

OFFICIAL FEEDBACK FORM

DIALOGUE TITLE	Nutrition conversations with mothers in the community
DIALOGUE DATE	Monday, 16 December 2024 10:30 GMT +02:00
CONVENED BY	Nkosingiphile Kunene, Health and Nutrition Technical Programme Manager, World Vision Eswatini
EVENT LANGUAGE	English and Siswati
HOST LOCATION	Luyengo, Eswatini
GEOGRAPHIC SCOPE	Ntandozi, District level
DIALOGUE EVENT PAGE	https://nutritiondialogues.org/dialogue/56642/



The outcomes from Nutrition Dialogues will contribute to developing and identifying the most urgent and powerful ways to improve nutrition for all, with a focus on women and children and young people. Each Dialogue contributes in four distinct ways:

- Published as publicly available PDFs on the Nutrition Dialogues Portal
- Available as public data on the Nutrition Dialogues Portal "Explore Feedback" page
- Available publicly within a .xls file alongside all Feedback Form data for advanced analysis
- Synthesised into reports that cover which nutrition challenges are faced, what actions are urgently needed and how should these be taken forward - particular, in advance of the Nutrition for Growth Summit in Paris, March 2025.

SECTION ONE: PARTICIPATION

TOTAL NUMBER OF PARTICIPANTS

35

PARTICIPATION BY AGE RANGE

0	0-11	0	12-18	21	19-29
14	30-49	0	50-74	0	75+

PARTICIPATION BY GENDER

35	Female	0	Male	0	Other/Prefer not to say
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NUMBER OF PARTICIPANTS FROM EACH STAKEHOLDER GROUP

0	Children, Youth Groups and Students	1	Civil Society Organisations (including consumer groups and environmental organisations)
0	Educators and Teachers	0	Faith Leaders/Faith Communities
0	Financial Institutions and Technical Partners	0	Food Producers (including farmers)
0	Healthcare Professionals	0	Indigenous Peoples
0	Information and Technology Providers	0	Large Business and Food Retailers
0	Marketing and Advertising Experts	0	National/Federal Government Officials and Representatives
0	News and Media (e.g. Journalists)	0	Parents and Caregivers
0	Science and Academia	0	Small/Medium Enterprises
0	Sub-National/Local Government Officials and Representatives	0	United Nations
35	Women's Groups	0	Other (please state)

OTHER STAKEHOLDER GROUPS

ADDITIONAL DETAIL ON PARTICIPANT DIVERSITY

The dialogue was conducted in Ntondozi constituency which is in the Manzini region of Eswatini. The participants were made up of 35 mentor mothers. Through our partnership with the Nutrition Council and Siphilele Maternal & Child Health, 35 mothers who mentor pregnant and lactating mothers in Ntondozi were mobilized for this dialogue. The participants were made up of women and were of defect ages with the majority being between 20 to 30 years.

SECTION TWO: FRAMING AND DISCUSSION

FRAMING

The dialogue was introduced to the participants as a session that is aimed to discuss the challenges of nutrition for children in the community especially the under 5, the current practices of breastfeeding in the community, the use and application of positive indigenous approaches to nutrition and also the current trends of feeding in the community.

DISCUSSION

1. What are the key challenges of Under 5 Nutrition? 2. What are the challenges in Breastfeeding for children under 2 years? Do mothers breastfeed? If yes, for how long? What alternatives do they use instead of breastfeeding under 2s? 3. What can we learn from Indigenous knowledge systems of nutrition? What can we adopt and what do we need to drop? 4. What are the current trends of nutrition and eating habits for different age groups? (Under 2s, under 5s, under 18 years) Are we winning the fight against malnutrition?

SECTION THREE: DIALOGUE OUTCOMES

CHALLENGES

The challenges faced by the participants include limited care and nutrition for children due to young mothers leaving their children with grandparents because they need to work to afford the basic expenses of the child or when the mother needs to go back to school. Another challenge is limited clean water access and this results to inadequate food and poor hygiene practices. There is also a limit in the variety of the food cultivated and fed to children due to changing climate that has resulted in less rainfall and more hailstorms. Another challenge is the availability of instant food products. Mother sometimes give these to children because they are rushing to work.

The issue of unemployment is still a major factor in the community because it results in limited funds to purchase necessities. This gives a rise to unplanned pregnancy and child neglect. This directly affects the nutrition of children. It can even force mothers to seek for financial access through ways that may increase gender-based violence.

There is low practice of exclusive breastfeeding because some mothers produce insufficient breast milk due to numerous reasons, including breast sores or stress. Mothers with twins often face difficulty producing breastmilk sufficiently for both children. Lactating mothers need to have jobs to be able to afford household costs. Older relatives like grandparents, sometimes insist that the mother starts on complementary feeding because they are not satisfied by only breastmilk, that is why they cry a lot.

There are also many challenges relating to indigenous and religious practices that impact child nutrition negatively. These include; children not eating nutritious food because it is believed it should only be consumed by adults and not believing in taking children to health care facilities.

URGENT ACTIONS

Request for improved access to water in the community to improve hygiene, handwashing and also water for household backyard gardens. Proposals to be sent to government and other NGOS, including WV to support with clean water

More training of mothers, especially teenage mothers on the importance of exclusive breastfeeding.

Trainings on alternative ways of farming and crops to ensure food diversity even during the effects of climate change.

Special attention should be given to communities with beliefs that results in the negative effects of malnutrition or overnutrition.

AREAS OF DIVERGENCE

It was concluded by participants with almost similar nutrition issues, especially for children, originate from mothers wanting to move with the times, use fast methods and be relevant.

OVERALL SUMMARY

Lobamba Lomdzala is in the middleveld with the community receiving middle-low amounts of rainfall and sometimes has high temperatures. Typically, a rural community and poverty is high, with insufficient employment opportunities especially for young people. There are few organizations that support access to clean water in the community, thus poor access. There is a high rate of teenage pregnancy and thus many children are left by teenage mothers in the care of their mothers or grandmothers, as they continue with school or work. Teenagers generally, do not want to breastfeed because they want to maintain their figures and have a perception that breastfeeding opposes that idea, including sagging breasts. use of formula milk is expensive and sustainable, thus leading the formula to be made too weak, increase in gender-based violence cases and absent fathers of children. There is a high number of fathers not supporting the pregnant mother thus leaving the mothers to fend for themselves. Poor access to family planning leads to mothers having more children and leaving beyond their means. The current nutrition trends included children being fed processed and instant food (especially ramen noodles, instant porridge and snack pack yoghurt) instead of fresh food. There is also a rise of mixed feeding, before the baby is 6 month old, with the wrong food. Alcohol abuse amongst teenagers and young mothers also leads to poor care for children.

SECTION FOUR: PRINCIPLES OF ENGAGEMENT & METHOD

PRINCIPLES OF ENGAGEMENT

METHOD AND SETTING

Highly participatory methods were used to facilitate the training with participants contributing to the discussions through group discussions and question and answer sessions.

ADVICE FOR OTHER CONVENORS

FEEDBACK FORM: ADDITIONAL INFORMATION

ACKNOWLEDGEMENTS

Through our partnership with the Nutrition Council and Siphilele Maternal & Child Health, 35 mothers who mentor pregnant and lactating mothers in Ntondozi were mobilized for this dialogue