

Driving down chronic malnutrition in young children in northern Nigeria

How paying greater attention to gender-defined roles in households and communities can contribute

Todd Benson, Mulubrhan Amare, Motunrayo Oyeyemi, and Olusegun Fadare

International Food Policy Research Institute

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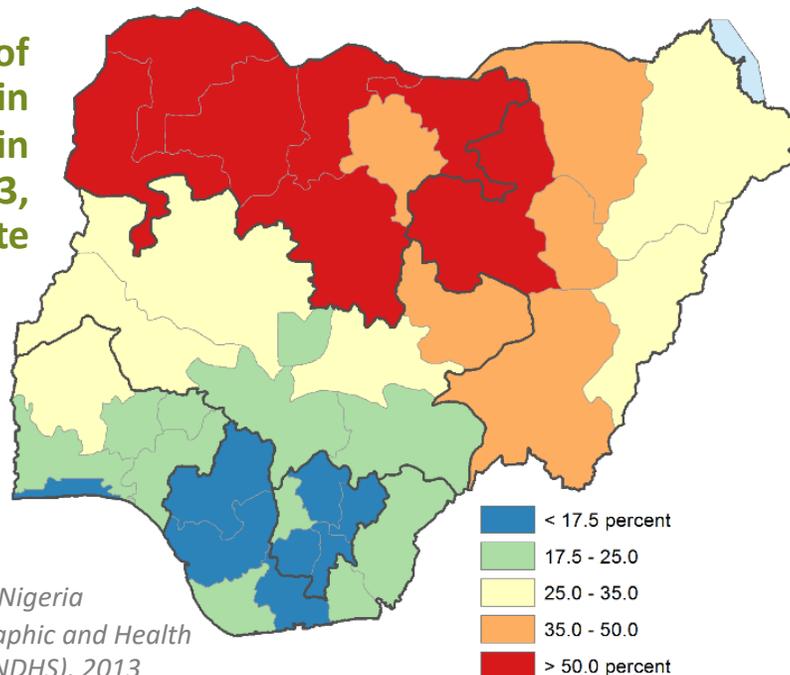
Nutrition context

- **Chronic malnutrition** prevalence in underfives in northern Nigeria is **among highest** globally
 - **Half of children stunted** in their growth
 - In part due to malnutrition, **one out of six newborns** in northern Nigeria will **die before their 5th birthday**

	Stunting (HAZ<-2.0) in underfives, %
Northwest & Northeast	50.8
Other zones of Nigeria	22.3
NIGERIA	36.8

Source: Nigeria Demographic and Health Survey, 2013

Prevalence of stunting in underfives in Nigeria in 2013, by state

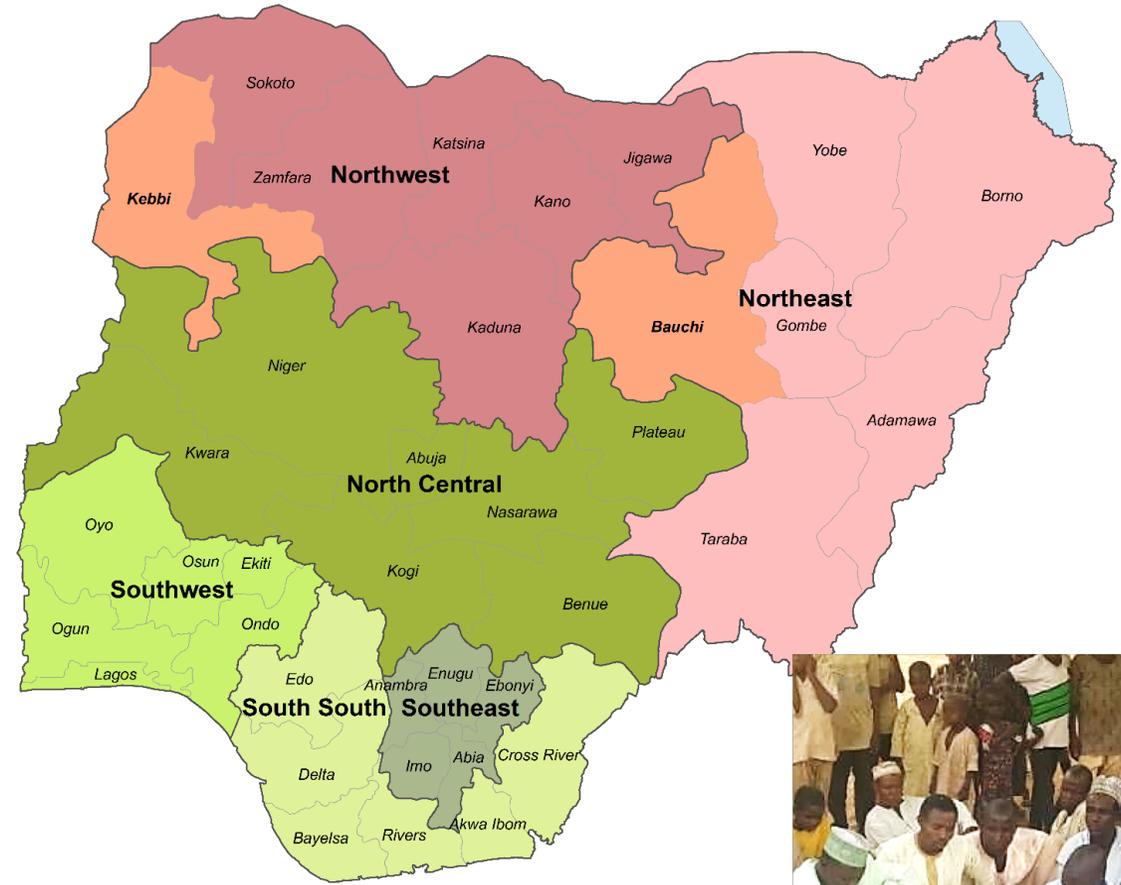


Source: Nigeria Demographic and Health Survey (NDHS), 2013

- Sharp **differences** in nutritional outcomes **between northern Nigeria** and **elsewhere**
- Quantitative analysis shows relatively **similar drivers** of child nutritional status across Nigeria
 - However, **levels of determinants** generally significantly **worse in northern Nigeria**
 - Context for nutrition differs between the two parts of the country

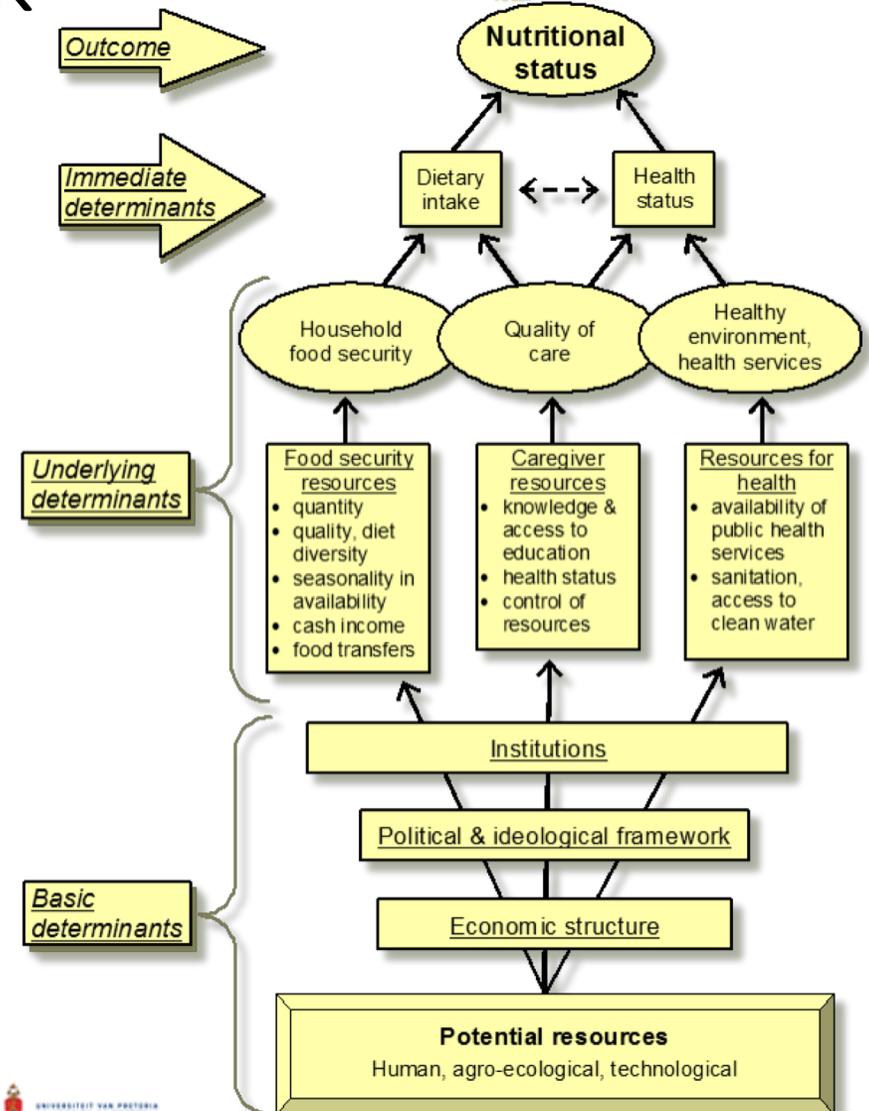
Study design

- Rapid scoping study – Jan. to May 2017.
- Involved:
 - Review of literature, published or grey
 - Quantitative analysis of child-level data from 2013 & 2008 Nigeria Demographic and Health Surveys
 - Interviews with informants, including parents of young children, in **Bauchi and Kebbi** states in April
 - Stakeholder interviews in **Abuja**



UNICEF conceptual framework

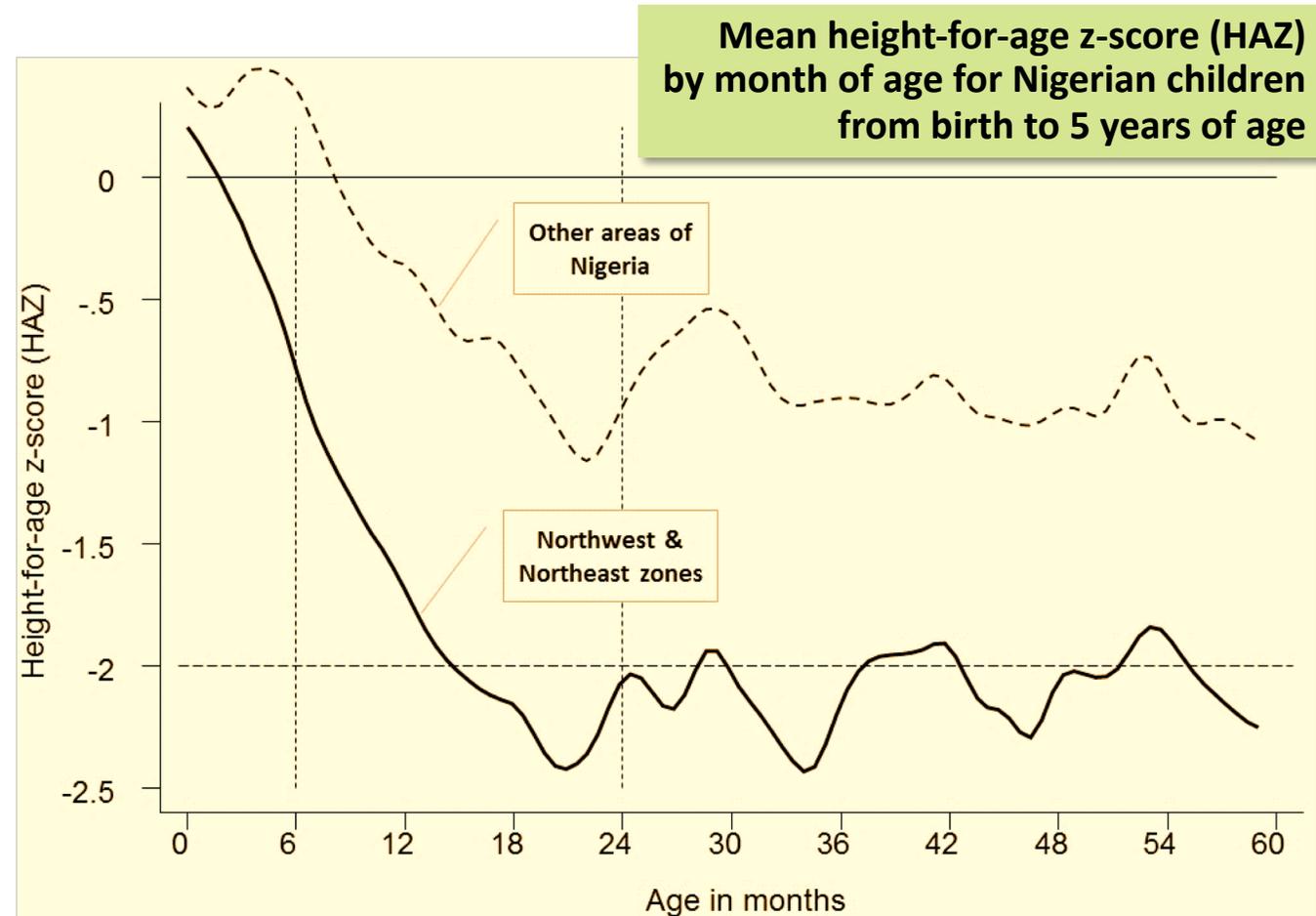
- Used UNICEF conceptual framework of determinants of nutritional status in young children to design study
- Three sets of determinants (or drivers):
 1. **Immediate** determinants – dietary intake; health status
 2. **Underlying** determinants – broader factors operating across several sectors and scales
 - Household food security
 - Safe water, good sanitation, health services
 - Quality of nutritional care received
 3. **Basic** determinants – generally only change over a long time period
 - Function of how society is organized – politically, economically, ideologically



Sources: Adapted from UNICEF 1990; Jonsson 1993.

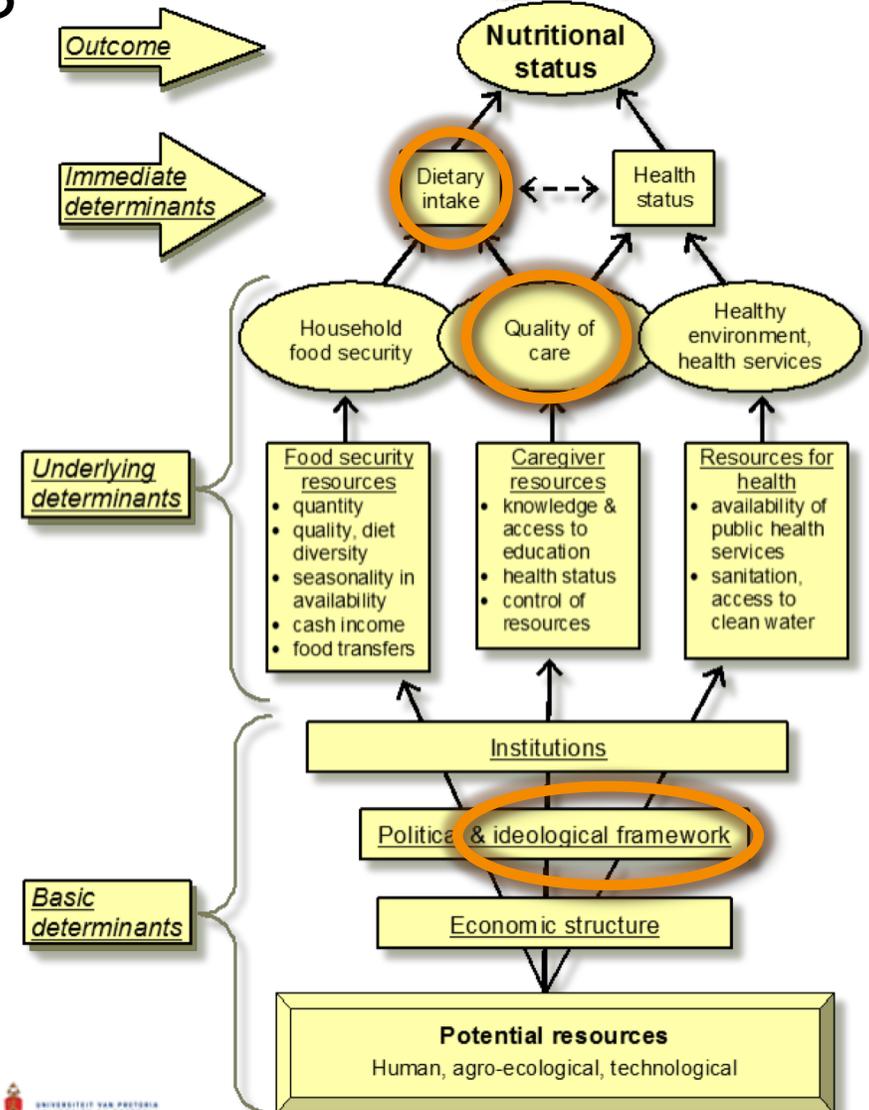
Focus here on challenges associated with infant and young child feeding

- Many children in northern Nigeria **experience stunted growth from birth**
 - No delay in onset of stunted growth performance after birth, a delay seen in newborns in other areas of Nigeria
 - Partly due to maternal undernutrition
- Sharp decline in average growth performance while children are breastfed and being weaned
 - **By 15 months** of age, **over half of children** in northern Nigeria are **stunted**, with $HAZ < -2.0$



Infant and young child feeding and gender

- Because most women of childbearing age in northern Nigeria have restricted access to information, their children are at greater risk of being undernourished
- Interaction of:
 - Dietary intake – an immediate determinant;
 - Quality of care – an underlying determinant; and
 - Ideological frameworks – a basic determinant
 - Specifically about gendered organization of households and communities and associated roles and behaviors



Sources: Adapted from UNICEF 1990; Jonsson 1993.

Nutrition caring practices as underlying determinant of nutritional status

- Most experts see **poor caring practices** as **dominant underlying determinant** of chronic malnutrition in young children in northern Nigeria
 - **Exclusive breastfeeding** in first six months of life is rare
 - Liquids other than breastmilk given within days or hours of birth, increasing risk of diarrhea
 - Reflects belief that breastmilk insufficient to keep infant hydrated in high daily heat
 - **Complementary foods** provided child being weaned **not nutrient-dense**
 - Also, may not be given in amounts required or sufficiently frequently
 - **Poor health care seeking behaviors** by mothers
 - Social barriers constrain engagement with health services
- **Education** level of the parents globally found to be **significant determinant of nutritional status** of young child – particularly if attain secondary school
 - Poorly educated parents unable to access information on nutritional care and act on it
 - Only about a **quarter of women** and **half of men** in northern Nigeria are **literate**

Gendered roles & expectations – a basic determinant of nutritional status in northern Nigeria

- Social and economic **disempowerment** of **women** has significant **adverse effects** on their own and their children's **nutritional well-being**
 - Women of childbearing age do not command sufficient resources or have ready access to knowledge
 - Substantially **dependent on husbands** and decisions he makes in the household
 - **Unable to act autonomously** to meet their own needs or those of their children
- Results in both mothers and their children lacking many nutritional resources and the informed care needed to live healthy lives

	Northwest & Northeast	Other zones of Nigeria
Women age 15 to 19 who have had a live birth, %	50.8	22.3
Married women age 15-49 who usually make specific decisions either by themselves or jointly on:		
Their own health care, %	19.4	60.4
Making major household purchases, %	16.4	61.4
Visits to her family or relatives, %	27.7	69.4
None of the three decisions above, %	69.4	24.2

Source: NDHS 2013

Channels to provide information to mothers on proper nutritional care for their young children

- Seclusion of women in the household from marriage through their childbearing years is a common practice in northern Nigerian communities
 - Poses a significant barrier to providing mothers with information on optimal infant and young child feeding practices.
- Some of the channels that could be used to get this information to mothers:
 - **Formal education:**
 - Given low schooling among girls, **few first-time mothers** will have **received any such information at school**
 - **Curriculum reform** to increase nutrition content
 - For boys and girls
 - Girl schooling levels in northern Nigeria are increasing, so promising approach
 - **Media channels:**
 - **Radio most promising** medium for disseminating nutrition information
 - Radio listeners still a minority, but with radios on cellphones, increasing; including among women
 - Scope for increased public health nutrition radio programming

Obtaining information on nutritional care (*cont.*)

• **Community & religious organizations:**

- Use of **community volunteers** in nutrition projects **generally effective**
 - Women volunteers going house-to-house to meet with women; Men volunteers working with fathers' groups
- **Requires mobilizing support** of traditional and religious **leaders**
 - **Chief imam** is most important **'gatekeeper'** in a community
 - His support increases receptivity to the nutrition information provided
- Unexplored is building capacity in **Muslim agencies** to themselves **undertake public health nutrition** outreach
 - Most Muslim organizations involved in such social mobilization work under other agencies

• **Local medical staff:**

- Quality problems common at local clinics
 - Most **mothers** in communities are **unreached** by clinic staff
- Greater numbers of better trained staff are needed.
 - Particularly female staff
- Community health volunteers necessary to reach women and their children where they live
 - Need to ensure these **volunteers** are **sufficiently trained**
 - And have the **public health training materials** they require to be effective

Obtaining information on nutritional care *(cont.)*

- **Household and family members:**

- Likely the most important channels for effectively conveying information on good nutritional caring practices to a new mother
- Maternal grandmother of child
 - First-time mothers assisted by own mother for several weeks in caring for newborn
 - **Traditional caring practices passed down**
 - Respect for knowledge of their elders
 - But, **grandmother not well educated on proper nutritional care** herself
 - Will have learned from own mother and by trial-and-error
 - Any inadequacies in what grandmother instructs will **contribute to cycle of child growth failure** in successive generations
- Co-wives
 - Older co-wives **potential source of nutritional knowledge** for young mother
 - 43% of women 15-49 years of age in northern Nigeria live in polygynous households
- Husbands
 - **Social norms can lead fathers to not provide** what the mother and the young child require nutrition-wise
 - Information, resources, health care
 - Continued **social mobilization needed** to encourage fathers to provide such nutritional support

Current public health nutrition activities in northern Nigeria – common themes

- Relatively **small set** of common **nutrition-specific activities** being pursued in Bauchi and Kebbi
 - Social mobilization efforts – Both for public health campaigns and for community level engagement
 - Use of community public health volunteers – Particularly for improving infant and young child feeding
 - Antenatal and well-baby clinic messaging on nutrition
 - How to prepare nutrient-dense weaning foods using locally available food resources
 - Community Management of Acute Malnutrition (CMAM)
- Approaches **proven effective elsewhere** and replicated in northern Nigeria
 - But, given strength of constraints to improved nutrition posed by long-term basic determinants rooted in local social practices in northern Nigeria, including gender norms:
 - Continuing efforts needed for local adaptation of these approaches
 - Build local capacity around public health nutrition outreach

Need stronger research-based evidence for nutrition programming specific to area

- **Significant lack of capacity** to engage in **applied research on public health nutrition in northern Nigeria**
 - Need this to be able **to assess what works and what does not**
 - Highest degree that can be obtained in human nutrition in northern Nigeria is a national diploma from Kaduna Polytechnic. No BSc, MSc, or PhD programs in nutrition.
- If prevention of chronic malnutrition is objective, **strong multi-disciplinary, public health approach to nutrition research and training** needed in north
 - As nutrition context in northern Nigeria different from elsewhere in the country, **not good enough to simply import expertise from southern Nigeria**
 - That one of largest concentrations globally of chronically malnourished children is in northern Nigeria is strong reason for creating center of higher-level nutrition expertise there

Recommendations for future investments to prevent chronic malnutrition in Nigeria

- **Strengthen information flows:**

- Reach young mothers with information on good nutrition practices
 - But, given their marginalization within households and communities, a **whole community** approach on nutrition knowledge strengthening required
- Engage explicitly with **older women** on nutrition care
- Strengthen **community volunteers** engaged in public health nutrition
 - Ensure volunteers are well trained with adequate resources to motivate
- Continue to **engage with men** directly and **through traditional and religious leaders**

- **Public health nutrition training:**

- Build public health nutrition capacity in primary health care system
- Build **public health nutrition graduate program** at a university in the north
- Increase nutrition content in schools

- **Social mobilization:**

- Improving nutrition must be done in ways **compatible with norms of Islam**
- Strengthen **Muslim organizations to lead public health nutrition efforts**
 - Go beyond their just enabling work of others; build their technical capacity