OFFICIAL FEEDBACK FORM

DIALOGUE TITLE	How Do Community Beliefs Affect Child Nutrition, and What Can We Do About Them: Grow Growth Monitoring and Promotion volunteers perspectives
DIALOGUE DATE	Wednesday, 29 July 2026 10:00 GMT +02:00
CONVENED BY	Mundia Mwangala, ADP Manager, World Vision Zambia - Senanga ADP Feedback published on behalf of Convenor by: MUNDIA MWANGALA. I supported technically on how to carry out community engagements and dialogue, prepared discussion guide and also helped with dialogue system
EVENT LANGUAGE	Lozi
HOST LOCATION	Senanga, Zambia
GEOGRAPHIC SCOPE	Sikumbi rural health center, senanga district, silwizi ward
AFFILIATIONS	World Vision Zambia
DIALOGUE EVENT PAGE	https://nutritiondialogues.org/dialogue/60757/

Community health worker conducting under five services under a tree in silwizi ward

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

16

PARTICIPATION BY AGE RANGE

0	0-11	1	12-18	11	19-29
2	30-49	2	50-74	0	75+

PARTICIPATION BY GENDER

12	Female	4	Male	0	Other/Prefer not to say

NUMBER OF PARTICIPANTS FROM EACH STAKEHOLDER GROUP

0	Children, Youth Groups and Students	0	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)	16	Parents and Caregivers
0	Science and Academia	0	Small/Medium Enterprises
0	Sub-National/Local Government Officials and Representatives	0	United Nations
0	Women's Groups	0	Other (please state)

OTHER STAKEHOLDER GROUPS

No other stakeholder groups were identified; all participants were Parents and Caregivers.

ADDITIONAL DETAIL ON PARTICIPANT DIVERSITY

The dialogue convened trained Grow Growth Monitoring and Promotion (Grow GMP) Volunteers from the Sikumbi Rural Health Centre catchment area in Senanga ADP. This group represents a diverse cross-section of the community, including individuals from various socio-economic backgrounds, all residing in a rural setting. The participants are community-based volunteers, reflecting a range of local experiences and perspectives on child nutrition.

SECTION TWO: FRAMING AND DISCUSSION

FRAMING

The dialogue was framed as an important community-driven initiative to address persistent challenges in infant and young child nutrition. The introduction, led by Mwaka Mongwa (The District Nutritionist - Ministry of Health) and facilitated by the Development Facilitator – Grow GMP, and two Community Development Workers (CDWs), highlighted the local context of Sikumbi, a rural area where traditional beliefs and cultural practices significantly influence child-feeding behaviors. The session was set against a backdrop of widespread malnutrition risks common in rural Zambia, including seasonal food insecurity, limited dietary diversity, and the prevalence of nutrition-related illnesses. The facilitators underscored the community's anxieties about child growth and development, pointing to harmful beliefs such as the avoidance of eggs by pregnant women and children, the denial of colostrum to newborns, and the restriction of vegetables for new mothers. These practices contribute to poor health outcomes, including malnutrition, hindered growth, increased infant mortality, and weak children. The dialogue was framed not just as an awareness session but as an action-oriented platform. It aimed to empower volunteers to distinguish between beneficial and harmful beliefs and to equip them with practical actions to promote appropriate feeding practices. The ultimate goal was to align community practices with global nutrition targets, reinforcing the importance of balanced diets, exclusive breastfeeding, and hygiene. This framing ensured that participants understood their critical role in bridging the gap between cultural norms and evidence-based nutrition for better child health outcomes.

DISCUSSION

The discussion topic was centered on understanding how community beliefs affect child nutrition and identifying actionable solutions. Participants were divided into two groups to explore the following open-ended questions: GROUP 1 (ONE): a) Identify common community beliefs and cultural practices that influence infant and young child feeding. b) Identify practical actions that community-based volunteers can take to promote appropriate infant and young child feeding practices within their communities. c) Distinguish between beliefs that can support good nutrition and those that may negatively affect child growth and development. d) How can community-based volunteers effectively engage with traditional leaders and elders to address harmful feeding practices? e) What are the most effective communication channels for reaching caregivers with nutrition education messages in this community? f) How can volunteers support mothers to resist social pressure from family members who promote harmful feeding practices? GROUP 2 (TWO): a) Identify common community beliefs and cultural practices that influence infant and young child feeding. b) Explain how harmful beliefs can contribute to malnutrition, illness, and poor child health outcomes. c) Why do these beliefs continue and what can community-based volunteers do about them? d) What role do grandmothers and other influential family members play in shaping child feeding decisions, and how can they be engaged as allies? e) How can volunteers identify and address the underlying fears or misconceptions that sustain harmful feeding beliefs? f) What support do volunteers need from health facilities and local authorities to effectively promote behavior change in their communities? Each group presented their findings, which were consolidated to form the basis of the dialogue outcomes and action plan.

SECTION THREE: DIALOGUE OUTCOMES

CHALLENGES

The dialogue identified several deep-rooted cultural beliefs and practices that pose significant challenges to child nutrition. Key challenges include:

1. Dietary Restrictions for Pregnant Women and Children: The widespread belief that pregnant women should not eat eggs and that children should not be given eggs or groundnuts. This denies essential nutrients like protein and healthy fats crucial for fetal and child development.

2. Hindrance to Early Breastfeeding: The harmful belief that colostrum (the first milk) should not be given to newborns. This practice deprives infants of vital antibodies and nutrients, increasing their vulnerability to infections.

3. Postnatal Dietary Restrictions: The belief that mothers who have recently delivered should not eat vegetables. This limits the intake of essential vitamins and minerals needed for both maternal recovery and the production of nutritious breast milk.

4. Consequences of Harmful Beliefs: The participants recognized that these practices directly contribute to malnutrition, hinder proper growth and development, increase the risk of infant mortality, and make children weak and susceptible to illness.

URGENT ACTIONS

The volunteers identified several urgent, practical actions to combat harmful beliefs and improve child nutrition:

1. Community Education on Nutrition: A primary recommendation is to actively educate community members on the importance of a balanced diet and appropriate infant and young child feeding practices. This includes teaching mothers how to prepare nutritious meals using locally available foods.

2. Promotion of Breastfeeding and Hygiene: Volunteers will promote exclusive breastfeeding for the first six months and continued breastfeeding thereafter. They will also advocate for improved hygiene during food preparation to prevent illness.

3. Discouraging Harmful Beliefs: A key action is to directly and sensitively discourage beliefs that negatively affect child growth and nutrition. This involves engaging community members in dialogue to explain the scientific basis for recommended practices.

4. Empowerment of Volunteers: These actions will be taken forward through the network of trained Grow GMP volunteers, who are already embedded in the community. They will serve as agents of change, using their trusted positions to disseminate information and model good practices.

AREAS OF DIVERGENCE

The dialogue process revealed a clear divergence in views between traditional community beliefs and evidence-based nutrition practices. While the volunteers identified and agreed on the harmful nature of certain cultural practices, the very existence of these practices indicates a significant divergence between community norms and the scientific consensus on child nutrition. The discussion groups were structured to surface these divergent views, allowing volunteers to analyze and distinguish between beliefs that support good nutrition and those that negatively affect child development. The fact that the volunteers could articulate both the beliefs and the counterarguments shows they are navigating this cultural divide. This suggests a divergence not only between the volunteers and some community members but also a shared resolve among the volunteers to bridge this gap through education and promotion of healthier practices.

OVERALL SUMMARY

The Nutrition Dialogue at Sikumbi Rural Health Centre, was a powerful and constructive event that brought together community-based Grow GMP volunteers to tackle the critical issue of how cultural beliefs impact child nutrition. Facilitated by a team of experts and community leaders, the session created a safe and structured space for volunteers to openly discuss sensitive cultural practices.

The atmosphere was one of focused collaboration and a shared sense of purpose. The volunteers, divided into two groups, engaged deeply with the questions posed, demonstrating a strong understanding of their community's challenges. There was a palpable sense of urgency as they listed commonly held beliefs—like the prohibition of eggs for pregnant women and children, the denial of colostrum, and dietary restrictions for new mothers—and connected them to real-world consequences like malnutrition, stunting, and infant mortality.

A key strength of the dialogue was its action-oriented nature. The volunteers did not just identify problems; they actively proposed solutions. Their recommendations were practical and grounded in their lived experience: educating community members on balanced diets, teaching mothers to prepare nutritious meals, promoting exclusive breastfeeding, and advocating for better hygiene. The event felt less like a top-down training and more like a grassroots movement gaining momentum, with volunteers ready to become champions for change in their villages.

The event successfully achieved its primary goal of identifying harmful beliefs and agreeing on practical actions to improve infant and young child feeding. It was a testament to the power of community-led dialogues in addressing deep-seated cultural challenges. The commitment and insight shown by the volunteers were inspiring; they left the workshop not just with new knowledge but with a renewed sense of agency to transform their community's approach to child nutrition. This local action is a vital contribution to the global fight against malnutrition, aligning with the goals of the Nutrition for Growth Summit.

SECTION FOUR: PRINCIPLES OF ENGAGEMENT & METHOD

PRINCIPLES OF ENGAGEMENT

The workshop strongly reflected the Principles of Engagement by ensuring inclusivity and local ownership. The dialogue was convened for and by community-based volunteers (Grow GMP), who are trusted members of the community. This ensured the process was grounded in local realities and perspectives. The use of participatory methods, such as dividing participants into two discussion groups to tackle specific questions, fostered a collaborative environment where every voice could be heard. The workshop was action-oriented, with a clear focus on identifying problems and co-creating practical solutions, thereby ensuring transparency and accountability in the process. The facilitators acted as guides, empowering volunteers to lead the discussion and propose actions, which reflects the principle of empowerment and respects the participants' agency. Competing interests were managed by focusing on shared community goals and using facilitated discussions to find common ground.

METHOD AND SETTING

The workshop used a participatory dialogue methodology. Participants were divided into two groups, each assigned questions to discuss. The setting was formal. The recommended methodology was followed by focusing on community-led identification of problems and solutions. Child safeguarding was ensured by the nature of the dialogue, which focused on adult volunteers discussing child nutrition, with no children present, in compliance with guidance on protecting children's identities.

ADVICE FOR OTHER CONVENORS

Based on this experience, a key piece of advice is to ensure the dialogue is grounded in the local context. Use local facilitators who understand the community's cultural nuances. Dividing participants into smaller groups fosters more in-depth discussion and allows everyone to contribute. Most importantly, frame the dialogue not just as a discussion of problems, but as an action-planning session. This empowers participants and leads to tangible, community-owned solutions.

FEEDBACK FORM: ADDITIONAL INFORMATION

ACKNOWLEDGEMENTS

We would like to thank World Vision Zambia, particularly the Senanga ADP team, for supporting this initiative. We extend our gratitude to Mwaka Mongwa (District Nutritionist, Ministry of Health), the Development Facilitator - Grow GMP, and the two Community Development Workers (CDWs) for their expert facilitation. Most importantly, we acknowledge the Grow GMP Volunteers for their dedication and invaluable insights and the ADP Manager for the background check and support.

ATTACHMENTS

- **Group Presentation**
- **Group Presentation**
- **Group Presentation**
- **Group Presentation**
- **Plenary**
- **Attendance**