

# Use of portable radios by community health providers to promote playful and responsive parenting in Mozambique



## Background

Radios are increasingly being used to support parenting programs in low- and middle-income countries to provide standardized parenting messages and to reach caregivers at scale. For example, a recent randomized-controlled study in Rwanda showed that radio dramas delivered in group sessions, and accompanied by discussion and practice, promoted adequate early learning practices, which resulted in improved child development outcomes.<sup>1</sup> And in Ghana, a Lively Minds parenting radio program promoting playful learning and positive parenting among parents of children 3–6 years consistently reached over 900,000 parents and was associated with improved parenting knowledge, attitudes, practices, and skills.<sup>2</sup>

There are few examples of radios being used as a social and behavior change communication (SBC) tool for parenting by health providers. To address this gap, in 2018–2020, PATH teamed up with a Mozambican health communications organization *h2n*. Together, we designed and assessed a series of radio-based interventions to promote early childhood development (ECD) by health sector actors delivered alongside parenting counseling provided through routine health services in Monapo District of northern Mozambique's Nampula Province.

## The intervention

PATH and *h2n* developed radio skits on ECD, nutrition, and preventive health services. The skits followed an edutainment approach, using humor and drama to promote practices such as talking to the baby during pregnancy and after birth, making play items for the child, monitoring the child's developmental milestones, and providing nutritious protein-rich foods to the child.

Our initial approach was to air the skits on local community radio in Monapo. However, when a convenience sample of mothers of under-five children in health center waiting rooms were interviewed, only 5–10 percent of them reported having listened to at least one skit. This finding is confirmed by national survey data which shows that only 8.5 percent of women in Nampula listen to the radio at least once a week, compared with 32 percent of men.<sup>3</sup>

As a result, we worked with district health services to try another approach to reach women caregivers of young children. Portable radios, with pre-recorded content, were placed in the waiting rooms of health facilities, where caregivers of young children often spend considerable time waiting to receive services. While this approach initially seemed promising, the listening sessions have been difficult to sustain, as health facility personnel are quite busy in the mornings and unable to



*Community radio session conducted by a community health committee in Anjojone community, Monapo District. Photo: PATH.*

<sup>1</sup> Justino, Patricia et al. (2020) : Improving parenting practices for early child development: Experimental evidence from Rwanda, WIDER Working Paper, No. 2020/72, ISBN 978-92-9256-829-0, The United Nations University World Institute for Development Economics Research (UNU-WIDER), Helsinki, <http://dx.doi.org/10.35188/UNU-WIDER/2020/829-0>

<sup>2</sup> Lively Minds Together: Radio program evaluation (2021). Farm Radio International. [https://www.livelyminds.org/\\_files/ugd/0478c4\\_581c5685d28c468895d71a6faaf4677.pdf](https://www.livelyminds.org/_files/ugd/0478c4_581c5685d28c468895d71a6faaf4677.pdf)

<sup>3</sup> IMASIDA, 2015.

consistently facilitate listening sessions and dialogue with caregivers. Additionally, due to the large number of caregivers—100 to 150 in any waiting room—it was challenging to ensure that everyone heard the skits on the radio and was able to participate in the discussion.

After additional deliberation with district health services, portable radios were distributed to a range of community health providers in 20 communities—including, community health committees (24), community health workers (5), and activists from ADEMO, a community-based organization providing rehabilitation services (10). We provided a basic orientation, such as training facilitators to ask questions about the skit and help caregivers relate the content of the skit to their daily routines with their children.

## Results

An assessment was conducted to understand the initial feasibility and impact of radio sessions conducted by community health providers. The assessment consisted of a review of the monthly reports on the sessions conducted over one year, structured observations of eight radio sessions, and semi-structured interviews with eight facilitators and 20 caregivers.



Community radio session conducted by a community health worker in Jardim community, Monapo District. Photo: PATH.

Findings showed that most community health providers were able to integrate radio sessions into their routine group activities, such as health talks. Seventy percent of the health providers conducted listening sessions with high frequency (i.e., every 1–2 weeks), despite not receiving any additional monetary incentives for this activity.

The sessions were normally short—about 10–20 minutes in duration—and were commonly held after church or mosque services. Meeting groups had on average 15 participants; however, community health workers tended to have much larger groups. Seventy-five percent of listeners were mothers of under-five

children. Most caregivers attended three to four radio sessions, suggesting that caregivers were returning to listen to additional sessions covering new topics.

Community health providers mentioned several advantages of the radio sessions. To them, radio sessions explained difficult concepts in a simple manner using humor and drama that allowed community members to understand desired parenting practices. Additionally, some community providers mentioned that the recorded skits had higher credibility with community members than the oral health talks they normally conducted.

Almost all (90 percent) interviewed caregivers were able to provide an example of a practice they had heard during radio sessions and then subsequently tried it at home. The most common practices that caregivers reported trying at home were:

- Giving the child eggs, liver, or fish (45%).
- Making toys for the child or showing her/him pictures (40%).
- Talking or playing with the child (40%).

Several caregivers observed positive changes in their children. One mother commented: “[My] child learned to speak easily because of the games I did with her with the drawings.” Another caregiver, who introduced eggs and liver into her child’s diet and added play during mealtimes, observed that her child “is eating more now compared with the old days.”

Caregivers expressed interest in having additional radio sessions on topics such as male engagement, domestic violence, and caring for newborns.

## Conclusions

Following the assessment, the Monapo District Chief Medical Officer appealed for each community health provider—including traditional birth attendants—be equipped with a radio and trained to conduct listening sessions, asking community focal points at health facilities to take charge of the activity. Considering government interest and initial results, community radio sessions hold considerable promise as an SBC tool for promoting parenting practices by health providers in rural Mozambique. Investing in high quality solar-powered radios and the addition of group discussion prompts into each radio session are likely needed for further scale-up.