Health Implication of Communicating Food Insecurity in Nigeria in the COVID 19 Era: Towards Reducing Malnutrition among Children in Wukari, Taraba State

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Abstract

The researchers evaluated the implication of communicating food insecurity in Nigeria in the COVID-19 era with emphasis on reducing malnutrition among children in Wukari, Taraba State. The aim of the paper was to determine the medium of communication suitable for enlightening caregivers on the relationship between food insecurity and malnutrition among under 5 children. The researchers adopted qualitative research design in which library method was used to obtain information about the number of under 5 children that were admitted in General hospital, Wukari for cases of malnutrition, from 2019-2021. The findings showed that 2019 -2021 recorded the highest number of malnourished children admitted since the establishment of the hospital. Within this stipulated period, the hospital admitted 128 malnourished children, 9 stunted and 1 washed cases of malnutrition. Thus, it was concluded that COVID-19 Era and its instant lockdown measures which resulted in absent or unavailability of food supply is one of the immediate causes of malnutrition among other causes. The researchers recommended that in order to reduce the double burden of malnutrition among children under 5 in Wukari, it is important to use different channels of communication to enlightened caregivers (mothers particularly) on how to manage food insecurity and use the available food at their disposal to curb malnutrition among their children.

Keywords: Food Security, Malnutrition, COVID-19, Health Communication, Children

Introduction

Food insecurity is a global concern. Some of the factors responsible for food insecurity include climate change, increase in global population, rise in prices of food,

environment concerns like desert encroachment and other natural and man-made disasters like flooding, mining activities, bush burning and insecurity issues are seriously affecting food availability globally and especially in Africa. In countries like Nigeria, the activities of Boko Haram, Herdsmen and Banditry have further escalated food insecurity in the affected areas as most of the farmers are displaced thereby making it difficult for them to access their farmlands and engage in farming activities.

The prolonged COVID-19 crisis has further created exceptional challenges in the social and economic sectors, by this means worsening the already existing uncertain condition of the most vulnerable households in Nigeria. The inadequate availability of agricultural inputs and restrictions for supply and transportation (due to lockdown) also put availability of food in markets at risk. Furthermore, limited job opportunities and income losses also hinder access to food (Joda, 2021; World Food Programme, 2020). Previous studies also indicated that due to increase in temperature, intense heat wave, extreme rainfall and floods, food insecurity is expected to intensify (Ozoka, 2018).

In accordance with World Health Organisation Guidelines and Global Practice, the Nigerian government instituted several restrictions to curtail the spread of COVID-19 within their boundaries. These measures include movement restrictions, border closures, social distancing, quarantine and closure of non-essential services. Consequently, the enforcement of these stringent measures has inadvertently disrupted peoples' activities with considerable ramifications on food security. Going by the United Nation estimation, the world's population will reach 9.7 billion by 2050 (WHO, 2020). Therefore, food security and sustainability is imperative in order to feed the growing population and minimise the effects of unsustainable food supply. Therefore, how food is grown and produced, what type of food is consumed have major impacts on the wellbeing of people, especially children under 5 of age.

It is pertinent to acknowledge that Nigeria has the largest population of any country living in extreme poverty; thereby suffering malnutrition. Studies have shown that malnutrition is more prevalent in rural areas than in urban areas and that lack of formal education of parents, especially mothers, have been identified as one of the causes of malnutrition among children. Existing studies also indicate that poor feeding practices and ignorance of the benefits of breastfeeding and weaning process cause malnutrition (WHO, 2017; Akombi, Agho, Hall, Wali & Renzaho 2017; Owoaje, Onifade, & Desmennnu 2014; Sufiyan, Bashir & Umar, 2012; Odunayo & Oyewole (2006). To have a clear picture of malnutrition status in Nigeria, Ozoke (2018) indicated in his study that every single day Nigeria loses 2,300 children below 5 years of age and 145 women of child-bearing age. Although, current study revealed that the country is making progress in cutting down infant and under-five mortality rate, the speed is too slow in achieving the SDG of reducing child mortality by 2030. Statistics has shown that one in seven children will die before attaining school age as a result of malnutrition (UNICEF, 2019).

In the same vein, Sufiyan *et al* (2012) indicated in a study that looked at the influence of socio-economic factors on nutritional status of children in a rural

community of Osun state, revealed that 23.1 and 26.7 percentage of children were underweight, wasted and stunted respectively. This scenario points a picture of how worst the story would be for the states in the North East and North Western part of the country. This is a pointer to the fact that this condition is a loss to the families and the country as it negatively affects the economic development of Nigeria. In line with previous research findings, recent report has shown that Nigeria has the second highest burden of stunted children in the world, with a national prevalence rate of 32 percent of children under five. The report further estimated that about 2 million children are suffering from severe acute malnutrition (SAM). From this statistics, only two of every 10 children affected got treated and seven percent of women of childbearing age also suffer from acute malnutrition (WHO, 2019). Current studies also indicate that malnutrition is the underlying cause of 45 percent of all death of under-five children. To support this assertion, Timothy (2019, p.1) avers that:

> Hunger in Nigeria is declining by about 3 percent per year, but the rate of severe acute malnutrition, the technical term for starvation, remains unchanged…$2^{1}/2$ million Nigerian children are starving and only about 20 percent get help…over 900,000 children die annually…widespread poverty, insecurity in the north, and poor healthcare are major triggers for child malnutrition in Nigeria.

Recent studies revealed that there is stark difference between the rate of stunted rate experienced in children in the North and Southern part of the country. In the South, like in Lagos, the stunting levels are consistently between 10-20 percent, whereas in the North, it rises to 50 percent. Households in the North tend to be poorer on average and depend heavenly on agricultural activities which in some states of the region have been disrupted by the activities of Boko Haram, Banditry, Herdsmen and recently, Covid – 19. These have worsened food insecurity and contribute to malnutrition and subsequently child stunting.

Despite several efforts by UNICEF and other intervention programmes by the Nigerian government and well meaning individuals like Bill gate to provide food supplements to prevent malnutrition and fight food insecurity crises in the North, the number of malnourished children keeps rising. Meanwhile, one identifiable leverage point is awareness raising and knowledge improvement on healthy diets incorporating relevant stakeholders like the women (who are the major caregiver) and the medical personnel. Knowledge on nutrition, food insecurity and healthy diets is central in curbing malnutrition among children in Wukari. To support his assertion, Schiavo (2007) argued that:

> Health communication is a multifaceted and multi-disciplinary approach to reach different audiences and share health-related information with the goal of influencing, engaging and supporting individuals, communities, health professionals, special groups, policy makers and the public to champion, introduce, adopt, or sustain a

> behaviour, practice or policy that will ultimately improve health outcome (cited in Nwodu & Ezeoke, 2012, p. 160).

The import of the above is that for an effective action in curbing malnutrition among under 5 children, there is need for effective means of communicating to the women and other caregivers about the dangers of malnutrition and also to understand the correlation between food insecurity and malnutrition which will put the caregivers in a better position to manage food insecurity and the available food without having their children being malnourished. To achieve this, effective communication matter because malnutrition goes beyond terminology, but considers problems at broader scale which require the utilisation of appropriate communication medium.

In the past and in recent times, different medium of communication have been employed in health-related campaign and awareness creation about different illnesses such as HIV/AIDS, Cancer, Tuberculosis, Ebola, Lassa Fever, Hepatitis Diabetes and other terminal illnesses. Some of the media of communication used include the television, radio, printed material and the social media. Findings from such study revealed that different forms of communication is prefer to single channel of communication in terms of public enlightened especially when health issues are concern. This paper seeks to determine the effectiveness of different communication medium and how they can be employ in disseminating tangible information about food insecurity reduce the double– burden of malnutrition among under 5 children in Nigeria and Wukari in particular.

Theoretical Foundation

Health Belief Model serves as the theoretical framework of the study. The theory was propounded by a group of US Public Health Services and Social Psychologist in 1950. The model has the following propositions:

- **Perceived Threat**: This consist of two basic components; that is, perceived susceptibility and perceived severity of a health problem.
  - Perceived susceptibility- this involves one's subjective view of the risk of being infected by a health condition.
  - Perceived severity- has to do with feelings regarding the seriousness of contracting a disease or leaving it untreated, concluding evaluations of both medical consequences and possible social consequences.
- **Perceived Benefit:** This involves the believed effectiveness of measures design to reduce the treat of illness.
- **Perceived Barriers:** This has to do with potential negative consequences that may result from taking particular health actions, which include physical, psychological and financial demands.
- **Cues to Action:** This involves events such as physical symptoms of a health condition or environmental (media publicity) that motivate individuals to take action.

- **Other Variable:** It includes diverse demographic, socio-psychological and structural variables that affect an individual's perception and thus indirectly influence health –related behaviour.
- **Self efficacy:** This involves the belief in being able to successfully effect the behaviour required to produce the intended outcome.

In relating this theory to the study, when the target population, women especially, know that their children are at risk of suffering from malnutrition if they are not properly feed and the resultant effect will be having their children stunted, malnourished or wasted; they are likely to comply with the communicated message presented in any medium that appeals to them. This brings in the long-run, the desire to adopt the prescribed and recommended behaviour as advocated by the communication message.

Conceptual Clarification of Food Insecurity

Food insecurity is an evolving concept and there are many definitions of food insecurity. FAO defined food insecurity as a situation that exists when people lack secure access to sufficient amounts of safe and nutritious food for normal growth and development and an active and healthy life (FAO, 2020; Marion, 2011; FAO, 2008). According to this definition, factors that may lead to a situation of food insecurity include non-availability of food, lack of access, improper utilisation and instability over a certain time period. In other words, food availability, access, stability and utilisation form the four pillars of food security. The four pillars must be fulfilled simultaneously in order to realise food security objectives. Food security analysts have identified two types of food insecurity, which are chronic and transitory (FAO, 2008). Chronic food insecurity is long-term or persistent, and occurs when people are unable to meet their minimum food requirements over a sustained period of time. Contrarily, transitory food insecurity is short-term and temporary and occurs when there is a sudden drop in the ability to produce or access enough food to maintain a good nutritional status. While chronic food insecurity results from extended periods of poverty, lack of assets and inadequate access to productive or financial resources, transitory food insecurity is caused by short-term shocks and fluctuations in food availability and food access, including year-to-year variations in domestic food production, food prices and household incomes.

Ozoka & Ozoka (2018) described malnutrition as the deficiency of nutrition. Different forms of under nutrition exists which include stunting, which is a sign of chronic deprivation of nutrients in a child. The second type is wasting which occurred as a result of acute or sudden food deprivation or mal absorption. As Nigeria faces food insecurity and the so-called double burden of malnutrition with both under nutrition and obesity recognised as a major health issues for the country, food safety awareness rising on healthy diets is required at the consumer end. This is because malnutrition is normally found at the community level as a result of failure of an individual and

household to obtain proper nutrition due to food insecurity. Children as conceptualised in this study means children under the age of 5 years.

Communication and Health: A Conceptual and Empirical Review

The link between communication and health concerns of people in any given society has long been established by medical personnel, agriculturalist and development/health communication experts. This is because communication plays a vital role as a catalyst through which information flow. Communication also lubricates all social processes and ensures that people live a healthy life. Asemah (2011) observes that communication plays a very key role in every society. Therefore, the scope of communication is on constant increase spanning be young journalism and related fields. Such field of expansion is what is regarded as health communication which is necessitate by health – related concerns like hepatitis B, cancer, diabetes, COVID-19 among other illness (Nwodu, 2006). Therefore, health communication is the use of communication to create awareness regarding health issues, identify attitudes favourable to the prevention of health concerns and also mobilise actions that would either promote or hinder healthy living. Thus, Asemah (2012) sees health communication as a key strategy to inform the public about health concerns and to maintain important health issues on the public agenda. Batta (2010), citing Ratzan (1994, p.7) also defined health communication as the art and techniques of informing, influencing, and motivating individual, institutional and public audiences about important health issues. Its scope extends to disease prevention, promoting the health of individual in a given society. The overall goal of health communication is to contribute to the prevention of diseases, and the promotion of health by generating effects with the specific goal of improving personal and public health. Batta (2010, p.170), citing Infante (1997) identified four functions that occur at interpersonal communication level which are:

- **Diagnosis:** This involves gathering and interpreting data and problem solving skills used by the health care personnel.
- **Cooperation:** This involves communication about the nature of the client's illness and the consequences of measures recommended as part of therapy.
- **Counsel:** This means providing a positive change in the health client's life. This is not only a concern with the health consumer's physical symptoms, but the therapeutic services that allows the health care worker to solve the client's symbolic symptom.
- **Education**: Here, the major involvement is that of spreading messages that encourage individuals to take steps to minimise health risks and to improve the effectiveness of health care.

While explaining communication competence, Batta (2010), submits that communication Competence involves the following six steps:

- **Awareness**: It involves the ability to recognise and correctly interpret verbal and no – verbal messages issuing from the health care situations and environment.

- **Compassion:** It reflects how sensitive, empathetic and caring health care/professionals are to their clients.
- **Descriptiveness:** It refers to the willingness of the care givers to express ideas, and issue clear, cogent information to health care consumer
- **Receptiveness:** Permits genuine two-way, transactional communication between health care providers and consumers in all atmosphere of openness, friendliness and cordiality.
- **Adaptiveness:** It allows the care giver to tailor his/her responses, behaviour and messages to the needs of client. This refered to as client-centred communication.
- **Ethics:** It conveys the application moral and social guidelines to influence behaviour. This means the ability of health care professional to operate in line with his/her professional codes.

The import from all these is that effective communication entails the audience ability to decode the intended message as envisage the sender of the message which translate to better understanding of communicated message that was clearly convey devoid of ambiguity because two-way communication must have clear gray areas and which must have given way to compliance of intended behaviour. By extension, this simply means that whichever means of communication to be adopted in spreading information about insecurity and malnutrition among children, the content of the message should be clearly articulated. It is in realisation of effective communication in health problems that Batta (2010, p.176) outlined eleven (11) attribute of a workable health communication as:

- **Accurate:** It describes the contents of health communicationmeaasges that is valid and lacking in mistakes of facts, interpretation or judgement.
- **Availability:** This means that the content of health messages is delivered or placed where the audience can acces it.
- **Balance:** The contents of the health communication is balance where it presents the merit and demerits of potential action or takes cognizance of varied and reliable contexts on the issue.
- **Consistency:** Health messages are consistent when the content remqin internally attuned overtime and is also is in consonsnce with information from other outlet.
- **Cultural competence:** This means that health communication is crafted, carried out and assessed specifically for differences in ethnicity, race, language, educational levels and disability.
- **Evidence-based:** This provides for relevant scientific evidence that has passed through thorough review and strict analysis determine practice guideline, performance measures, review criteria and technology assessements for tele-health application.
- **Reach:** This means that the health message is accessible to the largest possible numbe of people in the target population.
- **Reliability:** If the content of the health message is up to date and its sources believable, then such communication is reliable.

- **Repetition:** This refers to making available the content of health communication repeated overtime to create more impact and to reach new members.
- **Timeliness:** Health messages are said to be timely when their content is directed at the audience when it is most receptive or in need of the identified message.
- **Understandability:** Health communication is understandable if the language used and the formats adopted are easily understood.

In like manner, Wukari women need to be sufficiently enlightened about the implication of food insecurity on their children's health. This may perhaps encouraged them to feed their children with the available food nutrients because sometimes, certain food nutrient can be obtain from other type of food crops that is within their reach.

Trends in Malnutrition Rate in Children Under 5 Years in Wukari from 2019 – 2021

	Year 2019 No. of Childre Admitted	No. of Malnurrished Children	Year 2020 No. of Children Admitted	No. of Malnurished Children	Year 2020 No. of Children Admitted	No. of Malnurished Children
January	84	-	97	1a	77	1a
February	52	-	87	-	60	2a
March	72	1a	80	5a	58	1a
April	48	-	60	17a	27	3a
May	29	1a	30	7b	12	2sa
June	58	1c	36	11cs		
July	84	-	43	12a		
August	54	-	50	21a		
September	67	-	145	11a		
October	120	-	118	23a		
November	131	-	98	21a		
December	93	-	72	19a		
Total	892	3	916	148a	97	9

Source: Monitoring and Evaluation Unit of General Hospital Wukari, Taraba State

KEYS

a. Malnourished = 128
b. Stunted = 9
c. Wasted =11

The above table indicates that prior to COVID-19 era, the rate of malnutrition among under 5 in Wukari is very low. However, COVID-19 Era with its attendant lockdown measures has brought an increase in the number of malnourished children in Wukari.

Food Insecurity and Malnutrition: The Nigerian Experience

Studies have shown that Nigeria ranks 31.1 in the Global Hunger Index (GHI) of IFPRI (2018), whereby the highest GHI represents the highest hunger level possible.

According to IFPRI report, Nigeria is ranked as a country with serious level of hunger. (Mebratus, 2018). In 2017 about 124 million people in 51 countries faced food insecurity crisis (Mebratu, 2018). According to FSIN (2018), conflict and insecurity are the major drivers of food insecurity in eighteen countries (Nigeria inclusive) and the number of food-insecure people across the world has been increasing over time.

Nigeria is Africa's most populous country with an estimated population of 177.5 million people with about 40 million children, of which 11 million (under 5 children) are stunted and approximately 1.7 million are acutely malnourished. Nigeria has also being ranked among the ten countries with the highest prevalence of underweight, stunted and wasting in children younger than 5 years (The World Bank and Nutrition. 2017; Ocheke & Thandi, 2015). In Northern Nigeria, stunting starts at an earlier stage than in other parts of the country (Akombi *et al* 2017). This suggests that the poor nutrition status of the mother during pregnancy is a greater problem in the North. Similarly, Mebratu (2018) argued that looking at food and nutrition security, Nigeria is divided into three areas: the South-west; Lagos, Ogun and Oyo states; densely populated; presence of food processing facilities. The South - East Niger Delta; oil extraction; humid forest; rudimentary agriculture. The North- East and North-west; Sahel region; prone to effects of climate change (WUR/BZ2018). The activities of Boko Haram insurgency in remote North-Eastern Nigeria has resulted in violent conflict, undermining the already fragile livelihoods affected by climate and left a population without access to enough food, water and health services. Record has also shown that a child in such region where stunting rates are as high as 55 per cent is more likely to experience malnutrition than a child in the South.

In the light of the aforementioned, UNICEF (2021) state that Northern Nigeria are affected by e two forms of malnutrition - stunting and wasting and that the high rate of malnutrition pose significant public health and development challenges for the country. For this reason, several intervention programmes by government and Non-Governmntal Organisations were initiated to curb malnutrition problem. Such programme include the National Plan of Action on Food and Nutrition, The UK'S Department for International Development (DFID), Children's Investment Fund Foundation (CIFF), the European Union, the Government of Japan, Germany and the Netherlands are important nutrition partners (UNICEF, 2021).

Media of Communication in disseminating Information on Food Insecurity and Malnutrition

The media are the channels of communication through which messages are transmitted. It is necessary to distinguish between two channels of communication; namely: face-to-face and the mass media. In the choice of media to be adopted for educating the target group, it is important to ascertain the type of media to be employed. Certain questions are pertinent when it comes to the choice of media to be engaged in an intervention programme like food insecurity and nutrition. These question include; which material? What images to use? Which colours? Which type of visual and /or sound systems to be adopted? This is vital because the contents of the communicated message influence the choice of media and support materials. These, in turn, influence how messages are formulated.

Face-to-Face Communication

Face-to-face communication is also known as oral communication. This is a form of communication encounter that takes place in two kinds of circumstances (e.g. a medical officer speaking to a caregiver) and the "face-to-face in a group" situation (e.g., a health officer leading a discussion with a group of mothers). The voice is the main organ of face-to-face communication, but the use of other support materials is highly recommended. These support materials can be printed, visual and audio-visual. They reinforce the oral communication between the "educator" and his target audience (Andrien, 1994).

Interpersonal Communication: It is a form of communication in which two people are brought together in a face-to-face situation. It is recommended for any strategy for public education. In fact, the most successful attempts to change nutritional habits have been based mainly on interpersonal communication used in conjunction with other methods. The result of an intervention in nutrition education must therefore encourage interpersonal communication. The most obvious time is during consultation in a health centre. The Health Officer takes time out to speak to his patient (or the parent of the child), listen and help them to find a solution to his problem. This message must complement those transmitted via other channels of communication. Most people working in development programs are involved in interpersonal communication. They can reinforce the messages relevant to the public. The planning committee for the nutrition intervention has to identify these channels and include them in their multimedia strategy (Andrien, 1994).

Communication in a Group Situation: This has been the principal means of nutrition education for a long time. It was referred to as "discussion" but was often the monologue of a Health Officer before a group of mothers of young children. Since that time, other means of education have evolved. In particular, communication in a group situation has improved as a result of field experience and scientific research. There is a significant amount of material available on training for group discussion which deals with methods, group participation and material, and visual or audio-visual supports. The emergence of special supports has led to the development of innovative training methods (Mefalopolus, 2003; Health Communication Capacity Collaboration, 2003).

Radio Diffusions: Use sound (music and words). The programmes can come in many formats, talks, debates, soap operas, advertisements. Radio is a very popular media throughout the world. The radio may be looked at from two different perspectives: interactive and non-interactive. Conversely, experiences with rural radio have demonstrated the possibility of having lively interactions with the target audience. With this medium, there is a combination of radio diffusion and direct oral communication with a group (Andrien, 1999).

Television: It is a medium of communication that uses sound, moving images and sometimes the written text. These features give the television a distinct medium of communication. This is television area of strength. However, it is less accessible than radio (1994).

The Printed Press: These are medium of communication that relies on printed materials. Printed materials that come in form of posters, pamphlets, handbills especially those that comes with diagrams and illustrations, are excellent medium of communicating to the target audience because they are illustrative in nature. (Mefalopolus, 2003).

Slides Presentation: The slide is often used as a visual aid in message delivery. Many development workers have used slides for a long time both for animation or health education. Slides also serve as a tool for mobilising and enlightening target audience. It enables each person to go through the process of behaviour change. Through the use of slides, a mother or caregiver can become aware of the correlation between food insecurity and nutrition-related problem, gains interest in the problem and weighs the consequences of not taking into cognizance the message presented on the need to manage the available food produce to properly feed the children, especially under 5 children (Mefalopolus, 2003; Andrien, 1994).

Popular Theatre: Theatre tells a story. It presents and dramatises the way of life of the people. It put in entertainment value to an arousing message and so sustain the attention of the audience. This medium is particularly suited to a village setting. In most cultures, theatre is traditional and identify with the people. Popular theatre interprets and describes the reality of contemporary life while using traditional forms of expression. It is a medium of communication that permits people to interact on matters concerning their health challenge or community. Theatre also encourages the audience to reflect on behavior while identifying with specific characters who find themselves in a well-known, difficult situation. In this way, the audience can find a model to adopt new behaviours and integrate into their daily life. It is important to note that identifying with the performers is made easier if there is some physical and psychological similarity. As such theatre can be utilise to demonstrate how insecurity can cause malnutrition and at the same time, how such situation can be manage.

An essential element of many successful public education programs has been the use of a multimedia combination. This media mix involves an organised concomitant use of several channels of communication. One may speak of synergy if the overall impact of the intervention is increased through the use of several types of media, each reinforcing the other, so that their collective impact is greater than the sum of their influences taken separately. The basis of a media mix is the association of interpersonal communication with mass-media communication. Each channel of communication is specific in its own way. The challenge is to find the best combination which can result in the realisation of the objectives for each target group.

To achieve this, the credibility of the message must be assured. In this regard, health workers are often the first choice because nutrition is considered a priority in their field. All the same, if nutrition education aim at promoting food production, other categories of workers may be better suited to the task (e.g., agricultural extension officers). It is often through communication on a person-to-person level with members from the target community that the best source for the message can be determined. The other channels of communication can play an additional role in the communication strategy. Radio, for example, can spread the message to a much larger audience than

could be covered by the development agents. Posters can ensure long-term exposure to the message. It can therefore be seen that the ideal approach is to select not one, but several complementary media to maximise the potential for a successful intervention.

Conclusion

From the foregoing, it can be concluded that Nigeria just like other African counties, is experiencing food insecurity which is attributed to climate, insurgency, banditry and the activities of herdsmen. It is also imperative to point out that COVID-19 era and its attendant lockdown measures have further worsen food insecurity in Nigeria and Wukari in particular, thereby increasing the already existing malnutrition problem in the state. Since food insecurity has multifaceted dimensions and whichever facet it present itself, the same effects is created which is hunger.

Based on the existing literature, there is a strong relationship between hunger and malnutrition. Even though the Nigerian government and NGOs like the UNICEF is supportive in terms of providing food supplements especially in the Northern part of the country, such interventions are not sustainable enough. It is therefore suggested that people (mother in particular) needs to be educated and informed about what to do and how to manage food insufficiency in feeding their children with the available food. In order to achieve this, different channels or medium of communication can be employed to reach out to the target audience to inform and educate them on how to feed their under 5 children to avoid malnutrition. To this end therefore, there is no single leverage point that can trigger the transformation in nutrition status of children than the use of effective communication which has the capacity to change or improved positive attitudes/behaviour that is capable of creating awareness and disseminating knowledge about how to manage available food so as to mitigate malnutrition among children.

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