

Shanti Uganda: Reversing knowledge deficit to improve diets

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1. INTRODUCTION



- For women in their reproductive years, a major risk factor to an unhealthy diet is the lack of knowledge.
- Health facilities generally don't offer nutrition-based educational programs to women.
- The most at-risk population is expecting women and new mothers.
- Shanti Uganda Maternity and Learning Center**, a Canadian—based NGO is aiming to address the knowledge deficit of its clients who are, for the most part, caregivers.

2. OBJECTIVES

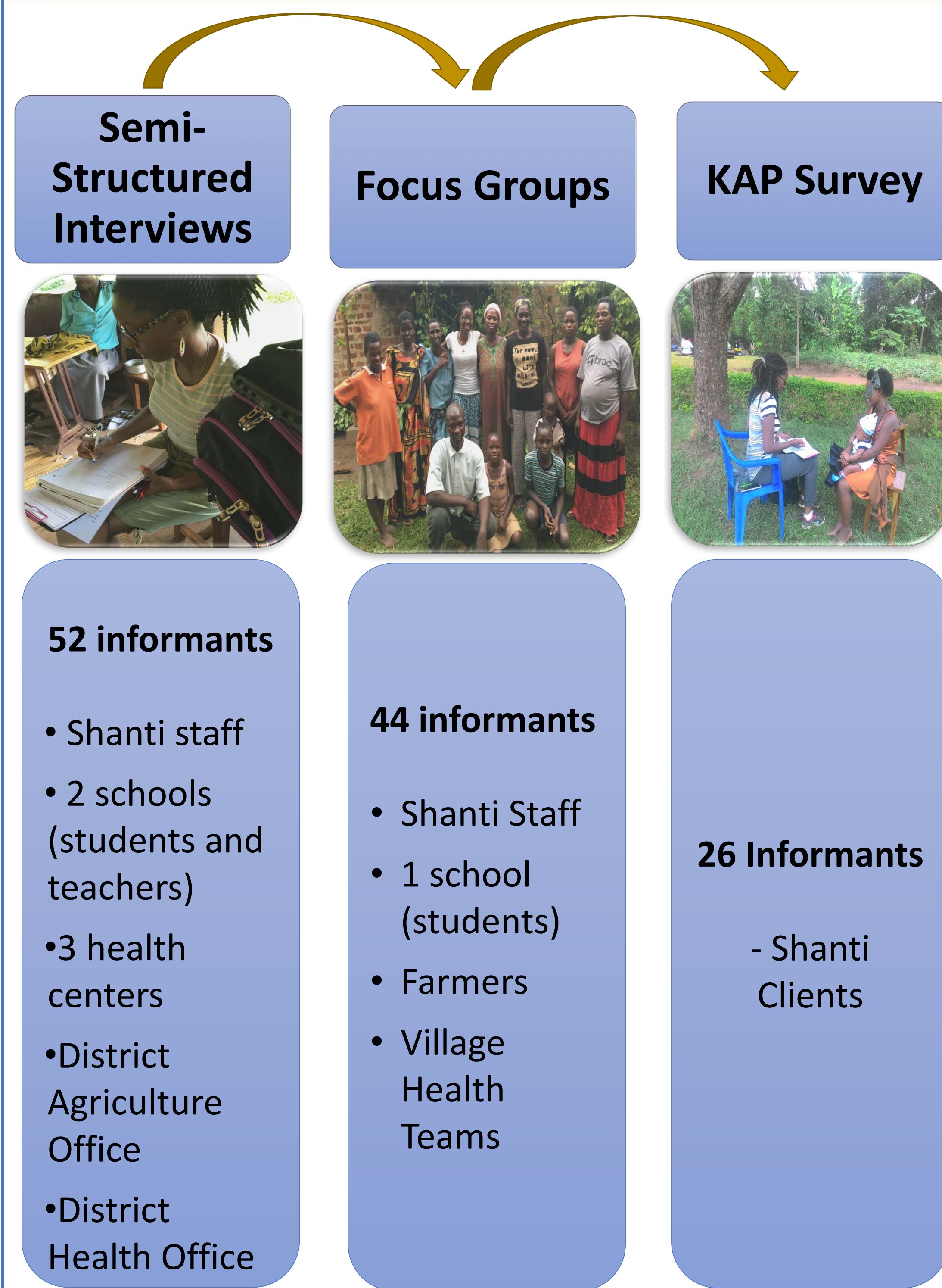
- Design and conduct a needs assessment for the garden program, based on the ongoing nutrition workshops provided to the clients.
- Analyze the responsiveness/appropriateness of the nutrition workshop program as it relates to the identified needs.
- Provide recommendations for improvement.

3. RESEARCH QUESTIONS

- To what extent barriers to a healthy and diversified diet are affecting the clients' lives?
- In what ways have the clients benefited from the nutrition workshops?
- To what extent has this knowledge been translated into change in behavior at the household level?

Handouts are available!!! Explore their content!

4. METHODS



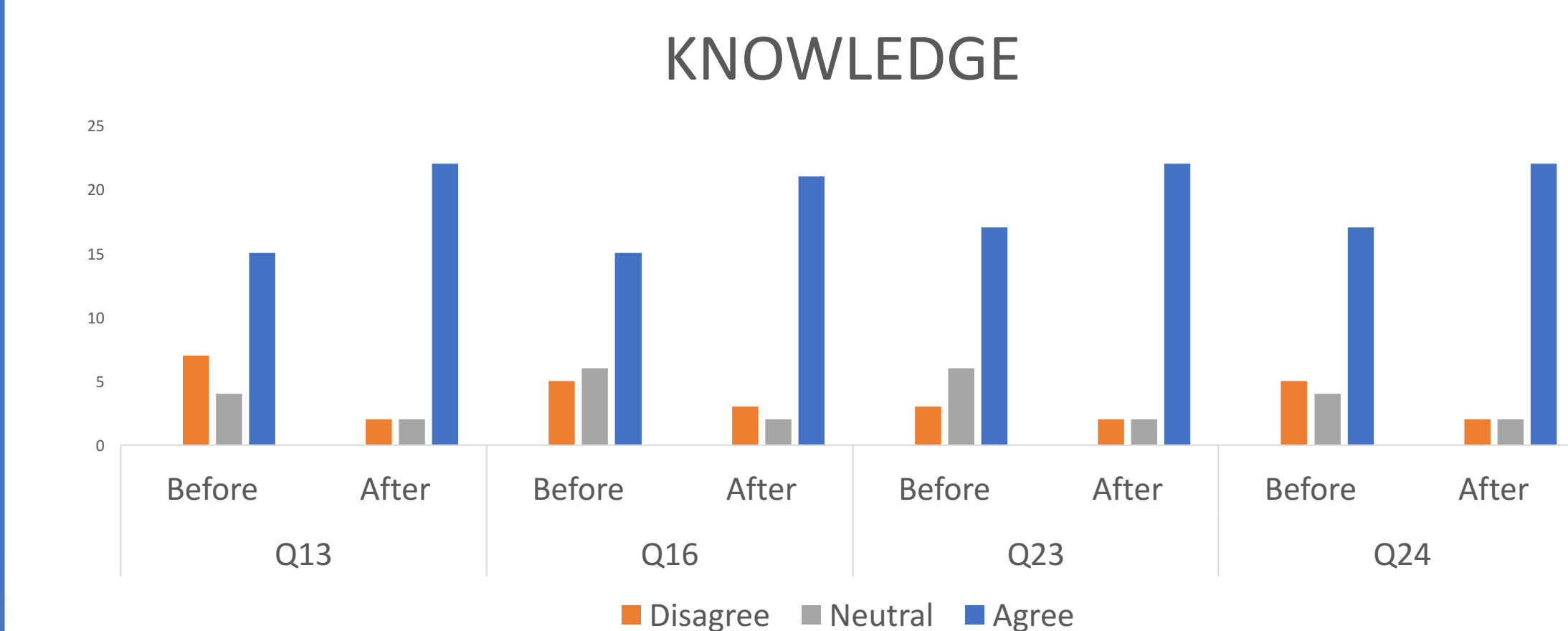
5. THEMATIC ANALYSIS

Summary of Focus Groups and Interview Responses

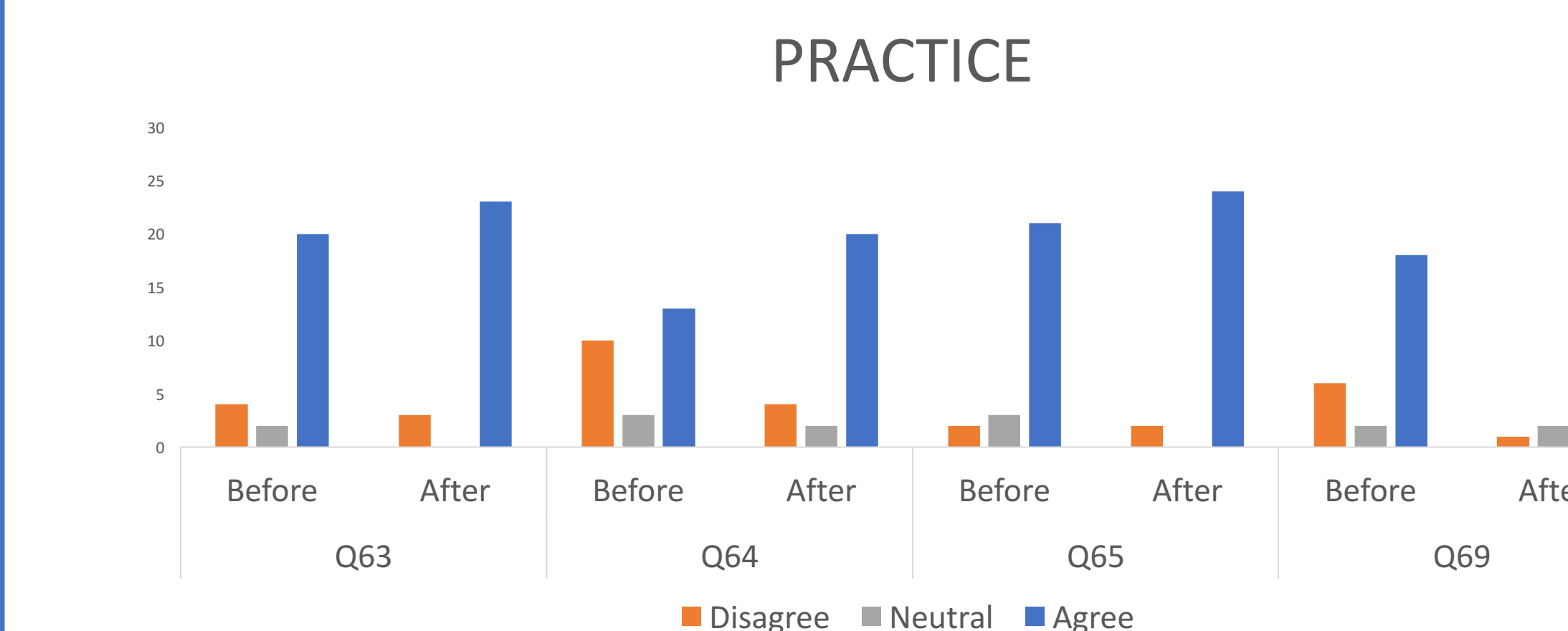
- Body image**
 - 56% of clients felt like the person delivering the nutrition workshops is sending the wrong message by not looking healthy herself.
- Constraints to full participation**
 - 100% of clients reported transport costs, being sick and being hungry as main constraints to participation.
- At-home practices**
 - 88% of clients reported no replication at the household level because of financial reasons.
- Engaging in a gardening program**
 - 100% of clients said they would enroll in a gardening program even if a starting fee would be required.
- Garden program - Keys to success**
 - 55% of external informants suggested seeking trainings from experts before starting the gardening initiative.
 - 33% mentioned a clearly defined organizational structure.

6. KAP RESULTS

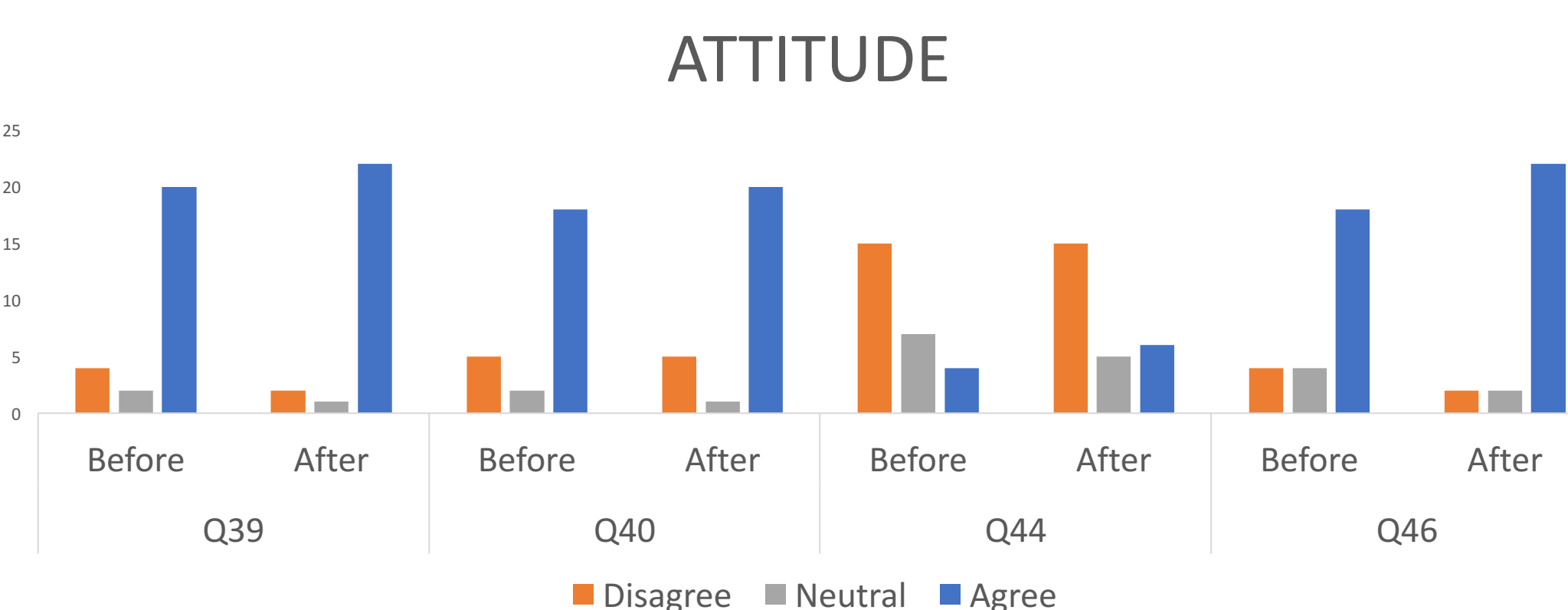
A KAP survey looks into **Knowledge, Attitude and Practice** of program participants. It's a data collection tool that reveals misconceptions or misunderstandings that may represent obstacles to a program's success, thus constraining behavior change among participants.



"I want to eat more green vegetables because it's better for my health."



"Now I mostly boil my greens because I know if I fry them, I will lose the nutrients."



"It's difficult to practice at home what I learn at the workshop mostly because of lack of money."

7. RECOMMENDATIONS

Regarding barriers to a diversified diet

- Barriers affect not only caregivers' health but also that of household members.
- Cultural myths greatly determine student's food choices, regardless of the instruction provided in schools.

Recommendation 1: Address cultural myths associated with certain foods when educating the clients, especially the pregnant women.

Recommendation 2: Take advantage of the available extension services offered at both the Agriculture and Health Offices.

Regarding benefits of the nutrition workshops

- Continuous learning on safe dietary practices is deemed necessary by all clients.
- Participants reported greater confidence in why they want to consume greens more often.

Recommendation 1: Provide workshops on a more consistent basis.

Recommendation 2: Develop a learning plan embedded in a curriculum adapted to the clients' needs.

Regarding household-level practice

- Translation into at-home practices is short-term.
- Interest in how to maximize plot yields was expressed by all clients.
- Interest in visual demonstrations during nutrition workshops was expressed by all clients.

Recommendation 1: Adopt more appealing teaching methods: (ex: Cooking and Planting demonstrations).

Recommendation 2: Monitor the results among participants to address any particular gap due to time.

8. ACKNOWLEDGEMENTS

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