PSYCHOLOGISTS TO FIGHT HUNGER

In Western society, no one is surprised when...
a community hit by an earthquake receives psychological support;
a crisis unit takes care of the families of terrorist attack victims;
parents receive assistance following the death of a child;
a woman receives support from a psychologist after being raped.

For Action Against Hunger (Action Contre la Faim - ACF), a person in Haiti, Liberia or Burma experiencing trauma should also be able to benefit from psychological support.
1/ WHAT IS MENTAL HEALTH?

In the countries in which ACF teams are working, war, population movements and natural disasters inevitably generate serious individual problems such as trauma, depression, stress, or bereavement.

In addition they lead to the break-down of the family group (the collapse of families, the loss of the usual family supports, etc.) and, more globally, the break-down of society as a whole (violation of the law, collective trauma, etc.).

Each individual’s ability to take care of those most vulnerable, in particular children, is thereby strongly affected, generating an increased risk of malnutrition.

Such psychological difficulties can be a cause of child malnutrition. They may also act as a barrier limiting families from re-starting their lives and can seriously affect sources of food supply and income, leading to the acceleration of a poverty spiral.

And we cannot forget the impact generated by hunger itself: who has never heard the story of parents imprisoned in concentration camps who, under the impetus of an irresistible force, stole bread from their child and then felt guilty and completely disgusted with themselves? Without a doubt, hunger is a weapon and a means of degradation for mankind, which leads to the loss of dignity and limits all forms of social cohesion and solidarity. Indeed, religious, identity, social, anthropological, mental and physiological factors all converge on the relationship with food and with hunger.

2/ RE-NOURISH... BUT ALSO RE-ESTABLISH EMOTIONAL AFFECTIVE LINKS BETWEEN THE CHILD AND ITS PARENTS

A child needs someone to take care of him; this person (mother, father, brother or sister, aunt, grandmother, etc.) provides not just basic needs such as food, but also the stimulation and emotional support necessary for adequate growth and development.

Inadequate family resources, depression or difficulties in finding time to devote to the child may affect the quality of the care provided. As a result, the child’s health can then be undermined by loss of weight or may suffer from development setbacks.

The case of Juba in Sudan

For over 40 years, the population of this country has regularly been subjected to forced migration in order to flee fighting. These refugees are often put into camps, where the feeling of being imprisoned and the lack of security adds to the burden of material problems.

One psychologist from the French NGO ACF, Action contre la Faim has analyzed nearly 300 psycho-social files on children aged under 5 treated in nutrition centres. This work has provided a better understanding of the disruptions experienced by the population. The two main aspects highlighted by this study are the financial difficulties faced by families and the conflicts within family members due to frustration, powerlessness and incapacity of adults to plan for the future.

The study helped ACF in identifying the principal causes of child malnutrition in Juba, such as the destruction of the family environment, alcoholism, over-working of women, early marriage and early termination of breast-feeding.

Further to this analysis, ACF has set up trainings for feeding centre teams, introduced basic activities in the centres to improve the welcome given, the environment and the mother-child relationship, psychological assessments for specific cases, as well as community awareness-raising, focusing on risks linked to alcohol and to foetal alcohol spectrum disorder in particular.
3/ PROMOTE AN ENVIRONMENT WHICH IS ADEQUATE FOR THE CHILD’S DEVELOPMENT AND THE PREVENTION OF MALNUTRITION

In most societies, it is first and foremost the mother who takes charge of infants. She must be able to take adequate care of her children while at the same time managing other tasks for which she is responsible, such as looking after the house, cooking, working in the fields and fetching water for the family. She must implement strategies in order to accomplish all of these tasks based on the material means available to her and which are in accordance with her beliefs. Programmes supporting adequate educational practices also include other members of the family and of the community. Indeed, these programmes play a crucial role in the support given to the mother and the child, both in emotional and material terms.

In the context of population migrations and families’ break-ups, young families may lack support from a wider network with regard to the care to be provided for the child, and they must therefore manage to cope alone. They may also be faced with contradictory belief systems. Local beliefs as to what is good or bad for a child have a major influence on practices. Certain beliefs are sometimes prejudicial to the nutritional status of the child and its future relationship to food. If providing a family with a 25 kilo bag of rice is vital, passing on knowledge concerning child development is just as essential.

Optimising the conditions for child development therefore also represents a strategic investment which reinforces the human potential and allows an improvement in conditions of well-being and the development of society as a whole.

4/ OUR ACTIONS IN THE FIELD

Faced with such situations, ACF is introducing activities in response to the needs mentioned above and joining in the struggle against hunger in the world.

This is why ACF has systematically included tailored support as part of its nutritional programmes: a personal welcome, play sessions, breastfeeding support and counselling, massage sessions, discussion groups on child needs, etc.

In order to be able to set up these programmes, ACF starts with an in-depth assessment of beliefs, practices, psychological status, socio-cultural relations, etc. within the beneficiary population to have a good understanding of the socio-cultural environment and to ensure respect to all people as unique persons.

ACF helps reinforce the parent-child relationship and supports those attitudes and practices that are the most adequate for child development and growth via the implementation of community activities (focus group discussions on breastfeeding, how to wash and massage a baby and activities aimed at stimulating the infant through play).

In conflict zones or after a natural disaster, it is indispensable to take into account the traumatic aspects of beneficiaries’ past history and their current situation. ACF implements individual psychological support, discussion groups and community participation programmes aimed at increasing resilience...

The case of Gao in Mali

According to a recent investigation carried out in the Gao region of North-eastern Mali where Action Contre la Faim is running nutrition and hygiene programmes, the association has noted a considerable improvement in child feeding habits. Almost all mothers are now breast-feeding their babies from birth, moving away from beliefs and myths claiming that the mother’s first milk causes diarrhoea and other illnesses.

In the space of one year, the proportion of mothers giving their infants water or animal milk in place of breast milk has dropped from 67% to barely 1%, and over 50% of women confirm having breastfed since birth. “In order to be able to reduce child malnutrition, it is fundamental for mothers to understand that they must feed colostrum to their babies. This immunises the child against certain illnesses and provides the vitamins, minerals and calories that the baby needs in order to grow” explains Nuria SALSE, in charge of nutrition at ACF Spain. “A mother is able to adapt certain beliefs once she has seen that the new methods are beneficial for her child. The protection and survival instinct is stronger than all traditions.”

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Since 2002, “psycho-social” projects have been implemented in around fifteen countries. The aim of such projects is to restore, maintain and improve infant care practices to help prevent malnutrition and to participate in improving the mental health of populations in crisis situations.

We have developed tools to record changes in practices (feeding, care given to infants, etc.) adopted by those with whom we work (on an individual or a collective basis), by evaluating the programme and at the end of the action. These tools allow us to measure the impact of our programmes and to develop a better understanding of the social dynamics of the contexts in which we work.

We plan researches and we publish our conclusions and the results of our work.

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