



SAVING
LIVES
CHANGING
LIVES

Knowledge, Attitudes and Practices (KAP) Study

From the multi-sectoral Gender Transformative and Nutrition-sensitive (GTNS) Stunting Prevention Project in Sofala, Mozambique

Stunting in Mozambique has remained relatively unchanged for the past 15 years with a 43% prevalence rate in children under five years of age (CU5). Stunted children are too short for their age and the hidden consequences are devastating - poor cognitive development and lower chances of reaching full potential in education and health. As a result, the GDP of Mozambique is strongly affected by these malnutrition rates, costing 10.9% of GDP each year, or USD 1.7 billion.

Gender inequality is closely linked to health outcomes, and harms children during critical development stages. Understanding sociocultural structures and influencing gender dynamics can have positive effects on nutrition practices .

INTRODUCTION

The Gender Transformative and Nutrition-sensitive (GTNS) project, generously funded by the Austrian Development Agency (ADA), aims to improve gender equality and women and adolescent girls' empowerment, dietary diversity, and reduce stunting among girls and boys under the age of five in the context of a changing climate. The KAP Study is one of three key studies within the GTNS project, following a Baseline study (for the project impact evaluation) and a Gender analysis. Together, these studies informed GTNS implementation and the Social and Behaviour Change Communications (SBCC) field strategy.

Purpose and Objective

The purpose of the KAP Study was to collect information in order to ensure a context and culturally appropriate project design. The objective was to explore key aspects related to nutrition to better understand the community's knowledge, perception and practices around maternal nutrition, infant and

young child feeding, sanitation and hygiene, and sexual and reproductive health. The study accesses the environment in which programme activities are being implemented, focusing on **Knowledge**—what people know and their understanding; **Attitude**—how they feel, their preconceived ideas towards the subject; **Practice**—how they behave, how they demonstrate their knowledge and attitudes through their actions.

Methodology

The KAP Study applied a mixed methods approach consisting of qualitative data collection through focus group discussions (FGDs), key informant interviews (KII), and Direct Observation (DO); and quantitative data collection through household (HH) interviews with both men and women.

The study was conducted at the project site: Mulima locality, Chemba district, Sofala province, in the central region of the country. Nine communities were randomly selected in both remote and central areas of Mulima locality to capture differences between knowledge, attitudes, and practices between remote communities and communities closer to resources. Data was collected from 608 study participants across the FGDs and HH interviews, selected by researchers based on specific criteria per method. The data collection tools were developed in coordination and aligned in order to complement each other.

Although the quantitative data collection is not representative, in combination with the qualitative data, it is possible to draw valid conclusions since it is interpreted within the context of the population studied and the communities where the GTNS Project is being implemented.

(KAP) Study on maternal nutrition, infant and young child feeding, sanitation and hygiene, and sexual and reproductive health, including obstetric fistula in Chemba District, Sofala

KEY FINDINGS

The results and findings presented in this section of the report include both the qualitative and quantitative data both assessed in the KAP Study.

First 1,000 days of life

The first 1,000 days of life are a window opportunity to ensure a child's health and nutrition, and to prevent stunting - which cannot be cured but can be overcome within this timeframe. Although most parents and caregivers in the KAP Study were aware of the importance of the first 1,000 days of life, they are however not knowledgeable about the consequences on a child's physical and mental development from not providing adequate care and nutrition during this critical period. Additionally, participants were unable to specify which kind of adequate care and diet are required for proper child growth and development. While 54% of men and women caregivers know that first 1,000 days is the most important period of a child's life, only 24% knew what comprised a balanced and diverse meal for children between 6-23 months of age.

Health of Pregnant and Lactating Women (PLW) and Children Under Two Years of Age (CU2)

The KAP Study data showed that malaria and diarrhea are considered the diseases that most affect children. Preventing these diseases is crucial and their impact on nutritional status should not be underestimated. The beliefs concerning treatment of these diseases pose barriers to accessing proper care, where a non-trivial amount of people mentioned the need to seek out traditional healers.

Findings also showed women are not resting as much as they should during pregnancy. Physical effort and a high household burden have negative effects on pregnancy and a woman's health during this period. While the majority of men (76%) indicated their intention to support their wives during pregnancy, many wives indicated needing support from their husbands during pregnancy and lactation. This includes, but is not limited to, support with domestic tasks, lifting heavy items, and accompanying them to antenatal care (ANC) and children consultations.

"We get so scared when our children have diarrhea or malaria because we know when it happens, we can lose them. We believe they can be treated at the hospital and also by the traditional healer because there are a couple of things that in the hospital they do not understand...But sometimes when we see that children are not getting any better, we take them to the hospital."

- Caregivers of CU5 at project site

Maternal Nutrition and Care of PLW & baby (0-6 months)

The overwhelming majority of KAP Study participants are not knowledgeable about maternal nutrition during pregnancy, with only a small number (15%) able to identify the four food groups for an essential diet for PLW. While the KAP Study showed that PLW reported eating between 2-3 meals per day, micronutrients were missing. This indicates poor attitudes and practices around nutrition and diet during pregnancy among the target population. The situation is more serious in remote areas, where people have less access to information.

Findings showed that a poor diet was not only related to food scarcity, but also to a lack of information on how to better use local resources for a more nutritious and balanced diet for PLW. It should be highlighted in the communities that an investment in nutrition is an investment in future income.

Breastfeeding is widely practiced; however, exclusive breastfeeding for the first 6 months remains low among lactating women. Despite the fact that they are knowledgeable about the importance of exclusive breastfeeding, they believe that breast milk alone is not enough. The main barrier to the adoption of exclusive breastfeeding is not knowledge, but the community's preconceived ideas towards this issue.

Infant and Young Child Feeding (IYCF)

Due to food scarcity, data showed that feeding infants and young children appropriately is a serious problem. The typical daily diet for CU2 is very poor, missing the recommended dietary diversity and not constituting a minimum acceptable diet. For most caregivers, it is difficult to feed their child a variety of foods each day. The KAP Study participants reported that they do not manage to feed their young children more than 2-3 food groups per day. It is evident that the recommended frequency of feeding children is very low. Moreover, knowledge on food consistency and quantity of food for children at each meal is very limited, leading caregivers to adopt an intuitive practice, without following any recommendations. The daily diet for a young child becomes more worrying as parents and caregivers do not have information on fortified products and, consequently, on how to choose these in the local market. Likewise, the practice of adding oil, butter, or other fats to children's diets is lacking.



Sanitation and Hygiene (S&H)

Safe drinking-water is a challenging issue in all communities where the project is being implemented. The KAP Study shows that the main sources of drinking water are public water pumps, ponds, streams and rivers. The KAP participants are able to distinguish safe water from unsafe water by looking at its turbidity (how cloudy it appears). Although it is recognized that muddy water is unsafe to drink and should be treated, and a majority of KAP respondents indicated they intended to or might treat their water before drinking it, it is extremely difficult for them to boil water because they do not have the resources nor the time to do so. As a result, the water they consume is unsafe. The same water is used for bathing, cleaning and doing the laundry.



Sexual and Reproductive Health (SRH)

Findings from the KAP Study revealed young people's - adolescent girls and boys – *dreams*: they want to finish school, make money, get a job and have a profession. "Dream" was used because they are uncertain if they will succeed in achieving it as they face many obstacles.

"I am 19 years old. I am not prepared to be a mother because I do not want to stop my school. My dream is to finish my studies and go to university to get a university certificate. But I'm married and my husband wants to be a father. I have talked to him many times, but he asked me to stop trying to convince him to wait until I finished my studies. He made it clear that he would not accept my refusal. So since last year I have done nothing to avoid pregnancy. I do not know what to do."

-Adolescent girl, 19 years old
GTNS community-based volunteer activist

Early marriage and/or early pregnancy is not compatible with finishing school. The KAP Study highlighted that while polygynous marriages remain widely practiced and strongly valued culturally in Chemba district, young people do not intend to maintain this tradition and are much inclined toward monogamous marriage. The rationale stated by adolescents is that polygynous marriage creates instability in the family and increases household expenses.

Adolescents are not only questioning both their parents' attitudes and behaviours, but also existing social norms, and ending the status quo to promote deviant behaviour instead. They emphasized that polygynous marriages have posed an obstacle for caring of PLW and children as men are not able to support all their wives and children properly.



Given their great potential to act as a positive deviant, engaging adolescents in existing community sessions on SRH and gender is crucial to bring together different perspectives and encourage productive intergenerational discussion.

Health facilities provide family planning services at community level through mobile brigades and health campaigns. For this reason, the KAP Study findings show people in the community are knowledgeable about contraceptive methods and have access to them. According to interviews, a couple should decide together on contraceptive use; however, it is understood that actually men have the final say on contraceptive use. Although a considerable number of women (42%) indicated they would continue to use contraceptives if their husbands did not agree to do family planning. It should be noted that men refuse to use condoms because they say that it diminishes sexual pleasure.

Obstetric Fistula (OF)

Obstetric fistula is a serious and often painful childbirth injury where a hole forms between the birth canal and bladder and/or rectum during prolonged, obstructed labour. It leaves women leaking urine, faeces or both. Without proper medical treatment, this condition usually leads to negative physical, psychological and social impacts. Fear, taboo, shame, lack of knowledge, misinformation and cultural values are the key words that come up when discussing OF with community members. Women living with OF confine themselves to social isolation because participating in daily life was reported to bring embarrassment due to the symptoms and taboos of this disease. With that being said, women living with OF do not feel comfortable talking about their symptoms or this issue overall. Furthermore, OF is strongly associated with witchcraft, external causes, and "bad spirits", leading to people living with OF to seek solutions by traditional healers.

There is opportunity to strengthen local government partnerships with health authorities in relation to OF. Findings revealed that treatment is only available outside of Chemba District at provincial level hospitals, where many project beneficiaries cannot travel to without support.

"Since having this [OF] problem my life changed. My husband left me. Before I suffered from this all was good between us. I avoid being with my friends and neighbours because I do not feel comfortable being with them or confident when I go out. I keep myself most of the time indoors and just go out when it is absolutely necessary."

-Community member, 20 years old

CONCLUSION

The aim of the KAP Study was to explore key aspects related to nutrition to better understand the community's knowledge, attitudes and practices to strategically inform programme implementation. The findings clearly reveal crucial areas for change in the project and key insights into community members' perceptions, knowledge and practices and reasons why given beliefs have been perpetuated. The KAP Study results can promote a valuable force for change.

The KAP Study captured certain differences between rural and central communities. The communities surrounding the Mulima central area, although displaying rural characteristics, are more knowledgeable and exposed to public services, while remote communities have more ingrained traditional practices. This suggests that more attention should be given to the people living in nearby communities. However, gender dynamics remain the same across communities, showing men remain reluctant to ensure more support for their wives.

RECOMMENDATIONS

The KAP Study results highlighted seven target areas to which recommendations are directed. The following recommendations are presented taking into consideration that the programme is currently running and some actions are already in place.

1. First 1,000 days of life

1.1 Strengthen partnerships with key health facilities near project sites to leverage their support for successful project implementation.

1.2 Develop and broadcast semi-regular radio programmes targeting caregivers on the importance of the first 1,000 days of life using key SBCC messages for this critical time period.

2. Health of PLW and CU2

2.1 Engage traditional healers in SBCC messaging to leverage their community influence in improving children and PLW health and nutrition outcomes.

3. Maternal Nutrition and Care of PLW & baby (0-6 months)

3.1 Support mobile brigades to prioritise dissemination of information in remote communities on proper diet and care for PLW and provide basic health services to women facing barriers in consuming a nutritious and balanced diet.

3.2 Sensitize community members through existing SBCC activities and an additional livestock rearing component to use locally available food sources to improve maternal nutrition.

3.3 The SBCC strategy should change from an awareness raising campaign to a behaviour change campaign, focusing on perceptions of the benefits, risks and seriousness of the issues around exclusive breastfeeding.

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4. Infant and Young Child Feeding

4.1 Refocus the cooking demonstration strategy to be more community-focused and include messages related to food quantity and consistency and adding fats to improve IYCF diet.

5. Sanitation and Hygiene

5.1 Create synergies and alignment wherever possible through multi-sectoral approaches to increase the number of local water pumps.

6. Sexual and Reproductive Health

6.1 Liaise with district government education authorities and encourage supporting adolescent girls finishing school by providing technical and financial support.

6.2 Expand the target audience of the SBCC interpersonal community sessions to include adolescents from the project household in addition to the caregivers of CU2 and their partners.

6.3 Design a visually artistic complementary activity to ensure that adolescents can transform what they have learned from the community sessions into a piece of artwork that can be displayed in the community.

6.4 Design a context-specific gender action plan to further strengthen the link between gender and nutrition throughout all activities.

7. Obstetric Fistula

7.1 Develop an awareness campaign around Obstetric Fistula and its related messages utilizing the media component.

7.2 Support local and provincial health authorities in Obstetric Fistula campaigns by aligning project-supported mobile brigades and radio messages with the Mozambique national plan.

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