

PROPOSAL FOR COLLEGE OF HUMANITIES RESEARCH FELLOW
FLORENCE KYOMUGISHA

I am applying for research fellow for the Fall 2011 semester to conduct nutrition information and skills building intervention research entitled "**Creating Healthier Families and Communities: Mbarara Mothers Project.**" I have done preliminary work on the project, and I am currently collaborating with three scholars and health providers in the U.S. and Uganda.

ABSTRACT

Information, motivation and behavioral skills in nutrition interventions will be conducted among women whose children will be receiving treatment at Holy Innocents Children's Hospital (HICH) in Uganda. Data will be collected at the end of the interventions through questionnaires and focus groups over a period of four months. The projects aims are: (a) examine social, economic and cultural realities within which mothers feed their children; (b) determine to what extent an information, healthy practices and skills building intervention in nutrition will enable mothers to maintain health practices and well-being for their families; and (c) explore the community's efficacy and health care resources that are necessary for the maintenance of a healthier living and healthier community.

PROJECT SUMMARY

Creating Healthier Families and Communities: Mbarara Mothers Project

"One in four children under the age of five are underweight, mainly due to lack of food and quality food, inadequate water, sanitation and health services, and poor care and feeding practices." Sha Zukang, UN Under Secretary General for Economic and Social Affairs, 2010.

According to United Nations (UN) Millennium Development Goal4 (MDG 4) the UN plans to reduce child mortality by two-thirds. This is an especially daunting task in Africa. In 2007 although sub- Sahara Africa constituted 11 percent of the world population it accounted for 50 percent of the global child mortality burden (UN MDG, 2010). The 2010 MDG progress report documents that while there have been improvements world-wide, child mortality rates continue to be high in Africa where one in seven children died in 2008. This is a troubling phenomenon considering that globally six million of the 11 million deaths in children each year could be prevented by low-tech and cost effective measures such as simple nutrition interventions. (UN MDG, 2010).

To examine this global crisis, I am focusing on the condition of children who attend Holy Innocents Children's Hospital-Uganda. Since HICH opened in 2009 the doctors' reports document: (1) high rates of common and preventable illnesses in children; and (2) that more than 55 percent of the illnesses are attributable to malnutrition. Doctors and nurses have also discovered that both trends are due to mothers' lack of knowledge about proper nutrition or lack of skills for feeding their children (HICH Report 2009).

The purpose of this project is to: (1) save lives by strengthening mothers' nutrition knowledge and skills so that they are able to meet the health needs of their families in a

sustainable way and improve the quality of life in the community; and (2) obtain information that will guide the development and implementation of future programs and interventions to reduce the risk of common and preventable illnesses that are associated with malnutrition, and interventions that are tailored to the social, economic, and cultural realities of low income families in Africa.

This collaborative project employs a mixed methods public health and feminist approach to: (a) examine social, economic and cultural realities within which mothers feed their children, including barriers to mothers adequately feeding their children and maintaining good health; (b) determine to what extent information, healthy practices, and skills building intervention in nutrition will enable mothers to maintain health practices and well-being for their families; and (c) explore the community's efficacy and health care resources that are necessary for the maintenance of a healthier living. It is looking at "concrete experiences" from a woman's standpoint that we will understand her skill in community building, a skill derived from her unique role of feeding and eating for children (Collins, 1990; DeVault, 1991).

A four session nutrition intervention with mothers will be conducted in communities where children's illnesses and diseases are associated with malnutrition. Data will be collected through questionnaires and focus groups of women over a period of four months: at the beginning of the interventions when we will be conducting study baseline assessments; at the completion of the intervention; at the two months follow-up; and at the four months follow-up. The interventions employ an adapted Information, Motivation and Behavioral (IMB) skills model (Fisher & Fisher, 1992). They emphasize proper nutrition being a critical aspect in the prevention of stunted populations, childhood diseases and death, and they provide mothers with information and skills that will enable them to properly feed their children so that they can grow and develop. A sample made of four cohorts of mothers will be recruited when their children will be receiving treatment at HICH- a "teachable moment." Free treatment and free prescription drugs for their children will be the incentive for study participants. In conducting the interventions and collecting data (questionnaires and focus groups) I will be joined by Dr. Anita Hunter RN (co investigator) and four nutrition interventionists from the Family Helper Counseling Program that works closely with HICH, and who will also be the gatekeepers in this project. At the end of four months the data collected will be analyzed for papers for publication and a book contract.

Background of Project and Plan of Study

In 2007 I began laying the ground work for this project and similar projects that would contribute to the mitigation of health disparities in minority and disadvantaged populations in the world and in particular in Uganda. In July 2007 I joined six American scholars and health providers on the board of directors of HICH (now ten members), and we collaborated on a project to build a very much needed 120 bed children's hospital in Uganda. While there are many adult hospitals in Uganda, the country did not have a hospital for children and we know that children cannot be treated simply as "little adults." Children are more vulnerable to dehydration, malnutrition and respiratory infections, and they need professionals who specialize in pediatric care.

Fundraising started in July, 2007, and in 2008 we started building the hospital, which will

mitigate child illnesses and high mortality among children in Mbarara District (my childhood home district). The hospital started operating in 2009 and today 900 out-patients and 300 in-patients are treated monthly. The hospital has been successful because of an experienced team of Ugandan doctors and nurses who are overseeing the hospital in Mbarara, a great team of experienced volunteers, our partners and generous donors in the US and the support from the local Mbarara community. The hospital environment and its community outreach component are vital aspects for effective collaborative research and scholarship. My collaborators on this study, whom I have been working with for the past year, are: Anita Hunter PhD RN (USD), Mary Coleman MD (Children's Hospital Oakland), and Mary Moran, Ph.D. of Family Helper Counseling Program, Mbarara, Uganda. The timeline of the project is noted below:

- Spring 2010 – We completed a large portion of the chapter on the background for the project.
- July to August 2010- Our research team developed the nutrition intervention, which is ready to be tested and implemented.
- January 2011 -I will travel to Mbarara, Uganda with Dr Hunter to meet with Dr Moran, to do exploratory work on the site of the study and test the protocol for the nutrition interventions.
- July 2011- We will train four intervention assistants from the Family Helper Counseling Program who will help us in the interventions.
- July to October 2011- We will conduct the interventions and collect the data.
- October to December 2011- We will analyze the data and write papers to disseminate at conferences such as the Global Health Council.

Benefits to the University and Students

- The project informs the burden of health disparities in our world and students will use this knowledge to develop educated discussions and informed debates around social issues and policies such as the US health care system and health care reform.
- CSUN students and faculty were able to participate in two events related to the project: (1) when I presented "Building Bridges for Better Health in the Global Village: IDCH Uganda Project" during CSUN's Africa Week on October 25, 2007; and (2) when Dr Anita Hunter did a workshop on "International Immersion Activities: Differences That Can Be Made" on November 17, 2008 through the Distinguished Visiting Speakers Program. I will continue to disseminate my research to the University community and at conferences. Knowledge about African local communities' empowerment efforts to achieve healthier lives will enhance students' appreciation of the skills and strengths of under-privileged people all over the world. Students will acquire the ability to realize the interconnectedness of our common humanity and the challenges we face globally. Furthermore, the feminist approach utilized in the study enables our students to humanize the cmTent discourses on families and feminism and making them more congenial to pluralism.
- The papers and the book from this project could be used in Gender and Women's Studies, Nursing and Health Sciences courses to contribute to students' understanding of the complexity of the issues in "Third World" countries, ranging from neocolonialism - to inequity of wealth and access to resources - to malnutrition - to national debt - to AIDS and malaria epidemics.
- There are prospects for CSUN faculty and students to do research and "service learning" at IDCH and its collaborating organizations. IDCH provides room and board for international professionals and students who volunteer their service at the hospital and

community outreach programs related to the hospital. For instance, during the past two years Dr. Hunter took two groups of faculty and students to Mbarara and they had an extraordinarily good experience.

CSUN Support: The Mbarara mothers' project has a time component to it that is important to consider. **If I** am not able to participate in the nutrition interventions and data collection in 2011-2012, I may lose my spot on this collaborative project, as my research collaborators would have to continue without me. For several years I worked very hard to establish this research collaboration with the two scientists, which is very important for my professional development because it gave me an opportunity to do a significant project that would be difficult if I did it alone. I hope CSUN will support me on this project.

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