Symposium | [Track 6] Public Health Nutrition and Environment | Symposium

[SY(T6)8]Using participatory research to identify solutions for multiple forms of malnutrition: lessons learned from low- and middle-income countries

Chairs: Hilary Creed-Kanashiro (Instituto de Investigación Nutricional, Peru), Emily Rousham (Loughborough University, UK)

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[SY(T6)8-4]How ready are community stakeholders to implement interventions to address the marketing and availability of unhealthy foods and beverages in and around schools in the Greater Accra Region of Ghana?

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Background and objectives: Ghana has reached an advanced stage of nutrition transition, contributing to increasing overweight and obesity, including in children and adolescents. There is widespread marketing and availability of unhealthy foods and beverages that have, in part, led to changes in dietary habits towards processed foods high in saturated fats, sugar, and salt. Emerging evidence shows a need to improve school food environments such that they promote the consumption of safer and more nutritious diets. The readiness of communities to accept a range of interventions to tackle this issue needs to be understood before appropriate interventions can be implemented. Therefore, this study assessed how ready the ‘community' is to implement actions to address the marketing and availability of unhealthy foods and beverages in and around schools in the Greater Accra Region of Ghana.

Methods: The Community Readiness Model (CRM) protocol was used to conduct in-depth interviews with 18 key informants from various school/education/citizen sectors in Greater Accra, Ghana, which together represent the ‘school community'. The CRM tool consists of 36 open questions addressing five readiness dimensions (community knowledge of efforts, leadership, community climate, knowledge of the issue and resources). Interviews were scored using the CRM protocol with a maximum of 9 points per dimension (from 1= no awareness to 9=high level of community ownership). Thematic analysis was undertaken to gain insights into community factors that could influence the design and implementation of interventions to reduce the marketing and availability of unhealthy foods and beverages to improve diets among children and adolescents.

Results: The mean readiness scores indicated that the 'school community' was at the "pre-planning" stage (4.44 ± 0.98) to address the marketing and availability of unhealthy foods and beverages in and around schools. CRM scores across the five dimensions ranged from 3.19 (vague awareness) to 5.36 (preparation) on the 9-point scale. The mean readiness score for ‘leadership' was the highest of all dimensions (5.36 ±

1.60), corresponding to the "preparation" stage. The lowest scores were found for ‘community knowledge of efforts' (3.19 ± 2.45) and ‘resources' (3.64 ± 0.87), both of which correspond to a "vague awareness" stage. This relatively low readiness level could be explained by challenges with limited resources, such as poor funding for programmes. Additionally, while some efforts are ongoing to address unhealthy food marketing and availability, only a few community members had heard about them or knew about the scope of local efforts.

Conclusions: There is awareness among community members about the occurrence of marketing and availability of unhealthy food and beverages in and around schools and a high level of active leadership for improving food environments for children and adolescents. However, for any intervention to have maximum impact, initial actions must focus on increasing the community's knowledge of existing efforts and securing resources (e.g. funding) to initiate and sustain efforts.