washing hands before feeding the child.

Using clean dishes and cups for feeding the baby

Findings

Survey respondents who were less likely to use clean dishes and cups for feeding the baby viewed this behaviour as improbable to remove dirt and germs from dishes and cups and thus making their babies healthier. Additionally, they did not believe that their baby's health is at risk if they do not wash the baby's dishes and cups. Therefore, they felt little personal responsibility for or confidence in their ability to control this behaviour. They liked to perform the behaviour not that much, and were not happy and satisfied when performing it. They also think that their family members do not care whether they wash the baby's dishes and cups frequently.

Planned interventions

Series of caregiver group meetings, household visits, and phone messages are being suggested. The meetings serve to convince that cleaning dishes and cups makes the baby healthier and stronger, to elicit positive feelings, to reinforce confidence in performing, and to secure commitment. In the household visits, the caregivers will be made aware of the health risks for the baby, the approval of the husband and social support is assured, the recording of the behaviour is installed, and the personal obligation is emphasized. The spoken messages to be sent by phone will be used to remind the caregivers of cleaning the dishes and cups, to recall the behavioral contract, to renew self-recording of the behavior, and to bolster self-efficacy to perform the behavior.

Feeding diverse nutrition to the baby

Findings

Many of the respondents were not aware of the consequences for the baby when not preparing diverse food and there was little commitment and feeling of responsibility as a dedicated mother. They also felt no social pressure from village dwellers, nor from other household members to prepare diverse food. Furthermore, their ability to perform the behaviour and their attention to prepare diverse food for their babies was low, which might be due to their low commitment.



Planned interventions

A series of caregiver group meetings, household visits, and phone messages is being recommended. The caregiver group meeting would inform about health consequences of the baby if not fed with diverse food, instruction would be provided about how to prepare it, how others do it, and a commitment would be induced. During the one-on-one household visits, it will be first checked which food groups for the baby are in the household and which food groups are missing. Other family members will be convinced to take care of having diverse food in the household. Additionally, regret will be induced if no catering for diverse food is undertaken, and self-monitoring of the behavior is prompted. The phone messaging will be used to remind of the agreed commitment, to renew self-monitoring, to elicit regret, and to bolster self-efficacy for giving diverse food to the baby.

Conclusions

The research delineated in this brief detected three behaviors crucial for baby's health and growth in Ethiopia: handwashing before feeding the baby, feeding the baby using clean dishes and cups, and feeding the baby with diverse nutrition. A quantitative survey was conducted to identify the determinants of these behaviors, and to design Baby WASH and nutrition behavioral interventions to change exactly these determinants. The increased performance of these behaviours, leading to consolidated habits, could help prevent disease transmission and support healthy growth in the first 1,000 days of a child. It is recommended to focus on a culturally appropriate transmission of the suggested interventions and to realize monitoring as well as evaluation to ensure the utmost impact and effectiveness.