INSIDE KNOWLEDGE IS POWER!

Utilising Community Knowledge To Design A Culturally Appropriate Intervention For Optimal Infant Feeding Practices In A British Minority Population

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BACKGROUND

- The evidence-based ‘women’s groups’ with a Participatory Learning and Action Cycle (PLAC) has reduced neonatal mortality in low-income settings (Bangladesh, India, Nepal & Malawi)
- Evidence-based interventions integrated within UK primary care could reduce minority health inequalities
- Sub-optimal nutrition in infancy is a risk factor for nutrition-related ill health in British Bangladeshis.
- Co-design of health services with target populations could improve current health service provision
- Tower Hamlets is home to a concentrated population of British Bangladeshis and a receptive environment for community-based participatory programmes.

AIM: The aim of this project is to adapt the Participatory Learning and Action Cycle, with women’s groups, to encourage optimal infant feeding practices in the UK.

How can we adapt a intervention to encompass cultural beliefs & practices?

ADAPT

How can we translate this model into the Bangladeshi population of Tower Hamlets in East London?

METHODS

Data from 3 focus group discussions with members of the Bangladeshi population of Tower Hamlets were subject to Braun & Clarke (2006) thematic analysis. A framework developed in the previous PhD study was used to explore adaptations

“We have different clothing, different food, pictures... rice and curry or lasagne, pasta, Shepard's pie ...”

“I don’t mind my husband, but I don’t want hers!”

“My grandfather when he was alive we used to eat like this, all the family members when I was them in the village...”

DELIVERY

- “The hook” - reframing the topic to be contextually appropriate and engaging
- Method
 - Storytelling, picture cards and literature; hands-on/interactive learning; Participatory Rural Appraisal Tools⁽²⁾; testimonials; face-to-face
- Accessibility
 - Employment situations, locality, emotional and structural barriers to participation
- Incentives
- Encourages collective action
- Considers...
 - population dynamics; group composition

MATERIALS

- Adjusted for
- relevant depiction
 - language, perception, vocabulary
 - reading level and literacy
 - appropriate graphics and scenarios
 - Encompass the salient social identity of the target population

CONTENT

- Uses
- Contextually specific data
 - messages based on participant preferences
 - available resources
- Echoes
- social nuances & **salient social identity** of the target population
 - context-specific issues
- Addresses
- mistrust in health system
 - discrimination and mistrust

RESULTS

- All the participant’s agreed that they would attend groups addressing child growth & development
- Picture cards were an acceptable approach to initiate group discussions
- All said they would prefer the materials to be in English.
- Men prefer health worker-led whilst female’s prefer peer-led groups
- Paradoxical relationship between Bangladeshi heritage and Tower Hamlets, UK environment – food & clothing preferences, family living arrangements & gender dynamics
- The participants expressed concerns about “strangers” in the *community* judging their parenting skills

CONCLUSIONS

- British Bangladeshi communities self-identify by their cultural roots and their present environment.
- Minority groups living in the UK may be attuned to British food culture
- Utilising existing community knowledge is an effective way to adapt health interventions for minority populations, such as the PLA cycle that are being adapted from low-income countries.
- Further research is required to test the acceptability & feasibility of the adapted model

References

1. Chambers R. Participatory rural appraisal (PRA): Challenges, potentials and paradigm. World development. 1994 Oct 1;22(10):1437-54.