An Exploration of Health Promotion Approach to Increase Optimal Complementary Feeding among Pastoral Mothers Having Children between 6 and 23 Months in Dikhil, Djibouti

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Abstract: Undernutrition of children is a critical issue, especially for people in the remote areas of the Republic of Djibouti, since household food insecurity, inadequate child caring and feeding, unhealthy environment and lack of clean water, as well as insufficient maternal and child healthcare, are underlying causes which affect. Nomadic pastoralists living in the Dikhil region (Dikhil) are socio-economically and geographically more vulnerable due to displacement, which in turn worsens the situation of child stunting. A high prevalence of inappropriate complementary feeding among pastoral mothers might be a significant barrier to child growth. This study aims to identify health promotion intervention strategies that would support an increase in optimal complementary feeding among pastoral mothers of children aged 6-23 months in Dikhil. There are four objectives; to explore and to understand the existing practice of complementary feeding among pastoral mothers in Dikhil; to identify the barriers in appropriate complementary feeding among the mothers; to critically explore and analyse the strategies for an increase in complementary feeding among the mothers; to make pragmatic recommendations to address the barriers in Djibouti. This is an in-depth study utilizing a conceptual framework, the behaviour change wheel, to analyse the determinants of complementary feeding and categorize health promotion interventions for increasing optimal complementary feeding among pastoral mothers living in Dikhil. The analytical tool was utilized to appraise the strategies to mitigate the selected barriers against optimal complementary feeding. The data sources were secondary literature from both published and unpublished sources. The literature was systematically collected. The findings of the determinants including the barriers of optimal complementary feeding were identified: heavy household workload, caring for multiple children under five, lack of education, cultural norms and traditional eating habits, lack of husbands' support, poverty and food insecurity, lack of clean water, low media coverage, insufficient health services on complementary feeding, fear, poor personal hygiene, and mothers' low decisionmaking ability and lack of motivation for food choice. To mitigate selected barriers of optimal complementary feeding, four intervention strategies based on interpersonal communication at the community-level were chosen: scaling up mothers' support groups, nutrition education, grandmother-inclusive approach, and training for complementary feeding counseling. The strategies were appraised through the criteria of effectiveness and feasibility. Scaling up mothers' support groups could be the best approach. Mid-term and long-term recommendations are suggested based on the situation analysis and appraisal of intervention strategies. Mid-term recommendations include complementary feeding promotion interventions are integrated into the healthcare service providing system in Dikhil, and donor agencies advocate and lobby the Ministry of Health Djibouti (MoHD) to increase budgetary allocation on complementary feeding promotion to implement interventions at a community level. Moreover, the recommendations include a community health management team in Dikhil training healthcare workers and mother support groups by using complementary feeding communication guidelines and monitors behaviour change of pastoral mothers and health outcome of their children. Long-term recommendations are the MoHD develops complementary feeding guidelines to cover sector-wide collaboration for multi-sectoral related barriers.

Keywords: Afar, child food, child nutrition, complementary feeding, complementary food, developing countries, Djibouti, East Africa, hard-to-reach areas, Horn of Africa, nomad, pastoral, rural area, Somali, Sub-Saharan Africa

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