

Alive and Thrive

Learning Collaborative to Advance Normative
Change

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LIST OF ACRONYMS AND KEY PHRASES

LC	Learning Collaborative
BRAC	Bangladesh Rural Advancement Committee
IYCF Practices	Infant and Young Child Feeding Practices

Introduction to the Programme

The case study demonstrates that social norms can be a powerful tool in changing norms around maternal health practices like breastfeeding which can help improve nutritional outcomes. The case study leverages the experience of Alive and Thrive and the Bangladesh Rural Advancement Committee (BRAC) in implementing such a programme in Bangladesh. One of the key successes of the programme lies in its integration and institutionalization with Bangladesh’s national level nutrition programme and strategy.

Overview of the Programme

Over the past decade, Bangladesh has made rapid progress in improving key human development indicators, such as life expectancy at birth and per capita income (Conceição 2019). However, much remains to be done in tackling the persistent issue of malnutrition, which affects more than 80 percent of young infants resulting in stunting and wasting. An intervention leveraging information diffusion and social norms by Alive and Thrive allowed for increasing interactions within mothers, families, mothers’ networks and groups leading to a positive change in maternal, infant and young child nutrition practices¹. The issue of maternal and child nutrition also has a gender component where the programme directly works by increasing women’s agency and beliefs.

Improving Maternal, Infant and Young Child Nutrition

Maternal nutrition and Infant and young child feeding (IYCF) practices have a crucial role in improving the health of a child and have lasting positive outcomes over the course of a lifetime. These problems can range from early age malnutrition which may also have an adverse fallout on other aspects like upward social mobility and also gender norms. These problems have historically existed due to factors of human development like poverty, but also contributing are the lack of descriptive, injunctive norms or beliefs around maternal, infant and young child nutrition practices which could ease their adoption.

Aspects like knowledge, awareness and self-efficacy have been known to increase breastfeeding outcomes in developing and developed country context. Social norms can play a crucial role by increasing an individual's efficacy virtue of increased prevalence or diffusion of breastfeeding practices, reducing the effort required by any one individual in performing the action of breastfeeding. This improves the

Key Features

Programme and Study Design: Alive and Thrive

Geography: Bangladesh

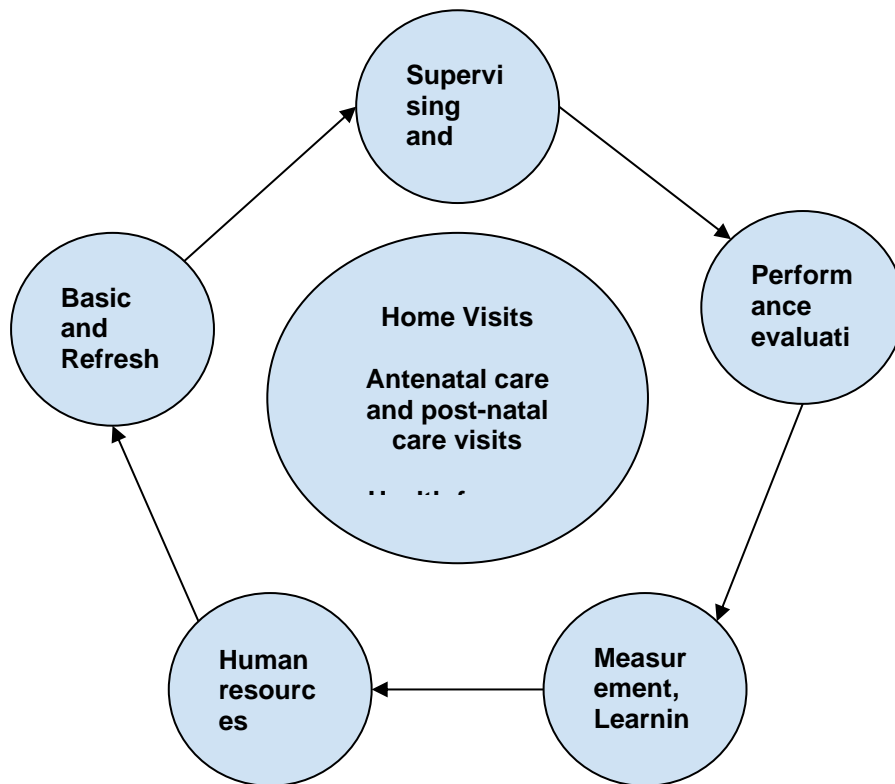
Year: 2010 to Ongoing

¹<https://www.aliveandthrive.org/wp-content/uploads/2020/02/Information-Diffusion-and-Social-Norms-Are-Associated-with-Infant-and-Young-Child-Feeding-Practices-in-Bangladesh..pdf>

mother's agency and confidence. In Bangladesh where malnutrition is an important challenge, such practices hold potential.

Interventions

The intervention programme was deployed in 20 rural subdistricts initially and later scaled up nationally through various development partners and the government. It involved the rollout of behaviourally informed interventions, focusing on interpersonal counselling, community mobilization and mass media campaigns including TV shows. Routine home visits were conducted in households with pregnant and lactating women by health workers and volunteers, who were given performance-based incentives. There were several sub-parts to every intervention. Community mobilization for example involved meetings and forums of women with husbands, religious, and other local leaders.



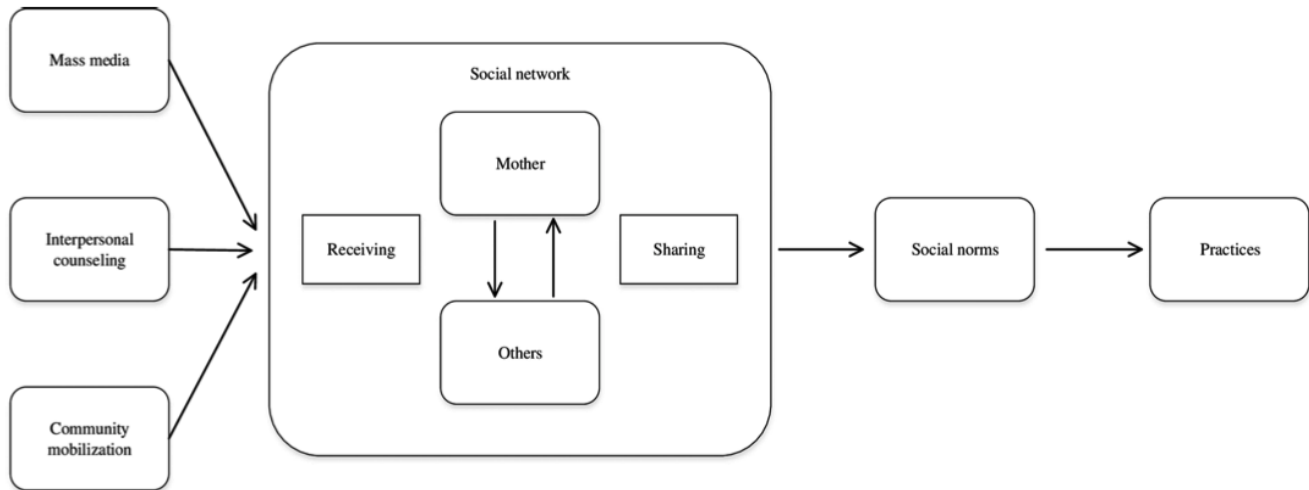


Figure 2: Framework of relationship between interventions and norm change; **Source:** Alive and Thrive

Key Outcomes

One of the most effective components of the interventions was that information on maternal, infant and young child nutrition practices was passed on within mothers and their social networks with significant positive outcomes on their knowledge and eventually practices - increase agency - a clear outcome towards positive gender norms (Zongrone 2018).

The interventions saw an increase in sharing of information around infant and young child feeding practices and perceived injunctive norms and descriptive norms. Injunctive norms are those which correspond with beliefs of what other people think. Descriptive norms are those which refer to the prevalence of any behaviour. These are linked in the case of breastfeeding and maternal health and nutrition behaviours, which are positively impacted when mothers witness that expectations about breastfeeding practices are updated, within the community and also their own (Nguyen 2019).

Between the baseline at 2010 and endline in 2013 (2014 and 2017 for maternal nutrition), exclusive breastfeeding increased from 48.5 to 83.4 percents or 36.8 percents against control; diet diversity in 6-23 months children improved from 32.1 to 61.8 percents or 16.2 percents against control; maternal consumption of 5 food groups from 60.7 to 88.8 percents or 30 percents against control (Sanghvi 2016, Nguyen 2018).

A sustainability study conducted by Alive and Thrive also showed how the interventions sustained and led to large improvement of as much as 12-17 percentage points for breastfeeding and other aspects of maternal nutrition like consumption of iron-rich foods. Sharing of information also improved significantly by family members and health workers (Kim 2018, Nguyen 2019). The outcome looks positively to how positive maternal health practices can be sustained by directly impacting social norms working at both increasing the ability and updating beliefs of mothers to perform healthy behaviours and also acting at a community level.

Gearing Up from Start for Lasting Change

Alive & Thrive engaged at all levels, from development partners to the government to institutionalize aspects of the programme in a 360 degree manner (Sanghvi 2016). A key focus of the programme was its ability to gather early evidence and streamline its tools and processes to aid implementation. The programme's interventions also innovated in adopting social norms as a key part of bringing change in maternal, infant and young child nutrition practices while improving gender and health outcomes.

Conclusion

The intervention in itself demonstrated a pathway for scaling interventions working with social norms in their integration with government systems and development partners.

The programme suggests how insights from social norms can be institutionalized and integrated within large-scale programmes and improve results. The significant gains showcase that apart from traditional behaviour change communication through mass media campaigns, community level interventions through mobilizations and interactions can lead to better nutrition outcomes in a sustainable manner.

APPENDICES

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