

Report: Nutrition and Food Demonstration Session Follow-up Survey
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Background

In the remote and rural Son La province of Vietnam there is evidence of sub-optimal infant and young children feeding (IYCF) practices, such as early introduction of solid food and consumption of diluted instant porridge which is low in nutrients. In response to the identified need, a one-year project supported by the Peter Gilgan Foundation was implemented by HealthBridge Foundation of Canada and partners to improve maternal and child health (MCH) and nutrition. The purpose of this grant was to improve MCH and nutrition among ethnic minority communities in Son La, Vietnam, through improved access to and use of essential health services and increased consumption of nutritious local foods by mothers, pregnant women and children under five, a series of nutrition education sessions and food demonstrations were conducted to a) raise awareness and improve knowledge about the importance of nutrition for children under two years old for mothers, fathers, grandparents, and other caregivers in the community; b) improve food preparation skills for children ages six months to two years; and c) encourage the involvement and engagement of all family members in taking care of and feeding children.

Community education sessions were facilitated by a group of community educators, consisting of staff from the commune health center, Women's Union and Youth Union, and the Commune Management Board. The nutrition education sessions covered topics such as the impact of malnutrition on child development, the importance of breastfeeding, complementary feeding, and food hygiene, and the food demonstrations were conducted to showcase the preparation of nutritious and age-appropriate food using locally available nutritious ingredients.

The nutrition education sessions and food demonstrations were conducted between June 2023 and March 2024 in two project communes, and a total of 29 villages. 624 participants attended 30 sessions (consisting of nutrition education sessions and food demonstrations), 15 in each commune.

A follow-up survey was implemented to assess the overall effect of the nutrition education sessions and food demonstrations (the sessions) on the knowledge and practices of caregivers regarding nutrition topics and child feeding practices. The survey also gathered insights from villagers and community educators about the implementation facilitators and barriers and recommendations for future sessions.

Objectives

The objective of completing the follow-up survey with villagers who participated in the sessions was to assess the following:

1. Change in knowledge of topics covered (e.g. nutritional needs of the children, complementary feeding practices, etc.)
2. Awareness of locally available and nutritious food to prepare healthy meals for children
3. Perceived changes in cooking skills
4. The enablers and barriers to preparing nutritious meals for the children

The objective of completing the follow-up survey with the community educators who delivered the sessions was to understand their perceived outcomes of the sessions and their insights into the implementation challenges and enablers and suggestions for improvements.

Methodology

The follow-up survey employed a qualitative approach to collect the views of villagers and community educators using two semi-structured interviewing tools, one for the villagers and one for the community educators. The survey tools were co-developed by the HealthBridge team, with input from the CDC Son La Project Coordinator. The guiding questions were designed to address the specific objectives. The tools were translated into Vietnamese. The HealthBridge Canada team developed the data collection guideline and data entry sheet, which were translated into Vietnamese.

The data collection team consisted of a Vietnamese female researcher and a female youth research assistant who both spoke the local language, Thai, and were familiar with the local context. The HealthBridge team provided them with orientation and training about the project and data collection. Data collection was completed in six villages in the two communes of Tong Co and Chieng Bom among 25 villagers who attended at least one session, and among four community educators, after obtaining informed consent. Considering the data collection methodology, limitations in available resources, time, and the data required to address the objectives, a convenience sampling was deployed to select interviewees from each selected village.

The data collection was conducted in March 2024 over four days in the two communes. Using interviewer-administered surveying, data was collected, compiled in the data entry sheet, and translated into English for analysis.

Findings

A survey was administered to 25 villagers who had participated in the sessions and another survey was administered to four community educators who had delivered the sessions. A total of 24 out of 25 villagers were present for the entire duration at least one session; therefore, it was assumed that the respondents received the intervention as intended – they were present for the full session and received all the information in the session. The age range of the villagers was 18-58 years old, with 20 women and five men. The majority of respondents were mothers (n=16), followed by grandfathers (n=5) and grandmothers (n=3). Four community educators (one male) aged 36-52 participated in the follow-up survey.

The data collection process was culturally appropriate, allowing community educators and villagers to engage in the survey and articulate their views to improve the sessions. The findings underpinned the appropriateness and effectiveness of the food demonstration in enabling child-care providers to prepare nutritious food for the children. These findings demonstrate the importance of learning through practical and participatory activities so that the villagers are engaged and retain the information.

In general, all respondents were comfortable with participating in the follow-up survey; however, a few villagers required some time to warm up and engage fully. The majority of villagers were able to communicate in Vietnamese, however the survey was administered in the ethnic minority language, Thai, for three respondents. The team supported the respondent villagers with young children by finding someone to look after and play with them while the respondents were doing the survey.

The overall feedback from both villagers and community educators was positive. Villagers reflected on the sessions by sharing some of the following: “feeling happy,” “the information is beneficial,” “gaining more knowledge,” “everyone enjoys it and feels happy,” and “feel nervous [at first], but I know how to do it [prepare food my children] as soon as I practice.”

Similarly, the community educators identified the sessions as helpful and appropriate. The main reasons included: the topics covered in the sessions were relevant to the community, the participants had a chance to practice their cooking skills during the sessions, and the children had a chance to taste the food, which they enjoyed. The community educators shared that such sessions could benefit women with newborns or who plan to have babies.

The section below presents specific findings related to the changes in knowledge and practices of villagers related to nutrition and IYCF as well as the findings related to the implementation of the sessions. Discussion of barriers and enablers is integrated throughout.

Knowledge

Retention

In response to the question, “What do you remember from the session?” almost all villagers referred to cooking nutritious porridge for their children or grandchildren. However, fewer villagers recalled other information, such as the age of introducing complementary foods, food groups, and using available food at home to prepare meals. Further, all villagers mentioned something about the cooking demonstration, such as how to cook different porridges, what vegetables to add, and when to add seasoning when asked, “Were there any memorable moments”?

Having essential knowledge

Three questions on the appropriate age for introducing complementary foods and the value of homemade and instant food were used to measure knowledge of IYCF.

The majority of villagers (n=23) knew that solid food should be introduced at the age of six months. Regarding homemade and instant food, all villagers shared examples of the benefits of preparing homemade food for the children. The responses include providing nutrients, improving health and immune response, ensuring food safety, better digestion and absorption of nutrients, gaining weight, enjoying the food, improving behaviour and less crying, taking advantage of locally available foods, and reducing costs.

Further, almost all villagers expressed their concerns about instant food, mentioning its poor nutritional value, difficult digestion, unpleasant taste, safety, and possible harm to children’s health. However, almost half of the villagers reported that they occasionally give instant food to their children because of barriers such as time constraints and not having the ingredients to prepare food at home.

Practice

All villagers who participated in the sessions confirmed they could use the information they received to prepare nutritious meals for their children. They mentioned the different types of porridge they have

been making for the children and highlighted safe food handling and choosing fresh and healthy ingredients.

One of the villagers said, *“Before attending the food demonstration, I only knew how to mince meat and add it to the child's porridge. Now I know to add vegetables, add cooking oil and season it last. Previously, I only knew how to cook meat porridge, but now I know how to cook a variety of porridge such as shrimp porridge and fish porridge.”*

In response to the question, “How many times in the past week have you prepared food for your child using fresh ingredients?” all villagers shared that they made food from fresh ingredients at least 1-2 times/week, with about 90% responding three times/week to 3 times/day.

The villagers identified factors that could impact preparing nutritious homemade food for their children. Support from family members was discussed from different points of view. Enablers which were identified included financial support to buy food from the market, support to grow vegetables and other foods in home gardens, and assistance with childcare so mothers can prepare food were mentioned. Access to food items required to prepare nutritious food was discussed as a barrier since there are times that some food items are not available at home, are out of season or are not affordable. Competing priorities and not having enough time to prepare homemade food were identified as barriers that could lead to use of instant food. There was also feedback about recalling the recipes if they were not practised after the session.

Implementation

Most villagers understood the information they received and did not find it confusing. The community educators expressed that most of the time, villagers showed up on time, engaged enthusiastically, and the children enjoyed tasting the food, which encouraged caregivers to attend other sessions.

The community educators believed that they received the required training and felt confident delivering the session, but they shared that they would benefit from further training, especially on nutrition subjects. They identified teamwork and being able to ask their teammates to support them in delivering the sessions and answering questions as an enabler and a driver of success.

Recommendations

The following is a list of examples of recommendations shared by the respondents, both villagers and community educators, that could guide the project team in refining nutrition education sessions and food demonstrations in future:

Engaging all family members

- All family members including fathers and grandparents could participate in the sessions and learn how to prepare food.
- Husbands and other family members should learn about the importance of nutrition and childcare and support mothers at home by contributing to childcare.

Reach and delivery of the Sessions.

- Increase the number of sessions to expand the project's reach, allow each participant to participate more than once, and allow participants more practice making the recipes.
- Increase the number of recipes included in the sessions to diversify meal preparation.
- Include food preparation techniques and recipes for older children/all family members.
- Include information on general best practices for childcare during the sessions.
- Use more visual aids and materials to help with learning and retaining information.

Community educator training

- Nutrition topics: Community educators asked for further training on nutrition topics to ensure they had the essential knowledge to deliver the sessions and answer questions.
- Communication skills: Some community educators found that if they presented information that was against the community's belief, it was difficult for them to convince the villagers that the information is correct. Therefore, they wanted further training on communication, leading discussions and public speaking.

Logistics

- A few villagers commented on the level of noise and difficulty understanding the community educators. Community educators suggested using a portable head-mounted headset to ensure all villagers can clearly hear the sessions.
- Community educators suggested providing higher-quality gifts that are also easy for them to carry to remote places. For example, they suggested using environment-friendly stainless-steel bowls which are safe for hot food and more durable than plastic ones, or items that all family members can use, such as towels.

Conclusion

This follow-up survey demonstrated that the nutrition education sessions and food demonstrations are culturally appropriate interventions that could benefit child nutrition by supporting caregivers to prepare nutritious food for their children. The villagers demonstrated knowledge of nutrition topics and an intention to utilize the knowledge and recipes they learned in the sessions. The recommendations provided by the villagers and the community educators highlight consideration for implementing sessions in the future.