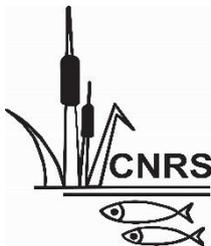


Reducing Dietary Related Risks associated with Non-Communicable Diseases in Bangladesh (RDRNCD)

RDRNCD Communications Strategy



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RDRNCD Communications Strategy Esha Husain

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Table of Contents

| | | |
|------------|------------------------------------------------------------------------------------------------------------------------|----------|
| 1 | Introduction | 1 |
| 2 | Stakeholders for Communications | 1 |
| 2.1 | Principles:..... | 2 |
| 2.2 | Summary of communication needs assessment findings (media preference, communication context, knowledge about NCD)..... | 2 |
| 2.3 | Preference for health facility: | 2 |
| 2.4 | Access to health information and current knowledge: | 2 |
| 2.5 | Dietary and exercise habits:..... | 2 |
| 2.6 | Communication Context and media preference: | 3 |
| 3 | Objectives: | 3 |
| 3.1 | Broad objective: | 3 |
| 3.2 | Behavior change targets: | 3 |
| 4 | Strategies against behavior change targets: | 3 |
| 4.1 | Change in daily eating habits | 3 |
| 4.2 | Change in lifestyle pattern | 3 |
| 4.3 | Healthy dietary habits of children..... | 4 |
| 4.4 | improved health consciousness..... | 4 |
| 4.5 | Increased consumers vigilance | 4 |
| 4.6 | increased interest in homestead gardening | 4 |
| 4.7 | Conscientious farming (veg. and fruits)..... | 4 |
| 5 | Communication Product and message delivery mode: | 5 |
| 6 | Management of the strategy | 6 |

RDRNCD Communications Strategy

1 Introduction

The Communications Strategy is designed to **create awareness on NCD risk factors** and its **prevention and control measures** among wider audience in rural, peri-urban and urban areas. It is important to note that its stakeholders are separated from the Advocacy Strategy which is specifically directed towards policy makers and government service providers. The current strategy will also **include plans for creating awareness among a more direct set of beneficiaries** who are participating in safe vegetable production interventions in 5 upazillas of Moulvibazar district in order to create examples of good practice in awareness raising communications.

The strategy has **aligned its action plans in accordance with the survey findings** conducted by the project on finding associations between dietary patterns and NCDs by age groups, sex, socioeconomic class, place of residence and ethnicity in urban, peri urban and rural settings. Especially, it **responds to survey respondents' information gaps, media preference for receiving information and considers their exposure to existing communication context** in various settings.

The strategy recognizes that behavior change is a long term process but **identifies awareness issues and plans activities targeting behavior change objectives** expecting that the best responses and practices at the end of the project can be scaled up for use by future public or NGO implements working on NCD prevention communications.

2 Stakeholders for Communications

The stakeholders for project communications are wide ranging living in rural, peri-urban and urban areas consisting of multiple age groups from both genders. However, the type of engagement varies depending on stakeholder type and their place of residence gathered from the communications needs assessment survey. Since the project has time and fund constraints the strategy suggests piloting a full range of communications activities in one district to identify good practice examples for future scale ups. However, the project managers selected Moulvibazar district for piloting as the lead agency CNRS, has a long experience of working in the area and partners with another DFID funded nutrition project, Suchana. Following are a list of a few categories of stakeholders the strategy will be targeting through various media.

- General audience across the country.
- RDRNCD beneficiaries participating in agricultural intervention in eight districts.
- Direct engagement with beneficiary households in five upazillas in Moulvibazar district.
- Health service seekers using health facilities in community clinics, union health centres, upazila health complex and sadar hospitals in Moulvibazar district.
- Health service users using Smiling Sun, Marie Stopes and other urban dispensaries in Moulvibazar.
- School children in Moulvibazar district.
- School/college/university students in general eating junk food.
- Pregnant women in project areas.
- Parents/teachers who decide on child's nutrition.
- Stakeholders reached by NCDC delivery mechanism.

2.1 Principles:

- **Partnership:** Partnership with government agencies is identified as a key delivery mode.
- **Message based approach:** Adopts a message-based approach under identified key issues targeting specific behavior changes.
- **Pictorial and graphic representation:** Uses photos and graphics for easier decoding of messages by rural audience.
- **Use of Bangla:** encourages copious use of Bangla in the production of materials for stakeholders at all levels.
- **Women and children:** Identifies pregnant women as a special category as they bear the triple burden of disease. Children in modern day also bear the risk of NCD.

2.2 Summary of communication needs assessment findings (media preference, communication context, knowledge about NCD)

The RDRNCD project is in the process of conducting a NCD trend study among the cross section of the population finding associations between dietary patterns and NCDs by age groups, sex, socioeconomic class, place of residence and ethnicity in urban, peri urban and rural settings. The study engages in assessing knowledge, behavior and perception of each group about the diseases such as hyper-tension, diabetes and obesity and habits in relation to consumption of vegetables, fruits and living an active lifestyle. The data from the study is used in targeting behaviours/habits to change and ascertaining knowledge gaps that require awareness raising. A family's and children's awareness and attitude towards fast or junk food is also surveyed which will assist in planning and developing a campaign against sale of junk food to children. Moreover, a part of the study also conducts analysis of communication context of the respondents and identifies their media preference which can be used to design communication products and their effective delivery modes.

2.3 Preference for health facility:

In total 7379 people were interviewed in eight districts. The survey findings suggest that in cases of non-communicable disease occurrence respondents mostly go to a village doctor (59.47%) followed by government health facilities (50.48%) like the Community Clinics and upazila and sadar hospitals and dispensaries (36.17%).

2.4 Access to health information and current knowledge:

Out of the total interviewees 66.76% responded that their exposure to NCD related information such as its risk factors and prevention is very low and only 23.93% said that they get information mostly from NGO workers (50.85%), hospitals (40.66%), dispensary (17.78), and Community Clinics (13.19). The schools in the communities provide very little information (only 10.64% said yes) on NCD risk factors though 50.15% of schools carry out monthly Little Doctor program. However, 32.58% responded that they were told about the benefits of eating vegetables and fruits from the children's schools especially the teacher. Out of the total respondents 59.20% claimed that they know what healthy food is but 35.33% said they didn't know. Among the barriers expressed to consumption of healthy food are high price, non-availability, lack of awareness, multiple preferences of family members.

2.5 Dietary and exercise habits:

30.16% respondents give tiffin to their children from home which are mostly rice and curry (68.53%) and burgers (20.54%). Among the tiffin bought from the shops the most preferred food are biscuits (30.91%), Jhalmuri (26.74%), cake (27.17%), chips (15.28%) bought on considerations of mostly taste, price, and preference of children and opinions of family head or mother-in-laws. The survey also checked the respondent's exposure to physical exercise to which 51.46%

replied that there were no scope for them or their families to walk. Further, 50.83% said that their children have access to a playground but maximum (50.55) played only for 10 to 60 minutes. However, 60.17% replied that there were no opportunities for a child to be associated to a club in their localities.

2.6 Communication Context and media preference:

In eight districts out of 7379 people interviewed 50.28% have access to a television out of which BTV (49.11%) has highest viewers among the local channels followed by Channel I (17.68) and ATN Bangla (17.60). The most preferred program after drama and cinema are news (46.20%), cooking show (19.92), and agricultural show (11.32). Some people (61.70%) also had exposure to Jari gaan or mobile shows and as per their recall 15.82% were on health issues. However, 34.31% said that TV commercials or messages in shows can bring about changes in their attitudes about issues. Moreover, among the most preferred media for receiving information in order of preference are personal communication such as NGO worker, health worker, councilor (48.53%), TV (47.59%), mobile phone (47.09%), any public office like the Union Parishad (9.16%).

3 Objectives:

3.1 Broad objective:

Creating awareness and increased consciousness among a broad range of stakeholders on non-communicable disease risk factors and encouraging them to bring about changes in their behaviors and perceptions in order to make healthier dietary and lifestyle choices.

3.2 Behavior change targets:

In the light of the above objective the strategy targets a few specific behavior improvements: i) change in daily eating habits, ii) change in lifestyle pattern, iii) healthy dietary habits of children, iv) improved health consciousness, v) increased consumers vigilance, vi) increased interest in homestead gardening, vii) conscientious farming (veg. and fruits).

4 Strategies against behavior change targets:

4.1 Change in daily eating habits

The strategy aims at creating awareness on i) type of NCDs and their risk factors, ii) what is a balanced diet, iii) importance of seasonal fruits and vegetables, iv) nutritional values of indigenous and locally available fruits and vegetables, v) how excessive oil and heat destroy nutrition value of food. Following are a few messages or slogans that can be used to promote behavior change under this target:

- You are what you eat.
- Have minimum five servings of vegetables and fruits per day.
- Eat seasonal and indigenous varieties of vegetables and fruits.
- Adopt better cooking practices retaining nutritional value of food.

4.2 Change in lifestyle pattern

The awareness issues to be covered under this target are, i) what does healthy lifestyle mean? It includes exercise, avoiding smoking and low salt intake, ii) what are the dangers of obesity, iii) how much exercise is required daily? Following are a few messages or slogans that can be used to promote behavior change under this target:

- Maintain normal body weight.
- Engage in daily physical activity and maintain a healthy lifestyle

4.3 Healthy dietary habits of children

The awareness issues to be covered under this target are, i) which food and drink are junk and what damages do they do to health, ii) what is bad tiffin and why, iii) ideas for a good tiffin and cafeteria. Following are a few messages or slogans that can be used to promote behavior change under this target:

- Say no to junk food and avoid drinking bottled/canned beverages (to children).
- Become a more responsible parent about making tiffin choices for your children.
- Become a responsible teacher in introducing healthy eating during tiffin break and in cafeteria.

4.4 improved health consciousness

The awareness issues to be covered under this target are, i) Why is screening important? What are the normal count of diabetes and pressure? ii) Where are the nearest public facilities that do screening? What are the standard costs, iii) what damages can NCD do to pregnant women and infants. Following are a few messages or slogans that can be used to promote behavior change under this target:

- Carry out periodic screening for diabetes, hypertension and stroke for early detection and control of NCD and seek out basic care.
- Be more careful about nutrition and lifestyle during pregnancy. Include NCD screenings in your anti-natal and post-natal checkups.
- Protect children from NCDs.

4.5 Increased consumers vigilance

The awareness issues to be covered under this target are, i) what should a consumer be vigilant about during food purchase, such as freshness of vegetables and fruits and to buy from a regular and reliable vendor. Also, avoid buying processed food but if buying frozen or processed food (which is also discouraged) check its nutrition content to avoid excessive salt content and saturated fat. A suitable message can be: Become a more aware and informed consumer.

4.6 increased interest in homestead gardening

Due to unavailability of reliable sources of safe vegetables the city dwellers can be encouraged to grow their own vegetable gardens or in upazilas or pri-urban areas in homestead gardening. An important knowledge under this target would be, where to access quality seeds. Therefore, sharing the information about seed sales points would promote home production. The message or slogan that can be used to promote behavior change under this target:

- Grow you own safe vegetables and fruits.
-

4.7 Conscientious farming (veg. and fruits)

The awareness issues to be covered under this target are, i) the safe production techniques ii) what are the safe fertilizers and permissible levels of pesticides, iii) where to access information about safe production. The message or slogan that can be used to promote behavior change under this target:

- Practice safe food production: don't use harmful fertilizers and pesticides.

5 Communication Product and message delivery mode:

The key products produced would be a **dietary calendar of balanced diets** and a **calendar on nutrition values of indigenous vegetables**. Moreover, the project will produce a number of posters in partnership with the Non-Communicable Disease Unit under DGHS already identified in the RDRNCD Advocacy Strategy. The strategy suggests using the chain of **government health facilities** such as the Community Clinics, Union Health Centres, NCD corners at Upazila Health Complexes, sadar hospitals for people in rural and peri-urban areas and Municipality EPI centres for urban areas and also private NGO primary health urban facilities that are frequented by urban users. In response to the survey findings the project can also target the **local dispensaries** that are the first point of contact for health service seekers. Particularly, the essential health service points can be accessed in **Moulvibazar district** which is being taken as a pilot area for experimentation of many advocacy ideas. The strategy suggests furnishing the upazila health complexes and sadar hospitals with billboards on NCD awareness in Moulvibazar district.

Moreover, the project can utilize **the courtyard meetings** to disseminate the dietary calendar and counsel on NCD prevention among the beneficiary households in Moulvibazar. It is important to note that personal communication especially through an NGO personnel has been identified as the most preferred information delivery mode. The lead agency also implements Suchana project activities in Sylhet and Moulvibazar. Therefore, the RDRNCD project can **enter into an agreement with Suchana** to use the services of **Community Volunteers** for message dissemination through courtyard meetings. Moreover, the two projects can share the **mobile cultural troops** such as jari gaan or pot shows for message dissemination.

On special days the project can arrange for wider circulation of **mobile messages** related to health and food safety awareness. However, the project can inspire the government partners from NCDC or BFSa to circulate the messages.

For messages on agricultural practices the project can use **the Farmer Information and Advisory Centers (FIAC)** in the pilot area, housed within the new Union Parishad Complex, which are emerging as the local extension units providing integrated advisory services on crop, livestock and fisheries to all categories of farmers. The Department of **Agricultural Extension in Moulvibazar** also has a range of extension workers who can contribute in food safety awareness. For wider distribution the project can contact **Agricultural Information Service (AIS)** in Khamarbari, Dhaka which establishes distribution channels for the produced materials of communication throughout the country and trains field staff in use of information materials. Similarly, the project can create a demand side appetite for information by distributing a **list of information service providers on safe food production technologies**, for example, the FIAC address, also circulate the AIS phone service **number: 16123** which can be called for agricultural advice.

In order to develop **an anti-junk food campaign** the project will visit school premises in Moulvibazar and a **few cafeterias in city universities to counsel on healthy eating habits**. North South University, a project partner can introduce a **healthy food corner in their cafeteria**. Further, in partnership with the DGHS the project will try to **disseminate NCD prevention messages** widely among **school children through Government's Little Doctor curriculum**.

Finally, the survey has identified the television as an effective media for influencing behavior among the cross section of the population. Moreover, Bangladesh Television (BTV) and Channel I (among the local channels) have been selected as the most widely watched

channels. Therefore, this strategy has targeted the above channels for hosting awareness programs. In partnership with the NCDC unit the project will **sponsor sixteen episodes of a weekly comprehensive cooking show in Channel I** which will broadcast messages targeting all the behavior change objectives (further details on the show are included in box 1). The project will also **use BTV to show programs on safe food and NCD awareness**. Recordings of the programs will be shared with project beneficiaries on special days; **YouTube uploads** will be used to attract younger target groups.

Box 1: Draft outline for Channel I Cooking Show (Food, nutrition and safety)

Main Focus: The sixteen episodes of the TV programme should try to target audience from all levels of the country such as rural, peri urban, urban and city in keeping with the project objective. The format of each show should include i) outdoor kitchen visit of a household of different category (rural to city), ii) introduction of a healthy recipe, iii) followed by information on nutritional contents of the recipe along with some counseling on healthy eating habits by a nutritionist, iv) each show should share some statistics or research findings on the increasing propensity of NCD in the country. There can be phone in options to ask questions on nutrition and also viewers can share their healthy recipes and perhaps make studio presence in one or two shows.

Additional Focus: One or two shows can be used to voice special concerns related to growing attraction of the children and teen agers to junk food consumption. Put strong emphasis on healthy choices for tiffin (at least 2 shows) and snacks for children and teen agers in school/college cafeterias. A teen ager can be brought to cook a healthy recipe like juice or soup and raise voice against junk food consumption. Another focus can be encouraging city or urban dwellers to grow organic vegetables at roof tops or verandas for consumption. Inform viewers on where to get organic seeds and fertilizers. Ideas for more topics are: Indigenous eating habit above 50 healthy

6 Management of the strategy

The Communication Unit of RDRNCD project is responsible for the delivery of the Communications Strategy. As identified at the Advocacy Strategy it will work in partnerships with **the NCDC unit** under **DGHS and BSFA** under the **Ministry of Food in formulation and dissemination** of communications messages. Further, the Unit will develop an Alliance with a national NGO called **Work for Better Bangladesh** in order to develop a strong **anti-junk food campaign**. The requisite Advisors will assist the Unit with technical assistance on message development on two thrusts of the project.

As a part of the end line evaluation the project will assess improvement in attitudes of respondents in comparison to the baseline data. Moreover, it can engage in exit opinion polls of the health facility users on their increased awareness gained through the essential health services.