

Title:

Social Networking for Improved Maternal Child Health in Rural Settings

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Session Title:

Global Strategies in Maternal Care

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Food desert, Maternal-child nutrition and Social Networking

References:

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Abstract Summary:

This presentation will cover key qualitative aspects of developing a social networking nutrition program for the improvement of maternal child health outcomes in rural and remote settings.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
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The learner will be able to understand the basic premise of a community based maternal-child nutrition intervention in a remote or rural setting by the end of the presentation.

12 Weeks of Curriculum Program Goals: Improve maternal and child health. Empower women to practicing exclusive breastfeeding irrespective of their HIV status. Improve early childhood nutrition with appropriate child feeding. Create awareness in the prevention of malnutrition in Mfangano Island. Improve household food security. Clear up myths and misconception surrounding family nutrition. Increase male involvement in family health. Sessions 2-4: Understand importance of family planning and options. Discuss good nutrition in pregnancy, importance of pre-natal care. Understand how birth plans can empower expectant parents through knowledge, communication and support. Appreciate signs of labor and complications. Aim: Reduce complications during labor and low birth weights. Improve mother and child survival on Mfangano Island. Sessions 5 & 6: Objectives: Understand the advantages of exclusive breastfeeding and breastfeeding until 2 years. Explain the risk of mother-to-child transmission of HIV. Discuss various breast conditions Aim: Improve support for exclusive breastfeeding until 6 months and breastfeeding through 2 years. Sessions 7 & 8: 7/8 Complementary Feeding Objectives: Understand what complementary feeding is and the feeding needs of young children – dietary diversity, meal frequency, and importance of animal source foods. Explain why there is an optimal age for children to start complementary feeding. Learn how to make a healthy porridge. Aim: Improve the current complementary feeding practices in Mfangano Island, particularly dietary diversity, frequency of feeding, and consumption of animal source foods. Sessions 9 & 10 Objectives: Describe appropriate feeding during illness and recovery. Explain ways of preventing malnutrition at home. Identify the forms of malnutrition with the signs and symptoms. Explain various effects of malnutrition on the body. Understand where to get support for malnutrition treatment.

	<p>Aims: Feed appropriately during and after illness to facilitate recovery and good nutrition. Identify and seek help for cases of malnutrition. Session 11: Objectives To understand food security needs. To plan ways of increasing food security support. Acknowledging food security in the community. Understanding barriers to food access. Discussing solutions, ways households and social support groups can ensure food access. Start a Household Nutrition Plan</p>
<p>The learner will be able to discuss implications of replicating the developed curriculum to various remote settings and diverse populations during the question and answer session.</p>	<p>Population Characteristics and Similarities: Food insecurity 24% Food desert Inadequate nutrition Social support Family units are multigenerational History of dependence on the land Ways of Modifying curriculum Cultural considerations Take home features: Community support must be continued past program presence How? Planning must be implemented Agencies that should be collaborators Follow up Follow through</p>
<p>The learner will be able to identify three key ways that program expansion would benefit target populations in areas that are considered food deserts by the end of the presentation.</p>	<p>Nutritional balance: new knowledge of “balanced diet,” diversity of foods, and kitchen gardens Multi-dimensional support: community, social network, family, support; reduced incidence of disease; knowledge sharing; increased involvement of partner in choosing food and childcare Community collaboration: increased business opportunities for women, increased food trading, and improved childcare</p>

Abstract Text:

Purpose:

The purpose of this presentation will be to identify key areas of replication of a social networking nutrition program that took place in a remote area of Kenya, Africa, and the development of similar program possibilities in remote areas of northern Arizona amongst the Navajo, Hopi, and Hispanic populations. The social networking nutrition program is an intensive, community led, 12-week nutrition curriculum that supported nutrition interventions for young mothers, pregnant women, infants, children, and their families. The goals of the program were to improve maternal and child health, empower women to practicing exclusive breastfeeding irrespective of their HIV status, improve early childhood nutrition with appropriate child feeding, create awareness in the prevention of malnutrition in Mfangano Island, improve household food security, clear up myths and misconception surrounding family nutrition, and increase male involvement in family health. The specific population of interest within Arizona includes teenage and young mothers who are at higher risk for malnutrition or under-nutrition during pregnancy and breastfeeding due

to population disparities. The population served in the Kenyan study included young, single mothers, combined families, widowed mothers, and mothers who were HIV positive. The program goals are applicable to the population being considered for program replication.

Methods:

A total of seven focus groups were conducted with three participant groups over five weeks during the summer of 2016. Focus groups were conducted in the native Dhuluo language. All focus groups were recorded, transcribed in Dhuluo, translated to English, and then back translated to Dhuluo for verification. Atlas.ti was used for qualitative data analysis. Two independent researchers review the transcripts for themes.

Results:

Three themes were identified based on the transcribed information from the focus groups. Nutritional balance: new knowledge of “balanced diet,” diversity of foods, and kitchen gardens. Multi-dimensional support: community, social network, family, support; reduced incidence of disease; knowledge sharing; increased involvement of partner in choosing food and childcare. Community collaboration: increased business opportunities for women, increased food trading, and improved childcare.

Conclusion:

The nutrition curriculum program showed great success while in practice, but success was not sustained long after the curriculum sessions ended. Recommendations, based on the identified themes, were provided to the community based organization for program revisions and expansion. Further research needs to be done to identify key geographic areas for program modification and expansion in Arizona.