

#### BEHAVIOR PROFILE: COMPLEMENTARY FEEDING: HYGIENIC FOOD PREPARATION & FEEDING

**HEALTH GOAL** 

Improve maternal and child survival and reduce malnutrition

**BEHAVIOR** 

Caregivers prepare and feed food hygienically

M Percentage of households in which a place used for handwashing was observed, and among those households, percentage distribution by the availability of water, soap and other cleaning agents. [Source: DHS 7] Percentage of caregivers who cover prepared food with an appropriate cover (clean, allows steam to escape, prevents flies and is larger than the container it is covering). (\*Note: Indicator used in Ghana WASH4Health. However, this indicator and corresponding questions should be piloted and adapted, as necessary, prior to use.)

# **BEHAVIOR ANALYSIS**

# SUPPORTING ACTORS AND ACTIONS

# **STRATEGY** POSSIBLE PROGRAM STRATEGIES

**BEHAVIOR AND STEPS** 

What steps are needed to practice this behavior?

**Behavior** 

Caregivers prepare and feed food hygienically

### Steps

- 1. [Food Preparation] Wash hands of person(s) preparing the food
- [Food Preparation] Use clean utensils and pots
- [Food Preparation] Prepare foods for cooking and serving: discard spoiled portions and wash and peel all raw fruits and vegetables
- [Food Preparation] Use water from an improved source for cooking
- [Food Preparation] Thoroughly reheat any cooked, stored food before serving to the child
- [Feeding] Wash hands of caregiver and child with soap prior to eating
- [Feeding] Feed child in a place that is clean and free of roaming animals

What factors may prevent or support practice of

**FACTORS** 

#### STRUCTURAL

Accessibility: [Food Preparation] Caregivers do not routinely wash their hands before preparing food because they lack soap and water in or near food preparation areas.

Accessibility: [Food Preparation] Caregivers do not use soap to wash their hands when preparing food because it is too expensive.

Accessibility: [Feeding] Caregivers do not have the time to wash children's hands before feeding due to completing responsibilities (household chores, caring for multiple children, work, agricultural labor, etc.).

Accessibility: [Food Preparation and Feeding] Caregivers prepare food once and feed it to children throughout the day without reheating it as they lack fuel (e.g. firewood, kerosene).

Accessibility: [Feeding] Caregivers, particularly in rural settings, feed children cooked food that has been sitting in unhygienic conditions because they lack access to proper storage facilities in the household.

Accessibility: [Food Preparation] Caregivers use unsafe water to wash hands and prepare food as they only have access to unprotected water sources.

Accessibility: [Feeding] Caregivers place children on the ground to eat because they lack a clean spot or mat for children to eat on.

Accessibility: [Feeding] Caregivers do not feed children in places free from roaming animals because animals are not kept away from living spaces and/or families do not have the means to place their child away from animals during feeding.

#### INSTITUTIONAL

Policymakers: Mandate that community development programs facilitate increased access to items for storing and preparing food hygienically (i.e. soap, fuel-efficient cookstoves, clean water, handwashing stations/tippy-taps, food storage containers, eating mats).

Who must support the practice of this behavior.

and what actions must they take?

Providers: Provide quality, timely, andaccurate information related to handwashing. child feeding, and food contamination.

Private sector manufactures/SMEs: Develop new or proven hygiene products such as handwashing stations, mats for child feeding, food storage, etc. and create demand through appropriate channels.

### COMMUNITY

Community Leaders: Promote inexpensive handwashing stations or tippy taps in every home near latrines and food preparation areas. and support community initiatives to improve water sources and proper storage options for

Community Leaders: Encourage all families to maintain clean play and eating spaces that are separated from animals.

Religious Leaders: Counsel caregivers and other family members on hygienic food preparation and feeding of children.

### HOUSEHOLD

Family Members: Take over or support primary caregiver's duties (such as fetching water) to allow time for them to prepare meals and feed the child hygienically.

Family Members: Provide support to ensure that the family obtains tippy taps, eating mats, and other technologies or products to keep food, utensils, and hands clean for food preparation and feeding.

What strategies will best focus our efforts based

Strategy requires Communication Support

#### **ENABLING ENVIRONMENT**

Financing: Address financial barriers to cookstoves, eating mats and food storage facilities through pricing and smart subsidies for the poorest households within social protection programs.

Partnerships and Networks: Cultivate private sector engagement in design, development, and distribution of needed services and products.

Partnerships and Networks: Leverage different organizational networks and financing mechanisms to increase access to hygiene products and to ensure convergence of WASH programming where nutrition  $% \label{eq:washing} % A = \{ (A,B) \in \mathcal{A} : A \in \mathcal{$ programming is improving IYCF practices.

# SYSTEMS, PRODUCTS AND SERVICES

Products and Technology: Develop  $in expensive \, and \, practical \, products \, and \,$ methods for affordable, safe food storage; continue promoting existing affordable technologies like point of use water treatment products and fuel-efficient cookstoves.

Supply Chain: Enforce policies in food supply chains which improve the chemical and microbiological safety of raw foodstuffs, and ensure use of food processing technologies that mitigate risk (e.g. pasteurization and irradiation) and prevent contamination. 📢

**Quality Improvement**: Train health providers to demonstrate and counsel caregivers and families on hygienic food preparation, food storage, and child feeding, including proper handwashing.

# DEMAND AND USE

Advocacy: Develop community champions or groups to promote and demand good food hygiene practices within the community

Advocacy: Influence public policy and funding decisions that affect programs to improve hygiene, such as handwashing with soap.

Communication: Implement media campaigns (radio, TV spots, serial dramas, demonstrations, etc.) for proper handwashing, food preparation methods, and clean eating spaces.

SOCIAL

Family and Community Support: [Food Preparation] Secondary caregivers [elder siblings, neighbors, elderly relatives] do not prepare food and feed younger children hygienically because they lack the skills and knowledge to

Gender: [Food Preparation] Female caregivers do not take extra time to wash their hands before preparing food because they feel time pressure from other family members (esp. men) wanting to be fed as soon as possible.

Norms: [Food Preparation] Caregivers and others do not regularly wash their hands before preparing food because they see mothers-in-law and other caregivers preparing food without washing their hands.

**Norms**: [Food Preparation] Caregivers do not use clean utensils and pots because it is common practice to only wash dishes and utensils with water or set them on the ground between uses.

**Norms**: [Feeding] Caregivers do not maintain a clean feeding space, such as keeping animals separate from children, and are reluctant to try doing so because it is not commonly practiced.

#### INTERNAL

Attitudes and Beliefs: [Food Preparation] Caregivers do not wash hands with soap and water before food preparation because they believe contact with water alone before food preparation is enough to clean hands unless there is visible dirt or a bad smell.

Attitudes and Beliefs: [Food Preparation and Feeding] Caregivers are motivated to or have the habit of washing their hands before preparing food and feeding children because they believe it will remove visible dirt, dust, smells, and germs that may harm children.

Attitudes and Beliefs: [Food Preparation and Feeding] Caregivers do not reheat stored food because they do not perceive a risk from feeding room temperature foods to children.

Attitudes and Beliefs: [Food Preparation and Feeding] Caregivers do not wash their hands or their children's hands before food preparation and feeding because they don't perceive there to be a risk of illness from not doing so.

Attitudes and Beliefs: [Food Preparation and Feeding] Caregivers do not wash hands with soap and water before food preparation and feeding because they do not feel that it is a good use of time.

**Knowledge**: [Food Preparation] Caregivers do not store foods properly because they lack knowledge about what proper food storage is and the dangers of improperly stored foods.

**Knowledge**: [Food Preparation] Caregivers do not prepare foods for

**Collective Engagement**: Mobilize community groups to encourage men, family members, and secondary caregivers to support primary caregivers to feed hygienically.

Collective Engagement: Engage the community in creating a hygienic environment for food preparation, storage, and feeding by cleaning and building water systems, building appropriate community and home food storage facilities, keeping open areas free of animal feces, and other locally appropriate hygiene actions.

**Skills Building:** Conduct hands-on sessions to improve hygiene in communities alongside infrastructure improvements or new technologies.

**Environmental Cues**: Design triggers, reminders, and/or visual cues to disrupt the daily routines for cooking, handwashing, etc.

cooking and serving because they do know that uncooked raw meats and unwashed or unpeeled fruits and vegetables cause illness or how to minimize risk of illness.

**Skills**: [Food Preparation] Caregivers do not properly clean feeding bottles, dishes, and utensils as they lack the skills to correctly clean or sterilize.