

**AN APPRAISAL OF UNICEF COMMUNICATION APPROACHES  
ON INFANT AND YOUNG CHILD FEEDING (IYCF) PROGRAMME  
IN BENUE STATE**

**BY**

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ZARIA, NIGERIA**

**OCTOBER, 2018**

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**A DISSERTATION SUBMITTED TO THE SCHOOL OF POSTGRADUATE  
STUDIES, AHMADU BELLO UNIVERSITY, ZARIA, NIGERIA IN PARTIAL  
FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF MASTER OF  
ARTS DEGREE (M.A) IN DEVELOPMENT COMMUNICATION**

**DEPARTMENT OF THEATRE AND PERFORMING ARTS,  
FACULTY OF ARTS,  
AHMADU BELLO UNIVERSITY,  
ZARIA, NIGERIA**

**OCTOBER, 2018**

## **DECLARATION**

I hereby declare that this study entitled “An Appraisal of UNICEF Communication Approaches on Infant and Young Child Feeding (IYCF) Programme in Benue State” was carried out by me at the Department of Theatre and Performing Arts, Ahmadu Bello University, Zaria under the supervision of Dr. Emmanuel Jegede and Prof. M. I. Umar-Buratai. Information derived from other sources has been duly acknowledged in the references. No part of this dissertation has been submitted previously in application for another degree of Ahmadu Bello University or any other university.

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Bolaji, AdebukolaTemitope

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Date

## CERTIFICATION

This is to certify that this dissertation entitled: “An Appraisal of UNICEF Communication Approaches on Infant and Young Child Feeding (IYCF) Programme in Benue State” by Bolaji, AdebukolaTemitope (MA/ARTS/1000/2011-2012) meets the regulations governing the award of a Master of Arts Degree (M.A) in Development Communication of the Ahmadu Bello University, Zaria Nigeria, and it is approved for its contribution to knowledge and literary presentation.

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## **DEDICATION**

This dissertation is dedicated to my Father in Heaven who saw me through to the end. Also, to my parents, Prof and Dr. (Mrs.) Caleb Bolaji and my siblings, Mr. and Mrs. Femi Bolaji, Miss Adedoyinsola Bolaji and Late Master Joshua Bolaji. Likewise, in memory of Prof Jenkeri Zakari Okwori, Prof. Samuel Ayedime Kafewo and Dr. Martin Adegbe Ayegba whose inspirations are evergreen.

## ACKNOWLEDGEMENTS

My first thanks goes to the Almighty God for seeing me through this programme. My sincere appreciation goes to my supervisors, Dr Emmanuel Jegede and Prof. M. I. Umar-Buratai for their patience and positive criticism which made the dissertation to end on a good note.

I also want to use this medium to express my gratitude to the following people; Prof. S. O. Abah, Dr. (Mrs) V. M Lagwampa, Dr. (Mrs.) Rasheeda Liman, Dr. Emmanuel T. Gana, Mr. Steve Daniel, Mr. Sylvanus Dangoji, Mr. Mohammed Rabiul Isa, Mr. Bankole Bello, Mr. S. Bappa and also Prof. (Mrs.) Alabi, Prof. Doris Obieje, Prof. Ofuokwu and Oga Lati. I thank you all for your concern and contributions. I am grateful to my parents, siblings, relatives and colleagues for all their support and understanding which made this journey to end well. May God reward you all for your labour in due season.

To the class of 2011-2012, I salute you all and say thank you. I also want to register my appreciation to the Ministry of Health in Benue state and all the staff for supporting the research work with vital information. Also the staff of UNICEF, I say thank you for taking time out of your busy schedule to attend to me. To everyone who said words of encouragement and took out time to look through this work, I say thank you.

## **ABSTRACT**

This study was conducted to appraise UNICEF's communication approaches for the Infant and Young Child Feeding (IYCF) programme in Benue state. Child malnutrition has been a challenging issue, with the IYCF programme deploying several communication approaches to reduce the level of malnutrition in Nigeria. This research was anchored on the Health Belief Model and the Northouse and Northouse Model of health communication, to know the extent which the communication approaches have been utilized and their effectiveness. Both qualitative and quantitative method were used to elicit information from 77 respondents in Otukpo and Makurdi Local Government Area. The study found that the communication approach made positive impact on malnutrition level. 74.3% of the respondents across the four communities in the two Local Government Areas agreed that there was a significant change in the nutritional status of their children after they participated in the programme. Findings also showed that economic factors, distance, language of communication, gender apathy, awareness level and timing are significant factors limiting the effectiveness of IYCF programme. The involvement of the participants to give feedback was observed as critical to sustenance of different communication approaches used for the programme. It is thus recommended that the use of communication approaches that combine indigenous and conventional methods should be sustained for more impactful results for future interventions. Also, there is need to initiate community radio intervention to give room for local participation and ownership.

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## CHAPTER ONE

### GENERAL INTRODUCTION

#### 1.1 Background to the Study

Non-governmental agencies and development intervention organisations have come to realise the importance of communication to development (Hybels and Weaver, 1998; Hargie and Dixon, 2004). In this regard, the United Nations Children's Fund (UNICEF) has also fashioned communication approaches in its development intervention projects to attain sustainability and impact. How successful these approaches are when deployed is now a subject for reviews and reassessments. Consequently, this study appraises the UNICEF communication strategies used in the Infant and Young Child Feeding Practices (IYCF) in Benue State which was primarily concerned with addressing the issue of malnutrition.

The IYCF project in each community required the counsellors to set up a support group that provides advice to mothers on child care especially during a child's first 1000 days-from pregnancy to their second birthday. In addition, the counsellors also visit each young mother at home to reinforce the messages and work through the individual household dynamics that may make it difficult for the women to practice what they learnt (UNICEF, 2015). The project's communication strategies include, Counselling, Information Education and Communication (IEC) materials, and Radio broadcast.

Over the years, there has been growing attention on the importance of healthy and nutritious complementary foods during the first years of a child's life (Save the Children, 2012), (UNICEF, 2013). In fact, the guiding principles of Infant and Young Child Feeding (IYCF) as delineated by World Health Organization (WHO) state that children should receive six months of exclusive breastfeeding, after which other food sources should be introduced to complement the child's diet because the mother's milk alone can no longer provide all the required nutrients (WHO, 2013). Also, the recommended period for

complementary feeding is between 6 and 24 months of age. Research has shown that this period is the most vulnerable stage in a child's development, where incidents of growth faltering, micronutrient deficiencies and infectious illnesses abound (WHO, 2009). Since this period in a child's life is such a 'critical window' for healthy, physical and mental development, much attention goes to promote adequate IYCF practices. However, healthy, physical and mental development is not the only reason for which complementary foods are introduced to children. It also serves the purpose of acculturation that is, introducing gradually a child to the diet and eating habits of its family and community (Palmer, 2011).

Successful IYCF interventions rely on behaviour and social change which can largely be reached through political commitment, adequate resource allocation, capacity development and effective communication. Current investments in nutrition in general and IYCF in particular, are very small when compared to the magnitude of the effects of malnutrition, both as a health and as a social problem. Although the challenges in the field of health and health communication have become complex in nature, UNICEF adopted certain communication approaches to address issues of malnutrition among infants such as one-on-one counselling and use of IEC materials. The primacy of good nutrition to a child's growth and development demanded a critical appraisal of UNICEF's communication interventions in improving infant and young child feeding if sustainable achievements in child survival, growth and development are to be attained. This will play a significant effect on the chances of improving society's general development.

In 1996, the World Food Summit had a structured goal aimed at reducing the number of undernourished people by 2015 based on the data retrieved in 2007. This data estimated that the number of undernourished people in developing countries was 824 million in 1990-92 and in 2003-05, the figure stood at 848 million and reached 923 million in 2007. This makes Millennium Development Goals (MDG) 4 and 5 that aim at reducing child mortality

and maternal mortality respectively seem very unlikely to be achieved (UNICEF, 2016). Other data sources estimated that each year about 1 million Nigerian children die before their fifth birthday and malnutrition contributes to nearly half of these deaths. This situation is very alarming and calls for serious concern. Also, the rates of 'stunting' in Nigeria have continued to increase for more than a decade. About 2 in 5 Nigerian children are stunted even with all the interventions and projects put in place by both the government and international partners (Black *et al.*, 2013).

In 1992, a UNICEF causal model for under-nutrition gained widespread acceptance for its recognition of three underlying and immediate causes of malnutrition: food insecurity, poor health, and inappropriate caring practices (UNICEF, 2012). To address these immediate causes, the IYCF project was kick started in Benue and other parts of Nigeria to train women and communities on best practices in raising and caring for their children. These included an orientation on exclusive breastfeeding, Key Household Practices, methods of detecting early signs and symptoms of malnutrition, pneumonia and diarrhoea, maintaining a normal Body Mass Index, immunisations and sessions on the psycho-social needs of the child to ensure proper upbringing.

Although Benue state is described as the 'food basket of the nation' because of the large availability of food in the state and large arable land space, statistics have revealed that 17% of children are 'moderately underweight', 7% are 'moderately wasted' while 26% are 'moderately stunted' (Benue State Ministry of Health, 2009). This shows that 50% of children in Benue are deficient in their nutritional wellbeing. Hence, this poses a great threat to the development of the state; if half the population of children are malnourished they would turn out as dependent adults, not able to contribute to the development of the society while tasking the other half to care for them. Of greater consequence to this study is the reality that the availability of food is not necessarily a guarantee for good nutrition. In

this regard, communication can play a major part in adopting healthy nutritional habits. However in 2015, the National Population Commission of Nigeria and ICF International, Nigeria Demographic and Health Survey, estimated that, 23% of children in Benue state are “stunted”. This data showed that there has been a significant reduction in the rate of malnutrition after the deployment of the IYCF programme and this calls for an investigation of the programme to understudy the approaches used, (NNHS, 2015).

The IYCF project, tagged “Counsellors Teaching Mothers the Benefits of Locally Grown Foods in Benue” was initiated in 2011. Since then, the project has been implemented in different parts of Nigeria such as Yobe, Bauchi, Katsina and Sokoto in order to end malnutrition in the country. Following this development a report was posted on UNICEF website on the 9<sup>th</sup> of August 2013 claiming that: The project involved the use of counsellors to move health education out of the overwhelmed health centres and into homes and villages to reverse the problem of stunted- growth, particularly in rural areas, where nearly half the children are underweight.

With the emphasis on communication as an essential component in instilling healthier behaviours, it would therefore be pertinent to assess the communication approaches deployed by UNICEF in order to ascertain the level of impact achieved through the IYCF project. Black (2013) as cited earlier, noted that with all the interventions deployed to address malnutrition in Nigeria, the rate of stunted growth has continued to increase for two decades now. This suggests that, there could be a gap in the communication approaches adopted and hence the reason for the increase in malnutrition among Nigerian children. It is on this basis that this study undertook an appraisal of UNICEF’s communication approaches with a view to identify the reasons behind such stagnation in the development of children.

## **1.2 Statement of the Research Problem**

Despite the increase in projects involving nutritional education and the large span of arable land being used for food production in Benue state, malnutrition is still on the increase. Non-governmental agencies, independent cooperatives and the government have, at different points, embarked on intervention projects to address issues of malnutrition in Nigeria with little or no success. Issues such as suitability, funding and staffing among others also affect the course of implementation, thereby reducing the effect of the project on the beneficiaries, (Federal Ministry of Health, 2013). Various media channels, strategies and approaches have also been designed and implemented to tackle the issue of malnutrition but the outcome has shown that malnutrition is still around.

Current statistics show that if malnutrition is not reduced it could have a very grievous effect on the population and this poses a great development challenge to Nigeria as a whole. There is therefore the need to appraise the communication strategies deployed in communicating healthy nutritional behaviour so as to identify the reason(s) for such a developmental gap. This is because communication has come to be seen as central to behavioural change and development. This study, therefore, appraised UNICEF's communication approaches in the IYCF project in order to measure their effectiveness in alleviating the challenges of malnutrition among children of Benue State.

## **1.3 Aim and Objectives of the Study**

The aim of the study is to appraise the communication strategies used by UNICEF in the IYCF project geared towards the reduction of malnutrition in Benue State.

The objectives of this study are therefore:

1. To identify the communication approaches adopted by UNICEF for the IYCF project.
2. To examine the extent to which these communication approaches have been utilized to benefit the study locations

3. To evaluate effective ways of communicating nutrition for healthy living and personal development.

#### **1.4 Research Questions**

1. What is the communication approaches used in IYCF project at Benue State?
2. How successful are these communication approaches in addressing malnutrition and instigating behavioural change?
3. What communication approaches would be more suitable and effective in improving healthy living and personal development?

#### **1.6 Justification for Study**

Communication is at the heart of all human endeavours. It has been identified as central to development. So many communication approaches have been applied to ensure sustainable development, especially in UNICEF's IYCF project yet the problems still linger. This study is justified as an attempt at appraising communication approaches with a view to find the reasons behind their inefficiency in development interventions.

This research is based in Benue State which is one of the states in Nigeria with large arable land space and abundance of food all year round. Despite this, the state has a large percentage of malnutrition cases. Specifically concerned with nutritional education and communication approaches, the findings, analysis and recommendation of this research would assist the government, stakeholders and other related bodies to improve in the area of nutritional communication. This research will generate a process for scholars, students and other researchers, to improve on the communication approaches available to rid the menace of malnutrition plaguing the nation.

## **1.7 Scope of the Study**

There are many nutritional projects in Nigeria today implemented in different parts of the country. However, this research is primarily concerned with the UNICEF IYCF project conducted in Benue state, particularly Northbank and Agan communities in Makurdi LGA and Otobi and Ogboju communities in Otukpo LGA. This research limits its scope to a study of the communication approaches of the nutrition projects of Counsellors Teaching Mothers the Benefits of Locally Grown Foods by UNICEF in Benue state which took place between 2010 and 2015.

## CHAPTER TWO

### REVIEW OF RELATED LITERATURES AND THEORETICAL FRAMEWORK

#### 2.1 Introduction

This chapter reviews relevant literatures on the concept of communication, health and the importance of nutrition to healthy living. The chapter also reviewed related literatures on communication strategies, health communication, UNICEF communication approaches and their relevance to the development of nutrition communication approaches. Furthermore, empirical literatures were reviewed in order to buttress the gaps as well as challenges that this research needs to fill and address. The chapter concludes with the theoretical perspectives of the research which hinge on the Health belief and Northouse and Northouse models of health communication.

#### 2.2 Communication

An integral part of living and working with people involves communicating. Communication involves everyday interaction that we have with people around us. As such, communication is not restricted to speech alone, as body language and signs also play an important role as well. In addition, we now have access to mass media such as radio, television, newspaper, videos and the internet which are useful tools of communication and have opened up the platform of communication to a wider audience.

Communication is central to our everyday functioning. As aptly put by Hybels and Weaver (1998), 'To live, is to communicate; to communicate is to enjoy life more fully'. Without the capacity for sophisticated channels for sharing our knowledge, both within and between generations, civilization perhaps will not advance, (Hargie and Dixon, 2004). These definitions explain the importance of communication and the need to carry out in-depth research on communication in order to fashion better ways to use communication effectively.

Curran and Gurevitch (2005) argues that just as technological developments drive historical, political and cultural change within society; every aspect of society from work to family life, politics, entertainment, religion, sexuality is affected by innovations in communication as it is central to human existence. The innovations in communication are clearly manifestations of what we see in our society today and part of what a society is made of. It is important therefore to understand the process of communication, which involves knowing who is/are your audience. Who says what? With what purpose? To whom? In what situation? By what means? And with what effect?

There are four major forms of Communication:

- 1) Intra-personal Communication: This type of communication keeps happening within oneself about factors that influence and affect the individual. For example, when we see food we are allergic we would say, 'I should not eat that as it gives me stomach ache'. So we have communicated to ourselves that a version of certain food could cause problems.
- 2) Inter-personal Communication: Inter-personal communication takes place between two people who may share some kind of a relationship. It allows us to better understand world events, other people and our environment. Interpersonal communication may take place between two people or between small groups of people.
- 3) Group Communication: It is communication with a large number of people. For example When address a group of women who have come together to take up some task such as participating in an antenatal class. These become a form of group communication.
- 4) Mass Communication: Mass communication make use of newspapers (and other print media), television, radio, Internet. All these are forms that can be used very

powerfully to mould opinions and get people to act in the desired manner. Mass communication is a very powerful tool for a development worker if used in the proper way as it reaches a wider audience at a time.

In light of the above, the researcher sees the process and tool of communication has a short-term effect which involves the expressions, actions and words of the audience, which tells us whether they are bored, clear, confused and it is important to look for and encourage some sort of a response. The long-term effect which looks at the success of communication, when finally judged by what people will do, when they are free to act as they choose is also important as this could give understanding as to how decisions are made.

In continuation, it is important for communication experts to develop strategies in line with the process above, as the ability to accept new ideas and innovations come from the type of effect the messages has on them. The researcher thus agrees with the school of thought that says, when the wrong channel of communication is used to pass messages to the audience, it might not be fully grasped or understood and this could result in the audience taking no action or reaction as expected to the message.

For communication to have an effect either on a short or long term, the appropriate approach to use to get the audience attention is important to enable the audience act favourably. For many people, information heard directly from the mouth of another person has a better effect, if that person is well respected and trusted or is professionally qualified.

### **2.3 Communication Approaches**

In many development programmes in rural Africa, communication is tagged as an afterthought with few resources necessary to make a major impact on the beneficiary communities (FAO, 2007). Communication approaches are very important especially when intended for behavioural change of a person or people. There are different communication

approaches, in which participatory communication approach is one. It involves the input of the participants' opinion on the subject matter.

Soola (2002) defines participatory communication as “the bidirectional sharing of ideas, information, knowledge and experiences among co-equals, a necessary ingredient for development”. Participatory communication ensures that community people are the most qualified at the local level to decide if, and in what ways a given project's planning and objectives are situated realistically in the context of the people's needs. It ensures that rural people are involved; informed and motivated to participate in the planning of their own development and are empowered with skills required to improve the quality of their lives.

In addition, NACA (2008) stated that communication approaches developed in the past in Nigeria were more of information dissemination and campaigns through the mass media, about how to adopt healthy living life styles and it was done without the amalgamation of community action, dialogue and conversations. This gave little or no room for participation of the community people. It made the adaptation of the messages into the lives of Nigerians very slow and difficult. The locals in the rural area believed that messages had a particular means of dissemination according to the norms and customs of the community.

Imoh (2008) stated that, these health messages get to the village level, where the people live, not via the mass media, but through interpersonal contacts made by Local Government officials, social groups, teachers, village health workers, extension workers and other volunteers, who reside in the village or district. The traditional leaders, through the village chiefs, town criers and age grades create awareness about programmes and legitimize their adoption. Religious leaders play a positive role in spreading messages, while social groups also helps through face to face contacts, to inform, convince and motivate potential adopters of innovations.

Other communication approaches also include Behaviour Change Communication (BCC). BCC arose out of the health behaviour theories highly researched from the 1970s onwards. BCC, which was originally applied to health issues such as HIV/AIDS and smoking cessation, is the application of the health theory to bring about change in the individual. For the past twenty years, the health theory constructs have been shown to be useful as the theoretical underpinnings of nutrition education (Contento, 2008).

Behaviour Change Communication was defined by UNICEF (2012) as a research-based consultative process for addressing knowledge, attitudes and practices that are intrinsically linked to programme goals. Its vision includes providing participants with relevant information and motivation through well-defined strategies, using an audience appropriate mix of interpersonal, group and mass-media channels and participatory methods. Behaviour change strategies tend to focus on the individual as a locus of change.

The terminology has also spread through public health professionals who returning from studies in the United States (US). The United Nations Children's Fund (UNICEF) and the World Bank, The UK Department for International Development (DFID), the Canadian International Development Agency (CIDA), and the Australian Agency for International Development (AUSAID) use "behaviour change communication". All of these entities use BCC for a wide range of health behaviours, including nutrition, particularly breastfeeding and complementary feeding, (Feed the Future, 2012).

Another communication strategy is the Nutrition Education. It is the standard terminology used for domestic programmes of the U.S government and by U.S Universities to describe their professional development course. Nutritional Education as defined by Mataix Verdú, (2000) includes all types of actions designed to change knowledge, attitudes and behaviours of individuals, groups of individuals or populations to contribute to the

prevention and control of malnutrition in all its forms, and any erroneous food consumption, including of course the economic aspect.”

Ministère d'Éducation Nationale (2013) defined nutritional education as, “all communication activities aiming at the voluntary modification of practices that have an incidence on population nutritional state, in order to improve it.” Nutrition education in the North American context encompasses campaigns, interpersonal communication, and advocacy. Within North American clinical settings, other phrases substitute such as “diabetes education”, “weight management training”, or “dietary counselling.”

Nutrition education is rarely used by many UN agencies or international NGOs. It is mentioned only once by name in the WHO Global Strategy on Diet, Physical Activity and Health, although nutrition education efforts are implied throughout the document. The United Nations Educational, Scientific and Cultural Organization (UNESCO) uses “nutrition education” in reference to school programmes. While UNESCO do not often use the term “nutrition education”, as such, WHO and UNICEF are both deeply engaged in actions which are nutrition education. Examples include the promotion of IYCF, development of anti-obesity campaigns with governments of Eastern Europe, and much more (WHO, 2004). This strategy requires media to deliver its messages in an effective way. Some of these media include the conventional media and the traditional media. The tables in pages 14, 15 and 16 give a summary of all the media and channels and their abilities to create change and effectiveness in spreading information.

The use of BCC and nutritional education communication approaches is evident in the IYCF project at Benue, where mothers' behaviour to breastfeeding and complementary feeding are addressed. In this regard, mothers are taught the methods to adopt based on nutritional education. It can be said that nutrition education serves to create awareness and transmit knowledge while BCC motivates and enables people to change their practices.

**Table A: Showing types of media, their potential for participation, target audience, advantages and disadvantages**

Type of Media	Potential for Participation & Two-way communication	Target Audience	Advantages	Disadvantages
Television spots	<input type="checkbox"/> Mass media – can reach many people <input type="checkbox"/> High status	<input type="checkbox"/> General public <input type="checkbox"/> Can also be tailored to specific target audiences	<input type="checkbox"/> Wide reach <input type="checkbox"/> High status and perceived credibility <input type="checkbox"/> Audio and visual (can see and hear) <input type="checkbox"/> Good for simple messages and slogans <input type="checkbox"/> Can help to generate interest, awareness and excitement	<input type="checkbox"/> Expensive <input type="checkbox"/> Programs not always on at convenient times <input type="checkbox"/> Not everyone has TV <input type="checkbox"/> No room for interaction unless linked to a TV call-in show
Radiospots	<input type="checkbox"/> Mass media – can reach many people <input type="checkbox"/> High status	<input type="checkbox"/> Specific target audiences	<input type="checkbox"/> Medium to wide reach <input type="checkbox"/> High status <input type="checkbox"/> Good for simple messages and slogans <input type="checkbox"/> Can help to generate interest, awareness and excitement	<input type="checkbox"/> Relatively inexpensive (compared to TV) <input type="checkbox"/> Programs not always on at convenient times <input type="checkbox"/> No room for interaction <input type="checkbox"/> Audio only, no visual communication.
Radio call-in shows	<input type="checkbox"/> Mass media – can reach many people <input type="checkbox"/> High status	<input type="checkbox"/> Specific target audiences	<input type="checkbox"/> Medium to wide reach <input type="checkbox"/> High status <input type="checkbox"/> Allows greater room for feedback, questioning and input	<input type="checkbox"/> Relatively inexpensive (compared to TV) <input type="checkbox"/> Programs not always on at convenient times <input type="checkbox"/> Audio only, no visual.
Newspaper feature/pages	<input type="checkbox"/> Little room for participation or input, except for letters to the editor, news releases and sometimes community columns	<input type="checkbox"/> Literate public	<input type="checkbox"/> High status <input type="checkbox"/> Can be reviewed and re-read as needed	<input type="checkbox"/> Public generally does not read <input type="checkbox"/> Requires literacy <input type="checkbox"/> Does not reach a large audience as TV or radio <input type="checkbox"/> Publication depends on the whim of editors
Newspaper advertorials	<input type="checkbox"/> Little room for participation, but provide opportunity for paid information to be included	<input type="checkbox"/> Literate public	<input type="checkbox"/> Seen as paid information, <input type="checkbox"/> Moderate status <input type="checkbox"/> Can be reviewed & re-read	<input type="checkbox"/> Same as newspapers, but with higher cost

Websites/internet&blogs	<input type="checkbox"/> Need to be computer literate, but otherwise lots of potential for participation through blogging, list-serves, e-networking, specific websites	<input type="checkbox"/> Literate public <input type="checkbox"/> Specific list serves and networks can be set-up for particular audiences/clients, such as the media directly	<input type="checkbox"/> Global info can be obtained, not only local or regional <input type="checkbox"/> Youth becoming computersavvy <input type="checkbox"/> High-status <input type="checkbox"/> List-serves can be quite inexpensive <input type="checkbox"/> Can establish links to other sites (CFNI, FAO, etc and MOA, local networks) <input type="checkbox"/> Can also establish pages on existing sites	<input type="checkbox"/> Computers needed and may not be widespread <input type="checkbox"/> List serves and websites require someone to manage and facilitate them and provide content as well as technical assistance
Mobile phones and text messages	<input type="checkbox"/> Tremendous potential for two-way communication and one-on-one communication among public directly. Also provides timely, current last cost information. Good for 'reminder' messages	<input type="checkbox"/> Specific publics, teenagers in particular	<input type="checkbox"/> Growing reach, especially in rural areas <input type="checkbox"/> Low cost for text messages <input type="checkbox"/> Highly popular	<input type="checkbox"/> Text messages must be short <input type="checkbox"/> Best if linked or tied to other communication efforts
Posters	<input type="checkbox"/> No potential for feedback, unless widely tested or if produced together with communities through participatory processes	<input type="checkbox"/> General and specific publics	<input type="checkbox"/> Can deliver simple messages and slogans <input type="checkbox"/> Not necessarily expensive and can often be produced in-house	<input type="checkbox"/> Requires visual and written literacy <input type="checkbox"/> Generally better for simple messages and slogans
Brochures	<input type="checkbox"/> No potential for feedback, unless widely tested and produced through participatory	<input type="checkbox"/> General and specific publics	<input type="checkbox"/> Can deliver more information than Posters, good for instructional info <input type="checkbox"/> Don't have to be expensively produced	<input type="checkbox"/> Limited to specific distributions <input type="checkbox"/> Requires visual and written literacy
Factsheets and flyers	<input type="checkbox"/> No potential for feedback	<input type="checkbox"/> General audiences	<input type="checkbox"/> Can be distributed after meetings, in markets, <input type="checkbox"/> Can also be mailed <input type="checkbox"/> Cheap if done in black and white on coloured paper <input type="checkbox"/> Reviewed at leisure <input type="checkbox"/> Inexpensive/cheap <input type="checkbox"/> Can be produced in-house through desktop publishing	<input type="checkbox"/> Limited to specific information for specific topics – Single facts or tips

Newsletters	<input type="checkbox"/> No potential for feedback unless produced with community input – then can be highly effective at promoting local innovations and activities particularly if local people ‘report’ and write the news items	<input type="checkbox"/> General and specific publics	<input type="checkbox"/> Can deliver more information than posters and brochures <input type="checkbox"/> Not necessarily expensive, can be done in-house <input type="checkbox"/> Good for reporting on progress and achievements <input type="checkbox"/> Credibility can be high if produced by community (people like to see themselves in print) <input type="checkbox"/> Can be produced in-house through desktop publishing or through desktop publishing	<input type="checkbox"/> Limited to specific distributions <input type="checkbox"/> Requires visual and written literacy
Drama	<input type="checkbox"/> Lots of potential for participation and interaction, Forum theatre and Participatory drama especially – where audiences analyse the plot and characters and can revise scenarios and outcomes	<input type="checkbox"/> Target audiences and others	<input type="checkbox"/> Can present sensitive issues in a humorous manner to avoid confrontations <input type="checkbox"/> Encourages creative brainstorming for solutions <input type="checkbox"/> Highly interactive <input type="checkbox"/> Helps support the building of relationships <input type="checkbox"/> Uses local talent <input type="checkbox"/> Breaks down barriers between formal and informal expertise	<input type="checkbox"/> Not a permanent record unless videotaped and played back again <input type="checkbox"/> Usually significant preparation and up-front work to focus and get desired results <input type="checkbox"/> Requires a team of people/actors <input type="checkbox"/> Can be costly if actors are all paid, but relatively inexpensive if local community talent is used
DVDs/CDRoms	<input type="checkbox"/> Not participatory unless designed as interactive game	<input type="checkbox"/> Specific audiences, particularly attractive to young people	<input type="checkbox"/> Relatively cheap to produce and transport <input type="checkbox"/> High status and seen as ‘professional’ <input type="checkbox"/> More durable than videotape	<input type="checkbox"/> Requires computer access, specific software to produce, particularly with audio commentary and video animation
Jingle, song competitions	<input type="checkbox"/> Participatory to the extent that people get involved.	<input type="checkbox"/> general public	<input type="checkbox"/> popular, generates momentum and energy	<input type="checkbox"/> usually requires sponsorship <input type="checkbox"/> could generate a song that is ultimately not usable <input type="checkbox"/> require effective organization and promotion

Source: UWI/CARIMAC/PP/CAMI/April, 2011

## **2.4 Health and Health Communication**

Health is a broad term to define. Any reflection on the term reveals its complexity. The idea of health is capable of wide and narrow applications, and is either positively or negatively defined.

There are two broad categories of health namely: Physical health and mental health. Physical health refers to having a good body structure as a result of exercises, proper nutrition, body weight management, abstaining from drug and alcohol abuse, hygiene, responsible sexual behaviour and getting the right hours of sleep. According to the WHO (1999), mental health refers to “a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”.

Another definition by WHO (2007), due to the inadequacy of the above definition, referred to health as ‘a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity’, most medically related thought remains concerned with disease and illness’. Weare(2000) also said that, the ability to maintain a good balance of both physical and mental health is referred to as social health as it refers to the ability to create and maintain healthy relationships with people who can be relied on for support and for sharing of life’s experiences or information.

The need to share proper information on health has led to the development of the concept of health communication. Health communication is shaped by many influences including personal goals, skills, cultural orientation, situational factors, and consideration of other people’s feelings. Kreps and Barbara (1992) define health communication as the way we seek, process and share health information’’. Communicators influence- and are simultaneously influenced by-the people and circumstances around them. They rely on others to help them meet goals, develop a satisfying awareness of satisfying awareness of self and

others, and make sense of life events. Rogers (1996) also added that, health communication is ‘any type of human communication whose content is concerned with health, where the focus is on health-related transactions and the factors that influence these’. The area of healthcare is no exception, as communication problems can occur at many different levels and effective communication is now generally acknowledged to be central to effective healthcare.

Sciavo (2007) posited that, Health Communication from a scholarly point of view is a multifaceted and multidisciplinary approach to reach different audiences and share health-related information with the goal of influencing, engaging and supporting individuals, communities, health professionals, special groups, policy makers and the public to champion, introduce, adopt, or sustain a behaviour, practice or policy that will ultimately improve health outcomes. The research noted that, these two definitions have similar assumptions which is “influence” can only be achieved through good communication practice. Effective communication can improve the health outcomes of acute and chronic conditions, reduce the impact of racial, ethnic, disease-specific and socioeconomic factors in care, and improve the effectiveness of prevention and health promotion.

Research conducted by University of Rochester Medical Centre (2004) noted that many patients reported that they were not satisfied with the quality of their interactions with healthcare professionals. Significant gaps in communication between patients and healthcare professionals were evident in the general population. These gaps were more pronounced among marginalized groups such as those with disabilities, low literacy, limited English proficiency or low socioeconomic status, stigmatized groups such as those with HIV infection, obesity, or mental illnesses, and minority populations such as African-Americans and refugees.

From the understanding of the researcher, effective health communication is central to effective healthcare. The notions of how to communicate with families and communities on

the area of health is an emerging issue that needs to be looked in to. There is also a need to end the top-down health education models and give room for more participatory approaches in the health system. More fundamentally, there is a growing recognition that communication generally needs to address underlying conditions – socio-economic, cultural, legal and policy environments – that influence why people act the way they do.

Asiatic(1999) stated that, beliefs and values influence how people behave. Furthermore, the argument revealed that, the roots of people's beliefs and values are complex and multi-faceted. In Bangladesh, a belief that "I will/will not get sick from drinking arsenic affected water" could have several underlying beliefs. "It's the devil's water" or "Allah will decide whether I get sick" suggests a sense of fatalism. Likewise, the value a poor person puts on having a sanitary latrine, or sending a child to school, may be linked to perceptions of economic cost and benefit, or social status. Beliefs and values do not take place in a vacuum, but are shaped and respond to the context of people's lives. Fatalism, for example, often comes from a lack of viable options and a feeling of lack of control over one's life.

Furthermore, the project revealed that, social relations and social norms have a substantial and persistent influence on how people behave. Communication strategies targeting social groups (For example: family, co-workers and youth clubs) may contribute to substantial and sustainable behavioural change. The stronger the affiliation with a group, the more responsive a person is to the group's norms. The national arsenic communication strategy in Bangladesh, for example, aims to leverage the influence of Muslim imams (religious leaders) to promote a norm of sharing arsenic-safe tubewell water.

In another project by Rivero, Liberal and Esparza (1999), behaviour was seen as likely to be repeated if the benefit is rewarding, and less likely if the experience is punishing or unpleasant. This was captured from data of a pilot project in Argentina investigating a home-based solution to the arsenic problem by providing arsenic removal salts directly to poor

families. Government sanitation workers followed up with house-to house visits to show people how to use the salts and to emphasise the importance of changing their drinking water habits. The salts effectively lowered arsenic levels by 70 per cent. The success of this technology was due to its easy use in the home. This facilitated behavioural change in the short term. Unfortunately, the new behaviour could not be sustained because the supply of salts ended with the project.

Rivero *et al.*, (1999) on the same project went on to reveal that, individuals are not passive responders, but have a proactive role in the behaviour change process. Public Health Officials in the United States use advances in communication technology to interact directly with people affected by arsenic. Web pages and ‘open meetings’ on the internet also provide a forum for a two-way flow of information, letting people decide on their role in the communication process, ascribe meaning to messages and control the process of behaviour change. For example, the Indian state of West Bengal strong resistance to an arsenic removal technology was overcome, when villagers travelled to a nearby community to talk to their neighbours who had already adopted the innovation.

From the researcher point of view, behaviour is not independent on context; people are influenced by their physical and social environments. Health behaviour is more influenced by a vast array of biological, environmental, social, physical, spiritual, economic and regulatory factors. This thus underscores the role that behaviour can also play in other activities of man such as feeding, shelter and daily livelihood.

#### **2.4.1 Health Situation in Nigeria**

Gupta, Katende and Bessinger (2004) observed that Primary health care, which is supposed to be the bedrock of any country’s health care policy, is currently catering for less than 20% of the potential patients. They noted that most Health Care facilities are in a state

of severe disrepair, with equipment and infrastructure being either absent or obsolete and the referral system almost non-existent.

According to Abiodun (2010), the health and health-related problems of people living in Nigeria include the following:

- i) Poverty associated with poor housing, unsatisfactory environmental sanitation, polluted water and food which predispose the child to malnutrition and infectious diseases.
- ii) Uneven distribution of health services, and shortage of physicians, nurses and trained health personnel in rural areas.
- iii) High mortality and low average life expectancy, due to lack of access to health services. It is unfortunate that systematically collected data are lacking about levels of morbidity and mortality in rural communities.
- iv) A tendency to engage older children into adult responsibilities early, resulting in psychological problems due to role conflicts.
- v) Endemic diseases prevalence, such as malaria and trachoma.
- vi) Zoonotic diseases as a result of their close contact with animals as part of their way of life. Clearly most of the problems and needs of rural areas are multi factorial in origin and require multidisciplinary interventions.

Despite the availability of Health Centres Services, some rural dwellers in Nigeria tend to underuse the services due to perceptions of poor quality and inadequacy of available services (Sule, Ijadunola, Onayade, Fatusi, Soetan and Connell, 2008). Adeyemo (2005) attributed various reasons to the underuse of the services provided as follows; difficulties associated with transportation and communication, high rates of illiteracy among rural peoples, traditional conservatism and resistance to ideas from outside, deep rooted traditions and customs, including health beliefs and practices, which increase the patronage of the

services of traditional healers; and lack of understanding of among health professionals and decision-makers resulting in poor quality services; and health worker attitude to work (frequent absence from the work place).

In the quest to implement health development activities in the state, it was revealed that Benue State Government Strategic Plan document of 2010-2015 encountered some challenges. These include high morbidity and mortality rates from both communicable and non-communicable diseases, difficult geographical terrain, inadequate funds or late release of funds for healthcare delivery, inadequate skilled manpower, inadequate level of built capacity, ignorance or poor orientation of the community members, low patronage of some public health facilities in the community, inability to provide logistic support in some areas, poor funding of some projects except the international donor supported project, high rate of unemployment, inadequate power generation and distribution and high level of poverty (Benue State Ministry of Health, 2009).

## **2.5 Nutrition**

Nutrition is simply the science of food and its relationship to health. According to Corrinnee (1990), The American Medical Association (AMA) sees Nutrition as, “the science of food, the nutrient and other substance there in, their action, interactions and balance in relation to health and disease. It is the process by which the organism ingests, digests, absorbs, transports, utilizes nutrients and disposes of their end product”.

There is a relationship between nutrition and poverty. Soyibo, Alayande and Olayiwola (2001) noted that the urban poverty level increased from 17.2 percent in 1980 to 58.3 percent in 1996. The nutritional status of the average Nigerian remained precarious as the country consistently recorded deficit average per capita calorie intake. Food deficits of 31 percent and 20 percent in 1980 and 2000 respectively were recorded by Okojie, Anyanwu, Ogwumike and Alayande (2001). The researcher is mindful of the importance of globalisation

in the discourse of nutrition. It is therefore appropriate to understand to what extent globalization has impacted on food consumption, health and nutrition in Nigeria and how the country can take advantage of globalization to improve the health and nutrition status of its people.

### **2.5.1 Nutritional Practices of Benue State**

Benue State is a state in the mid-belt region of Nigeria with a population of about 4,253,641 (2006 Census). It is inhabited predominantly by the Tiv and Idoma peoples, who speak the Tiv language and Idoma respectively. The state has a vast arable land which substantiates the reason why agriculture is their mainstay. It has commendable agricultural potentials producing varieties of crops such as yam, cassava, rice, sesame, maize, sorghum, millet groundnut, soyabeans, fruits and vegetables (Dauda, Okwoche, and Adegboye, 2009). It has a tropical climate which consists of wet and dry seasons. The rainy seasons starts from the month of April to October and the dry season starts from November to March. The average annual rainfall varies between 1250-1750mm from Northern part to the southern parts of the state and her temperature ranges from 30 and 30°C. There

Benue state has 12 general hospitals and when the state was commissioned each of the 23 LGAs had one Public Secondary Health Care Facility in order to strengthen their service delivery. The number of personnel is not rational when compared to the total population of the state as there are 368 registered medical doctors to a projected population of 4,497,988 in 2008, giving doctor-patient ratio of 1: 12,222; while the number of registered Nurses/Midwives is 2,172 representing nurses-patient ratio of 1: 2,071. Going by the WHO standard of one (1) medical personnel to a 1000 population, there is need for improvement in this area (Benue State Ministry of Health, 2015).

Demographic and Health Survey (DHS) of 2013 showed that Nigeria prevalence of appropriate complementary feeding practices among children aged 6-23 months was

10%. For Benue, the prevalence rates of appropriate complementary feeding practices were 12.4%. In Nigeria the usual first weaning food is called pap, “akamu”, “ogi”, or “koko” and is made from maize, millet or guinea corn, which is low in protein content. Children are thereafter introduced to adult solid food, which maybe too heavy to meet the needed quantity. This has been a major cause of malnutrition, which increases susceptibility to infectious diseases and affects child mortality from diseases such as diarrhoea, whooping cough, and acute respiratory infection (Onofiok and Nnanyelugo, 1988). According to a research conducted by Igbedioh and Edache (1995), 73% of mothers in Benue state fed pap made from corn or other carbohydrate based grains to feed their children, with 91% of them storing such pap in flask. This pap lacks a lot of the nutrients required for the child. Also, they noted that 36% of mothers took the decision to feed solid foods to their infant based on the advice they received from hospital. This practice is also seen in different states of Nigeria which contributes to the overall malnutrition rate in the country.

## **2.6 Empirical Review**

Annette (1988) conducted a research entitled “An Innovative Approach to Teaching Prenatal Nutrition” with aim to teach prenatal nutrition to pregnant women attending maternity clinics in the Corpus Christi-Nueces County Health Department. It was identified by the nursing staff that patient noncompliance with mostly individual teachings of prenatal nutrition resulted in anaemia, inappropriate weight gain, and inadequate dietary intake for both mother and child. The research-based principle used to improve patient compliance was “group-teaching of prenatal nutrition” as a cost-effective method to facilitate patient’s compliance with healthy eating habits. A clinical trial of group teaching was presented using a specially prepared slide-and-audio presentation together with a pamphlet and group discussion for reinforcement of nutritional information. In preparation of the teaching aids,

attention was given to presenting information on acceptable, inexpensive, adequate nutrition. The pamphlet was written at a third-grade reading level.

Fiftypercent of the pregnant women who received group teaching showed an improvement in dietary intake one month after group teaching. Less staff and time were required forgroup teaching. The study from this point is relevant in that, it points out one of the indices being assessed in this research which is nutritional education aimed at improving the nutritional status of pregnant women and the use of simple language materials. The difference between the present study undertaken by the research and Corpus Christi-Nueces County Health Department in Texas-USA was, on group-teaching only as the communication approach while the current study was not limited to group teachings. Again, the study is only a qualitative research while the current research is both qualitative and quantitative in nature.

FélicitéTchibindat, Yves Martin-Prevel, Patrick Kolsteren, Bernard MaireandFrancisDelpuech (2004), carried out a study on a project implemented bythe Government of the Republic of Congo in 1996 to improve the child growth and development component of primary healthcare. The study was carried out to explore perceptions and practices of mothers and health workers regarding child growth, health, and development, and to design culturally-appropriate tools to enhance their monitoring and promotion. The study was carried out in two randomly-selected health centres in Brazzaville and the data collected was only qualitative.

From the research findings, the health workers reported that the main indicator of child growth was weight, while the mothers used broader concepts for evaluating growth and development of their toddlers. A strategy encompassing anthropometrics, developmental milestones, and acquisition of social skills was elaborated to enhance communication between health workers and mothers. This charted the course for, a new growth - chart - design, and a new calendar of systematic visits, including key tasks and messages, to be

established. However, these new tools derived from the formative research still need to be carefully studied.

The findings from this research are important to the present research in view of its acquisition of social skills elaborated to enhance communication that will improve the growth and development of children which is one of the aspects of nutritional education being assessed in line with IYCF in Benue state. The study's use of qualitative and quantitative approach which is applicable to the present research. The difference is that the above study formulated a new growth-chart-design, and a new calendar of systematic visits, including key tasks and messages.

FAO (2011) sorted out key nutrition professionals in seven African countries (Botswana, Egypt, Ethiopia, Ghana, Malawi, Nigeria and Tanzania) to conduct a research. This research was to form an integral part of the Nutrition Education and Communication (NEAC), a need analysis for professional training in NEAC with a specific focus on Africa. The project was initiated in September 2010 by the Nutrition Education and Consumer Awareness Group of the Nutrition and Consumer Protection Division of FAO and was funded by the German Ministry of Food, Agriculture and Consumer Protection (BMELV). The assessment is a preliminary to developing NEAC training at undergraduate, postgraduate/in-service and extension levels in both face-to-face and distance-learning formats. The case studies were carried out over a two-month period between February and April 2011 and involved in-depth interviews and one-week media survey to estimate public coverage of nutrition issues. The project observed that actions are most effective when they involve multiple components. For example information provision, behaviour change communication (including skills training) and policies to change food environment.

There is ample published evidence of the effectiveness of nutrition education on child growth and anaemia, particularly through improving breastfeeding and

complementary feeding practices such as the Lancet series on malnutrition of mothers and children cited behaviour change communication (BCC) on infant and young child feeding (IYCF) as one of the 15 evidence-based effective interventions to reduce global malnutrition (Bhutta, Ahmed, Black, Cousens, Dewey, Giugliani, Haider, Kirkwood, Morris, Sachdev and Shekar, 2008). Nutrition education has also been found to be effective in modifying dietary practices that affect chronic disease as was reported in a review of published interventions conducted in North America (Ammerman, Lindquist, Lohr, and Hersey, 2003).

## **2.7 Theoretical Framework**

The humanitarian field of study is one of the most dynamic of endeavours because of its abundant inclination to theory and models. This inclination empowers the field to produce new perspectives to the human dynamics. These perspectives not only indicate methods and approaches guiding the apprehension of a social phenomenon, but also help to advance the frontiers of knowledge and society. The application of two models was very crucial to this research as it helps to expound on issues under study.

### **2.7.1 Health Belief Model (HBM)**

This study was guided by two models. The first is the Health Belief Model (HBM) which was originally developed in 1958 by G.M. Hochbaum, a social psychologist working at the United States' Public Health Service to explain the reason why many people did not participate in public health programs like TB or cervical cancer screening. Subsequently, it was extended by other scholars including Rosenstock, to explain differing reactions to symptoms and to explain the disparities in adherence to treatment. It has subsequently been used to guide the design of interventions aimed at behaviour change and to enhance compliance with ailment preventive procedures. (Rosenstock, 1974).

The design of the HBM was influenced by Kurt Lewin's theories which state that the perceptions of reality, rather than objective reality, influences behaviour. Earlier stimulus-response theory had stressed the importance of behavioural consequences in predicting a person's actions, while cognitive theory modified it by stressing that personal judgments can guarantee that an action would have a desired consequence. In view of the above, health behaviours are influenced by a person's desire to avoid illness or to get well, and by their confidence that the recommended action will achieve this. This perception acts as a catalyst to a person's adoption of new health behavior and likewise social and ethnic factors.

The Health Belief Model examines health decisions in a series of stages and offers a catalogue of variables that influences health actions. The theory was developed to explain the reasons why people are unwilling to undertake preventive health measure. It postulates that an individual's likelihood of engaging in a health related behaviour is determined by his/her perception of the following six variables namely: perceived susceptibility, perceived severity, perceived benefit, perceived barrier and cue to action. Therefore, access to appropriate information will influence existing knowledge about a health condition and increase the chances for a changed in perception and hence positive health actions.

Perceived susceptibility: the person's judgment of his or her risk of contracting the condition. It is perceived likelihood of susceptibility to a particular health condition of concern. This might be measured by questions such as taking all factors into account, what are my chances of getting this disease?

Perceived seriousness of the condition: the severity of the condition (its clinical consequences, disability, pain or death) and its impact on one's life style (working ability, social relationships, etc.). It is perception propelled by the availability of resources for the management of the health condition of concern. Questions might include "If I get this

disease, how serious would that be?” Or, more objective indicators might be used, such as the number of days off work or in bed.

The combination of perceived susceptibility and seriousness is termed “perceived threat”. The perceived threat has a cognitive component and is influenced by communication. Therefore, the strategies for communicating preventive health measure must adopt messages that highlights the variables of this theory especially when such messages aimed at rural communities.

Perceived benefits of an action: explains the perception of the good things that could happen from undertaking specific health behaviours and might propel questions like will the proposed action be effective in reducing the health risk? Does this course of action have other benefits? Again, it is the person’s beliefs, rather than factual evidence, that are influential and this belief is reflective of the person’s social and cultural structure. Assessments might include: Do you think there is anything that could be done to prevent this condition? How effective would that be?

Perceived barriers to action: this concept identifies the perception of the difficulties and cost of performing a health preventive behaviour. Question enabling the facilities the moving from this state are: How do these benefits compare to the perceived costs of action? Are there barriers to action? Will it involve expense, pain, or embarrassment? The balance between benefits and costs may suggest a person’s likelihood of acting and their preferred course of action, but it do not necessarily guarantee a desired action.

A stimulus or cue to action. When a person is motivated and can perceive a beneficial action to take, actual change often occurs when some external or internal cue (e.g., a change in health, the physician’s advice, or a friend’s death) triggers action. It describes the exposure to internal or external factors that prompt health preventive actions and this cues might be fleeting events they are elusive to record. The magnitude of the cue required to trigger action

would depend on the motivation to change and the perceived benefit to cost ratio for the action.

Self-efficacy: The individual's confidence in his or her ability to perform and sustain the recommended behaviour with little or no help from others.

In describing the HBM, Pechmann (2001) referred to it as a "risk learning model because the goal is to teach new information about health risks and the behaviors that minimize those risks" (p. 189). The overall premise of the HBM is that knowledge will bring change. Knowledge is brought to target audiences through an educational approach that primarily focuses on messages, channels, and spokespeople (Andreasen, 1995).

The adoption of the above methods is therefore central in the struggle to promote Infant and Young Child feeding in communities, where the adoption of behaviour change is required. The measure for managing "stunted", "wasted", under-weight children is cumbersome when compared with the preventive measure of key household practises, exclusive breastfeeding and proper complementary feeding messages deployed during the course of the IYCF programmes. Therefore, the strategies of communicating Infant and Young Child feeding should consider existing attitudes and fears of the intended beneficiaries. Child mortality and health condition are easily preventable than cured or managed, especially those related with malnutrition which is evident in Benue State. Therefore, this model is relevant because it appraised the strategies which were adopted to communicate a change in the behaviour of mother and proffer ways to improve these strategies.

### **2.7.2 Northouse and Northouse's Model**

The second model is the Northouse and Northouse's model of health communication, specifically considers communication in the context of health. According to Northouse and Northouse, health communication refers to transactions between participants in healthcare

and about health-related issues. In this research, it is seen that the professionals are the counsellors while the clients are the women in the community. The model emphasizes firstly on the transactions and context between the participants (the women and the counsellors in the context of this research) and how it can influence the interactions in healthcare settings.

This model pays close attention to one of the greatest challenges in the health care system, which is communication. Communication has taken centre stage and has become more dynamic and complex beyond just the sender and receiver. We see a society where communication sets the pace for all aspects of life's endeavours. The model emphasizes the way in which a series of factors most notably relationships, (transactions and contexts) can influence the interactions in healthcare settings. This could in turn mean that information given by the counsellors is either received favourably or unfavourably by the community women, who would assimilate and practice what they have been told to do, which may be easy or difficult, as there are so many factors and complex relations.

Furthermore, the model illustrates that, there are four major types of relationships that exist in healthcare settings: professional-professional, professional-client, professional-clients significant others and client-significant others. Both health professionals and clients bring unique characteristics, beliefs, values and perceptions to the healthcare setting, which affect how they interact. The client's significant others (such as family, friends, work colleagues) are included in the model because they have been found to play a significant role in supporting clients in relation to their health.

The second major element in this model is transactions; that is, the health-related interactions that occur between participants. Health transactions include both verbal and non-verbal communications, as well as the content and relationship dimensions of messages. According to Northouse and Northouse, the relationship dimension of health transactions is established within the various relationships represented by the model, and this dimension

influences how the content of the messages should be interpreted. There is an ongoing central spiral transactional and interactive nature of health communication, whereby the different participants influence each other's communications as an interaction progresses. These transactions are not necessarily only in monetary terms but also in the exchange of information that would be coated with traditions, culture; belief systems, moral values and social and economic situations that surround the individual.

More so, the model also takes into consideration the interactive forces that exist around the individual, as advices given on health matters by health professionals are not likely to be used by the individual except a background check or research is done with family, friends, work colleagues and so on. This may prolong, slowdown or even complicate the process of change for health professional as more values may be placed on the suggestions of the significant others as mentioned above. The project conducted in Benue may not have placed priority on this factor and this could make or mar the effort made by the counsellors and health team to change the nutrition standard of practice in Benue State.

A third major element in the model is healthcare contexts; that is, the settings in which health communication occur. There are different contexts that have been shown to have a significant influence on the form and effectiveness of communications between the different participants and some of these contexts can refer to particular settings (such as waiting rooms and hospital wards), or to the number of participants within the particular setting.

For this communication approach to address the study location, it is expected as stated by the Northhouse and Northhouse model that IYCF project considers the environment in which communication takes place, the people or persons involved as well as the context and relationship that occurs. This theory also emphasizes on the identification of the types of communication employed in the context of the IYCF programme, as it plays an important

role in the success of the programme. The model also identify the need for messages to be coated with traditions, culture; belief systems, moral values and social and economic situations that surround the individual be addressed effectively. The Northhouse and Northhouse is used to buttress the principles that guide the communication approaches in health programmes.

The application of these models is to assist the researcher to identify the communication approaches adopted by UNICEF for the IYCF project. In this instance, Northhouse and Northhouse model is essential to examine the extent to which communication has been utilized to benefit the study locations. In the same vein, Northhouse and Northhouse model is particularly interested in the environment in which communication takes place, the people or person involved as well as the context and relationship that occurs. This is crucial in determining the success of the IYCF programme. Also, the Northhouse and Northhouse model emphasises the need for messages to be coated with traditions, culture; belief systems, moral, social and economic situations in other for messages to suit the audience and appeal to the audience to act favourably. It provides the platform for analysing related issues.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 Introduction**

This chapter lays out the key elements and describes the research methods and instruments used in order to carry out the study. To arrive at an adequate and suitable methodology for this study, it would be appropriate to first take a look at a range of different research methodologies available at our disposal before going on to describe the methods and instruments employed in the study.

#### **3.2 Research Design**

According to Shank (2002) research design is “a form of systemic empirical inquiry into meaning”. By systematic and empirical, Shank suggests a process of inquiry that is “planned, ordered and public”, and which is grounded in the world of experience. Denzin and Lincoln (2000) further explain that, qualitative research involves an interpretive and naturalistic approach, in which researcher studies things in their natural settings, attempting to make sense of or to interpret phenomena in terms of the meanings people bring to them. Thus it would be right to say that qualitative research makes an inquiry into meaning and patterns of life and behaviours.

Harwell (2005) stated that qualitative descriptions can play the important role in suggesting possible relationships, causes, effects and dynamic processes. However, the researcher was not oblivious of the limitations of qualitative research, therefore the researcher has also used the quantitative to compliment in the area of weakness of the former. The problem of adequate validity or reliability is a major criticism. Because of the subjective nature of qualitative data and, origin in single contexts, situations, events, conditions and interactions cannot be replicated to any extent nor can generalizations be made to a wider

context than the one studied with any confidence. Finally, the viewpoints of both researcher and participants have to be identified and elucidated because of issues of bias.

The quantitative research aimed at determining the relationship between one thing (an independent variable) and another (a dependent outcome variable) in a population. Hopkin (2008) pointed out that quantitative research design is either descriptive (subject usually measured once) or experimental (subjects measured before and after a treatment).

This research took cognizance of the limitations inherent in qualitative research design. These include; complexity to control all intervening variables; inability of the design to account for people's unique ability to interpret their experiences, construct their meanings and act on these; assumptions that facts are true and same for all peoples all the time among others. Still quantitative and qualitative approaches to research do normally exhibit some rather pronounced and quite significant difference. Qualitative researches express to a great extent some level of reliability as instruments are administered to the same or comparable individuals to produce the same results.

After having looked at the two broad categories, the research drew its strengths from the survey research mix-methods to obtain relevant data. The study employed the survey research mix-method (quantitative and qualitative) that is descriptive and narrative in nature, based on the importance attached to nutrition, further analytical and empirical research that have qualitatively and quantitatively presented a clearer picture on the extent and impact of the intervention.

### **3.3 Location of Study**

Benue State is one of the states in North Central Nigeria. The state has a land area of 300,955 square kilometers. The State is located approximately between latitudes  $6\frac{1}{2}^{\circ}\text{N}$  to  $8\frac{1}{2}^{\circ}\text{N}$  and longitude  $7\frac{1}{2}^{\circ}\text{E}$  to  $10^{\circ}\text{E}$ . It shares boundaries with the following states:

Nassarawa to the North, Taraba to the East, Cross-River to the South East, Enugu to the South West and Kogi to the West. The South-Eastern part of the state also shares borders with the Republic of Cameroon. The 2006 population census puts the population of Benue State at 4,219,244. Between 70 to 80% of the population live in rural areas. Agriculture accounts for over 75% of economic activities. The state has a total of twenty-three Local Government Areas (LGA) out of which seven are in the Northern zone. The rest of the local governments are: Ado, Katsina-Ala, Oju, Agatu, Logo, Konshisha, Ogboju, Apa, Kwande, Otukpo, Ukum, Obi, Ushongo, Ogbadibo, Vandeikya, and Otobi. The Northern zone lies between latitudes 6°50` North and longitude 7°50` to 10° East. The zone covers an estimated land area of about 10,318.2 km<sup>2</sup> and has an estimated population of about 959,512 persons (Federal Office of Statistics, 1996). The zone comprises seven LGAs namely: Gboko, Buruku, Tarka, Guma, Makurdi, Gwer East and Gwer West. The zone has tropical climate with two distinct seasons (rainy and dry seasons).

The rainy season commences from April to October, while the dry season is from November to March. Two rainfall peaks are observed with an annual average rainfall of about 1500 mm (BNARDA, 1997). The lower peak occurs in May – June, while the higher peak occurs in August – September. The higher peak is followed by 3 – 4 months of dry season (December – March), which is noted by harmattan winds. According to BNARDA (1997), the daily mean temperature during the rainy season is 28°C while in dry season the average temperature is 35°C.

### **3.4 Sampling Technique and Sample Size**

This research employed the use of a non-probability sampling technique which was the purposive sampling technique. This technique helped to reduce the general population in order to achieve a degree of representativeness. The population of women from the two

Local Government Areas who were a part of the IYCF project are 146 women at Agan and Northbank in Makurdi LGA; and 78 women at Otobi and Ogboju in Otukpo LGA which gave a total of 224. In deducing the sample size that was used the researcher used, 77 respondents. This comprises Forty-five(45) respondents which represent 20% of the total population under study who attend this counselling session. Four(4) Focus Group Discussions consisting of Seven (7) women (as each counsellor is expected to have at least 15 or more women in his/her group) were selected from the four (4) communities in two (2) LGA. Two (2) counsellors, one (1) nutrition officer from the State Ministry of Health and one (1) UNICEF Officials were also interviewed to ascertain triangulation of data.

**Table B: Sample Size for Questionnaire Administration.**

<b>COMMUNITIES</b>	<b>No. of women on IYCF project</b>	<b>SAMPLE SIZE (20%)</b>
AGAN	84	18
NORTH BANK	62	12
OTOBI	36	7
OGBOJU	42	8
<b>TOTAL</b>	<b>224</b>	<b>45</b>

**Source: counsellor at the 4 LGAs in Benue State, 2015**

Table B gives a complete analysis of the selection of the respondents for the questionnaire. Each community's total attendance was used of which, 20% of each community's total population was elected and the questionnaire administered under a group administered process as described in the Table B above.

### **3.5 Instruments for Data Collection**

The instruments used in this study include questionnaire to investigate quantitatively and Focus Group Discussion and In-depth Interview to review the communication approaches qualitatively among staff and beneficiaries.

### **3.5.1 Questionnaire**

The questionnaire is a well-known instrument used for collecting data. It is a document that contains series of questions coined by the researcher to achieve his or her research aim and objectives. For the purpose of this research, one was developed from the aim and objectives of this research as this gave large data in a short period.

The questionnaire used in this research was both open and closed-ended structured and also comprised of response ratings. Likert scale was applied for this questionnaire to grade the perceptions of responses to varying issues on scaled questions. Likert scale was convenient for this purpose because it does not demand too many statistical configurations which may take the study out of humanities were used in the section B. While in section C Scores and reasons were used. Also there were other open ended questions that gave the respondents the opportunity to air their opinions directly.

The researcher administered copies of the questionnaire to the women who were part of the IYCF programme. The counsellors at each community brought this particular set of women together in the community to administer the questionnaire to the women. The filled copies of the questionnaire were then handed back to the researcher who was present throughout the entire process.

### **3.5.2 Focus Group Discussion**

The Focus Group Discussion (FGD) or group interviewing is a research strategy for understanding audience attitudes and behaviours. The primary advantage of FGD is that it can be conducted very quickly for collecting large amount of data. It also allows the researcher some flexibility in its question design and follow-up. Unlike conventional surveys, where interviewers work from a series of questions and are instructed to follow explicit

directions in asking questions, a moderator uses semi-structured questions to guide the discussion, hence, follow-up on important points raised by participants in the group is easy.

### **3.5.3 Areas of Focus Group Discussion**

The FGDs focus on the following areas:

1. Knowledge of nutrition
2. Perceptions/ beliefs about nutrition
3. Benefits of nutrition
4. Practice of information from UNICEF counselling
5. Nutrition information seeking behaviours

The Focus Group Discussion selected 7 women from each of the 4 communities, who did not fill the questionnaires with a ballot technique. In the ballot bag, 7 pieces of “*selected*” and hundreds of “*not selected*” options were placed in the bag. Any participant who picks “*selected*” automatically becomes a participant for the Focus Group Discussion.

### **3.5.4 The In-depth Interview**

In-depth interviewing is a qualitative research technique that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, programme, or situation. In-depth interviews are useful when you want detailed information about a person’s thoughts and behaviours or want to explore new issues in depth. Interviews are often used to provide context to other data (such as outcome data), offering a more complete picture of what happened in the programme and why.

In this research, the in-depth interviews helped to bring out not just the challenges faced by the counsellors and the nutritional officer but also what can be done to make improvements on the method. The 2 counsellors, the State Nutrition Officer and 1 UNICEF staff were

selected based on their involvement directly in the project. An interview guide or check list was designed for the research. The choice of these informants is premised upon the case study as well as the different aspect of communication that was considered in this study.

### **3.6 Method of Data Collection**

The collection of data was carried out quantitatively and qualitatively by the researcher using the structured and designed instruments as described above. The researcher administered the instruments to the sampled population within the two selected Local Government Areas of Makurdi and Otukpo where UNICEF activities were carried out.

### **3.7 Validity and Reliability**

In order to ensure validity of the instruments for this study, the original questionnaire that was drafted by the researcher was reviewed by the supervisors. Their instructions, experts' feedback and suggestions provided the study with validity of the questionnaire. To establish content validity, the questionnaire was also submitted to the supervisors who reviewed the sections of the instruments and made recommendations concerning clarity, relevance and readability of items. Corrections were made based on their recommendations, the contents in the questionnaire were restructured.

### **3.8 Method of Data Analysis**

Data analysis refers to the strategies and effort to categorize, summarize and seek patterns and relationships within relevant information gathered (Wimmer and Dominick, 2011). The research used the triangulation method which involved the use of chart and tables drawn from questionnaires. The content analysis was used to reveal communicative action through the communicative intent of participants; this was used to buttress data from the questionnaires



## **CHAPTER FOUR**

### **DATA PRESENTATION AND ANALYSIS**

#### **4.1 Introduction**

This chapter provides the interpretation and analysis of the data gathered in the course of the research. Being a study on the appraisal of the communication strategy used by UNICEF for the Infant and Young Child Feeding Programme in Benue State, a detailed analysis of the information gathered from the instruments used in this study is presented below.

The instruments used in this study are questionnaire, Key Informant Interview, Focus Group Discussions and Observation methods. The key informant interview component of the research was conducted with the Nutrition Officer of Benue State, IYCF Counsellors, the UNICEF Consultant on IYCF, the Nutrition Specialist of UNICEF and Focus Group Discussion was conducted with the women who participated in the programme.

#### **4.2 Presentation of Data**

The presentation of the data gathered from these instruments was done in line with the research questions and objectives. The data in the tables were presented in a descriptive statistical format with the aid of variables, frequencies, percentage in parentheses, average and mean values. The quantitative analysis was supported with qualitative data to buttress the analysis. The results were further discussed based on interviews and opinions of key Informants, with reference to relevant documented literatures. The chapter concludes with discussion of findings from the survey.

#### 4.2.1 Demographic Data: Age Distribution of Respondents.

**Table 4.2.1: Age Distribution Data of Respondents from Makurdi and Otukpo LGAs**

Variables	Frequency				Average
	Makurdi LGA		Otukpo LGA		%
	Agan	Northbank	Otobi	Ogboju	
21-30	6 (33.3)	8 (66.7)	4 (57.1)	3 (37.5)	46.7
31-40	3 (16.7)	2 (16.6)	2 (28.6)	3 (37.5)	22.2
41-50	4 (22.2)	2 (16.6)	1 (14.3)	2 (25.0)	20
51-60	5 (27.8)	-	-	-	11.1
> 60	-	-	-	-	

**Source: Research field survey, 2015**

Age of the respondents plays a significant role in determining how active and productive a person is Amaza, Olayemi, Adejobi, Bila, and Iheanacho, (2007). Table 4.2.1 reveals that majority of the respondents fell between the age group of 21-30 years in the 4 communities, which represents 33.3% in Agan, and 66.7 % in North bank communities in Makurdi. 57.1% in Otobi and 37.5% in Ogboju communities in Otukpo LGA respectively. However, the minority of the respondents were between the age ranges of (51-60) and could only be found in Agan community. The result of the table implies that majority of the respondents are still within the child bearing age across the four communities.



#### 4.2.2 Distribution of Respondents Based on their Marital Status

**Table 4.2.2: Marital Status Data of Respondents from Makurdi and Otukpo LGAs**

Variables	Frequency				Average %
	Makurdi LGA		Otukpo LGA		
Marital Status	Agan	Northbank	Otobi	Ogboju	
Married	11 (61.1)	10 (83.3)	7 (100)	7 (87.5)	77.8
Single	-	-	-	-	-
Divorce	-	-	-	-	-
Widow	7 (38.9)	2 (16.7)	-	1 (12.5)	22.2

**Source: Research field survey, 2015**

In Table 4.2.2, it could be deduced that on the average 77.8% of the women were married and 22.2% were widowed across the four (4) communities in the two (2) LGAs. In Agan community, it could be seen that the percentage of widows is the highest at 38.9%. This could be due to largest age range of the aged women (51-60) found in that community. Also this could be a cause for concern as the amount of resources to care for the family would be less compared to other communities who have the combined forces of both parents to fend for the family. Furthermore, according to Amina (2012) (cited in Adebisi, 2016) being married is regarded as a means of evaluating household and non-household contribution to the development of a community.

### 4.2.3 Household Size of Respondents

**Table 4.2.3: Household Size Data of Respondents from Makurdi and Otukpo LGA**

Variables	Frequency				Average %	Mean
	Markudi LGA		Otukpo LGA			
No of Children	Agan	Northbank	Otobi	Ogboju		
1 – 5	3 (16.7)	4 (33.3)	4 (57.1)	2 (25.0)	28.9	6.6
6 – 10	15 (83.3)	8 (66.7)	3 (42.9)	6 (75.0)	71.1	
> 10	-	-	-	-		

**Source: Research field survey, 2015**

The distribution of the respondents by household size showed that 16.7% of the respondents in Agan community had between 1 to 5 children within the household, while 33.3% of the respondents in Northbank also had between 1 to 5 children within the household. In Otobi, 57.1% of the respondents had between 1 to 5 children in their household, while in Ogboju, 25.0% of the respondents had between 1 to 5 children in their household. 83.3% of respondents in Agan community had 6 to 10 children per household, while 66.7% of respondents in Northbank communities have the amount of children per household as represented on the above. The calculated mean value (average) of the number of children in the population was 6.6. This thus implies that the household of each respondent has at least 6-7 children, which is above average of 4 children per household and backs up data on the high fertility rate in the North West Zone where women have an average of 6.7 children (NDHS, 2013). This data may also imply that a larger percentage of children are at risk of being malnourished.

#### 4.2.4 Educational Level

**Table 4.2.4: Educational Data of Respondents from Makurdi and Otukpo LGAs**

Variables	Frequency				Average %
	Markudi LGA		Otukpo LGA		
	Agan	Northbank	Otobi	Ogboju	
Primary	3 (16.7)	5 (41.7)	4 (57.1)	3 (37.5)	33.3
Secondary	-	2 (16.7)	-	2 (25.0)	8.9
Tertiary	-	-	-	-	0
Adult Education	-	4 (33.3)	-	-	8.9
None	15 (83.3)	1 (8.3)	3 (42.9)	3 (37.5)	48.9

**Source: Research field survey, 2015**

In Table 4.2.4, an average of 33.3% have acquired primary education across the four (4) communities while 8.9% have also acquired secondary and 8.9% had only adult education. On total average, 48.9% of the women in the communities no level of formal education. Agan community has the highest frequency of respondents who have not received any form of formal education.

Davis and Wolf (2004) pointed out that health literacy is increasingly being recognized as a factor that influences both healthcare quality and cost. In line with this, Bernhardt and Cameron (2003) argued that lack of health literacy can have a significant negative effect on people's health; it can lead to poorer adherence, increased levels of unhealthy behaviours and adverse health outcomes, and higher healthcare costs and hospitalization rates. Therefore, there is need to improve on the literacy level of these communities especially with respect to women.

#### 4.2.5 Occupation of Respondents

**Table 4.2.5: Occupational distribution of respondents**

Variables	Frequency				Average %
	Markudi LGA		Otukpo LGA		
Occupation	Agan	Northbank	Otobi	Ogboju	
Farming and Trading	18 (100)	12 (100)	7 (100)	8 (100)	100

**Source: Research field survey, 2015**

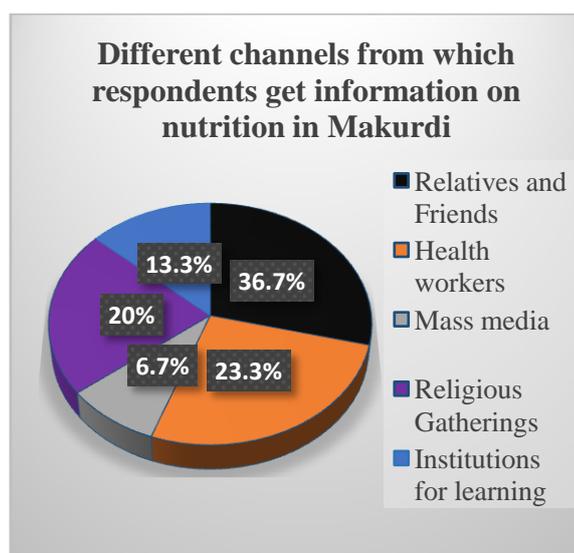
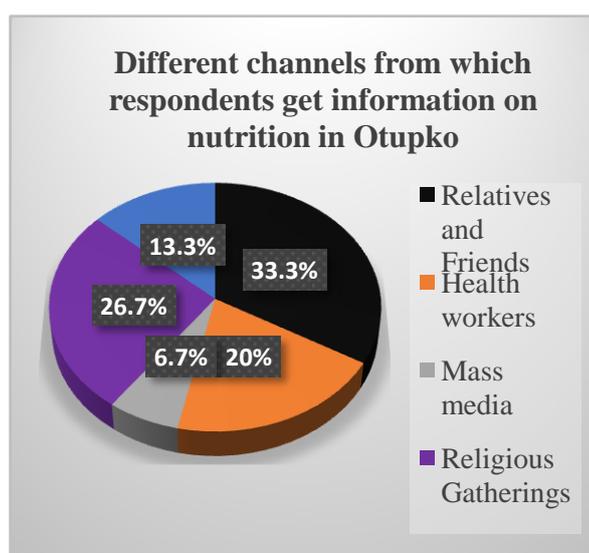
From Table 4.2.5, shows that all respondents in the four communities engage in farming and trading activities as a means of livelihood. It could be deduced from the table above that, the main means of livelihood across both LGAs is farming and trading. It is thus indicated that the respondents have potentials to grow nutritious foods for their children and sell the rest of the produce to provide other things needed for financial security of the home. This result also inferred that women play an active role in sustenance of the home in these communities

#### 4.2.6 Channels Used to Receive Messages on Nutrition before the Intervention of IYCF

**Table 4.2.6: Channels Used to Receive Messages on Nutrition before the Intervention of IYCF Programme**

Mediums	Frequency		Percentage	
	Makurdi	Otupko	Makurdi	Otukpo
Through relatives and friends	11	5	36.7	33.3
Through Health workers	7	3	23.3	20
Through Mass media	2	1	6.7	6.7
Through religious gatherings	6	4	20	26.7
Through Institutions for learning	4	2	13.3	13.3
<b>Total</b>	<b>30</b>	<b>15</b>	<b>100.0</b>	<b>100.0</b>

Source: Research field survey, 2015



**CHART 1**

**CHART 2**

Chart 1&2: Respondents sources of Information on Nutrition before the intervention by UNICEF in Otupko and Makurdi LGAs respectively

From the table and chart above, majority of the respondents represented by 31.7% in Makurdi LGA and 33.3% in Otukpo LGA received messages on nutrition through relatives and friends. Also, 23.3% of the respondents in Makurdi and 20% in Otukpo received information on nutrition through health workers. Respondents from the two LGAs represented equally by 13.3% noted that institution of learning play the medium of information dissemination on nutrition issues. A considerable number of the respondents in both LGAs represented by 20% in Makurdi and 26.7% in Otukpo subscribed to religious gathering centres as a medium. Mass media with its numerous advantages and widespread was noted by only a minority of the respondent in the two LGAs (6.7%) as access of information on nutrition.

### 4.3 Analysis of the Communication Approaches used for the IYCF Project.

The communication approaches adopted for the project were of different types which could be seen as analysed in the Table 4.3.1.

**Table 4.3.1: Respondents' view on the effectiveness of the communication approaches adopted for the IYCF project**

Indices for Approaches	SA	A	D	SD	N
1. IEC material in non-pictorial forms are not effective	23 (51.1)	10 (22.2)	4 (8.9)	-	8 (17.8)
2. IEC materials with pictures are very good	35 (77.8)	10 (22.2)	-	-	-
3. One-on-one counselling is adequate	28 (62.2)	17 (37.8)	-	-	-
4. Radio broadcast used for the programme was heard and effective	-	4 (8.9)	29 (66.4)	-	12 (26.7)
5. Songs used during sessions were understood and easy to remember	11 (24.4)	20 (44.4)	3 (6.6)	7 (15.5)	4 (8.8)
6. Drama sessions had nutritional messages	19 (42.2)	14 (31.1)	-	5 (11.1)	7 (15.5)
7. Demonstrations and practical sessions were participatory and effective	7 (15.5)	22 (48.8)	6 (13.3)	-	10 (22.2)

**Source: Research field survey, 2015**

Table 4.3.1 shows that majority of the respondents represented by 73.3% opined that Information Education Communication (IEC) materials in non-pictorial forms was not effective. Only 8.9% of the respondents disagreed with this notion, while 17.8% were neutral. However, all respondent agreed (100%) that IEC materials with pictures are good. To buttress this view on the use of IEC materials without pictures, the FGD conducted at Makurdi and Otukpo among the respondents has this comment:

IEC materials without pictures to aid understanding was not helpful. As the materials did not aid their understanding or serve as a reminder, as majority of the respondent do not have strong formal education. So, the materials were kept aside for other use around the house. (Focus Group Discussion with respondents in Agan community in Makurdi LGA on November 18 2015)

From the above statement, it therefore means that IEC materials can be good in terms of aesthetics, but might not be effective for communicating messages to those who cannot read. It is important to define or conceptualize the effectiveness of IEC to mean the ability of the materials to pass information that would bring about change in attitude. In other words, effectiveness of IEC materials is a function of the respondents having proper understanding of what is being communicated. Thus, an IEC material that is just beautiful to look at but does not have impact on its readers will not result in a significant change in attitude.

Another approach which was considered by the respondents is the one-on-one or interpersonal counselling approach. 28 respondents (62.2%) and 17 respondents (37.8%) strongly agreed and agreed respectively that, this approach was adequate as an effective communication tool. The data was also supported by other information gathered during the FGD. The FGD session, gave other respondents the opportunity to reveal the reasons why the one-on-one communication strategies was impactful. One such statement was recorded in the FGD at Northbank as follows:

The one-on-one sessions, were like doctors' visit to us, it was very interactive and gave an opportunity to ask follow-up questions and rate ourselves. The counsellors also monitored our progress and assess our level of understanding, although some of the words used by the counsellor was difficult to understand and difficult to explain even by the counsellor. The counsellors tried to ensure we understood. (Focus Group Discussion with respondents at Northbank in Makurdi on November 18, 2015)

The researcher noted that the respondents did not reveal the follow up question because of the confidentiality attached to them. The one-on-one interaction gave credence to the Northhouse and Northhouse model which the study was also premised on. Northhouse and Northhouse model posits that a strong relationship between both parties should

been encouraged. This gives room for better interaction and enabled acceptability of the message thereby leading to the desired change.

Also from Table 4.3.1., majority of the respondent representing (66.4%) disagreed with the use of the radio broadcast approach as an effective strategy of communication while only 4 respondents (8.9%) agreed that it was an effective means of communication. The FGD conducted with the respondents in Otobi community in Otukpo LGA revealed the following about the use of the radio:

Although there were broadcast messages on the radio, majority of the respondents said, they did not get to listen to the radio broadcast on the local station, as the time and date were not made known to them. But they were fully engaged by the counsellors, who visited their homes, especially those who were not frequent at the group meetings, to follow-up on the level of progress achieved. (FGD with respondents at Otobi community in Otukpo LGA on November 15, 2015)

It could therefore be deduced that the reason for low effectiveness of the radio could be that the time of broadcast was not known to the respondents and as such contributed to why the respondents were of the opinion that radio was not an effective communication approach. However, the situation above does not undermine the effectiveness of radio as a communication strategy when effectively deployed. With more than two billion radio receivers in the world-roughly one for every three people-radio reaches out to larger audiences worldwide than do television, films, print media or other mass media.

In developing countries where resources are generally scarce, radio represents a viable medium to carry entertainment-education messages. Radio can effectively reach audience of less education and lower socioeconomic status who are usually the primary target audience for educational development messages. Radio receivers are relatively inexpensive, portable and carry educational-development information that can be tailored to meet specific local needs. Radio programming can be produced cheaply and quickly, and it can be easily duplicated, stored, retrieved and distributed on audiotapes (Gilluly and Moore 1986)

This table (4.3.1) also clearly shows that only 20 respondents representing 44.4% agreed that the use of songs during the session had an impact on their ability to remember and also not to forget to practice what was learnt. Although, 15% of the respondents said the use of songs was not effective as some of the songs were not in the local dialect while another 8% of the respondents were neutral. According to Suchman (1942) and Wolf (1992) singing is a very good way to pass on messages or information that you do not want people to forget, it was a very good addition when one is trying to pass on critical information without losing its meaning.

On the use of drama as an effective way to promote nutritional message, majority of the respondents (73.3%) opined positively that this could be a means. This agreement could be because drama gives room for participation and communication to audience through visual demonstration. The advantage that difficult issues can be solved subtly through drama could also be factored in. Furthermore, majority of the respondent in the four communities represented by 64.3% of the total population noted that demonstrations and practical sessions organised were participatory and effective. Only 13.3% of the population disagreed with this view. According to, the Benue State Nutrition officer at Makurdi who gave additional information which encapsulates the various channels used during the IYCF programme below:

The IYCF programme is about teaching women how to properly breastfeed and provide complementary feeding to their infant and young children. The programme objective is to make the women understand the importance of post-natal care for themselves and invariably their children. Communicating the IYCF is essential to achieving a large-scale behavioural and social change. There was a need for the women to be more involved hence the use of counselling, drama, radio, songs and demonstration and practical were used in order to drive home each point. In this regard, communication should be viewed as not only a community-based action, or only a mass media campaign, but as a comprehensive strategy and a set of action with stakeholder base plus participation (An interview with Mrs Racheal Itiyonzughul at Makurdi on November 15, 2015).

From the point view of the researcher, there is element of participation and improvement of the women of these communities in the IYCF programme. The participation of the women in task voluntarily speaks volumes of the nutritional understanding and respect for their counsellors. Thus, this appraisal has brought about a significant change in their level of understanding. The researcher also noted however that some approaches were still underutilized at present, for example IEC materials without pictures and the radio.

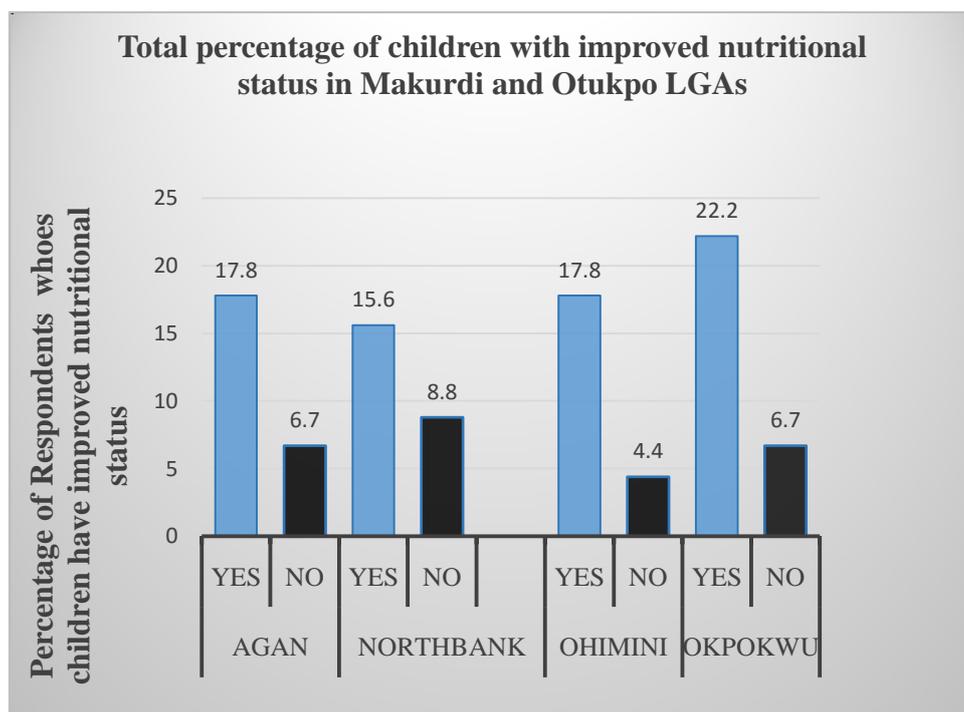
#### 4.4 The Impact of the Communication Approaches on the Respondents.

**Table 4.4 1: The Respondents View on the Impact of the Communication Approach**

<b>The Respondents View on the Impact of the Communication approach</b>				
<b>LGA</b>	<b>COMMUNITY</b>	<b>Response</b>	<b>%</b>	<b>Frequency</b>
Makurdi LGA	Agan	YES	17.8	8
		NO	6.7	3
	Northbank	YES	15.6	7
		NO	8.8	4
Otukpo LGA	Otobi	YES	17.8	8
		NO	4.4	2
	Ogboju	YES	22.2	10
		NO	6.7	3
<b>TOTAL</b>			<b>100</b>	<b>45</b>

**Source: Research field survey, 2015**

**Chart 3: The Respondents View on the Impact of the Communication approach**



**Source: Research field survey, 2015 CHART 3**

The chart above shows that 17.8% of respondents in Agan community responded that there was improvement in their child’s nutritional status, while 15.6% of the respondents in Northbank responded that the nutritional status of their children was also improved. Likewise, 17.8% and 22.2% of the respondents in Otobi and Ogboju communities at Otukpo LGA respectively, agree that there has been an improvement in the nutritional status of their children. Only 6.7% and 8.8% of the respondents in Agan and Northbank communities in Makurdi LGA did not see any change in the nutritional status of their children and this could be due to the factors listed in Table 4.5.1. More so, 4% and 6% in Otobi and Ogboju at Otukpo LGA respectively said there was no significant change in the nutritional status of their children as their children were doing well and were only on the programme to maintain their health and be an example to the other women. The researcher opened that the statistics tend to show that the programme has affected the respondents positively. This implies that the communication approach employed by UNICEF has made a significant impact. This

reality is further strengthened by comments of the respondents during the FDG at Otobi in Otukpo LGA in this way:

We have witnessed a great change and improvement with our children. One mother said when the program started she had already nursed 3 children with a lot of difficulty. But when she was pregnant with her fourth child, she was able to see the difference. Another mother said she is not sure why other women find it hard to practice what they were told. Another respondent added that it is not easy to break from our cultures and traditions, our mothers used their own methods and here I am a product of that method, so I still give my children herbs from time to time to help boost their immunity (Focus Group Discussion with respondents at Otobi in Otukpo on November 19, 2015).

Despite these successes, some of the women though in minority, still insist on the traditional techniques of nutrition. Thus, there is still need to improve on the IYCF messages to explore traditional constraints, more. The researcher sees the need to transcend cultural barriers with regards to nutrition and health messages for sustainable change to be actualised. Furthermore on how the programme has impacted positively, the FDG at Agan community at Makurdi revealed some other significant achievements thus:

Each time the counsellor would check the children especially those less than five with Mid Upper Arm Circumference tape, many children were on green or at least out of the red danger zone. Our expenses and visits to the hospital are now less frequent and we could use that money for something else and even start saving for children's future. Sanitation is very important so that our children do not get diseases. Although some women are still finding it hard to practice all things that are very important for the wellbeing of their children, we still try to encourage them. (Focus Group Discussion with respondents at Agan in Makurdi on November, 2015).

The Benue State Nutritional officer (Mrs Racheal Itiyonzughul) in the Ministry of Health also agreed to the above observation in her submission stated below:

From 1995 to 2013, in local government areas, when there was severe case of malnutrition with an infant mortality rate of above 21%, the intervention of the nutritional programmes and the IYCF reduced the rate from 21% down to 18%. The intervention led to not only the sustenance of breastfeeding but the improvement in complementary feeding practices of mixing cereals that were allowed to be soaked, sprout alongside the seminal that would enhance the nutrients processed and given to the children. Also soya bean milk was introduced as part of the complementary

feeding meals to parents as a food with a high level of nutritional contents to give to their children to reduce malnutrition. This was the leading cause of infant mortality (An interview with Mrs RachealItiyonzughul at Makurdi on November, 2015).

These findings therefore annul the assumptions that the IYCF communication approaches were not effective. Also the notion that there is no significant change in the nutritional status of the children whose mothers participated in the programme has been proved to be null. It is evident from the results and responses that there were successes recorded by UNICEF in the IYCF programme in terms of communication and participation of the people.

There is a notable change that the communication approaches used in the IYCF programme provided opportunity for sharing information and ideas on how to combat malnutrition. Although the programme did not stem from the women and they were not part of the planning, they participated significantly during the course of the programme. The researcher posits that a greater level of success is quite feasible if the communication approaches placed much emphasis on monitoring and evaluation which during the course of the study was noted to be low. This will give room to access the efficiency of each approach employed to communicate to the respondents. It would also provide avenue for the voices of the people to be heard

#### **4.5 Challenges of IYCF Communication Strategy**

Some of the challenges as identified by the respondents, are itemized and analysed in the Table 4.5.1.

**Table 4.5.1: Respondents' view on challenges faced in the course of the programme**

<b>Challenges in the study area</b>	<b>SCORE</b>	<b>RATIO</b>	<b>RANKING</b>
<b>Economic factors</b>	205	4.55	1st
<b>Distance</b>	183	4.06	2 <sup>nd</sup>
<b>Language/Tone of communication</b>	180	4.00	3 <sup>rd</sup>
<b>Gender Apathy</b>	172	3.82	4 <sup>th</sup>
<b>Awareness level</b>	168	3.73	5 <sup>th</sup>

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<b>Time/timing</b>	135	3.00	6 <sup>th</sup>
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**Source: Research field survey, 2015**

Table 4.5.1 above, shows various challenges identified by the respondents as affecting the IYCF programme efficiency. These include economic factors, distance, gender apathy, awareness level, language of communication and timing. Using ranking and a scale score of 1-5 to measure the severity of these factors, economic factors were considered as the most significant with score of 455. While timing has the least of ratio score of 3.0. However, with reference to the ratio score, all the six mentioned factors are significant having scored above 2.5 and are therefore serious issues of significance to the success of IYCF programme.

On economic factors, respondents noted that poverty level is high. They also complained that the free seedlings are not available thus creating difficulty for them to plant it and use for consumption. They also noted that little notification was given in terms of fund for transportation and refreshments during meetings. Distance was seen as a problem because their homes were far apart and then could not meet as regular as possible.

The language factor scored 180 which made it rank third. The respondents said that, the language used for printing most of the flyers was in English and the low knowledge of English language made it difficult for them to understand. It is what the counsellor could interpret in local languages that were understood by respondents. The gender apathy which was ranked fourth was also challenging for the respondents because the respondents saw that their male counterparts were left out of the programme and since they make most of the decisions on the house up-keep, they also need to be enlightened. In fifth place was the level of awareness of the programme which scored 168. The respondents said that there was very little publicity about the programme. This explained the why some women could not join the programme because they heard it late. Also, timing was seen as a problem by the respondents. The respondents indicated that there were times when they had to be on the

farm to carry out farming activities during the year and that made it difficult for meetings to hold as scheduled.

It is therefore evident that, the success recorded in the acceptance of the feeding practices via the IYCF intervention and communication strategy, was not without challenges. The FGD conducted in Otukpo LGA further corroborated this assertion in this way:

One very big challenge faced by the programme was funding. Since the programme was donor driven, UNICEF was in the driver seat while the Benue state government was in the passenger seat. Immediately the funding period elapsed, the activities of the programme physically slowdown. Again, the use of IEC materials without pictures was not effective on the program. The IEC materials language was also not understood as the language used required the women to have a good formal education, while the radio messages had very little impact due to the timing and date not being available to the women. (An interview with Mrs Hanna John at Ogboju in Otukpo on November 19, 2015).

Also, in the interview conducted with the State Nutrition Officer, she pointed out another challenge encountered by the programme in this manner:

The wrong perception was held for soya beans and in order to overcome these challenges, a demonstration session on how to process these crops, using some volunteering mothers from the communities was done, the mothers were also told to feed their children these meals in front of other mothers so that they would be encourage to adopt the method as well. This broke the barrier of the wrongly held perception eventually and the feeding practices became acceptable to the women. Again, being a state that predominantly practices farming, it was hard to introduce irrigation farm to the communities so that they could plant some vegetables. However, with sustained demonstration plots behind the houses of willing volunteers and persuasion on the necessity of this kind of farming, the people began to have semi-irrigated farm plot behind their houses. From the harvest of plants on these plots, they could add to their children diet and boost their nutrient content (An interview with Mrs RachealItiyonzughul at Makurdi on November 15, 2015).

The researcher noted that despite the success recorded during the IYCF exercise, there are still lingering challenges which are in no small way down playing the achievements. For instance, after the departure of facilitators of UNICEF IYCF programme, the state ministry of health took over, while the level of motivation and participation decreaseddrastically. The distance also constrained the UNICEF counsellors to engage and reach out to more women.



#### **4.6 Ways of Improving the IYCF Programme**

The Infant and Young Child Feeding programme is an evidence-based intervention that has, to a significant extent, added value to the breastfeeding and complementary feeding practice of nursing mothers and women in the society, especially in Benue state. It is therefore important and necessary that such programme should be improved upon. From the outcome of the study, it was noted that the programme should be transformed beyond its intervention approaches. This could be done by entrenching the programme in to the state and national policy through political processes. Some of the respondents and the researcher believe that until this is done, the expected optimal child growth and development may still be a tall dream for the society to actualize.

Another suggestion made by the one respondent was, the programme should include the use of conventions to showcase the success of mothers, who have been a part of the IYCF programme to share their experiences and show other mothers how they have in their own way made it work. The women also said that there should be a means for them to include mother and daughter sessions so that girls of marriageable age would start to be pre-informed about how to give their children the best nutritious foods. It is thus important to provide tools for interaction between the affected mothers and others who could not be participate in the programme.

The suggestions given by respondents in the FGD at Agan LGA corroborates this notion:

We have witnessed a great change and improvement on how to breastfeed our children and how we prepare complementary food in different ways from the food we have around us and how to even feed our children. Before the programme, we used to feed them with the foods that we cook, as a family and that did not help our children grow well. We would like the programme to continue, so that other mothers would learn how to breastfeed their children properly and make them grow well. Even the fact that there was someone to visit us, we could ask questions and come together to learn different things not just from the hospital during antenatal but even getting pregnant was very helpful to us. (Focus Group Discussion with respondents at Agan in Makurdi on November, 2015).

In agreement with the above, the UNICEF consultant suggested a way forward. This is highlighted herewith:

The communication campaign of the IYCF programme is very necessary for the success of the intervention. Adopting the participatory and interactive model that makes it more inclusive and involves women in the community helping them to also reach out to other women would go a long way in ensuring continuity and sustainability of the programme. Also, beside counselling, IEC materials, songs, drama and demonstrations approaches used in communicating the message to the mothers more activities and demonstration could be packaged into radio and television programme in the two major languages in Benue state and aired so as to get the people more informed on the benefits of the IYCF interventions (An interview with Prof. Muyiwa Owolabi at Zaria, December 5, 2015).

In the same vein, regarding an interview with UNICEF Nutritional Focal Person in Benue state and a counsellor in Markudi, suggestions on the continuous funding of the programme were given as follows:

Because of the poor nature of accessing most of the communities outside the major towns of Otukpo and Makurdi, going round the villages and communities to continue checking on the women has been a herculean task. Although we have had little financial support from some philanthropists, nothing has been committed. We got a pledge of N50,000 from one of the coordinators to support the women in sustaining the intervention but that has not been fulfilled for over two years now. The failure in fulfilling this pledge has negatively affected the success of the intervention in some areas, as we have to prioritize which area to go, thereby neglecting and sometime abandoning others. Here, it was suggested that funding be made available to the facilitators and women stakeholders to use for logistics in carrying out this work. (An interview with Mr. James Igwe at Agan community in Makurdi on November 19, 2015)

One very significant aspect of the intervention is to strengthen the above suggestion is the continuous training of health workers, facilitators and counsellors in this regard. One of the counsellors at Otukpo made this suggestion with emphasis on the importance of sustained training in this regard:

Sustained training and retraining of volunteers, healthcare workers and facilitators should be regularly carried out alongside the provision of varied information and communication materials that would simplify the messages on the IYCF intervention to the women who have very low level of literacy. The training would afford the workers the best mode of communication that could be understood by women in the

communities they are assigned to visit as well as equip them with new techniques in enhancing breastfeeding and complementary feeding practices (An interview with Mrs BlessingShar at Otobi on November 19, 2015).

In addition, UNICEF Nutrition Officer suggested that there should be more government involvement in its own state programme by listening to advice and funding a part of the project. UNICEF is only there to place systems and structures to help initiate the project. The researcher opines that these suggestions would be very significant to the continuity and sustainability of the programme. It is certain that if this happens in reality, it will cover not only the programme objectives and the communication approaches but also other issues on sustainability which determine the success of any intervention.

#### **4.7 Discussion of Findings**

From the discussion of this study, it was vivid that before the intervention of IYCF, majority of the respondent received messages through interpersonal sources, such as relatives, information through and religious gathering. Very few respondents subscribe to radio as a means of receiving messages. This same outcome was realised in respect of communication approaches used during the IYCF programme. Radio was at low patronage by the respondents, while the use of counselling, demonstrations and practical sessions, IEC materials, songs and drama were noted to be more relevant. This realisation of poor assessment of radio is of concern to the researcher. This infers that there are salient reasons why the respondents view radio as not effective.

Radio as one of the mass media channels has been recognised all over the world as an inexpensive medium, with comparatively simple technology and more suitable for illiterate and peasant communities and societies characterised by oral and folk traditions (Pavara and Vinod, 2003:2166). The study area evidently fit in to the description, but despite that, respondents in these communities rated radio poorly. They complained that time and date of the radio programme was not communicated to them. The respondents also during the FGD,

noted the ineffectiveness of radio due to poor awareness on the time and date. The researcher is of the opinion that radio can play a big role in interventions of this nature especially if it is community based radio which will take in to consideration the plight and needs of the people more than the conventional type.

As pointed out by JonaiWabwire (2013:45) in this way:

Community radio stations foster community participation and create an appetite for transparent and accountable governance, even in challenging regulatory environments, good governance and effective leadership especially in impoverished communities are collective processes, which depend on the development of an engagement analytical informed and robust civil society. Community radio in particular has proven to be a sustainable and interactive medium for poor and marginalised population to be heard and informed, shape knowledgeable opinions, learn the give and take of informed dialogue and become more decisive in their own development.

The researcher therefore sees the essence of improving on radio as a medium to carry such intervention as IYCF. The advantages that surround use of radio is very critical especially community based to create enabling environment and sustainability of this kind of programme and intervention.

Majority of the respondents in the selected communities acknowledged the use of IEC materials was effective but noted that IEC materials without pictures were challenging and difficult for the respondents. In essence, information with pictures is easily appreciated by people especially with little or no education. According to Image 360 (2016), visual communications do what text alone cannot do-which affect both cognitively and emotionally. Research has shown that graphics can expedite and increase the level at which people comprehend, recollect and retain things. On emotional basis, pictures can enhance or affect emotions, attitudes and imagination of people when exposed to them.

One-on-one counselling approach was also consented to by majority of the respondents as being effective. This is interpersonal means of communication which gives

room for openness and ability to share confidential issues without fear. Peter Hartley (1993), in his book “Interpersonal communication” posited as follows:

Interpersonal communication happens between persons, not between roles or masks or stereotypes. Interpersonal communication can happen between you and me only when each of us recognise and share some of what makes us human beings and is aware of some of what makes the other person too.

It was further advocated in this book that communicating through this process, should be to develop personal relationship of the following sort:

- Where there is a high degree of trust.
- Where each person is prepared to discuss openly their feelings and personal history.
- Where there is genuine and mutual liking or care between the participants.

Although, interpersonal approach was used in the programme, there is need to entrench the concept at level that create healthy relationship, meaning and ownership by the people. The development of new interpersonal communication skills can be achieved by working in conjunction with community workers as has been established in the course of this study. This approach, however, relies on the provision of strong institutional capacities (staff, training, and access) in the health system, which are frequently readily not available.

A further challenge is that the formal health system is often weak in reaching out to priority target groups living and residing in rural communities, such as adolescent girls, working women, or mothers who already have had multiple children, because they may visit the health centres less frequently or not be at home when the community health worker does her rounds. Leveraging existing community groups or volunteer networks can be an effective means to reach out to target populations through the community in tandem with the health system of Benue State in particular and Nigeria in general. Through this grass-root level approach, women from the rural areas have improved their social standing in their communities and have been allowed to contribute to decision-making in the household, and

also have been listened to at community level especially when and where it comes to childcare practices.

The use of song and dramatic expressions to communicate nutrition was subscribed to as an effective means by the majority of the respondents. The respondents could recall the songs, know what they meant and used it as a means of reminding themselves about different practises that needed to be carried out to ensure their children secured good health. Songs are very effective reminder and learning approach, it is also an effective approach for the cultivation of profuse linguistic, artistic, and rhetorical modes of expression, which strongly affects health behaviours as well as aid in health education and promotion (Dorson, 1972; Ben-Amos, 1977; Mulemi, 2004). On the other hand, drama gives visual perspective to the women on how to address the underlining issues of malnutrition. It was an opportunity to express themselves and see their faults and flaws. The use of drama has been noted as a way to pass on messages subtly but, could also stir up a revolution if not well supervised.

The respondents testified that demonstration and practical session which they underwent during the programme provided the opportunity for participation and hands- on training. This approach provided a guide to the women in the community; this was done repeatedly to ensure understanding and adaptation. Adding voice to this, Kupratkul *et. al.*, (2010) noted that after six-month intervention using the Knowledge Sharing Practices with Empowerment Strategies (KSPES) during antenatal education and postnatal support, which was deployed through storytelling, demonstration and practical in Bangkok., Thailand, 20% of the women in the intervention group were on exclusive breastfeeding while none in the control group practised exclusive breastfeeding throughout the six months.

According to WHO and PAHO recommendations (WHO 2003, PAHO, 2003) and the Essential Nutrition Actions Framework (Guyon and Quinn, 2011) are deliberately non-prescriptive to allow for individual and cultural variations. Through formative research

carried out in several developing countries, it was seen that mothers could recall all recommendations regarding dietary diversity, but their practices were still not adequate to fulfil the needs of her child. This therefore necessitated the need for a more proactive communication campaign that would not only inform mothers on the health and nutritional benefits of breastfeeding but also improve complementary feeding practices, as the situation was not so different in the communities of Benue state.

However, without explicit planning and coordination of the IYCF campaign and product promotion, it has proved very challenging to ensure that partners align their messages and their activities, both in terms of timing and content as was the case with the IYCF intervention by UNICEF after 2015 when its funding of the programme reduced. The difficulty experienced in the reduction of the days of training, funding, monitoring and evaluation as explained by the UNICEF Consultant, the State Nutrition Coordinator and the Counsellors from both Makurdi and Otukpo Local Government Areas alongside the information available from the Focus group discussion pointed to this fact. The data gathered and analysed during the research showed that the women in these areas did not easily accept the IYCF messages and government has not played its full role by working hand in hand with UNICEF. According to Kotler and Lee (2009), certain behaviours change communication can take a long time to change, whereas others are spontaneous and repeated without much thought or concern.

Changing a behaviour requires asking a person to stop doing something (which is done in a certain way) to adopt a new habit, or to add a new habit to an already existing one. In order to achieve that outcome, the target audience needs to be convinced that the new behaviour supersedes the current practice. A Behaviour Change Communication (BCC) campaign therefore has the challenging mission of convincing the caregiver that the new behaviour has a higher value than the current behaviour. In many cases, complementary

feeding is relatively unknown to most of the women in the communities around Benue State thereby necessitating that the creation of awareness on the subject matter must be built from scratch.

Mothers in resource-poor settings are not only caregivers, but also consumers and sometimes producers or vendors of the goods that they produce. Health or nutrition issues are just one of the concerns on the mothers' mind as she is in a situation where income generation, safety, and social obligations are just some of the preoccupations that drive her decisions. A deep understanding of the mother or caregiver's life, her constraints, and her needs are critical to the design of an effective Behaviour Change Intervention-BCI. An important aspect in the understanding of the audience is not only to identify who are the key influencers, but also at which moments they are most receptive to receiving information or messages (Brown, 2008).

It was the understanding of this process that made the IYCF facilitators to adopt the different communication approaches, to deliver IYCF messages, because mothers were interested in the different topic and were most open to receiving home fortification solutions after explanation from the counsellor. Targeting women and household heads this way, presents the programme with the chance of approachability and acceptability. The likelihood that the outcome of the programme is to increase the impact of the campaign, as there were windows of opportunity for the women to receive counsel without other opinions affecting her decision and even the men were not interested in the women's discussion they called "women's matter".

Hence from the study, suggestion was made as to also extend the communication campaign beyond the use of interpersonal, social mobilization of communities, counselling and the use of Information and Educational Materials to involving the mass media, mobile phones and alternative media. The mobile phones is a means that could be used by the

counsellors and the women as it could be used to create a network or coalition of women who could share ideas, get help and follow up to ensure progress and achievement of the good nutritional status of their children. It could also be used to pass on messages promptly and precisely and could stand as a guide, memory bank and point of reference for both mothers and all other officers involved.

The researcher also suggests the use of Story-telling medium as an informal approach to reach the mothers. This is a more subtle means of passing on information without disclosing the personal data and making the respondent open up and give contributions. Faith-based organisations could also put in an insurance backing on messages received when they also relay the same messages back to the mothers there by making the messages more viable to mothers. The programme should also involve both sexes from the age of eighteen (18) in to the program, to ensure early initiation and continuous reinforcement of the IYCF practises.

Historically, faith-based organizations have also served as an important gateway to services and care-giving for those living in poverty and in social exclusion. They took strong leadership roles in communities and provided job training, housing, economic development, educational support, meals and spiritual support to those in need. Just as health centres have addressed the gaps in health care, Faith Based Organizations have filled the gaps in the delivery of supportive services commensurate with the World Health Organization's Broad definition of health including physical, mental, spiritual and social wellbeing. Faith-based Organizations can bring needed resources, expertise and a shared legacy of caring for these most vulnerable members of society to assist in achieving the goal of 100% access and Health Disparities for the nation. Seminars and workshops is a way of gathering a large variety of audience to sensitize them.

As media consumption patterns evolve, BCC strategies like the one used for the IYCF need to keep up with the fast-moving trends in mobile phones penetration in all socio-economic strata across the globe (WHO, 2002). Innovation is needed in terms of creative quality of Bulk SMS messages to truly reach the target consumer. This effort can be made by requesting data on audience, viewership, subscription rates, and followers, depending on the type of communication platforms that are mostly being used by the communities. The sharp increase in access to mobile technology has influenced how messages can be disseminated in a cost-effective way to lower income and formerly hard-to-reach groups, including in rural and media dark area.

From the point of view of the Health Belief model, the variables of perceived susceptibility, perceived severity, perceived benefit, perceived barrier and cue to action that exist in the model were addressed by the different communication approaches implemented during the activities of the programme. The counsellors engaged the women in different interactive sessions. These sessions were filled with different health information, which was also reemphasize to ensure that, the women understood the detriment of not practicing the information on the health of the child. Northouse and Northouse Model, specifically considers communication in the context of health and refers to communication as transactions between participants in healthcare sector about health-related issues. The model illustrates that, there are four major types of relationships that exist in healthcare settings between Professional–Professional, Professional–Client, Professional–Client’s Significant Others and Client–Significant Others. it noted that all health professionals and clients bring unique characteristics, beliefs, values and perceptions to the healthcare setting, which affect how they interact.

The adoption of these paradigms offers not only UNICEF a chance to effectively communicate, and also the women in the community the chance to influence the means of

communication and level of participation that affect the effectiveness of health communication messages. It also gives room for expansion and target oriented communication approaches with close monitoring and evaluation with room for exchange of ideas and sharing of innovations from both parties. The model also calls for a transactional and interactive nature of health communication, whereby the different participants influence each other's communications as the interaction progresses.

These transactions are not necessarily only in monetary terms but also in the exchange of information that would be coated with traditions, cultures; belief systems, moral values and social and economic situations that surround the individual. In addition, the environment or context as the model indicates is key. Some people do not interact well in crowded environments and some are not comfortable interacting with people in some environments because of their own individual differences. Although the communication processes adopted by UNICEF centred on communication as a transformation process, which would influence change that could transcend not only the communities but also the nation, the programme was able to carry along its audience by trying to make the programme as interactive as possible using the right environment.

## **CHAPTER FIVE**

### **SUMMARY, RECOMMENDATIONS AND CONCLUSION**

#### **5.1 Introduction**

This chapter presents the summary of the research, and findings, conclusion of the research on “an appraisal of UNICEF communication approaches on infant and young child feeding program in Benue State” and its implication on Health Belief Model and Northhouse and Northhouse model in health communication being the theoretical perspective used in this research. Finally, the research made some recommendations drawing largely from the findings of the study.

#### **5.2 Summary of the Study and Key Findings**

UNICEF has deployed several communication approaches on the Infant and Young Child Feeding programme to revitalize attention and promote feeding practices, nutritional status, growth and development, health, and thus the overall survival of infants and young children. In this regard, the research appraised how this intervention was carried out in Benue State alongside the communication strategy used in promoting the intervention.

The study was guided by three research objectives which were; (i) to find out the communication strategies adopted by the organisation for the project under study, (ii) to determine the extent to which these communication approaches have been utilized to benefit the study locations and (iii) to suggest effective ways of communicating nutrition for healthy living and personal development. UNICEF is implementing the Infant and Young Children Feeding (IYCF) programme under different sub-titles at some North- East states in Nigeria especially Adamawa, Borno and Benue in the Middle belt region. The research scope was however limited to Makurdi and Otukpo Local Government Areas in the north and south senatorial districts of Benue State, Nigeria. The research is both quantitative and qualitative

The qualitative and quantitative data gathered from the four instruments adopted were analysed and the following findings were made:

1. The IYCF communication approach has a significant impact on the targeted population with a decline in child malnutrition from over 50% to 23% in 2013 in Benue state.
2. Radio and IEC material without pictures had low patronage as a communication approach during the IYCF and was noted as not effective by the respondents.
3. Interpersonal communication was the preferred communication approach and was majorly used to disseminate nutritional information to the target population.
4. There was no continuity after the end of the intervention and poor monitoring and evaluation process noted.

### **5.3 Recommendations**

Based on the findings in the research, the following recommendations were made:

1. The use of communication approaches that combine indigenous and conventional methods should be sustained for more impactful results for future interventions.
2. There is need to initiate community radio intervention like this to give room for local participation and ownership.
3. The need to translate intervention programme to policy by involving government NGOs and community in the development to ensure suitability.
4. National Youth Service Corps members who are medically inclined should be trained on the IYCF practices to ensure counsellors have the opportunities to update their knowledge.

### **5.4 Conclusion**

Nutrition is a universally recognized component of the child's right to enjoy the highest attainable standard of health as stated in the Convention on the Rights of the Child.

Children have the right to adequate nutrition and access to safe and nutritious food, which are essential for fulfilling their right to the highest attainable standard of health. Women, also have the right to proper nutrition, to decide how to feed their children, and to full information and appropriate conditions that will enable them to carry out their decisions. The use of different communication approaches in a synergy as seen in the Infant and Young Child Feeding programme can provide a template for realisation of this ideal situation of sustainable goals and development.

It is evident that appropriate complementary feeding depends on accurate information and skilled support from the family, community and health care system. Inadequate knowledge about appropriate foods and feeding practices is often a greater determinant of malnutrition than the lack of food. Moreover, diversified approaches are required to educate the rural people on access to foods that will adequately meet energy and nutrient needs of growing children. The findings have shown the need to complement the existing channels with communication strategies that understand the use of home- and community-based technologies to enhance nutrient density, bioavailability and the micronutrient content of local foods.

Benue State is largely an agrarian society, thus the agriculture sector has an important role to play in ensuring that suitable foods for use in complementary feeding are produced, readily available and affordable. In addition, low-cost complementary foods, prepared with locally available ingredients using suitable small-scale production technologies in community settings, can help to meet the nutritional needs of older infants and young children. Furthermore, providing sound and culture-specific nutrition counselling to mothers of young children and recommending the widest possible use of indigenous foodstuffs will help ensure that local foods are prepared and fed safely in the home. This implies that

extension agents and agricultural communication systems are key and relevant discourse for this purpose.

## **5.5 Contribution to Knowledge**

This study has established that:

1. The adoption of a multi-communication approach provides better results in behaviour change. The approaches used were able to complement each other thus minimalizing the weaknesses of each approach.
2. It is important to carry out proper background research on the beneficiaries of any programme to ensure that the precise communication approach is adopted in the course of the programme to ensure success and effectiveness.
3. This research has established that communication plays an important role in behaviour change process when it is correctly factored in to the health care system.

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## **INTERVIEWS**

Interview with Mr. James Igwe a counsellor at Agan community on 15th November, 2015

Interview with Mrs. Blessing Shar a Counsellor at Obgoju community on 15th November, 2015

Interview with Racheal Ityonzughul, Benue State Ministry of Health on 15th November, 2015

Interview with Prof. MuyiwaOwolabi UNICEF consultant at Zaria on 5th December, 2015

## **FOCUSE GROUP DISCUSSION**

FGD 1 with seven women in Agan community conducted on 18th of November, 2015

FGD 2 with seven women in Northbank community conducted on 18th Of November, 2015

FGD 3 with seven women in Otobi community conducted on 15th of November, 2015

FGD 4 with seven women in Ogboju community conducted on 15th of November, 2015

## APPENDIX I

Department of Theatre and Performing Arts,  
Faculty of Arts, Ahmadu Bello University,  
Samaru Zaria,  
Kaduna State  
11<sup>th</sup> November 2015

Dear Respondent,

I am a post graduate student of Development Communication, Department of Theatre and Performing Arts, Ahmadu Bello University Zaria. I am currently conducting a study on: **An Appraisal of UNICEF Communication Strategies on Infant and Young Children Feeding Project in Benue State.**

This thesis acknowledges the devastation that Malnutrition has brought to the lives of Nigerians and therefore, this study seeks to expose the communication challenges faced in this project as it seeks to provide insight and suggest other methods of that could be used on the project.

You have been selected as one of the respondents and I will be grateful if you could kindly answer accurately to the best of your knowledge the questions contained in the questionnaire. All responses will be treated with utmost confidentiality and will be strictly used for academic purposes only.

Thank you.

Yours faithfully

Bolaji Adebukola

**SECTION A: DEMOGRAPHIC**

1. Gender a. Male [ ] b. Female [ ]
2. Marital Status a. Married [ ] b. Single [ ] c. Divorced [ ]
3. How many children do you have? \_\_\_\_\_
4. Age a. 18- 23 [ ] b. 24-29 [ ] c. 30-35[ ] d. 36-41 [ ] e. 42-47 [ ] f. 48 and above [ ]
5. Occupation \_\_\_\_\_
6. Educational level attained
  - a. Primary [ ] b. Secondary [ ] c. Tertiary [ ] d. Others \_\_\_\_\_ e. None [ ]
7. Have you heard about the project Infant and Young Child Feeding (IYCF)?
  - a. Yes [ ] b. No [ ]
8. What medium do you get information on Nutrition before the IYCF programme started?  
\_\_\_\_\_

**SECTION B: EFFECTIVENESS OF UNICEF STRATEGY**

8. Using SA = Strongly Agree = 5, A = Agree = 4, D = Disagree = 3 SD = Strongly

Disagree = 2, N = Neutral = 1

Indices for Approaches	SA	A	D	SD	N
IEC materials used in communicating IYCF intervention among breastfeeding mothers in Benue state is effective					
IEC material in non-pictorial forms are not effective					
IEC materials with pictures are very good					
One on one counselling is adequate					
Radio broadcast used for the project was heard and Effective					
Songs used during sessions were understood and easy to remember					
Dramas sessions were carried nutritional nutrition messages					
Demonstrations and practical sessions were participatory and effective					

9. How has the information learnt from the project been helpful/useful to you and your family (especially your children)?

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10a. Did the project improve the nutritional status of your child?

a. Yes [ ]      b. No [ ]

10b. If yes (10a) above, mention the changes?

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**SECTION C. FACTORS THAT AFFECT THE UNICEF COMMUNICATION STRATEGIES IN IMPLEMENTING IYCF PROJECT IN THE STUDY AREA**

11. Score the following factors in order of importance as they affect the UNICEF communication of ICYF in your area. Scoring from 1 to 5. Highest score in order of significance is 5

FACTORS	SCORE	REASON
Language/Tone of Communication		
Distance		
Economic factors		
Time/timing		
Gender Apathy		
Awareness level		

12. What other factors do you think has affected the UNICEF communication of IYCF project?.....  
 .....  
 .....

**SECTION D: COMMUNICATION STRATEGIES THAT CAN IMPROVE IYCF PROJECT IN THE STUDY AREA.**

13. What were the methods used to convey nutritional messages to you?

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14. What alternative communication strategy can improve sustainability of IYCF project?

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**APPENDIX II**  
**FOCUS GROUP DISCUSSION AND IN-DEPTH INTERVIEW**

**Interview Guide**

Please **ANSWER** these questions objectively.

**Four Focused Group Discussions with 7 women in 4 communities each.**

**Questions**

- Have you heard about the IYCF Program?
- What methods were used to communicate with you during the program?
- What nutritional information has been shared to you by the counsellors?
- What challenges did you face before you were introduced to the project?
- Did you understand the information you received from the counsellors?
- Was there room for clarification, questions and contribution during each session?
- Has the program been helpful to you? ( share your testimonies)
- Since the program ended have there been (other) challenges?

**Interview Questions with 2 Counsellors**

- What is your understanding of IYCF?
- What was the language of communication during the counselling selling?
- What method of communication was used to reach out to the women?
- Was the information passed across practicable and understandable by the women and you during the trainings you received?
- Did the women show any sign of improvement in the nutritional practice when handling the feeding of the children?
- What challenges did you face on the programme?
- How did you address the problems you faced during the course of the project?

**Interview Questions with 1 UNICEF staff of IYCF**

- What does the IYCF program encompass?
- What are the aims of the IYCF program?
- How effective has the program been?
- What were the communication strategies adopted by this program?

- What positive or negative impact has the project had on the women and children on the program?
- Has the IYCF project been able to achieve its set objectives?
- Are you aware of any communication challenge that the IYCF project is experiencing in Benue state?
- What challenges did the supervisors and counsellors encounter while executing the project?
- What measures are in place to ensure the sustainability of the IYCF project?

## APPENDIX IV

### INTERVIEW WITH JAMES IGWE A COUNSELLOR AT AGAN COMMUNITY ON 15TH NOVEMBER, 2015

#### **What is your understanding of IYCF?**

IYCF programme in Benue state was about counselling mothers on the importance of feeding their children nutritious foods. The IYCF has different component of timely decision, exclusive breastfeeding and complementary feeding. The counsellors provided a support group system, where they are to teach mothers through songs, dance and IEC materials (pamphlet).

#### **What was the language of communication during the counselling session? And what method of communication was used to reach out to the women?**

In most of the communities where the women were predominantly Tiv, we made use of the local dialects and sometimes punctuate it with Pidgin English to ask question. This was for the mothers to understand the messages. We further demonstrated the proper feeding practices that was taught to us through other indigenous forms like oral presentations, songs and dances, dramatization by selecting willing volunteers from among the community women.

#### **Was the information passed across practicable and understandable by the women?**

When we get the communities, we first of all find out what would be helpful to get the women attention. Secondly, we involve the women in the planning and implementation of how the intervention would be carried out, because where the people are included, the tendency of ownership is high and that could lead to the success and sustainability of the programme. Also, we use counseling as a form of persuasive communication for this programme and it worked. Many women talked about the changes they could see with their children to their friends and neighbours and even the counsellors.

#### **Did the women show any sign of improvement in the nutritional practice while feeding their children?**

According to the respondent, most parents and mother do not know what to eat, the right amount of food to eat, and the right time to eat. With the amount of food in the state, if the people can effectively practice what they were taught, the level of malnutrition among children in particular would reduce. I think that the state was also chosen because of the abundant availability of local food, but the level of ignorance on how to process these foods to benefit the infant and child growth and development is the issue.

### **What challenges did you face on the programme?**

One very big challenge faced by the programme was funding. Since the program was donor driven, UNICEF was in the driver seat while the Benue state government in the passenger seat. Immediately the funding period elapsed, the activities of the programme physically come to a hold. Again, the reduction in the number of days dedicated to carrying out the programme activities from six (6) to two (2) also impacted on the progress of the intervention. Because of the poor nature of accessing most of the communities outside the major towns of Otukpo and Makurdi, going round the villages and communities to continue checking on the women has been a herculean task. Although we had little financial support from some philanthropists, nothing has been committed. We got a pledge of N50, 000 from one of the coordinators to support the women in sustaining the intervention but that has not been fulfilled for over two years now. Also, the failure in fulfilling this pledge had negatively affected the success of the intervention in some areas. We had to prioritize which area to go, thereby neglecting and sometime abandoning others.

### **INTERVIEW WITH BLESSING SHAR A COUNSELLOR AT OBGOJU COMMUNITY ON 15<sup>TH</sup> NOVEMBER, 2015**

#### **What is your understanding of IYCF?**

The IYCF programmes entails teaching mothers good feeding practices that would ensure the child grows well. A child that is well fed, has a positive impact on his/her growth and development. Benue state was primarily chosen to pilot the programme because, it pride itself as the “food basket” of the nation. Despite this status, it has a high level of malnutrition cases.

#### **What was the language of communication during the counselling session? And what method of communication was used to reach out to the women?**

The facilitator adopted the face-to-face and interpersonal communication approach. Similarly, the house-to-house and door-to-door mode of communication was also used to advocate and invite women, mother and most importantly, breastfeeding mothers to attend the sensitization and interactive session of the programme. Through this form, the women became aware and informed about the possibilities of learning better feeding practices for their children in particular and themselves in general.

#### **Was the information passed across practicable and understandable by the women and you during the trainings you received?**

When we counsel the mothers either one-on-one and as a group, we were able to get salient information on their children’s feeding patterns and address the challenges. We also made

use of demonstration sessions. Here, we observed the environment, the foods, food processing methods and children feeding pattern. After observing all these, we gradually demonstrated certain basic feeding patterns and food process method that would enhance the nutritional value of what they feed their children. This was mainly done through showing them the steps using information and educational materials like posters. Afterward we demonstrate by cooking the meal for them. The women came to discuss during other visits about the success they had and the new challenges they faced.

### **What challenges did you face in the programme?**

The facilitators and the beneficiaries participate in the demonstration sessions up to four days, before being allowed to carry out the experiment by themselves on the fifth (5<sup>th</sup>) day. This process was slow and time consuming. It also required some amount of resources to enable the sessions to effectively take place. Now no resource is available to carry on that aspect anymore.

### **INTERVIEW WITH RACHEAL ITYONZUGHUL, BENUE STATE MINISTRY OF HEALTH ON 15<sup>TH</sup> NOVEMBER, 2015**

### **What does IYCF encompasses?**

The programme was to help women understand the importance of post-natal feeding and care of themselves and invariably their children. An effective IYCF communication component or strategy is result oriented and impactful to the day to day activities of the women. There is a counselor present in each ward, but the wards are very large so it create barriers for the counselors to move around the LGA to communicate with the caregivers through the interpersonal communication approach.

### **What are the objectives of the IYCF programme?**

It is an adaption from the federal ministry of health. This could be seen in the federal Ministry of health and IYCF policy document (an adaption of the WHO (UNICEF) global strategy) on child survival guideline. The IYCF deals with high mobility and high mortality, to reduce or stop needless deaths of children especially those under the age of 2years. The cause of these deaths has been traced to poor carrying practices for children. That is, when mothers do not correctly feed their children they limit their potential, and when illness like malaria etc. comes, it knocks off these children. You will think it is the secondary cause that killed the child, not knowing that there is an underlying cause. The child is already predisposed to several forms of malnutrition and a SMART Survey NDS 2008-2013 was conducted to ascertain this fact. The Benue state constituency if you ask me what is the major drivers of malnutrition in the state, it is poor feeding practices. The global picture shows that

all mothers breast feed but, they do not do it correctly and as often times as they are supposed to. That is why exclusive breastfeeding rate are very low because the mother adds other things. For example, a child that is below 2 months has been exposed to herbal drinks and water (contaminated water). Those things affect the child as the child's immunity is very low and the child is more exposed to illness and disease. Also, poor infant feeding practices means breastfeeding is not initiated when it is supposed to be. This is 30mins to 1 hour, when the child is expected to be attached to the breast. The child is expected to be on breast milk for 6 months, thereafter the child transits to soft foods but, continue breastfeeding because it is called complementary feeding. It does not replace breastfeeding and that is not the reality on ground.

The question of what do they use as complementary food then arises. It is also not feed at 6 month, as recommended. The frequency of the feeding and what they feed their children arises. The survey was done in Makurdi on what the Idoma and Tivs feed their children in the 1990s. It was noted that the women do not practice right frequency and diversity of the complementary food as it is expected. That nutrient dense food should be feed to the children as the frequency is also a challenge as the woman has to go to do great farm work, so she does not have time or she does not know what to do mostly likely.

#### **How effective was the programme?**

We have not been able to carry out a full assessment and some areas have not been reached. Reports from the ministry have shown that the methods used have been effective up to 40 to 50%.

#### **What were the communications approaches adopted by this programme**

Interpersonal communication, IEC material distribution, flyers, counselling, radio broadcast and demonstrations.

#### **Has the IYCF been able to achieve its set objectives?**

The objective was to reduce mobility and mortality by improving critical care of the children especially feeding partners in the first 1000 days of life. As I said earlier, the report from the Ministry showed that up to 50% of the beneficiaries changed and picked up practices as taught by the counselors.

#### **Are you aware of any communication challenge that the IYCF project is experiencing in Benue state?**

One of the major challenge was not enough IEC material and the materials were in English and not the native language so it was difficult for the women to understand. The project was a donor driven project and UNICEF is not a donor, they are just development partners. Other challenges were transportation, government was not very supportive, replacement of staff, corruption of the government, and different agenda from the government.

**What positive or negative impact did the program have on the beneficiaries?**

I am not aware of any negative impact. What the mothers were told to do was to their benefit and so I don't see a reason why anyone would bring up any negative impact. May be in the area of sustaining the programme, but nothing last forever and lack of funding ends the live of a project.

**What measures are in place to ensure the sustainability of the IYCF project?**

The funding makes it difficult for projects to keep running and it is the responsibility of the government to pick up after NGOs and ensure the measures set in place are sustained. This programme is a good programme if only the government would key in and support even after UNICEF leaves. This would ensure the process is kept going.

**INTERVIEW WITH PROF. MUYIWA OWOLABI UNICEF CONSULTANT ON 5<sup>TH</sup> DECEMBER, 2015**

**What does IYCF encompasses?**

The Infant and Young Child feeding programme has three components: the exclusive breastfeeding, Early initiation, it means feeding the infant only breast milk for 6 months of life and complementary feeding which is a major component, begins after 6 months -24 months. They have to be appropriate because it is important. General survey in Nigeria shows that food given after 6 months even if exclusive breastfeeding is practiced is mainly liquid gruel made from corn, millet or any of the grains cutting across Nigeria. The assumption is that this children small stomachs are not yet developed so giving them liquid that is so watery without any "nutrient density" and lack the energy that is needed to maintain the child from 6 months.

Nutrient density means that it is expected that all the classes of food are represented. For example: giving a child watery pap (alkamu) which is mainly carbohydrate at best. They add a little sugar which is also carbohydrate and it is poor, this cannot put the child out of the woods even if the child has been exclusively breastfed. Even if success is achieved in the area of exclusive breastfeeding, appropriate complementary feeding still needs to be managed properly. Marco Nutrient is done between the ages of 6 month to 24 months. The distribution of Vitamin A and other supplementations through diet during the MNCH week is

not enough and multiple macro nutrient providers is now available through UNICEF and Macro Nutrient initiative from Canada. We are to add this macro nutrient powered food for the children 6-23 months and this will supplement their macro nutrient needs.

### **What was the objective of the IYCF programme?**

The objective of the IYCF programme is to reduce infant mortality. Nigeria is the second country in the world with the highest infant mortality where, our children are dying before their fifth birthday. With the population of India reaching a billion today and Nigeria is at 172million where about 20% of the population is expected to be under 5 years is dying, then it is not a good result for the country. To curb this problem, the need to give appropriate food to the children when they are young would help build their immunity. As nutrition could be seen as a bullet vest to help protect the children from disease and help the child to survive. For example a child that receives all the components of the IYCF would have a higher rate of survival when attacked by illnesses, especially the 5 killer diseases that kill children. The programme still has a lot to do to meet its full objectives but there has been increase in success cases as mothers can share their stories about the changes they have seen when they adopted the IYCF approach.

### **How effective has the programme been?**

The indices are clear that they are not effective yet. We currently have 13-17% for those women who practices exclusive breastfeeding. Since 2003, data has been undulating in the area of exclusive breastfeeding. The maximum we have now is about 50% at the last survey and it was observed that we are doing well. The knowledge is there, what to do we know, so what is the problem? There is something definitely wrong with our messages and something is wrong with the means of passing it as well. We need to go back to the drawing board and see how we can engage our people in the right way.

### **What where were the communication strategies used or adopted by the programme?**

We looked at better strategies like Communication for Development (C4D) to improve what we have for now as previously it was the Behavior Change Communication and Inter Personal Communication (IPC). We are sure that doing it right will get us the desired result needed to at least 50% or more.

### **What measure are in place to enable the sustainability of the IYCF programme?**

We have success stories of those who have practiced in the society that can show we have “convertees”. Those who did not believe and now, they have seen it for themselves. They have seen that they have been practicing it all this time but it has not been done right. Now

there are ways to do it and we have pockets of them all over but we have not been able to reach out to them.

In behavior change, there are usually 50% that are leaders and a chunk that are called early adopters that adapt early. Also there is another chunk called the late adopters, this group do not change, no matter what you say or do to them although they are minority in number. If we can get a good chunk of early adopters in the new communication approach, naturally the late adopter will follow the majority.

### **What challenges did the programme encounter in the cause of implementation?**

The major challenge is in the area of exclusive breastfeeding and the introduction of water. In Nigeria if the IYCF standard was water and breast milk close to 60% are practicing it and more can. Moreover the exclusive breastfeeding practice with water is discouraged and believe is that, because Nigeria is in the tropic and the sun is high, children cannot survive without water because they are not aware that breast milk is about 90% water. In the developed countries, some people eat food without water, they eat food and drink wine and in Germany they eat food and drink beer on it. If only we find a way to convince people on exclusive breastfeeding and not give water to a child, then we will be able to win the war against debilitating diseases. The stomach of the child is small so if you give the child water, it occupies the capacity leaving no room for food or breast milk to come in. So, the amount of nutrient the child can get is not enough. The water we drink is not so safe and cannot be called portable water by definition and standard. The borehole water we drink here would not be considered safe in industrialized nations. The water we have available may still have the right attributes of quality water but there are still a lot of germs in it. When giving the child, the child will not get strong immunity and therefore the child gets diseases. There is a connection between nutrition and disease. For example, a child has malaria, the child loses appetite to eat and as long as there is no food malnutrition sets in. The communication campaign of the IYCF programme is very necessary for the success of the intervention. Adopting the participatory and interactive model that makes it more inclusive and involves women in the community help them to reach out to other women. This would go a long way in ensuring continuity and sustainability of the programme. Beside counselling, IEC materials, songs, drama and demonstrations approaches used in communicating the message to the mothers more activities and demonstration could be packaged into radio and television programme in the two major languages in Benue state and aired so as to get the people more informed on the benefits of the IYCF interventions

### **Are there any communication challenges that the IYCF project experience in Benue state?**

The women are not easily understood because of the barriers of cultures, religion, time, and been able to hear about the programmes and participate. For example a mother-in-law telling

her daughter-in-law that she trained her husband and gave him water. So now what does a younger woman know about taking care of children? To break norms are not usually easy. Most cases, we need to use what is called a positive deviance, that is, to find an important person in the community that can convince her.

### **FGD 1 WITH SEVEN WOMEN IN AGAN COMMUNITY CONDUCTED ON 18<sup>TH</sup> OF NOVEMBER, 2015**

#### **Have you heard about the IYCF Program?**

The respondents jointly agreed that they have had about the IYCF project and were part of the programme for about 2 years. The programme was named “Nanumtumba” for the Tiv speaking mothers. We were also taught hygienic ways to breastfeeding our children for those who are farmers. We were encouraged to bathe before breastfeeding them after we returned from the farms.

#### **What methods were used to communicate with you during the program?**

One respondent said, ‘We were taught using songs, drama and written documents on how to feed our children better and what could happen if we do not practice what we have learnt. Another respondent reported that the programmes ensured that there was a means to interact with counselors one-on-one bases. She was able to express herself freely and get advice about any issue she was worried about concerning the programme. While other respondents mentioned similar things as the first two responses, none of them mentioned the radio. They all agreed that they did not hear anything on the radio about the programme or anything similar.

#### **What nutritional information has been shared to you by the counsellors?**

The group agreed that the counselors told them about the consequence of not feeding their children properly, and how they could get those diseases that could kill children easily. The group also mentioned the importance of maintaining good hygiene and how that affects the child’s ability to feed properly especially while breastfeeding. The type of food to give to a child that has reached the age of 6 months was easily explained by the women and they were told of what to give to a child of 1 year is also different. The feeding times keep changing as the child grows older.

#### **What challenges did you face before you were introduced to the project?**

According to one respondent in the group, she reported that most of her children while between the ages of 0-6 months, they had a lot of health challenges. The programme made her to understand why her children went through such challenges and how exclusive

breastfeeding would have given the child the best health. Others in the group also gave account of how their children had issues with teething and walking and did not have good appetite.

**Did you understand the information you received from the counsellors?**

“It was very easy to understand and practice” one respondent quickly responded. “It is not difficult to take my bath after leaving the farm and washing my hand after using the toilet” was also mentioned by another respondent. But the papers that were given were difficult to read because they were in the native language.

**Has the program been helpful to you? (Share your testimonies)**

The group agreed that, they were not use to using mashed yam porridge as complementary food. They were used to giving children big piece of cooked yam. They said that giving children mashed yam porridge was not good and attractive at that time. Similarly, there was the initial resistance to soya beans milk as a complementary meal because of the wrongly held perception that it was not healthy. Since the programme, they were able to overcome these challenges, while watching and practicing what they saw during the demonstration sessions, on how to process these meals.

**Since the program ended have there been (other) challenges?**

A response from one respondent was, “The money to feed our children is not available”. Some husbands keep expecting different things even after the programme ended was the statement of two different respondents. Another responded mentioned that since the programme ended her husband was not happy as the little gifts she was receiving stopped. A respondent also said, she hoped the programme would continue as a motivating factor to her making a change.

**FGD 2 WITH SEVEN WOMEN IN NORTHBANK COMMUNITY CONDUCTED ON 18<sup>TH</sup> OF NOVEMBER, 2015**

**Have you heard about the IYCF Program?**

The group response showed they were well aware of the IYCF programme and were a part of the programme from inception till the conclusion. The programme was child feeding different ages and also hygiene practices that go hand in hand with these feeding practices.

**What methods were used to communicate with you during the program?**

In our communities where we are predominantly Tiv, the counselor made use of the local dialects to explain to and sometimes in Pidgin English so that we could understand their messages. We further saw demonstrations on how to properly practice good feeding habits for our children. We were also taught other indigenous forms like oral presentations, songs and dances, dramatization by selecting willing volunteers from among ourselves.

### **What nutritional information has been shared to you by the counsellors?**

The respondents spoke about the farming system which was done during the raining season. The counselors introduced them to irrigation farm (kitchen gardens). Some of these methods were difficult to adopt at first, However with sustained demonstration plots behind the houses of willing volunteers and persuasion on the necessity of this kind of farming, but as soon as one mother tried it, many other mothers also adopted the practice and began to have semi-irrigated farm plot behind their houses. From the harvest of plants on these plots, they augment their children feeding.

### **What challenges did you face before you were introduced to the project?**

They were able to list a number of challenges faced before the programme started and this include: children fell sick more often, very poor hygiene practices while feeding the child, feeding a child properly requires a lot of money, they did not believe in receiving modern medicine. Sometimes they would forget to carry out proper hand washing before feeding their children. Soon they realized that the introduction of the program brought about change for their children

### **Did you understand the information you received from the counsellors?**

One respondent reported that, “There was nothing difficult about what the counselor told us to do, but sometimes I forget to do things like wash my hand before I breastfeed my child. When I remember I try to do so, because I know it will help my child”. Another respondent said, “Now I know why my children were sick very quick, but with this one now I have practiced exclusive breastfeeding and the child did not have diarrhea or fever while teething”. “Even the ones that I felt would be difficult, was made simple, like the making of a nutritious pap for my child when she reaches 6months” was shown to us and we use it and it works well”.

### **Has the program been helpful to you? (Share your testimonies)**

We have witnessed a great change and improvement on how to breastfeed our children and how we prepare complementary food in different ways from the adult food. Before the programme, we use to feed them with the foods that we cook and eat as a family and that did not help our children grow well.

**Since the program ended have there been (other) challenges?**

There has been very little encouragement from any arm of the government or NGOs since the programme ended and this has made it very discouraging to continue to meet and keep communicating with the counselors.

**FGD 3 WITH SEVEN WOMEN IN OTOBI COMMUNITY CONDUCTED ON 15<sup>TH</sup> OF NOVEMBER, 2015**

**Have you heard about the IYCF Program?**

“Ame-o-yeloy” was what we called our group Idoma which means breastfeeding. We were taught how to properly breastfeed our children. Through this, we were made to understand and adopt exclusive breastfeeding for our children until after six (6) months and thereafter, we can introduced them to nutritional complementary feeding.

**What nutritional information has been shared to you by the counsellors?**

The first respondent said, “How to care for my body so that my child can get the best”. Another respondent quickly added, “If we eat well our breast will give the child plenty milk”.

Others added that having a small kitchen garden was also important and giving fruits to the child helps increase the child’s immunity.

**What challenges did you face before you were introduced to the project?**

The group agreed that, at first some other mothers discouraged them, who were a part of the programme but soon many other mothers wanted to be a part of the programme. The use of herbal remedies was very common before the programme was introduced, but that changed soon after the programme was introduced and many of such practices were stopped by the women.

**Since the program ended have there been (other) challenges?**

The respondents said since the programme ended they have not been carried along and encouraged again. The incentives they received during the programme has also stopped coming.

## **FGD 4 WITH SEVEN WOMEN IN OGBOJU COMMUNITY CONDUCTED ON 15<sup>TH</sup> OF NOVEMBER, 2015**

### **Have you heard about the IYCF Program?**

The group responded that they were a part of the programme and they meet once a month as a group to discuss what they have been taught during the one-on-one counselling sessions.

### **What challenges did you face before you were introduced to the project?**

According to the group, most parents and mother do not know what to eat, the right amount of food to eat, the right time to eat as well as how the body need to utilize the food eaten. With the amount of food in the state, the level of malnutrition among children in particular would reduce. It takes reduction of the level of ignorance on how to process food to benefit the infant and child's growth and development.

### **Did you understand the information you receive from the counsellors?**

We learnt about the importance of antenatal sessions and the programme made it easy to understand the reason for the antenatal sessions. We could save more money instead of spending it on drugs, as this simple practices help reduce the number of times we went to the hospital.

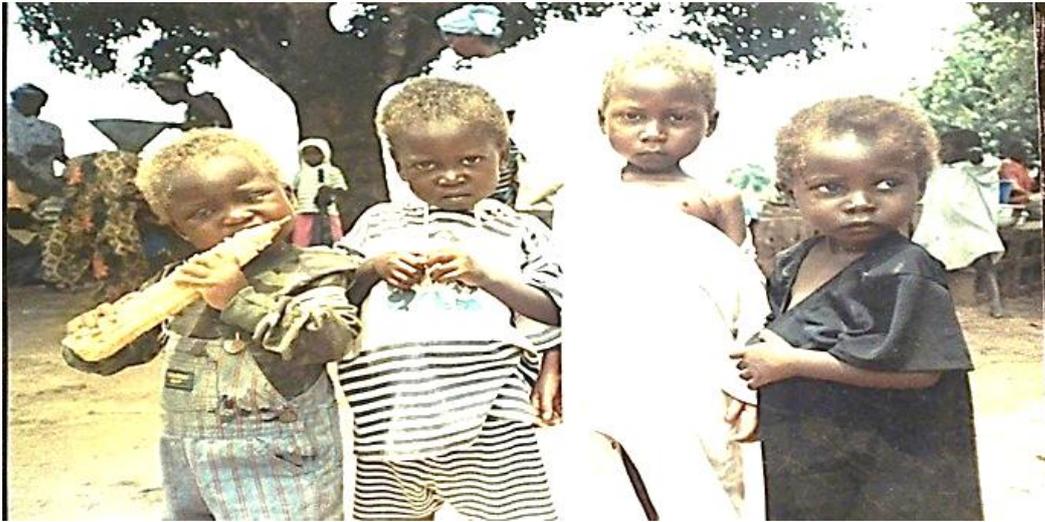
### **Has the program been helpful to you? (Share your testimonies)**

A respondent stated that, "I started the programme with my son and I have not had any issues, he doesn't fall sick". Now they welcome the programme, more openly. A respondent also added that, "I now understand how to care for my child better how to position my breast and not to give my child water until the child is 6 month old, so that my child will get good growth and be strong to fight any sickness"

### **Since the program ended have there been (other) challenges?**

One respondent said, "I wish our husbands were a part of this programme. This would help them understand that we should practice family planning". Another woman in the group said the programme has exposed her to many good things. She wished, she could be sponsored to go to other places to talk to other women about it and convince them to accept the IYCF programme.

## APPENDIX V



**Fig. 1: A picture given to the researcher by Mrs Racheal from the Ministry of Health showing some children in the community before the intervention with signs of malnutrition in 2011**

**Fig. 2: FGD with respondents of Agan community at Makurdi, Benue state on November 18, 2015**





Fig. 3: FGD with respondents at Northbank community in Makurdi, Benue on the November 18, 2015



Fig. 4: FGD with respondents from Otobi community in Otukpo LGA



Fig 5: FGD with respondents from Ogboju community in Otukpo LGA on November 19, 2016



Fig. 6: An interview session with Mr. Amu James a counselor at Agan LGA on November 18, 2016



Fig. 7: An Interview session with a Consultant of UNICEF, Prof.MuyiwaOwolabi at Zaria, December 5, 2015



Fig 8: Picture of a respondent's child looking very healthy 5 months old child in Agan community at Makurdi on November 18, 2015