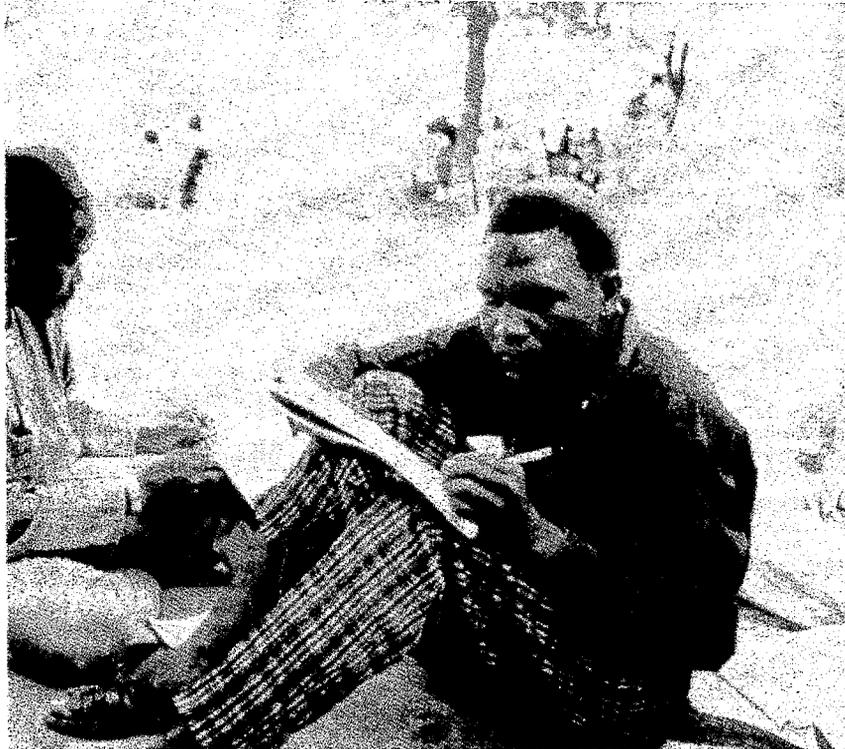


**REPUBLIC OF NIGER**

**FORMATIVE RESEARCH**

**VITAMIN A SOCIAL MARKETING PROJECT**



**February 1993**

**NUTRITION COMMUNICATION PROJECT**

**Niger Ministry of Public Health**

with the cooperation of

**the Academy for Educational Development**

and

**Helen Keller International**

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FORMATIVE RESEARCH  
VITAMIN A SOCIAL MARKETING PROJECT

February 1993

Research Team

Ms. Rebecca Popenoe  
Mrs. Zeinabou Mohamed  
Mrs. Rabi Adamou  
Mr. Ali Laya

Report prepared by

Ms. Rebecca Popenoe

with the cooperation of

**Niger Ministry of Public Health**

Mrs. Mamane Bintou  
Mr. Habou Kala  
Mrs. Issoufou Lamissi  
Mrs. Aissa Mamdoultai bou  
Mrs. Zeinabou Mohamed

**Helen Keller International**

Ms. Else Sanogo-Glenthøj  
Mr. Issa Camara

**USAID**

Ms. Sylva Etian  
Ms. Nancy Lowenthal

**AED**

Mrs. Margaret Parlato  
Mr. Peter Gottert

**Porter-Novelli**

Mr. Robert Porter

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## EXECUTIVE SUMMARY

This report presents the results of formative research for Phase II of the Niger Vitamin A Social Marketing Project being carried out by the Ministry of Public Health, Nutrition Division, in coordination with Helen Keller International. Technical assistance and funding is being provided by the Nutrition Communication Project, a USAID Office of Nutrition project managed by the Academy for Educational Development.

Phase I of the project, completed in September 1992, covered 16 villages in the Birni N'Konni district of Tahoua Department. This pilot communication intervention aimed at increasing consumption of vitamin A-rich foods for children under six years of age, and pregnant and nursing mothers. The pilot effort was further designed to test communication strategies to be applied in an expanded program. Initial qualitative research to study availability and dietary practices related to vitamin A consumption among high-risk groups was conducted in May and June 1991. In December 1992, Dr. Hugues Koné, the director of CERCOM (the Center for Communications Research and Teaching) in Abidjan, led a team to conduct a rapid evaluation of the mini-project to assess the overall strategy and management structure for implementation. In preparation for Phase II activities (to be conducted in the districts of Illela, Konni, Bouza, and Madaoua), the results of the evaluation were discussed in Niamey in January 1993 by the Project Coordinating Committee. The Committee decided to conduct further short-term qualitative research to answer specific questions that arose during Phase I of the project and to explore if the vitamin A supply and practices in the new zones are similar to the pilot (Phase I) sites.

February 21 - 26, 1993 Ms. Rebecca Popenoe, an anthropologist who has worked extensively in Niger, led a research team to Tahoua Department to conduct a highly-focused field study related to vitamin A dietary, market and agricultural practices. The discussion guides and logistics for the field work were organized through the Niger Vitamin A Coordinating Committee with logistical support from Helen Keller International. Three researchers collaborated with Ms. Popenoe in this effort: Mrs. Zeinabou Mohamed, Mrs. Rabi Adamou, and Mr. Ali Laya.

Focus group discussions and in-depth interviews were conducted in six villages over a period of four days. All but one of the villages had a garden and three villages had a health clinic. In each village, the village chief assembled separate groups of women and men. On the final day the research team discussed their findings and impressions.

In general, the results were not significantly different from what had been found in the Phase I sites. The biggest difference between Birni N'Konni and the northern districts studied by this team was not the beliefs or practices of the population but rather their financial means and the economic base of the communities. There were fewer gardens and water in the northern districts, lower average revenues, and therefore a smaller variety of foods.

The specific questions explored were: is liver considered appropriate for children, and if not, what can be done to make it more acceptable; what snacks are eaten; how, how much, and how often; can the population in these zones increase their consumption of squash; can the villagers

cultivate more green leaves; and which means of communication would have the most success reaching the target populations. The major findings are as follows:

Liver is considered to have curative and nutritive qualities; the villagers think that it "builds blood." However, since liver is considered good to eat when recuperating from illness, it is not seen as an everyday food. Liver is considered an appropriate food for young children since it is soft. But a woman would never go the market to buy liver for herself, which poses a problem for increasing liver consumption among pregnant and nursing women and children. Villagers need to be sensitized that liver is good for every day consumption, and can prevent illness if eaten regularly.

Snacks are eaten in all villages, by both children and adults. There did not seem to be any limit to the amount of snacks that could be purchased and eaten. Their main value was to "fill up the stomach" or to satisfy "la gourmandise." *Yamace* (salad) is a popular snack, and peanuts and *aya* (small grains eaten like nuts) were seen to be good for pregnant and nursing women. Other snacks mentioned were: peanuts, *alewa* (candies), sugar cane, *tamakka*, *kouli-kouli* (ground peanuts with the oil removed), *masa* (wheat cakes), *tsala* (millet cakes), *kosai* (bean cakes), rice, sweet potatoes, salad, *gari* (cassava flour couscous), cabbage, dates, sugar.

Squash is grown only during the off-season (December-March) and demands a lot of space and care. (In some regions squash is virtually destroyed by insects and therefore is not profitable to cultivate.) Villagers do not consider squash to be a very nutritive food; although it adds taste to the sauce, they feel it contains mainly water. In Deoulé women do not give squash to children because they consider it a "cold" food. Villagers could be encouraged to eat more squash if they were taught that it is a nutritious food that can be added to many different sauces, and even to *yamace*. However, production, supply, and incentive issues for growers still need to be looked at more closely before extensive promotion of the vegetable takes place.

Leaves are often eaten and well-liked in all villages. They are often prepared with oil, onions, and nuts in a *yamace*. In one village, leaves are thought to "build blood," like liver. In another, boiled *tafasa* leaves are used as a medicine for night blindness (although it is used to wash the eyes, not consumed.) Fresh leaves are found mainly during the rainy season, and dried leaves are eaten the rest of the year.

Adding more leaves to a sauce would in most cases make the sauce too bitter. It would be better to encourage women to increase the amount of sauce they prepare and to add more to the children's portion. Although villagers value wild leaves, they need to be sensitized that dark green leaves are more healthy than lettuce and cabbage, and that fresh leaves are better than dried. They should be encouraged to grow their own local varieties of leaves during the dry season, which are easier to cultivate in addition to being more nutritious than the foreign varieties. It is still unclear whether the villagers can gather more wild leaves than they are currently gathering. This is a question for further study.

As for the means of communication, the village chief is considered to be the best person to

communicate new information. Marabouts and midwives were also mentioned as important sources of health information. Health agents were not seen as an important source of information. Radio is listened to and discussed by men. Women, however, rarely listen.

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