An assessment of the role of Interpersonal Communication Participants in child nutrition promotion in Kenya.

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Abstract

Child malnutrition is a global health crisis whose origin can be attributed to the culture and level of interaction between interpersonal communication participants. In Kenya as in many African countries whose communities tend to be patriarchal, women and children get the raw end of the deal when it comes to food distribution; feeding on smaller food portions and less nutritious foods thereby contributing to child malnutrition and maternal malnutrition which directly contributes to child malnutrition. Behavior change is not an automatic process and therefore interpersonal communication participants have to put in time in building a relationship with each other so as to develop respect and trust. It is only through increased interaction, that the cultural walls that anchor child malnutrition come down.

Key words: Interpersonal Communication, Participants, Malnutrition, Child nutrition

Introduction

According to the International Food Policy Research Institute (IFPRI), (2016), malnutrition is a problem of staggering size worldwide; large enough to threaten the world's sustainable development ambitions for the post-2015 period. Sub-Saharan Africa (SSA) is home to some of the most nutritionally insecure people in the world with poor infrastructure and limited resources compounded with conflict and poor access to health services contributing to the staggering levels of malnutrition and food insecurity on the continent (Fanzo, 2012). Malnutrition in Kenya is now a big public health problem with stunting rates of as high as 35 per cent (Kenya, 2012). At the regional level, Coast (31 percent), Rift Valley and Eastern (each 30 percent) have the highest proportions of stunted children, while Nairobi (17 percent) and Central (18 percent) have the lowest (KDHS, 2014).

The United States Agency for International Development (USAID), (2011) states that preventive intervention at the community level has a greater impact in reducing undernutrition prevalence than does treating undernourished individuals once they have become malnourished. The main preventive interventions are: Social and Behavioural Change Communication (SBCC), promoting infant and young child feeding practices and Essential Nutrition Actions (ENA) which are implemented interpersonally through: home visits to counsel mothers, peer support groups to counsel mothers and build peer support for behaviour change, Community Health Volunteers (CHV) and Growth monitoring and promotion (USAID, 2011).

Interpersonal Communication (IPC) ranging from individualized interpersonal counseling for mothers to community mobilization through group meetings, is a staple of health promotion (Sanghvi, Jimerson, Hajeebhoy, Zewale & Nguyen, 2013). While mass media may be important in raising a general awareness, they are less effective in actually bringing about behavioural change (Lie, 2008). Keating, Hutchinson, Miller, Bennet & Larsen (2012) further state that among the different channels of communication, IPC has been shown to be more effective in situations of poor literacy and general low level of health awareness.

IPC participants are heterogeneous in nature. They comprise of people from different cultures, power systems, social economic status and education/ literacy level. According to Qing (2007), the ways in which we communicate with others is influenced by our cultural identities ie. age, race/ethnicity, sex, sexual orientation, and socioeconomic class.

2. Theoretical Framework
2.1 Social penetration theory

Social penetration theory (SPT) is concerned with how interpersonal relationships develop. Developed by Altman and Taylor (1973), SPT suggests that there are changes (often increases) in the depth and breadth of self-disclosure as relational partners move through the stages of relational development. There are many factors closely associated with increased depth and/or breadth, including:

amount of time spent engaging with a relational partner, commitment (satisfaction with the relationship), environment, and the perceived costs and rewards of disclosure (Taylor & Altman, 1975). One of the most famous or commonly used analogies used to explain SPT is the Onion analogy which visualizes people's personalities as onions, are made up of many layers and the more layers one peels off, the deeper the intimacy shared (Pennington, 2015). SPT states that as relationships develop, people move from relatively shallow levels of self-disclosure to more intimate disclosures (Altman & Taylor as cited in McCarthy, 2009).

There are four layers of disclosure suggested by SPT: surface, periphery, intermediate, and central (Altman & Taylor, 1973). Surface disclosure refers to disclosing information that includes very superficial facts. Taylor and Altman (1975) suggest that surface level (and some peripheral) disclosures are exchanged most often between relational partners, regardless of the "stage" of the relationship, because this information is not seen as harmful or having any sort of "cost "to the relationship to share. Peripheral disclosures are information that would be shared in most social settings and does not require any sort of intimacy. Allensworth suggests that topics that fall into this category include: history, family background, and general likes/dislikes. Intermediate disclosures are information that one would be more selective in disclosing; related to how a person feels about things, particular likes or dislikes that go beyond base level interest (as cited in Pennington, 2015). The final layer is central, and includes personal and private information that is viewed as being intimate and shared with only those who are extremely close friends, relational partners, and/or family (Taylor & Altman, 1987).

Taking into account the depth and breadth of interactions, Altman and Taylor (1973) establish four stages of relational development for SPT: orientation, exploratory affective exchange, affective exchange, and stable exchange. In this manner when people first meet (orientation) they are only revealing their superficial outer shell (surface level) and conversations will probably relate to a small range of topics eg. hobbies, likes and dislikes, and so on. At this point, neither individual is "invested" in the relationship, making it important to slowly build towards comfortable topics—as Altman and Taylor (1973) suggest, this is a stage of no conflict, and that means staying within the bounds of conversation that cannot offend either party involved.

As individuals become more comfortable, they enter the exploratory affective exchange stage; here the depth of discussion begins to enter the periphery and intermediate layers, and the breadth covers a wider range of topics for discussion (Altman & Taylor, 1973).While in the orientation stage questions were asked that lead to disclosures that were highly descriptive, in this (and later) stages questions begin to become more evaluative in nature (Pennington, 2015). Taylor and Altman (1987) suggest that the individuals in this stage are casual acquaintances and friendly neighbors—someone you talk to with some degree of regularity but it lacks significant depth. As the relationship continues to progress and develop through the next stage (affective exchange) more layers of personality are peeled off until almost the whole personality shows through; the people in the relationship then develop an understanding of one another and are able to move into deep communication involving intimate topics (McCarthy, 2009). Due to the increased intimacy and time spent developing this tie, the risks associated with disclosing central information can be as more beneficial than harmful, but there is still some hesitation to fully disclose everything (Altman & Taylor, 1973).

It is not until the stable exchange stage that depth and breadth is achieved for all layers and possible topics (Taylor & Altman, 1987). In the last stage (stable exchange) all the layers are peeled off and the core of the individual's personality is reached (Altman & Taylor, 1973). SPT argues that following each interaction between two potential relational that there exists both an evaluation and a forecast regarding future interactions (Altman & Taylor, 1973). According to McCarthy (2009), once an individual realises that a relationship is not beneficial, the relationships will go through what is referred to as depenetration - a withdrawal of disclosure which leads to termination of the relationship.

Any form of interaction and communication, the amount and nature of information shared is determined by the level of interaction among participants. In this sense, individuals who are in the central layer or stable exchange stage will be more comfortable discussing and revealing sensitive information than those in the other stages. In order to solve the problem of child malnutrition in Kenya, IPC participants who may comprise of parents, health professionals or the community in general should make a conscious effort to move from the surface layer to the other inner layers where there is increased depth and breadth of interaction.

3. Literature review
3.1 Influence of IPC Participants Culture on child nutrition promotion
Culture refers to learned and shared values, beliefs, behaviors, artifacts, music, customs, food, language and celebrations common to a particular group of people which creates a shared worldview (Orbe & Bruess, 2005). Socio-cultural beliefs and customs have a significant influence on family nutritional. In terms of food choice, some foods are more prized than others and a meal is never considered complete until they are included. (Oniang'o, Mutuku & Malaba, 2003.)

According to Gittelsohn, Thapa, and Landman 1997 as cited in Alonso, 2015, most societies are characterized by an interwoven set of specific beliefs and practices related to food and health. Cultural influences may also include attitudes towards certain foods, food preparation patterns, breastfeeding and infant feeding practices. They may also influence systems of food sharing and distribution within the family and with guests (Oniang'o et al, 2003). According to Oniang'o et al (2003), Intra-family food distribution is often related to hierarchical position with the head of the family receiving priority in eating, while mothers and children receive a smaller

share of the family's food, relative to their needs. Hence it is not the biological necessity that determines what to be served to whom but culturally constructed norm and socially defined status of the members with in the household (Mengesha & Ayele, 2015.)

A study carried out by Chege,Kimiywe & Ndungu (2015) among the Maasai community in Kenya reveals that children below the age of 5 mainly consume cereals and legumes as nomadism makes animal products inaccessible to most children. Livestock are considered a sign of wealth, thus mainly slaughtered on special occasions and selling of animals or animal products is not encouraged limiting income that would improve the food basket (Chege et al, 2015). Some food taboos prohibit consumption of wild animals, chicken and fish limits the household food diversity and consumption of vegetables is limited since they are perceived to be livestock feed (Chege et al, 2015). Maasai culture encourages introduction of blood, animal's milk and bitter herbs to infants below six months, which affects exclusive breast feeding and a strong belief in traditional medicine hinder visits to health facilities thus limiting access to nutrition education. (Chege et al, 2015).

Power is a dimension of all interpersonal relationships. Understanding how power operates in everyday situations requires recognition of larger societal and cultural issues that inform different aspects of IPC (Qing, 2007). Power relations play an important role in determining when, why, what, from whom and how participants seek information concerning nutrition as well as determining the type of food consumed. In most African communities, the males are regarded as more superior as opposed to the females (Dunbar & Burgoon, 2005) and this is reflected in the type and amount of food portions they receive in the household. According to UNICEF (2014), gender-based discrimination is one of the most pervasive forms of discrimination that children face in Kenya and ending gender-based discrimination underpins the achievement of all human development goals, including universal primary education, reducing maternal mortality and control of HIV and AIDS.

3.2 Influence of IPC Participants level of interaction on child nutrition promotion

According to Berger, Roloff & Ewoldsen (2010), humans are an extremely social species and being in a close interpersonal relationship is a basic need for a vast majority of people. Jennifer, Dip, & Nancy (2010) argued that communication is a vibrant constituent in the delivery of healthcare. Indeed, the ability of healthcare providers and healthcare seekers to communicate effectively is core to the success of the healthcare organizations. Effective communication is needed not only for fruitful interactions between healthcare providers and healthcare seekers but also between healthcare providers themselves (Jennifer et al, 2010).

Interpersonal aspects of care, such as caring, respect, courtesy and listening, are characterized as the "softstuff" of heathcare (Mwanga, 2013). According to a study done by Bruce (1990), interpersonal relations have shown to strongly influence patients: confidence in their choices and ability; satisfaction with services; and possibility of return visit. Interpersonal relations have been shown to strongly influence clients: confidence in their own choices and ability; satisfaction with services; and the possibility of a return visit (Mwanga, 2013). Healthcare professional's communication and interpersonal skills has to do with his/her ability to gather information in order to carry out correct diagnosis, counsel appropriately, give therapeutic instructions, and establish caring relationships with patients (Fong, 2004).

Mukuria, Martin, Egondi, &Thuita (2016) in a study titled *Role of Social Support in Improving Infant Feeding Practices in Western Kenya: A Quasi-Experimental Study* sought to test the effectiveness of increased social support by key household influencers on improving mothers' complementary feeding practices. Using a quasi-experimental design, they enrolled mothers, fathers, and grandmothers from households with infants 6–9 months old in 3 rural communities in Vihiga County in Western Kenya. The study team designed separate curricula for training fathers and grandmothers, protocols for training CHV and dialogue group discussion guides.

Findings of this study reveal a greater increase between baseline and endline in the percentage of mothers who reported feeding more diverse foods to their infants in the grandmother intervention area than in the comparison area, and greater improvements in reported feeding of animal-source foods in both the grandmother and father intervention areas. Therefore moving from a woman-centered approach to a family-centered or household-based approach may help to reduce barriers and increase uptake and sustainability of optimal nutrition practices (Mukuria et al, 2016). A similar survey by Wafula and Ocholla (2007), dubbed *The feasibility of ICT diffusion amongst African rural women: a case study of South Africa and Kenya* indicates that family and friends are the main sources of maternal health information in Kenya. This is proof that other than health professional, society plays an important role in health communication.

4. Conclusion

Culture is the basis of human behavior that governs every aspect from how one talks to how one feeds. It is therefore of utmost importance to understand the role that culture plays in child nutrition in order to correctly frame messages that are culturally sensitive. Interpersonal communication participants be it doctors, nurses, parents, community members should also should also realize the importance of developing deeper relationships with each other as such relationships encourage in-depth sharing…sharing which will aid in the war against child malnutrition

5. Recommendations

There is need for greater community involvement in the healthcare industry. In order solve the issue of child malnutrition, health professionals should not be blind to the societal factors that lead to its contribution. They should seek to work with the community and not just for the community.

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