

Socio-anthropological aspects of recovery from malnutrition at home

Example of Sierra Leone
Action Contre la Faim

Introduction

✳ Context of research:

- ◆ ACF Clinical Trial (C. Navarro-Colorado)
- ◆ Musée de l'Homme (Jane Cobbi, CNRS)

✳ 4 months study (3 months field work)

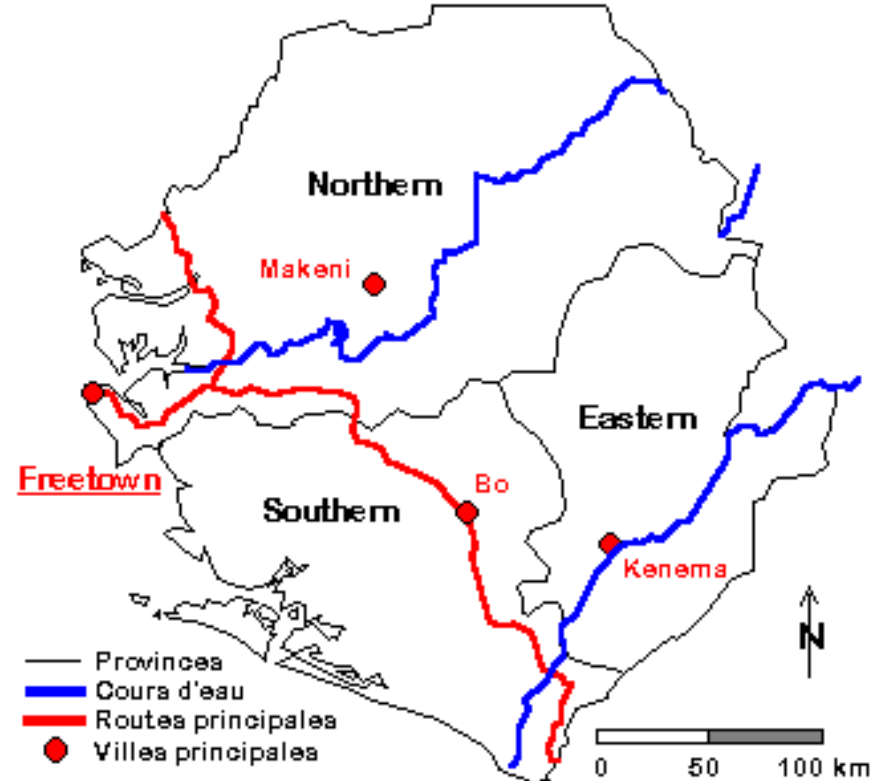
Specific Objectives

- ✱ To assess product acceptability.
- ✱ To evaluate treatment implications on family life.
- ✱ To identify socio-anthropological indicators to help the organisation in treatment strategy.

General context



Carte administrative de la SIERRA LEONE



General context: few keys

✳ Mainly rural area

✳ Incomes: agricultural products and mining activities

✳ Polygamous family

✳ Habitation units shared by 3 generation

Field Methods:

✳ TFC in Makeni

- ◆ Observational (participant and non-participant)
- ◆ Non-directive interviews with care-takers, TFC staff, children.
- ◆ Semi-directive interviews with 24 care-takers.

✳ Follow-up structures

- ◆ Observation of weekly visits
- ◆ Interview with care takers during weekly visit.
- ◆ Focus groups of care-takers by treatment group.

✳ Food system analysis of two villages

- ◆ Participant observation, interviews, focus groups, ...

Findings: Plumpy'nut perception

- ✱ Globally very well accepted by the children: play with it while eating, ask for it even after the end of rehabilitation.
- ✱ Very well accepted by the caretakers:
 - ◆ Taste it and like it
 - ◆ « make the children grow quicker than milk »
 - ◆ Name adopted: « makantl » i.e. <groundnut>
 - ◆ Food and medicine

Findings: how is Plumpy'nut taken?

✳ Plumpy'nut flexibility:

- ◆ When in the day: adapted in each family
- ◆ How: adapted to each child

✳ Water not boiled

✳ No share of the Plumpy'nut within the family.

Findings: family life during HT

- ✱ Little effects on house work

- ✱ Variable effect on farm work

- ✱ Positive effect on community life compared with TFC.

Findings: family life after HT

Focus groups results: « what did you change after treatment? »

After TFC

- ✱ Wash hands before feeding the child
- ✱ Wash the house every morning
- ✱ Children clothes no more dried on floor but at a rope
- ✱ Wash the child after toilets.

...

After HT

- ✱ Wash the child morning and evening, not only in the morning
- ✱ Wash the child when it gets fever
- ✱ *Feed the child every morning*
- ✱ *More time spend with the child, do not more entrust the child to her mother-in-law.*

Findings: family life after HT

Focus groups results: « what advices do you give to other caretakers? »

After TFC

- ✱ To go to the nearest SFC
- ✱ To go to the TFC

After HT

- ✱ To go to the nearest SFC
- ✱ To go to the TFC
- ✱ *To wash the kitchen utensils*
- ✱ *To wash the child*

Findings: Focus groups results

« what will you choose in case of another malnourished child? »

After TFC:

They will choose TFC:

- ✱ they are afraid to forget something in the child care, in the TFC nurses are here to help
- ✱ They can rest in the TFC

After HT

They will choose HT:

- ✱ They can take care of the other children, of the old relatives and do the farm work
- ✱ The child gain weight quicker

Limits of the findings

✱ Sample size

✱ Period covered

	Jan	Feb	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.
Agricultural Seasons	D	D	D	D	D	R	R	R	R	R	D	D
Agricultural Work			W			W	W	W	W	W		
Food gap						G	G	G				
Study period				S	S	S						

Organisation

Characteristics

How did it implement
the programme

...

People

Structure

Women role
Food system

...

Malnutrition rehabilitation
programmes

Context

Humanitarian context
Politics

...

Discussion:

Context characteristics and HT

Even if...

- ✱ More than 10 years civil war, now over.
- ✱ Volatile regional context still volatile.
- ✱ Population displacement and resettlement.

However...

- ✱ Post-emergency situation / economic reliance. No food shortage.
- ✱ Secure area
- ✱ Most of people resettled

Analysis of the questionnaire in transition phase: malnutrition causality

Critical development stages

- ✱ Complementary food introduction
- ✱ Family meal introduction
- ✱ Weaning
- ✱ Development stages of the child (acquisition of more mobility: to crawl and to walk)

Malnutrition linked with care practices

Factors of risk

- ✱ Low birth weight children
- ✱ Children whose mother died at delivery
- ✱ Children with mother in distress

Importance of psychological aspects in malnutrition causality

Perceptions of malnutrition of the care takers (focus groups in villages)

✱ What is “malanki”

✱ Causes:

- ◆ If the mother die
- ◆ If there is not enough breast milk
- ◆ If the child is sick and there is no money
- ◆ If there is no good food fot the child
- ◆ Invisible world: taboo transgression, witchcraft, spirits...

Discussion:

characteristics of the society and HT

✳ Society is still very well structured

- ◆ Family mutual aid
- ◆ Landlords
- ◆ Traditional chiefferies
- ◆ Secret societies

✳ Food system

Discussion: the agency itself & HT

✱ **ACF has been present in Sierra Leone and in the area for years,**

- ◆ ACF is well known and trust by the population (cf. TFC admission mostly spontaneous).
- ◆ ACF knows well the area
- ◆ Logistic in place
- ◆ Nutritional team skilled and experimented

✱ **Clinical trial specificities**

- ◆ Phase I maintained
- ◆ small sample, strict follow-up
- ◆ Health education choices (name adopted for Plumpy'nut, Plumpy'nut defined as food AND medicine vs share)

Family life
and rhythms

Society characteristics
structure

Local food system
Food habits

NGO image,
Skill and resources

Malnutrition rehabilitation

Medical follow-up

Security context

Therapeutic
product

Global food availability
Access to water

Caretaker
psychological health

Treatment education
choices