

Improving food hygiene behaviours: findings from a behaviour change intervention in rural Bangladesh

Shafinaz Sobhan^{1,2}, Anna A. Müller-Hauser^{1,2,3}, Tarique Md. Nurul Huda⁴, Jillian L. Waid^{2,3}, Amanda S. Wendt^{2,3} and Sabine Gabrysch^{1,2,3}

¹ Institute of Public Health, Charité – Universitätsmedizin Berlin, Germany; ² Potsdam Institute for Climate Impact Research, Germany;

³ Heidelberg Institute of Global Health, Heidelberg University, Germany; ⁴ Environmental Interventions Unit, Infectious Diseases Division, icddr,b, Bangladesh

INTRODUCTION

- Caregivers' good hygiene practice is critical in reducing microbial contamination of food and thereby diarrheal incidence in young children.
- Although behaviour-change approaches appear as promising strategies to improve food hygiene behaviours; in many resource-poor settings, consistent practice of such behaviours is challenging.
- This study aims to assess the impact of a behaviour change intervention on maternal food hygiene practices in rural Bangladesh.

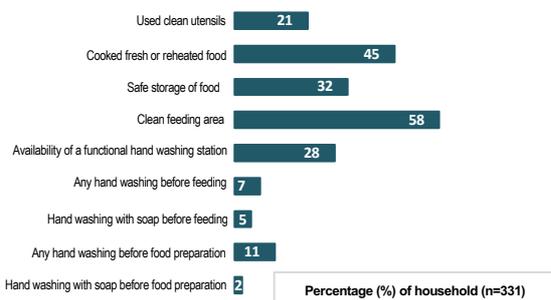
METHODS

- We collected structured observation data on maternal food hygiene behaviours from a subset of 331 women with children aged between 7-18 months of the Food and Agricultural Approaches to Reducing Malnutrition (FAARM) trial in Sylhet, Bangladesh.
- To evaluate the effect of food hygiene intervention on maternal behaviours, the proportion of mothers practicing promoted behaviours were compared between intervention and control households.
- A total of 411 child feeding events were observed and behavioural sequences were done to understand variation in behaviour compliance.

FINDINGS AND INTERPRETATIONS

- Cleanliness of feeding utensils was seen in 21% of households, and around 45% of households were observed to cook fresh food or reheat stored food properly. Handwashing with soap was rarely done: before child feeding it was observed in 5% households and before food preparation in only 2% households. (Figure 1).

Figure 1: Maternal food hygiene practices among participants households



- Intervention households were more likely to have a functional handwashing station, to wash hands with soap before feeding, to use clean feeding utensils and to cook food fresh or reheated stored food properly before serving to the child. However, there was no difference in safe storage of food (Figure 2).
- Figure 3 presents the specific behaviour sequences during child feeding. All four essential food hygiene behaviours were followed in only 1% (5/411) of observed events. Nearly, one in five observed child feeding events (87/411), mothers didn't perform any of the 4 recommended behaviours.

Figure 2: Comparison between intervention and control households

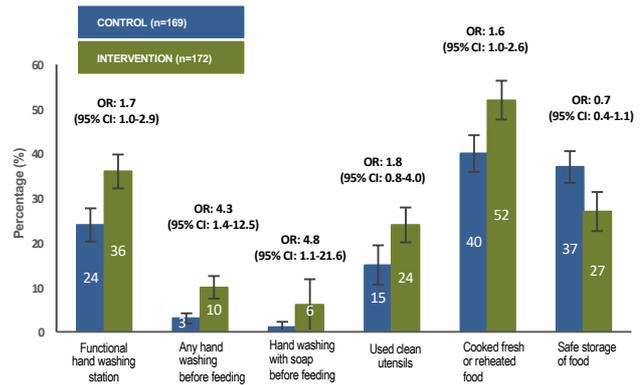
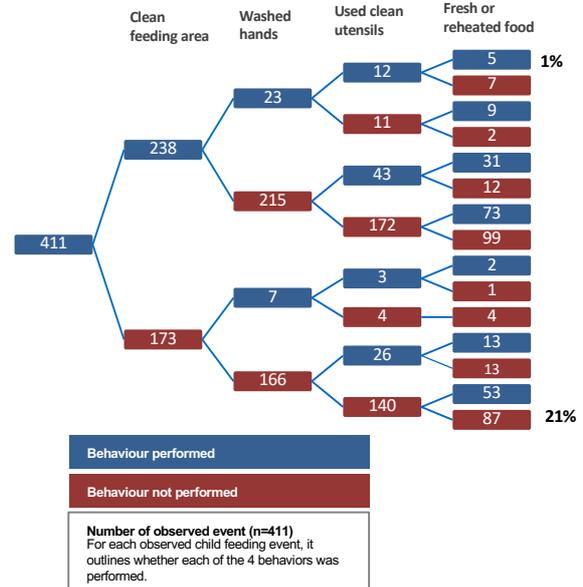


Figure 3: Behaviour sequences for child feeding events



CONCLUSIONS

Overall, maternal practice of safe food hygiene behaviours was low in our study population. The findings demonstrate substantial improvement in practices of food hygiene behaviours among intervention households. However, individual behaviours were practiced with varying success and some behaviours appear more difficult to practice than others.

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