

Project design insights from the Focused Ethnographic Study (FES) method

Identifying nutrition and health-relevant behaviors, beliefs, and values of school-going adolescent girls in Bangladesh

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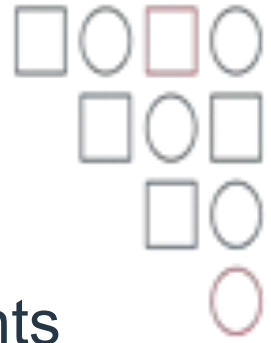
Chowdhury Jalal



Nourish Life



Key Features of Focused Ethnographic Study method



- **Iterative** (often two or three phases), allowing insights from initial stages to be adopted into later ones
- **Small sample size**, prioritizing the quality of interviewing and investigation of motivations
- **Employs mixed-methods**, including:
 - **in-depth interviewing** using ethnographic interview techniques
 - **Structured data collection** using listing, rating, ranking, sorting



Background and context

FES had dual function:

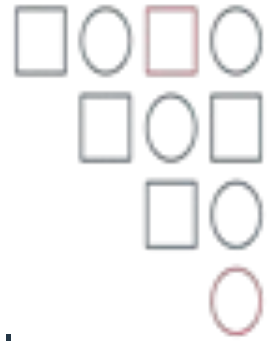
- actionable design insights (adolescent girls' needs)
- planning integration more broadly

FES paired with other methods to map local “program impact pathways” (PIPs)

- PIPs to mark girls' key interactions (intended and actual)
- FES to reveal quality of interactions and potential for integration

Implemented in BRAC multisectoral community development programming, Rangpur 2016-2017

Organization of this FES



Phase 1: Key informant interviews and focus groups

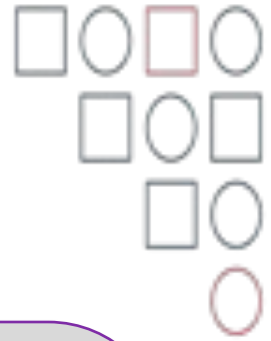
Phase 2: in-depth interviews and free listing exercise with school-going adolescent girls (n=23)

Phase 3: collection of ratings and other structured data from additional samples (girls n=20, other family members n=40)

Topics investigated:

- dietary recall
- girls' concepts of "health," "healthy foods," and "anemia"
- exposure to nutrition messages and views on both importance and feasibility
- actions taken to maintain health

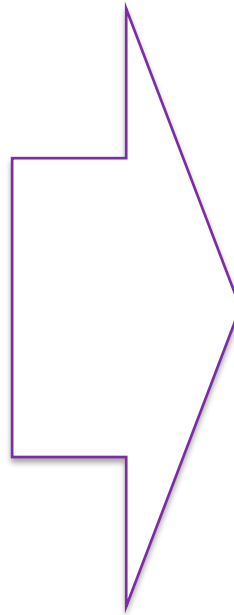
Where health and nutrition information is received



Information about health and nutrition reaches girls through 2 main channels:

- home
- school (incl. books)

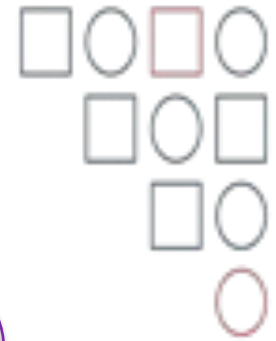
(includes biomedical messages and local cultural knowledge)



Limited range of contact points for the transfer of health info and advice

Knowledge and information generated in the school setting has a prominent place – a feature that can be utilized in intervention planning

Social & spatial aspects of consumption



Most girls participate in the preparation of the foods consumed at home

Girls have some control over selection and consumption of foods (e.g. likes, dislikes, dieting)

Consumption takes place at home and at school (peri-school environment). Rarely elsewhere

BCC efforts to influence consumption should be directed not only at adults but to the girls themselves

Eating is seldom solitary. Even snacking takes place in the social context of the school.

BCC can incorporate the social importance of eating and snacking

Girls' perceptions of iron in foods and implications for interventions

Iron rating exercise:

- 20 adolescent respondents, Rangpur District
- 20 foods selected from 24-hr recall and from respondent free-lists

many iron-rich foods are recognized as such...

Action: *reinforce this knowledge*

...some foods are thought to be iron-rich that are not....

Action: *Ignore. Many of these foods have other benefits, so must not be discouraged*

....but some important iron-rich foods are unrecognized as sources of iron

Action: *BCC to correct this misconception and promote highly accessible, highly available sources, especially small fish*

Adolescent Diet and implications

Diets are well-balanced and include a variety of iron-rich foods



Causes of iron deficiency may be consequence of other constraints (e.g. amount consumed ; interference with absorption, utilization)

Snacks purchased near school are far more common than food brought from home



A purchased fortified snack might lead to increased intake of absorbable iron

Traditionally, girls are encouraged to reduce consumption of fish during menstruation



BCC could be used to reduce this practice

Understanding anemia: “healthy foods” vs. iron-rich foods

Severe anemia (“rokto shalpota”) is a recognized problem. The link with diet is understood , but not the link with iron



BCC could improve awareness of connection between anemia and iron

Girls know that “healthy foods” can reduce anemia, but they seldom include animal sources of iron as “healthy foods.”



Animal-source foods rich in iron (many of which are known to girls) should be emphasized and related to anemia in BCC messages

The diagnosis and treatment of severe anemia does not involve traditional healers or others outside the formal health sector



Absence of competing interpretations will simplify intervention

Examples of contributions of FES study results for intervention planning



☐ strategically important areas for SBCC

- Reinforcing girls' many sound ideas about health maintenance (activity, rest, hygiene, diet)
- Correcting the view that meal quantity is unimportant for adolescents
- Clarifying which foods are rich in bioavailable iron -- and the link between anemia and iron deficiency
- Accelerating the move away from food proscriptions during menstruation
- Cautioning about the effects of extreme dieting

☐ effective means of delivery

- For SBCC, female family members are girls' key transfer points
- School can be partner for both WIFA and SBCC (*for school-going girls!*)

☐ appropriate interventions

- Develop a fortified snack for use during school day (lentil-based?)