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FATHERS' INFANT AND YOUNG CHILD FEEDING PRACTICES AND THEIR DETERMINANTS IN AMHARA, OROMIA, SNNP AND TIGRAY REGIONS

A report on formative research findings and recommendations for social and behavior change communication programming in Ethiopia

April 2014



ENGINE: Empowering New Generations to Improve Nutrition and Economic opportunities
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USAID/Empowering New Generations to Improve Nutrition and Economic opportunities (ENGINE) is a five-year integrated nutrition program whose goal is to improve the nutritional status of women, infants and young children through sustainable, comprehensive, coordinated, and evidence-based interventions, enabling them to lead healthier and more productive lives. In its support of the National Nutrition Program, ENGINE's mandate includes a robust learning agenda and innovations in implementation that contribute to large-scale, evidence-based social and behavior change communication (SBCC) for nutrition.

ENGINE is implemented under the leadership of Save the Children, with cooperation from Tufts University, Land O'Lakes, Valid International, and The Manoff Group

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Abbreviations

AEW	Agriculture Extension Workers
ANC	Antenatal Care
DHS	Demographic and Health Survey
ENGINE	Empowering New Generations to Improve Nutrition and Economic opportunities
HEW	Health Extension Worker
IFA	Iron and Folic Acid
IYCF	Infant and Young Child Feeding
SBCC	Social and Behavior Change Communication
SNNPR	Southern Nations, Nationalities, and Peoples' Region
USAID	United States Agency for International Development

Glossary of Foods

Local Name	Description
Alicha (wot)	Usually made with turmeric, which gives the sauce (wot) a light yellow color
Ambasha	Round, white, wheat flour flat bread (about two inches thick). The top of the bread is decorated using a knife for easy portion control, similar to pizza slices. Originated in the Tigray region, where everyone eats ambasha for breakfast, usually with tea.
Areke	Local alcoholic beverage, clear white in color
Atmit	Thin gruel made of whole grain flour
Awaze	Red chili pepper powder mixed with water and areke or tej (honey wine), a condiment that accompanies meat and or injera
Bula	False banana bi-product A white flour cooked with milk or water; similar to thick semolina
Enset	False banana plant from which bula and kocho is made; builds the body
Fafa	Local baby food combining soy and whole grain flour; locally factory made baby food.
Firfir	Fried onions, oil/spiced butter, berbere (red chili pepper powder) and salt. Water is added to the thick sauce and simmered. Small, dry pieces of injera are combined with the sauce. Salt is added liberally to this spicy dish. It is popular because it is easy to make and requires few ingredients. Considered a morning or breakfast food. Also perceived to increase breast milk production.
Fitfit	Similar to firfir, but made with sauce. A mild sauce is made with onions and either meat (if available) or potatoes and carrots. A lot of water is added to make a thin/watery sauce. Pieces of injera are soaked in the sauce and fed to children 6 months of age and older.
Gomen	Collard greens, a dark green leafy vegetable. Can be found in the "environment." Gomen is not allowed for pregnant women and babies in some places for 2 to 3 months. Some mention growing it in their backyard. Believed to contribute to health and contain vitamins, but also to cause cramps and diarrhea in breastfed infants, so traditionally avoided. Can be eaten during fasting. Considered food for poor people.
Injera	Thin teff flour pancake eaten with everything, often as a starch accompaniment to stew or other "wot"/sauce.
Keneto	Non-alcoholic barley beverage believed to help with breast milk production- same as keribo. Keneto is the Christian name of this beverage.
Keribo	A non-alcoholic barley beverage- same as keneto; helps with breast milk production. Keribo is the Muslim name of this beverage.
Kita	A dry flat bread with a chew consistency similar to a chewy pretzel (but without the salt topping). Sometimes mixed with sugar and fed to children; used to train children how to eat.

Kocho	A false banana derivative, cooked in a pan like flat bread. Has a rubbery consistency. Is traditionally eaten with collard greens, minced meat and dry cottage cheese. A staple food for SNNP region; mentioned as something that is easily acquired and available. Commonly eaten during fasting time. Babies should not eat it until they are more than 1 year old. Women generally harvest kocho.
Kolo	A whole barley grain, dry roasted in a pan, sometimes mixed with peanuts. A popular local snack, kolo is described as a food that babies can tolerate; associated with "poor" people; may also increase breast milk production.
Miten	A word used to describe a variety of different grains used to make the gruel flour; for example, miten flour or miten shiro.
Muk	A thin smooth gruel made with whole grain flour and water; also called atmit.
Nifro	Any boiled cereals and legumes.
Shiro	Chickpeas or dry peas with spices, a little red chili powder, and garlic ground into flour. Shiro flour is cooked with water, oil and onions into a wot (sauce) and eaten with injera as shiro wot. Can be cooked with oil, onion, etc. Some women describe it as unappealing during pregnancy. Can be suitable for babies. Described as an inexpensive food. May be a substitute for meat.
Teff	Teff flour is mixed with water, fermented for a few days, and cooked into a flat pancake known as injera, the staple food of Ethiopia. Prepared for consumption and sale. Perceived as helping with breast milk production. Besides use in injera, may be used to make gruel for a baby at least 6 - 7 months old.
Tella	Germinated barley brew with alcoholic content. Very commonly mentioned as something that can contribute to production of breast milk. Some say it's not for babies; others that it is may be an early drink for babies.
Tella Kita	Tella kita consists of roughly ground corn, sorghum, teff, and barley, which is later baked, torn into pieces and mixed into the tella during the last stage of preparation to complete the fermentation. Kita made for tella is not eaten and different from the kita eaten as bread.
Tsewa	A local alcoholic beverage, tsewa is the Tigrigna name for tella, a religious name used by Orthodox Christians to describe the symbolic 'blood'/wine that Jesus gave to his disciples at the last supper. Since wine is expensive, a group of friends, neighbors or relatives traditionally meet once a month on a chosen feast day of an angel or St. Mary to eat/break bread together, pray, and drink 'tsewa' (usually tella). The name is understood to mean 'local brew' but has additional religious connotations.
Wot	A sauce. There are several different types of wot: shiro wot, meat wot, misir (lentil) wot, alicha wot, potato wot, doro (chicken) wot.

Executive Summary

ENGINE is a five-year (2011-2016) integrated nutrition program funded by the United States Agency for International Development (USAID) through the Feed The Future Program, and led by Save The Children International. The program's overall objective is to improve the nutritional status of women and young children in Ethiopia through sustainable, comprehensive, coordinated, and evidence-based interventions, including social and behavior change communication (SBCC) programming.

The findings reported here are based on the analysis of transcripts of thirty-two in-depth interviews (IDIs) conducted with men who are fathers of children under two years of age and/or men whose wives are breastfeeding.¹ These interviews were part of a larger qualitative research study conducted by ENGINE in Amhara, Oromia, SNNP and Tigray regions in 2013. The purpose of the study was to increase the understanding of current knowledge, practices, and behavioral influences related to infant and young child nutrition (IYCN) at household and community levels in the project's geographic areas. Fathers participating in the research were purposively selected to be representative of fathers in the primarily smallholder farming communities served by ENGINE in both regions.

The in-depth interviews with fathers of young children reveal that men value exclusive breastfeeding and report that this is typical, however there were inconsistencies in men's reports about the actual duration of exclusive breastfeeding. While many men indicated that their children were exclusively breastfed for six months, some indicated a much shorter duration (e.g. four months) while others indicated that it went on for eight months or longer. Fathers only infrequently reported the practice of prelacteal feeds, including butter and sugar water. Men are generally aware of the importance of introducing complementary foods at around six months of age, but they are less knowledgeable about the quantity of foods provided to their children and are also not very aware of what foods their children are actually eating on a regular basis.

Men's roles in IYCF

Husbands and fathers, according to participants across key groups, may be the most important stakeholder to improve infant and young child nutrition because they control the allocation of household resources that includes the purchase of diverse and sometimes expensive food items

¹ Constraints to the data analysis process included a lack of information about the age of the respondents and number and ages of their children. Due to the limitations in the coding system used during the data collection process, the analysis could also not confirm whether income, level of education, or religion may have played a role in the infant and young child feeding practices of these women.

necessary to achieve a balanced diet in resource poor regions in Ethiopia. Men also feel responsible in their roles as heads of household, and perceive their duties to include being providers and advisors for their wives and children. From these data we found that many men are already playing other active roles in infant and young child nutrition, and indicate a willingness to do what they can. Men's roles included:

- being the providers of food and financial support;
- being decision-makers;
- advising and encouraging their wives especially for their wives' own nutrition while breastfeeding;
- monitoring what their wives and children are eating;
- helping their wives with their workloads; and
- in rare cases, preparing food and feeding their children.

Barriers for men's ability to adopt or support improved IYCF practices:

Men's main barriers for improved IYCF practices include:

- Economic constraints: The most significant barrier men face in improving their household nutrition is real or perceived economic constraints, generally stemming from problems with their ability to grow adequate food crops or raise livestock.
- Agricultural constraints: Since all of the husbands and fathers interviewed are smallholder farmers, limited agriculture resources, included lack of water or irrigation for their fields, infertile or unproductive land, and insufficient space for grazing and for crops, are also important barriers for improved infant and young child nutrition.
- Insufficient knowledge and awareness: While husbands and fathers have a general understanding about child nutrition, their lack of more specific knowledge and information prevents them from being able to improve the nutrition and feeding of their infants and young children. Men's IYCF knowledge and information gaps also limit their ability to enhance the opportunities that they may have available to them through their agricultural activities and to improve nutrition outcomes for their wives and young children.
- Cultural values for sharing family meals and for everyone eating the same: Similar to the findings from interviews and discussions held separately with women in the four regions², men described a strong cultural expectation that family members are expected to eat together and to eat the same food. This expectation extends to young children after they begin eating solid foods.

² Alive and Thrive, 2010. USAID/ENGINE, 2014.

- Gender Issues related to women's expected roles: While most fathers know that exclusive breastfeeding for the first six months is a recommended practice, some reported that their children have to receive foods other than breast milk before they reached six months of age, primarily because their wives are too busy to breastfeed the child. In these cases, their children were given formula, cow's milk, or gruels. As noted earlier in this report, some men overcome this barrier by helping their wives with their workloads. In other cases, men did not change their own lifestyles or behaviors but either accepted the negative nutrition outcomes for their children as inevitable, or expected their wives to find ways to change their own lifestyles and adjust to the challenge.

Motivators and facilitators for men to adopt or support improved IYCF practices:

- Sense of responsibility as heads of household: Men's greatest motivator for improved infant and child nutrition is their strong sense of responsibility as the heads of their households. While the economics of their households may dictate the quality and variety of food they can provide, fathers generally hold themselves accountable for providing food for their families. As part of the provision of nutritious food, some husbands monitor their wives' and children's diets to make sure they are eating right.
- Aspirations for a better life and a better future: Tied to their roles as providers and decision-makers, many husbands and fathers are thinking and planning for their families' futures, driven by the desire for a better life. These men indicated that they were calculating opportunities through their agricultural activities as well as other ways to improve their economic outcomes.
- Agricultural resources: While most men perceive their smallholder farming lifestyles to present numerous barriers and constraints to improved infant and young child feeding practices, some men are optimistic about the opportunities provided to them through their agricultural activities and believe these will facilitate good nutrition outcomes for their wives and children.
- Desire for healthy, intelligent children: Men are also motivated to improve the diets of wives and children because they believe this will help their children grow up to be healthy, intelligent and successful in school and in life.
- Love: A few husbands spoke of their love for their wives as an important motivator for them. These men desire to help their wives in all aspects of their lives together, including providing for their children and helping to raise them.
- Agriculture Extension Workers: Men generally trust and appreciate the information provided by Agriculture Extension Workers (AEWs), and several of the fathers who participated in this study reported that working with an AEW had improved their farming

practices. For some this meant improved food security and better nutrition for their wives and children through increased crop yields.

Recommendations for IEC and SBCC strategies to improve IYCF practices include:

1. Target men as a top-priority audience for the IYCF SBCC strategy and materials, using the behavioral motivators and facilitators identified through these research findings. SBCC interventions should emphasize enhancing men's culturally-prescribed roles as providers and advisors and supporting them to engage in more communication and joint decision-making with their wives about their children's nutrition.
2. Mobilize Agriculture Extension Workers, who are respected by men, to support IYCF/SBCC through their routine activities with smallholder farmer families and communities.
3. Identify and promote positive role models among husbands and fathers who are already demonstrating good IYCF practices.
4. Provide practical, focused and user-friendly IEC and SBCC messaging and materials on nutrition and dietary diversity to address men's information and knowledge gaps, including priority foods (animal source foods, nutrient-rich foods and vegetables, fats and oils), thick porridges as part of the first foods, and recommended quantities and frequency of foods. Include clarification on the recommended duration of exclusive breastfeeding (six months).
5. Promote IYCF as part of a modern and progressive lifestyle, taking care not to undermine the self-efficacy and self-esteem of rural men, whose hard-work, physical strength, and provider roles for their wives and children can also be reaffirmed through positive messaging and images for rural men.
6. Accompany social and behavior change communication with livelihoods programs and other interventions (e.g. access to savings, credit, loans) to address men's real and perceived economic constraints. Agriculture extension services and livelihoods interventions should continue to support men, as well as women, to increase the productivity of their land.
7. Incorporate the above recommendations in ENGINE's broader SBCC strategy, which should include key ENGINE program activities, including Enhanced Community Conversations conducted with peer groups of husbands and fathers who meet separately to hold discussion and skills-building sessions tailored to enhance their gender roles and to address their specific interests, perspectives, motivators and barriers.

1. Background

ENGINE is a five-year (2011-2016) integrated nutrition program funded by the United States Agency for International Development (USAID) through the Feed The Future Program, and led by Save The Children International. The program's overall objective is to improve the nutritional status of women and young children in Ethiopia through sustainable, comprehensive, coordinated, and evidence-based interventions, including social and behavior change communication (SBCC) programming.

Most of the evidence base on infant and young child feeding (IYCF) beliefs and practices in Ethiopia focuses on women, particularly mothers and other primary caretakers^{3,4}. This report contributes to the evidence base by sharing the findings and recommendations related to men's IYCF knowledge, practices and behavioral influences in the four regions covered by ENGINE: Amhara, Oromia, SNNP and Tigray. The findings reported here are based on the analysis of transcripts of thirty-two in-depth interviews (IDIs) conducted with men who are fathers of children under two years of age and/or men whose wives are breastfeeding. These interviews were part of a larger qualitative research study conducted by ENGINE in the four regions in 2013. Fathers participating in the research were purposively selected to be representative of fathers in the primarily smallholder farming communities served by ENGINE in both regions.

2. Research participants, and methodology for data collection and analysis

A total of thirty-two in-depth interviews with men (husbands and fathers) were conducted in sixteen woredas and kebeles in Amhara, Oromia, SNNP, and Tigray regions of Ethiopia. One interview with a husband of a pregnant woman, and one interview with a father of a child under two, was conducted in each of the woredas.

³ Mothers' Infant and Young Child Feeding Practices and Behavioral Influences at Household and Community Levels in Amhara and Oromia Regions: A Report on Formative Research Findings and Recommendations for Social and Behavior Change Communication Programming in Ethiopia. USAID/ENGINE, 2014.

⁴ Alive & Thrive. Practices, IYCF practices, beliefs, and influences in Tigray Region, Ethiopia. Addis Ababa, Ethiopia; Alive & Thrive; 2010; and Alive & Thrive. Practices, IYCF practices, beliefs, and influences in SNNP Region, Ethiopia. Addis Ababa, Ethiopia; Alive & Thrive; 2010

Table 1: Research participants, by region, woreda and type of research method

REGION	WOREDA	IN-DEPTH INTERVIEWS (IDI) WITH FATHERS OF CHILDREN LESS THAN 2 YEARS OLD	IN-DEPTH INTERVIEWS (IDI) WITH HUSBANDS OF PREGNANT WOMEN
Amhara	Bahir Dar	1	1
	Debre Elias	1	1
	Efratana Gibrim	1	1
	Metema	1	1
Oromia	Gomma	1	1
	Hidabu Abote	1	1
	Munessa	1	1
	Wayu Tuqa	1	1
SNNP	Azrnet Berbere	1	1
	Decha	1	1
	Shewa Bench	1	1
	Wondogenet	1	1
Tigray	Endamehoni	1	1
	Tahtay Adeyabo	1	1
	Welkayt	1	1
	Qfta Humera	1	1
TOTAL INTERVIEWS		16	16

Data analysis was conducted using *Atlas.ti* qualitative management software (version 6.28). Analysis began with a review of four interview transcriptions, one from each region, to identify and notate a set of preliminary codes. Additional transcriptions were subsequently reviewed, revising the preliminary codes as appropriate.

3. Sampling and Selection Methodology

Study communities were purposively selected by choosing zones in Amhara, Oromia, SNNP and Tigray regions and subsequently choosing *woredas*, or districts. Four *woredas* were selected in each region. Within each region, geographic location, crop type, agro-ecological zone and

religion were considered during the selection of the *woredas*, with the intention of maximizing variation among participants. *Kebeles* with the same characteristics of the *woredas* were then chosen, although selection of *kebeles* also included variables such as road conditions, market day, and location of the marketplace within the community.

The sampling procedure involved selecting study communities, followed by recruiting study participants. Geographic location, crop type, agro-ecological zone and religion were the attributes considered during selection of the study communities. Selecting the “best fitting” participants underlies sampling in qualitative research.⁵ The sampling strategies used included maximum variation and extreme or deviant case methods. These methods help minimize the challenges associated with encompassing all variations of interest to the research.

The maximum variation sampling method was also used for recruiting study participants. The variation attributes used were age, marital status and literacy level. The selection of participants was done purposively in collaboration with health extension workers, community informants and local administrators.

4. Ethical Considerations

Ethical issues critical for safeguarding the study participants were given due consideration. Institutional review board approval was obtained from the Johns Hopkins University Bloomberg School of Public Health and the respective regional health bureau. Local authorities were informed about the study. Informed consent was obtained from each study participant. For adolescents, parental consent was obtained. Interviewers and moderators informed participants of the confidentiality of the process and that no personal identifiers would be recorded. Participants were clearly informed about their right to refuse to take part or even terminate the interview or discussion at any point. The interviews and discussions were conducted in settings that ensured privacy.

5. Data Management and Analysis

The audio of the IDIs were recorded in local languages and subsequently summarized into English. An independent group of verifiers reviewed one-third of the translations against the transcriptions and audio recordings for accuracy. Analysis of the IDI data from all four regions was managed and coded by a research team using *Atlas.ti 6.2*. The data coding was conducted using an open, iterative process that generated specific, abstract codes related to participants’ experiences with pregnancy, maternity, food, agriculture, nutrition, health, and information.

⁵ Maxwell JA. (2005), *Qualitative Research Design: An Interactive Approach*, Second Edition, New York: Sage Publications, Inc.

Individual codes were later placed into one or more of these topics, or code families for review and thematization. Iteration, in which review of previously coded transcriptions with newly revised and refined codes, was conducted once the number of new codes generated by the process declined to one or two per new transcription. This iterative process allows for greater coherency across transcriptions and codes.

Once code families were populated with associated codes, preliminary themes or conclusions were proposed and compared with the quotations within the code families.

6. Strengths and Limitations of the Data Set, and Constraints in Data Analysis

Strengths

The research locations and participants were selected to be as representative of ENGINE's geographic coverage areas and beneficiary populations as possible. The research design included four *woredas* as study sites for each region, with significant efforts to diversify the geography, socio-economic status and religious profiles of the communities through a careful selection of kebeles. This sampling design increases the validity of the research findings drawn from this data, since the areas and individual participants are sufficiently diverse and representative of the four regions in which ENGINE operates. The research team sought to bolster data quality by using audio-recordings for IDIs and FGDs and by assuring an independent review of randomly selected transcripts to verify the information. These efforts also supported both the validity of the findings.

Limitations and Constraints

While the research had many strengths, there were nevertheless a few limitations and constraints in the design, data collection and analysis. First, the findings, conclusions and recommendations are based on qualitative research methods. As is the case with virtually all qualitative research protocols, this study was not designed to be analyzed using quantitative methods, and the findings are therefore not statistically significant in spite of the relatively large dataset. The diversity of geographic locations, and the careful selection of respondents who were representative of ENGINE's general beneficiaries, however, generated reliable findings in that they would be similar to those of other studies with similar populations. The length of the interviews and discussions (sometimes lasting more than four hours) led to occasional interviewer and respondent fatigue which in some instances caused incomplete questions or responses. Finally, the IDI and FGD transcripts did not include labels to identify the age, education, income or religion of the participants; nor was it possible for the analysis to identify the age of the children of the majority of the fathers who participated in IDIs. In spite of the limitations and constraints encountered, the research design and data have yielded valid

and reliable findings, and important recommendations for IYCF social and behavior change communication programming in Amhara, Oromia, SNNP and Tigray regions. These are reported in the following pages of this report.

7. Findings

7.1 Men's knowledge and perceptions about breastfeeding

Husbands' and fathers' knowledge and practices regarding breastfeeding are very similar across the interviews and regions. Breastfeeding is a valued practice and is considered by all men who participated in the research to be an important part of child rearing.

7.1.1 Prelacteal feeds

Husbands and fathers across all four regions mentioned butter and sugar water as prelacteal feeds traditionally offered to newborns. While some men believe that this practice is important, others indicated that it is beginning to lose favor.

...a newborn was forced to ingest cow [milk] butter after birth in the former years. But now, they have taught us that small microorganisms will enter into the body of the newborn when he ingests cow [milk] butter, which in turn causes an infectious disease on him. Thus, we have avoided such a practice and hence newborns are not given anything until they are six months of age other than their mother's breast milk. (Father, Tahtay Adeyabo, Zeban Gedena, Tigray)

7.1.2 Exclusive breastfeeding

Men are aware of the importance of exclusive breastfeeding, and are generally supportive of this recommended practice. Many fathers reported that their children under six months of age are exclusively breastfed.

...he has never been given any food before he is six months of age. But after he turned six months old, we provided him with milk, banana, and other foods. (Father, Teklehaymanot, Endamehoni, Tigray)

While men do have a general awareness of the importance of breastfeeding, few appear to have a more specific understanding of the benefits of breastfeeding on their infants' development and the nutritional needs of their breastfeeding children. Men's awareness of the recommended duration of six months for exclusive breastfeeding was not always consistent. Some fathers reported that their children began eating other foods at as early as four months of age, while others indicated that exclusive breastfeeding went some months beyond the child's sixth month of age.

He only takes breast milk until a little above 4 months then we feed him limited amounts of gruel and cow's milk with a cup. (Father, Meqa, Metema, Amhara)

7.1.3 Influence of maternal diet on infant and young child nutrition

Most men understand that the maternal diet has an impact on the health and welfare of both mother and child, and some do perceive that their wives are eating for themselves and for their breast feeding children.

Well, from what they usually eat, it is different: (a woman) eats for herself and for the baby when (she is) sharing for two. When (she is) not sharing, I say it is good to do whatever is necessary... Since they are breast feeding, (women) need to take whatever is essential. They need to produce more milk for the baby and also the mothers should not to be harmed. (Father, Woshasoyama, Wondogenet, SNNP)

She used to eat less nutritious foods like roughages in a casual manner. For example, she used to eat only "Injera" which is made of sorghum. But now, we use many varieties such as bread, "Kicha", macaroni, spaghetti, and also fruits and vegetables. So it does make a great difference. The main reason is that she is responsible for "two lives" and the diet endows good health to herself and the unborn child as well (Husband, Rawyan, Qfta Humera, Tigray).

Most men, across all four regions, associate a good maternal diet with the ability to produce sufficient quantities of breast milk; a poor maternal diet is understood to reduce breast milk production.

If she [a mother] is eating unhealthily and has a less nutritious diet, she can't produce sufficient breast milk and hence the child will severely exploit her and in turn she will be deprived. But, if she is provided with sufficiently balanced food and is well-nourished, the child will be happier, thrive faster, and will be well-nourished as he will get adequate quantities of breast milk. Besides, she will also be safe, since the child won't severely exploit her and she will have a wholesome body. (Father Teklehaymanot, Endamahoni, Tigray)

When she is breast feeding (breast milk) becomes less if she is not eating properly... There is no other health problem (associated with a poor maternal diet) apart from (the mother) getting thinner. (Father, Kore Meda, Efratana Gibrim, Amhara)

... there are special foods that we provide her so that she will produce breast milk to feed the baby... she used to eat a porridge made up of blended cereals such as wheat, barley,

and maize until the baby reached his sixth month of age. (Father, Rawyan, Qfta Humera, Tigray)

While men associate a good maternal diet with breast milk production and attach importance to the *quantity* of breast milk their wives can produce, they do not appear to associate the maternal diet with the *quality* of breast milk a breastfeeding woman will produce. None of the husbands and fathers interviewed mentioned the quality of breast milk in their interviews. This finding is strikingly different from the findings from the qualitative research with women in the four regions; women attach great importance to both the quantity and the quality of breast milk⁶.

Men believe that an insufficient maternal diet can negatively impact breast milk production, but are less aware of other negative maternal and child health outcomes resulting from a poor maternal diet. Weight loss for the woman, or a child's failure to gain weight, were the only other negative health outcomes occasionally mentioned by some of the men participating in the interviews. Some men believe that their breastfeeding wives' diet has little or no bearing on the overall health of the mother or child.

No, I don't think there is any influence from food. (My wife) is not healthy but I don't think it is because of food. I don't think she (has) a problem because of food. Until now (my wife's diet) hasn't had any impact on the baby. I don't think that diet could cause a health problem (for the baby). (Father, Zenzelima Bahir Dar, Amhara)

7.2 Men's knowledge and perceptions about complementary feeding

7.2.1 First foods and introduction to sharing the family meals

Complementary feeding refers to the provision of foods, in addition to breast milk, to infants beginning at six months of age. Most fathers reported that their children began eating complementary foods at six months of age. First foods reported by fathers in this research varied from kebele to kebele, and included foods such as watery gruel, milk, porridge, dried meat, eggs, fruit such as bananas, and potatoes. Most fathers reported that their six month old children are fed a variety of foods, rather than one specific food, and frequently emphasized that these first foods are prepared to be thin, watery, or softened by mixing, mashing or boiling. Fathers' reports on the duration of feeding first foods varied. While some fathers

⁶ In interviews and focus group discussions with pregnant women, breastfeeding women, and grandmothers in Amhara, Oromia, SNNP and Tigray, producing creamy, thick and nutritious breast milk was mentioned as an important motivator for women to improve the maternal diet. Maternal Diet and Nutrition Behavioral Influences at Household and Community Levels: A Report on Findings and Recommendations from Formative Research in Amhara, Oromia, Tigray and SNNP Regions. USAID/ENGINE. 2014.

reported that their children begin sharing the family meals as early as six months, others reported that their children continue eating watery, thin and soft first foods until they are older- in some cases as old as two or three years.

At this age (six months), we have introduced him with cow milk, oats, dried meat which is smashed, mixed, and boiled with other vegetables and cereals. Anyways, we used to feed him blending various food items which we thought are important for him. (Father, Zeban Gedena, Tahtay Adeyabo, Tigray)

Fathers generally reported that their children are given family food “little by little” or that it is softened in some way, either by mashing, boiling or mixing the food with milk or barley gruel. Aside from avoiding spices, many fathers believe that young children do not require specially prepared foods once the phase of preparing the watery or soft first foods has finished.

From one month to six months, he will breastfeed, and so after that when he is like six to nine months old he will eat little by little from what we eat. (Father, Awradageter, Decha, SNNP)

We didn't feed him what we used to eat yet. Thus, we used to provide him with foods which are soft and thinner than our diet. He can't eat a solid food like that of our diet. He will eat such foods after two years of age. But, before that, we provide him with soft and thin foods like ours. (Father, Teklehaymanot, Endamahoni, Tigray)

After that he will eat what the rest of the family eats. What would we think for him? Who will care for him? Injera and wot (stew). We will prepare something without pepper and chili, so it won't be hot for him. There is nothing different that we prepare for him. It is similar. (Father, Kore Meda, Efratana Gibrim, Amhara)

7.2.2 Hygiene and food safety

Many fathers had high levels of awareness and knowledge about the importance of hand washing, clean water, and hygiene in the preparation of food. Several fathers also mentioned being conscious of food expiration dates on packaged foods, and spoke of their desire to produce fresh foods for their children.

7.2.3 Dietary diversity

When asked how they would improve their family's diet, many men responded in ways that indicated their general awareness of dairy products (especially cow's milk) and eggs as ideal foods. Men also occasionally mentioned their desire to provide their young children with fruits and vegetables as well.

The children under three years of age eat egg and milk. The ones above three years eat the same as the whole family. (Father IDI – Zenzelma, Bahir Dar, Amhara)

While men perceive “diversity” or “balance” as an ideal quality in children’s diets, they generally did not provide specific information about what this balance would entail. Men frequently interpreted “diversity” to mean avoiding eating the same foods repeatedly, although “diversity” could mean eating different foods from the same general food category (particularly grains and carbohydrates). The findings about men’s perceptions of “diet diversity” are similar to ENGINE’s formative research findings among mothers and grandmothers in the four regions⁷. Men did not indicate any specific knowledge about dietary diversity beyond the general awareness that “diversity” and “balance” are desirable qualities for children’s diets.

What I want to change for the children: Someone who eats the same thing and someone who eats a variety of things is not the same. If he eats a variety of things for breakfast, lunch, and dinner, it would be good for his body, instead of feeding him same thing all the time. It would create strength for his health. It would have been good. (Father IDI – Efratana Gibrim, Kore Meda, Amhara)

7.2.4 Frequency and quantity of feeding

Fathers have a variety of opinions about the frequency of feeding and quantities of foods provided for their children. Some fathers reported that they believe their children are fed as often as they are hungry, other fathers said that their young children are fed three times a day, and others reported that their children eat when the rest of the family eats. Several fathers perceived that the amount of food their children ate was greater than adults, while others reported that their children eat very small amounts of food. Some fathers admitted that they did not know the amount of food that their children consume or how frequently they eat.

Most fathers, however, generally reported that their children receive an “increased amount” of food as they transition from breast milk to first foods and then family meals.

Well, until he can (eat) by himself, we give him milk. And then we will start to feed him food. He drinks milk 3 times per day and 3, 4 and up to 5 times in an hour. With one small cup at each time and up to one whole bottle, one liter. .. Well, we give him fenugreek, gruel, and warmed milk until 9 month. The prepared drink should not be very thick, [but rather] something thinner. By the time he turns 1 year, we will prepare and

⁷ See: *Maternal Diet and Nutrition Practices, and their Determinants: Formative Research Findings and Recommendations for Social and Behavior Change Communication Programming in Amhara, Oromia, SNNP, and Tigray Regions*. USAID/ENGINE; April 2014.

give him thicker foods and that's the time he can swallow it. (Father IDI – Kashubetriye, Shewa Bench, SNNPR).

We feed [him] whenever he wants to eat. A baby tries to eat at any time of the day but the problem is it eats very little... The amount of food he takes is very low. (Father, Meka, Metema, Amhara)

We feed her at intervals of three to four hours. We feed her in small amounts. Children don't eat that much. It is difficult to say this much in amount. She eats maybe like three to four spoons. (Father, Woshasoyama, Wondogenet, Tigray)

Three meals a day is "normal", right? But, he might eat three or four extra meals in a day since he might ask for food on a spontaneous basis. With regard to the consistency, he often eats solid foods prepared for adults, other than the food particularly prepared for him different from his regular meal. (Father, Zeban Gedena, Tahtay Adeyabo, Tigray)

Kids are given much more amount than adults. We indulge them. So, we give them with an amount more than ours. (Father, Teklehaymanot, Endamehoni, Tigray)

7.3 Men's roles in infant and young child feeding

Most husbands and fathers described their involvement in the nutrition and feeding of their infants and young children in a variety of ways. Men's roles included:

- being the providers of food and financial support,
- being decision-makers,
- advising and encouraging their wives especially for their wives' own nutrition while breastfeeding,
- monitoring what their wives and children are eating,
- helping their wives with their workloads, and,
- in rare cases, preparing food and feeding their children.

7.3.1 Providers and decision-makers

Only a few men reported that they have no role in the nutrition of their infants and young children. These men did not appear to perceive any link between their breastfeeding wives' diets and the nutrition and health of their wives and breastfeeding children, and also seemed disengaged from or unaware of overall feeding practices for their children.

With regards to breastfeeding women, we have no concerns. I do not want to lie, or oppose what is actually true with us. We are completely unconcerned about

breastfeeding women. My wife is breastfeeding now. (Father, Sire Morese, Hidabu Abote, Oromia)

I don't do anything. There might be something that they eat. There might be something that they hate. I don't do anything differently. (Father, Abesheb, Debre Elias, Amhara)

The majority of husbands and fathers, however, expressed a strong sense of responsibility as heads of households, and described their main role as being the provider for their families. Men generally perceive themselves as being accountable for providing food, money and other necessities for their pregnant or breastfeeding wives and for their children.

I do have a big role. As I am the head of the family, it is me who has the huge responsibility. (Husband, Sire Morose, Hidabu Abote, Oromia).

To provide whatever is necessary for her. If she says, this is good for me, I provide that... (Father IDI – Kashubetriye, Shewa Bench, SNNPR)

Since she is breastfeeding, I offer her with variety of balanced foods either from our own production and also purchased from the market. For she will produce sufficient breast milk and the child (will) grow well-nourished... Hence, I offer her foods like papaya, orange, banana, potato, and other varieties. She will then feed herself in a good way and take care of the child properly. So, my role is to offer adequate provisions and also to provide her with sufficient care. (Father, Teklehaymanot, Endamehoni, Tigray)

I do what she wants me to do and buy whatever she wants to eat... I provide her with everything she wants. I provide her with important foods for her like meat, egg, milk and gruel as she wants and asks me...there is nothing to be done more than this but if there is something left to be done, I will do everything for her. (Father, Meqa, Metema, Amhara).

My role is to provide what the baby needs. (Father, Efratana Gibrim, Kore Meda, Amhara)

The major role that I have with regard to feeding my child is provision of adequate diet and watching if he is well nourished or not. As his mother is accountable for his feeding, I will usually monitor whether she feeds him adequately or not. (Father, Zeban Gedena, Tahtay Adeyabo Tigray)

Men's interviews indicate that they control the household income and are the decision-makers about how and when to use this income. They may purchase food and other items directly, or

they may choose to allocate some money to their wives, so that they make the purchases. Many men reported that they grow enough crops to have some surplus that they can sell in order to buy oil, sugar, and salt, as well as vegetables and fruits not produced by the household. In some cases, men reported needing to use their surplus crops to purchase fertilizer for the next growing season rather than other foods.

... there are special foods that we provide her so that she will produce breast milk to feed the baby. The reason is-- she used to eat a porridge made up of blended cereals such as wheat, barley, and maize until the baby reached six months of age. Since she knows what she needs and what is important to her, she will purchase by herself. The amount is also different. Depending on my capacity, I will provide her with the money that is necessary for everyday expenses and they will purchase by themselves. (Father, Rawyan, Qfta Humera, Tigray)

I sometimes buy baked foods from shops so that she may use it. Why I am doing [this] is also to help the breastfeeding child [to] get enough milk. (Father, Teso Sedecha, Gomma, Oromia)

7.3.2 Advisors and offering emotional support

Many men indicated they occasionally monitor the diets of their wives and children and inquire about what they are eating, that they give their wives advice about what to eat, and they encourage or remind their wives to eat. Men appear to embrace this advisory role more strongly when it comes to their wives' nutrition, and less so when it comes to the nutrition and feeding of their children.

I think for her, I ask her if she has eaten, if she says no, I ask why? I also ask her why she is not drinking coffee also. Before she was one (not pregnant), she eats when she is hungry and if she is not, she doesn't. But now she is pregnant... So I follow her up. I ask her, "why are you not eating, are you sick?" If she says that she is sick, I ask her again why she is not going to the hospital. (Husband IDI – Kore Meda, Efratana Gidim, Amhara)

I advise her to eat a sufficient diet, to take care of herself and also the child. (Father, Teklehaymanot, Endamehoni, Tigray)

Yes, I tell her what to eat. Sometimes it is good to her to eat what is good for her body. I advise her saying that she needs to take care of her health and eat whatever is necessary for her. (Father IDI – Kashubetriye, Shewa Bench, SNNPR).

...I advise her to take additional foods I buy before they expire since she forgets to eat the foods. (Father, Teso Sedecha, Gomma, Oromia)

7.3.3 Helping share the workload

Some men reported trying to help their wives have more time to rest, eat, and feed their children by sharing some of the workload. The chores that men most frequently mentioned helping their wives to do are carrying firewood and fetching water. A few men mentioned other general house chores and carrying grains to the mill. Some men also said that they occasionally prepare food and feed their children; these cases occur when their wives are ill or very busy.

I also help her by minimizing household labor and giving her sufficient care. We often help in executing household chores so that she will get adequate rest. (Father, Teklehaymanot Endamahoni, Tigray)

I support her not to do difficult work like fetching water with a Jerri can, which is now my responsibility. I do not allow her to carry heavy loads. (Father, Meqa, Metema, Amhara).

I am making every effort in providing the child with necessary foods. I am preparing food from what is available at home. Unless [But] for my low source of income, I provide all that is good for the child. I do not dislike if my child gets adequate care and grows up with good facilities, but I am limited by my own shortages. Recently, I started to feed the child on a timely basis because the mother is ill. Now, the child does not love his mother. He sleeps with [the] other children. (Father, Sire Morose, Hidabu Abote, Oromia).

Since she gave birth she doesn't work that much. During her pregnancy, in the first six months she used to work, whether it is the work of cleaning of the cattle house 'Edari' or weeding. In the morning, she fulfills her responsibility. She cooks for lunch and dinner. Now she is resting. She breast feeds her baby while resting. (Father, Bahir Dar, Zenzelima, Amhara)

7.4 Barriers for men to adopt or support improved IYCF practices

The interviews revealed a number of barriers that prevent many husbands and fathers from being able to implement desired dietary changes in their households and to adopt or support improved infant and young child feeding practices.

7.4.1 Economic Constraints

Similar to the reports from pregnant and breastfeeding women^{8,9}, husbands and fathers perceive their biggest barrier to improving maternal and child nutrition is economic constraints. Some fathers reported that they were unable to provide more than one meal a day for their young child. In these cases, breast milk was used to fulfill the child's nutritional needs.

It depends on our income, if we have she eats adequate food but if we don't have, she couldn't force me to bring her [anything]. We eat what is available in our home...If I had money everything would be easy. But I don't have enough money. If I had not lost my family, they could support me. But I have no one beside me...If I work hard on my farm, I would get what I want. However what holds me back not to be rich is that I have to pay for the land and ox rent, and I do have not enough income. (Husband IDI – Meqa, Metema, Amhara)

I know that if she eats something different, it is good, but because of our capacity, I don't do anything differently. We eat whatever is available.... It is not that we don't know what is better; it is because of capacity limitation... I don't think there is anything that motivates me. It would make it better if there are vegetables like potato and egg. It is not lack of knowledge that we are not doing that, it is because lack of capacity. (Father, Kore Meda, Efranta Gibrim, Amhara)

If we feed her (my child) once in the morning, she will drink from her mother's breast milk until night time, as the budget allocated for her is very small in amount. She used to eat other foods. (Father, Rawywan, Qfta Humera, Tigray)

With the existing economic crisis, rapid increase in price of goods, and our resource limitations, it is inevitable that our diet will decline. Besides, I listened to the radio last time that the price of goods is particularly high here in Humera. As the price of goods increases, we will be forced to minimize our diet. Thus, it is difficult to say that it is adequate. (Husband IDI – Rawyan, Qfta Humera, Tigray)

7.4.2 Agricultural Constraints

Since all of the husbands and fathers interviewed are smallholder farmers, limited agriculture resources, included lack of water or irrigation for their fields, infertile or unproductive land, and

⁸ Maternal Diet and Nutrition Practices, and their Determinants: A Report on Formative Research Findings and Recommendations for Social and Behavior Change Communication Programming in Amhara, Oromia, SNNP and Tigray Regions. USAID/ENGINE, 2014.

⁹ Mothers' Infant and Young Child Feeding Practices, and their Determinants in Amhara and Oromia Regions: A Report on Formative Research Findings and Recommendations for Social and Behavior Change Communication Programming in Ethiopia. USAID/ENGINE, 2014.

insufficient space for grazing and for crops, are also important barriers for improved infant and young child nutrition. For example, men explained that low productivity of their land sometimes requires them to take out loans for fertilizer, which they must then repay after harvest. Others noted that agricultural constraints means that they are unable to plan for the future because they could not develop long-term arrangements for increasing production, such as preparing coffee seedlings or diversifying their crops. These agricultural constraints, as well as occasional insect infestations, were especially emphasized by men in Tigray region.

I can make some changes (in my child's nutrition) with the money that I earn. From the chickens I need to have more eggs and from the cow more milk for my family. I also want to plant vegetables. But there is no water. Because there is no water, it is impossible to plant vegetables... (Father, Zenzelma, Bahir Dar, Amhara)

Our biggest problem is that our agricultural production is small. Land holding is very minimum per households here in Sire Morose Kebele. As a result, the production is limited. There are some people who have engaged in different additional income earning activities. For instance, I myself am engaged in weaving. I use to buy lamp oil for house consumption with the money I get from the weaving. To shortly answer your question, our challenges [are] more of economical (Husband, Sire Morose, Hidabu Abote, Oromia)

With regard to production of our own food, we have limitations with regard to farmland. However, the massive size of the farmlands here is occupied by few investors. If I had sufficient size of land, I could improve the life of my family even better. Yet, the land I have now is very small i.e. only two hectares. So, it is a dilemma for me whether I should produce sesame, sorghum, cereals, or vegetables. (Husband, Rawyan Qfta Humera, Tigray)

As there is scarcity of water for farming here, we purchase such items...If there was adequate water, this farmland [would be] adequate for that matter (to grow crops). Yet, there is no adequate water. If they supply us with sufficient water, we will-- As there is no water, nothing can be done about it. (Husband, Tekle Haymanot Endamehone, Tigray)

We do have shortfall of land. For instance, I have four family members including myself. Yet, I don't have even a meter of farmland. I always make productions with a rental farmland, rental oxen, and also by asking for credit {loan}. Lack of a farmland is the only barrier we have. If we have farmland, nothing will impede us. Insects {pests} also emerge on a sporadic basis to destroy our harvest. As a case in point, almost all of our harvest was ruined in the last year. The new shoots were good looking at the beginning that

made people feel happy and hopeful. But later, the insects demolished almost the entire crop that crashed our hope and put us into trouble. (Husband, Blamba Michael Welkayt, Tigray)

7.4.3 Insufficient knowledge and awareness

While husbands and fathers have a general understanding about child nutrition, their lack of more specific knowledge and information prevents them from being able to improve the nutrition and feeding of their infants and young children. Some men reported that there is an overall lack of awareness among their communities about the importance of, and best practices for, complementary feeding in particular. Most men, however, do not appear to perceive their gaps in knowledge or awareness to be the most important barrier to improving the nutrition and feeding of their children.

7.4.4 Cultural values for sharing family meals and for everyone eating the same

Similar to the findings from interviews and discussions held separately with women in the four regions¹⁰, men described a strong cultural expectation that family members are expected to eat together and to eat the same food. This expectation extends to young children after they begin eating solid foods.

There is no difference in the way we eat. My family and I, we all eat together. We don't say "this is a baby he should eat this, she is pregnant she should eat that". We eat whatever are available in the house, including elders. Everything is prepared, we eat what can. We don't prepare food separately. (Father from Abesheb, Debre Elias)

7.4.5 Gender Issues related to women's expected roles

While most fathers know that exclusive breastfeeding for the first six months is a recommended practice, some reported that their children have to receive foods other than breast milk before they reached six months of age, primarily because their wives are too busy to breastfeed the child. In these cases, their children were given formula, cow's milk, or gruels. As noted earlier in this report, some men overcome this barrier by helping their wives with their workloads. In other cases, men did not change their own lifestyles or behaviors but either accepted the negative nutrition outcomes for their children as inevitable, or expected their wives to find ways to change their own lifestyles and adjust to the challenge.

Like I told you, my wife is young, she was studying and it was in between (her studies) that she gave birth. And it is known that the baby doesn't need any additional food besides breast milk until he reaches six month. But since my wife had to go to school, we

¹⁰ Alive and Thrive, 2010. USAID/ENGINE, 2014.

used to feed the baby other food. There is this balanced food, I forgot the name now that is prepared with boiled water. We used to prepare that and give [it to] the baby with a milk bottle. Because the baby needs to eat something until my wife comes from school. Finally, when we saw that, it is not good for the baby, my wife quit school. (Father, Woshasomyama Wondogenet, SNNP)

...if she is going anywhere else for work leaving the baby home behind, the child will have poor hygiene, might be deprived, and also becomes less capable. (Father, Teklehaymanot, Endamahoni, Tigray)

Several men acknowledged the problem of gender inequality as a perennial barrier to improving the nutrition of women and children in Ethiopia. Others, however, reported more progressive notions of gender equality and their willingness to change based on their understanding that normative gender beliefs about women can undermine women's health.

In our culture it is a shame to be ordered by your wife, so everyone says that I take orders from my wife, but I don't mind that, I want to be an education and an example for others. I sometimes bring some practices from the city because I see them as a model. And seeing whatever I do, my neighbor mocks me. I don't mind. Now they are following what I am doing, they fetch water from my well. (Husband, Zenzelma, Bahir Dar, Amhara)

7.5 Motivators and facilitators for men to adopt or support improved IYCF practices

7.5.1 Sense of responsibility as heads of household

Men's greatest motivator for improved infant and child nutrition is their strong sense of responsibility as the heads of their households. While the economics of their households may dictate the quality and variety of food they can provide, fathers generally hold themselves accountable for providing food for their families. As part of the provision of nutritious food, some husbands monitor their wives' and children's diets to make sure they are eating right.

7.5.2 Aspirations for a better life and a better future

Tied to their roles as providers and decision-makers, many husbands and fathers are thinking and planning for their families' futures, driven by the desire for a better life. These men indicated that they were calculating opportunities through their agricultural activities as well as other ways to improve their economic outcomes.

We Ethiopians are known for nothing except our poverty. Likewise, I have an aspiration to see a better change in my life, a change in the life of my family, and to achieve the maximum possible stage in life. As I used to discuss with other people, if our diet is improved, I can build a happy and healthy family (Husband, Rawyan, Qfta Humera, Tigray).

If I could I want to change my family's diet. For example, I have a plan in this year to get a better production by expanding what I cultivate up to two and three hectare of land. Since there is shortage of farming land, I want also to change my profession after the profit that I plan to get this year. If I could, I would provide the family to eat 'teff' and other variety foods and I would buy any kinds of food for my wife as her interest. (Husband, Meqa, Metema, Amhara

Men associate a better life for their families with being more modern and progressive, which includes their pursuit of knowledge.

I want my family to have a modern way of eating. For example, we eat injera morning, during the day and in the evening. I want to change that. I want them to eat bread for breakfast, injera for lunch, grains or macaroni for afternoon snack – anything different from injera! This is because I don't think feeding them one type of food will bring a change in their body. In the future, I want them to eat something different. (Husband, Zenzelma, Bahir Dar, Amhara)

What motivates me is the knowledge I have in my heart. I need knowledge. Someone who has knowledge can be support[ive], thinks about others. (Husband IDI – Efratana Gidim, Kore Meda, Amhara)

7.5.3 Agricultural resources

While most men perceive their smallholder farming lifestyles to present numerous barriers and constraints to improved infant and young child feeding practices, some men are optimistic about the opportunities provided to them through their agricultural activities and believe these will facilitate good nutrition outcomes for their wives and children.

If one wants to make changes, there are good opportunities in this area. There is nothing we buy. We do have necessary resources like land, water and labor. All things come out of these resources. If we properly and effectively mobilize these resources, it would be easy to make the changes concerning our families' diet. Therefore, it is not only the family but also possible to transform the livelihoods of the whole community in this regard. Specifically, it is possible to bring change using the existing opportunities. I am

planning personally to make change for my family through hard work. I am aspiring to be a model for other households by starting from keeping personal and environmental cleanness, family and home managements in the future (Husband, Teso Sedech, Gomma, Oromia).

7.5.4 Desire for healthy, intelligent children

Men are also motivated to improve the diets of wives and children because they believe this will help their children grow up to be healthy, intelligent and successful in school and in life.

My aspiration is to rear my kids in a good manner and to prepare them for a good education that will in turn help to have far reaching growth and development. If children are grown happily and well nourished, their minds will be open. If they have an open mind they will attain their age of schooling early and will receive their education in a good way. If they are not deprived and malnourished, they will have adequate physical and mental development. (Father, Tekle Haymanot, Endamehone, Tigray)

It is because I believe it is good for the child's health. I believe that I will do whatever is good for his growth, useful for his brain, like fish oil, healthy things, according to reliable information. (Father, SNNP)

7.5.5 Love

A few husbands spoke of their love for their wives as an important motivator for them. These men desire to help their wives in all aspects of their lives together, including providing for their children and helping to raise them.

I love my wife. Once if a man has departed from his family, there is no one intimate for him except his wife. It's your wife who can share your secrets. It has a big meaning. I would have done everything at home even if my wife is not pregnant. There are men who run out from their marriage by failing to fulfill such kind of needs for their wives and children. (Husband, Anfar, Anernet Berbere, SNNPR)

7.5.6 Agriculture Extension Workers

Men indicated that they are generally very receptive to the information they receive from Agricultural Extension Workers (AEWs). This information includes ways to increase agricultural productivity, best practices for crop production, planting techniques, and how to use inputs such as fertilizers. Men reported that some AEWs do make connections between the productivity of a family farm and the nutrition of the family, and this has helped men increase their awareness of the importance of agricultural productivity and soil fertility. Several fathers reported that they were part of community-based education or farmer training circles. These

organizations assist men by providing information about nutrition, education, vaccinations, and other health issues.

If I plan to practice following a proper family diet at one point, as much as my condition allows me, I may fail at another point. I forget easily and go back to the usual trend. Not to blame her, but my wife also neglects pursuing a proper family diet. We always need to be charged. When I mean by charge, is that I must get regular awareness-raising and reminders for what I have to do. So does my wife. (Father, Teso Sedecha, Gomma, Oromia)

Most of the men participating in this study reported that their interaction with AEWs has been positive, with some noting that they had increased their productivity enough so that their food stores were full.

Occasionally fathers reported that information they received from their peers or elders may not be accurate, and although fathers mostly trusted AEWs, there were two fathers who said that they felt that AEWs were not particularly effective because they focused on their work in the office rather than in their assigned communities.

8. Recommendations for Social and Behavior Change Communication

8.1 Target men as a top-priority audience for the IYCF SBCC strategy and materials, using the behavioral motivators and facilitators identified through these research findings. Men have influential, socio-culturally prescribed roles that can be enhanced through effective SBCC. Effective positioning of IYCF will appeal to men's roles and sense of responsibility as providers, decision-makers, and heads of household.

8.2 Mobilize Agriculture Extension Workers, who are respected by men, to support IYCF/SBCC through their routine activities with smallholder farmer families and communities.

8.3 Identify and promote positive role models among husbands and fathers who are already demonstrating good IYCF practices. As evidenced by some of the men who participated in this research, there are husbands and fathers within the four regions who are not only already practicing supportive roles and good IYCF practices, but who are also willing to serve as role models for others. Engaging good role models such as these to conduct home visits, public speaking, and peer counseling with other husbands and fathers will be a helpful approach to promote small doable actions for men through real-life examples.

8.4 Provide practical and focused IEC and SBCC on nutrition and dietary diversity to address men’s information and knowledge gaps, including priority foods (animal source foods, nutrient-rich foods and vegetables, fats and oils), thick porridges as part of the first foods, and recommended quantities and frequency of foods. Clarify the recommended duration of exclusive breastfeeding (six months and not longer than six months). While men value the concept of “variety” and “balance” in the diets of their breastfeeding wives and young children, the findings indicate that they need clearer communication about what “variety” and “balance” entails, in terms of different food categories and their value to the maternal diet. For example, many men believe they have attained good "diet diversity" because their families do not eat the same food several times a day. Men’s reports indicate that their breastfeeding wives and young children are eating variety and balance across a limited number of food groups.

Messaging and materials should be designed to be practical and user-friendly for men, such as:

- Providing specific examples of local nutrient-rich crops, foods, meals, snacks and daily menus for young children.
- Consider “branding” locally available animal source foods, fruits and vegetables as priority foods for young children, using creative concepts tied to what the research has indicated as qualities that are valued by men (e.g. any of these valued attributes: foods as part of a modern/progressive lifestyle, foods that promote intelligence in children, foods that help children to be healthy and to grow, foods that men who are responsible providers and decision-makers give to their children, etc.).
- Skills-building games to help men identify and select high-nutrient foods and to discuss realistic options with their wives to raise and grow food, and to plan for daily menus of meals and snacks.
- Interactive skills-building games that help men and women discuss and plan together earning income and making budgets for food purchases, and to make informed purchasing choices at market places.

8.5 Promote IYCF as part of a modern and progressive lifestyle. Many men aspire for a modern and progressive lifestyle. While strategic communication can also focus on positioning good nutrition and high-nutrient foods as part of a modern, progressive lifestyle, this positioning should not work to undermine the self-efficacy and self-esteem of rural men, whose hard-work, physical strength, and provider roles for their wives and children can also be reaffirmed through positive messaging and images for rural men.

8.6 Social and behavior change communication must be accompanied by other interventions to address men’s real and perceived economic constraints. Agriculture extension services and livelihoods interventions should continue to support men, as well as women, to increase the productivity of their land. This support can include affordable fertilizers, improved seed varieties, intercropping, improved storage, pesticides, irrigation technologies, low-input technologies such as sack gardens or perma-gardens, and simple and safe methods to help families preserve or store foods to protect them from insects, rodents, rot and other wastage.

8.7 Incorporate the above recommendations in ENGINE’s broader SBCC strategy, which should include key ENGINE program activities, including Enhanced Community Conversations conducted with peer groups of husbands and fathers who meet separately to hold discussion and skills-building sessions tailored to enhance their gender roles and to address their specific interests, perspectives, motivators and barriers.

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