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Report on Dietary Behavior Change Formative Research

Western Honduras

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Contents

Executive Summary	iv
I. Introduction.....	1
II. Objectives	3
III. Methodology	4
A. Research Site	4
B. Data Collection	5
C. Tools	6
IV. Results.....	7
A. Mothers’ responses about their children’s condition at the time of research	7
B. Diet during pregnancy and breastfeeding.....	7
C. Food introduction	9
D. Feeding of sick children	10
E. Food systems and food accessibility	11
F. Hygiene and sanitation	12
G. Men’s participation in activities related to child health and nutrition	13
Receptive Care.....	13
I. Access to media.....	14
V. Conclusions.....	15
VI. Recommendations.....	17
Annex I. Data collection tools.....	19
Annex II.....	26

Executive Summary

The results of the formative research presented here correspond to communities in municipalities in western Honduras, where a study was carried out among mothers, fathers and grandmothers in the intervention areas of USAID Advancing Nutrition Honduras, to determine the factors that are influencing eating behaviors. The USAID Advancing Nutrition Honduras Project is working with families in 11 municipalities in the departments of Ocotepeque, Copán, Lempira and Santa Bárbara to improve food, nutrition and health, especially for children under two years of age, pregnant women and nursing mothers.

The research included data collection through focus groups with mothers and grandmothers of children under two years of age; interviews with fathers of children under two years of age; and transect or community tours to observe the living conditions of families in the communities where data were collected. The communities selected to be visited are populations of scarce economic resources and very little economic activity; the surrounding area has very little food production and a deficiency of foods of high nutritional value to improve traditional diets.

Discussions with mothers and grandmothers show that there are practices to be improved, as well as behaviors that should be reinforced because in one way or another they are already practiced, and new behaviors to be adopted in order to reduce the high rates of underweight and chronic malnutrition in children after two years of age.

Most mothers and grandmothers were knowledgeable about the importance of colostrum and providing breast milk to nourish newborns and help them grow. They said that they exclusively breastfeed for 6 months, but some mothers and grandmothers openly stated that they gave them drinks and food before 6 months of age so that they would be full or so that they would not cry.

A very positive finding was the fact that nearly all children are breastfed soon after birth, due to the fact that they are born in hospitals. It was encouraging to find that almost all mothers were breastfeeding at the time of data collection; only one or two mothers were not breastfeeding their child under two years of age. As regards the feeding of the nursing mother, there are practices that should be further analyzed, e.g., the increase in the intake of liquids such as coffee and artificial drinks, homemade liquids and certain special soups without vegetables, because they also consume less food, especially caloric and protein foods, which is detrimental to their nutritional status. There are other myths, such as hot and cold foods, that prevent them from eating properly.

A key factor in nutrition is the proper process of food introduction after six months of age, and it was found that some children are always offered drinks and certain foods from two, three, four and five months of age. This was most evident in the focus groups with grandmothers and in the interviews with fathers.

As well as the discontinuation of some foods when the mother is breastfeeding, myths regarding the feeding of sick children are worrisome. Mothers and grandmothers believe that some foods are “cold” and should not be consumed during certain diseases, especially when respiratory diseases are present. When they experience diarrhea, they are offered little food, including boiled potato or bean soup with rice. When they have a cough, flu or other respiratory disease, they cut out foods considered “cold” so that they do not become more serious, particularly fruits, dairy products and eggs.

Regarding the importance of hand washing, mothers, grandmothers and fathers are aware of the importance of this practice and stated that they wash with soap and water when they are at home. They also make sure that the children keep their hands washed, as they know that germs are spread through their hands. During visits to some sectors of the communities, considerable amounts of trash were observed in some of them, both in houses and streets.

Finally, this research has allowed us to identify elements that are influencing malnutrition in families and the results will be useful for the implementation of interventions in the 11 municipalities of the departments of Ocotepeque, Copán, Lempira and Santa Bárbara. Food culture is similar throughout the region, and in general terms, the findings do not differ significantly from one municipality to another.

I. Introduction

The study of eating behaviors is essential before any intervention for the promotion and encouragement of eating practices and behaviors to improve the nutritional status and quality of life of families. Food insecurity and malnutrition affect many people in the western part of the country. In order to address this problem, a series of economic, productive, educational, health and other measures are needed to overcome poverty and achieve sustainable human development. It also requires modification and sustained adoption of various habits, including eating behaviors. Previous studies on the consumption patterns and type of diet of the Lenca population show that access to food is deficient due to lack of family income and that consumption is influenced by poor practices in the selection, preparation and distribution of food within the family.¹ An example of another consumption pattern is the cultural conceptions of “hot and cold” foods that particularly impact the recovery of sick children. Ethnographic research in other countries has shown that foods considered “hot” contain, nutritionally speaking, higher percentages of proteins and carbohydrates than those considered cold,² and in several diseases they are suspended.

USAID Advancing Nutrition Honduras, a project implemented by JSI Research & Training Institute, Inc. (JSI) with USAID funds, in 11 municipalities in the departments of Ocotepeque, Copán, Lempira and Santa Bárbara in western Honduras. USAID Advancing Nutrition Honduras will promote prioritized eating behaviors in intervention areas through Social and Behavioral Change (SBC) approaches to mobilize the community to adopt eating behaviors that impact family nutrition, which is why this study was conducted. USAID Advancing Nutrition Honduras acknowledges that, in order to design impact initiatives, it is necessary to have information (data) on affected people’s behaviors. Past experiences of projects promoting SBC show that the lack of information about the context of behavioral practices is a determining factor for failure. Progress made in recent years in data collection, collation and analysis activities, presented in the Global Nutrition Report 2018, proves that investing in data can make a difference in the foundation of the nutrition response.³

Some national research on behaviors and practices related to nutrition has found that a large number of mothers know that children should begin the process of food intake at six months of age; however, it is found that a large percentage of children receive complementary feeding as early as two months of age. Knowing is not enough to adopt a practice.⁴

In many cases, even though malnutrition is influenced by economic aspects, it is also determined by lack of knowledge, attitudes and inadequate practices in relation to food. According to data from the latest National Demographic and Health Survey (ENDESA/MICS 2019), a total of 19% of children have stunted growth (chronic malnutrition) and 4% of them have severe chronic malnutrition. In many cases, malnutrition is caused or aggravated by poor feeding practices during illnesses and inadequate practices for introducing food to children.⁵

¹ Study Report on the Nutritional Content of the Diet, Emphasizing Herbs, Vegetables and Fruits of Major Consumption and Related to Lenca Culture. Eurosan/Aned. 2019.

² The Myth of Cold or Hot Food and the Nutritional Reality Mayan Cervantes, mayancer@gmail.com Gabriela Zapién. Directorate of Ethnology and Anthropology Social, Inah / 2018

³ Global Nutrition. 2018 Report. Global Nutrition Report. Shining a light to spur action on nutrition.

⁴ From the first hour of life. Making the case for improved infant and young child feeding everywhere. New York: UNICEF. <https://data.unicef.org/wp-content/uploads/2016/10/From-the-first-hour-of-life.pdf>

⁵ ENDESA-Mics 2019 National Demographic and Health Survey. National Institute of Statistics/Mics

It is necessary to understand the different factors that favor or impede behavioral changes in order to address them appropriately. We conducted this formative research among 10 communities in five municipalities in the project's area of influence, in order to understand the food-related behaviors of the families. Qualitative research techniques such as focus groups with mothers and grandmothers, semi-structured interviews with fathers, and field trips to explore the environmental, health and other aspects of communities were used to discover the behaviors, practices and behaviors of mothers and the people who influence their decisions.

II. Objectives

The main objective of this formative research is to understand the context that conditions the behaviors that influence the nutrition and health of mothers and children in the geographic area of intervention of USAID Advancing Nutrition in order to prioritize eating behaviors, and to design and implement strategies to promote SBC. Specific objectives include:

1. Determine the current sensitive and specific feeding practices of families that influence the nutritional status of mothers and children under two years of age.
2. Understand the barriers and factors that influence the adoption of improved food and hygiene practices and the gaps between current and recommended or ideal practices.
3. Explore families' interests and priorities around health, nutrition, water and hygiene.
4. Identify which are the communities' groups of influence.

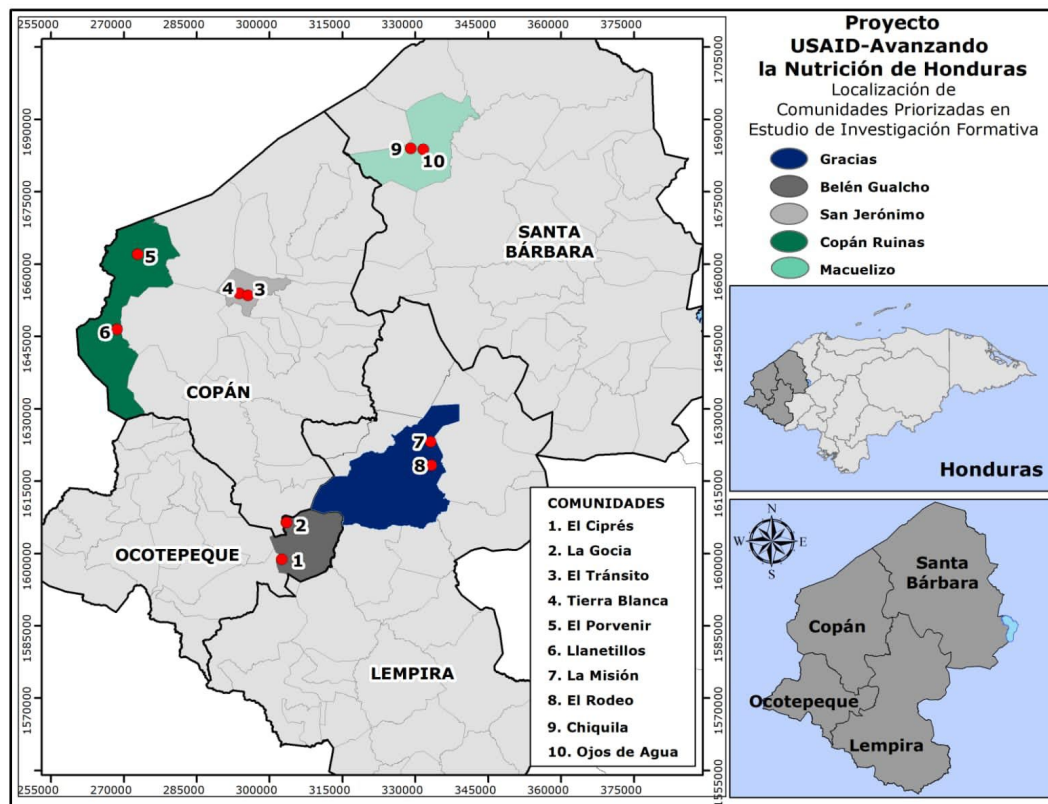
III. Methodology

A. Research Site

We conducted the research in 10 communities in five municipalities of the four departments of the Dry Corridor in the western region. The five municipalities were selected according to certain defined characteristics:

- San Jerónimo, Copán, because of its urban population compared to Copán Ruins.
- Copán Ruins, Copán, was selected because it has a Maya Chortí population.
- Gracias, Lempira, was selected because it is the departmental capital and has historically had high malnutrition rates.
- Macuelizo, Santa Barbara was selected for its predominantly urban characteristics.
- Belén Gualcho, Ocotepeque, was selected for its Lenca population.

Sample Municipalities and Communities



In each municipality, two communities were selected for data collection. The selection of the communities was carried out by the project's technical team in agreement with the health personnel of the departmental regions and the decentralized and centralized managers of the municipalities in question. The communities selected were the following:

- El Tránsito and Tierra Blanca, in San Jerónimo
- Llanetillos and Porvenir I, in Copán Ruins
- El Rodeo Quelacasque and La Misión, in Gracias
- Chiquila and Ojo de Agua, in Macuelizo
- El Ciprés and La Gocia, in Belén Gualcho

See Table 1 in Annex 2.

B. Data Collection

For this research we used qualitative research methods and techniques for data collection. We used focus group with mothers and grandmothers of children under two years of age. With fathers of children under two years of age, we used semi-structured interviews. We also used the transect tour technique to observe the situation of the communities. These methods are presented below:

Focus groups. Through conversations with mothers and grandmothers who participated in focus groups, we collected information on customs and practices related to feeding in pregnant and lactating women, breastfeeding, infant feeding and responsive care, etc. Focus groups were moderated by facilitators using a guide (see ANNEX 1.) In each group, consent was obtained from participants to answer the questions in the guide and to have the conversation recorded. We transcribed each recording for this analysis.

We conducted a focus group with mothers of children under two years of age in each of the ten communities. We conducted a focus group with grandmothers in five communities (one per municipality.) Mothers and grandmothers who participated in the focus groups were selected by family health teams responsible for the selected communities. Among those mothers who participated, there were two mothers who are monitors of the Atención Integral del Niño en la Comunidad (AIN-C) strategy. Mothers who participated were aged between 18 and 45 years old. Mothers' focus groups were made up of 12 to 15 mothers and there was a group of 30 mothers who had not been invited and were not turned away. Grandmothers' focus groups were made up of 5 to 10 participants.

In Copán Ruins communities, mothers in the focus groups did not participate as openly in the discussions as in other communities. In our opinion, this may be due to the fact that because of their Mayan Chortí culture, they do not like to share their customs or feelings. In mothers' groups where the consultation on responsive care was carried out, two mothers who were monitors were the most participative and shared their opinions on the subject.

Interviews with fathers. Through interviews with fathers of children under two years of age, we collected information on family feeding practices and perceptions and their participation in decisions related to child feeding and health. Interviewers obtained fathers' consent to ask them questions using a semi-structured question guide and to record responses.

We interviewed six fathers with children under two years of age in each of the five communities where we did not conduct a focus group with grandmothers. Most fathers interviewed were husbands or domestic partners of mothers who participated in focus groups and their ages ranged from approximately 18 to 50 years old.

Transect tours. Interviews with fathers were conducted in each of the five communities where we visited sections of the community to observe hygiene conditions, availability of crops or fruit trees, housing conditions, availability of services, etc.

Prior to data collection, team members were trained on different qualitative techniques, their importance, and the use of tools (see ANNEX I.)

C. Tools

Tools were developed to ensure data collection that would allow us to achieve research objectives. These were validated during the team's training workshop and in a community not involved in the project. Guides used with focus groups, interviews and tours can be found in ANNEX I.

IV. Results

Results are presented below, organized by topic.

Results from focus groups show that there are certain behaviors where food and health practices need to be reinforced, especially for children under two years of age, pregnant women and breastfeeding mothers.

A. Mothers' responses about their children's condition at the time of research

Most mothers in focus groups, when asked about the condition of their children, stated that their children healthy. Some mothers responded that children sometimes gain and lose weight, as they need food and vitamins to grow well and be healthy. Other mothers stated that they give them “*whatever is available*” and that they are aware that children have many needs, including “feeding them well, for example with milk, vegetables, fruits and natural juices.”

Grandmothers said that they must eat well, but that there is a lot of poverty in their communities. A grandmother from Gracias stated ... “*the worst need in these places is poverty, because there is no food for them to eat.*” They stated that, even if they wanted to give them healthy food, they cannot buy food, milk, fruits, meats and eggs are becoming more expensive every day.

B. Diet during pregnancy and breastfeeding

Amount of food to be consumed by pregnant and nursing mothers. Most women expressed that during pregnancy and breastfeeding one should eat the same amount of food as before, although two or three mothers expressed that one should eat more than during non-pregnancy periods, or that one should eat twice as much. Some mothers in the Gracias and Macuelizo groups felt that pregnant women should eat twice as much and eat everything until they are full. Meanwhile, other mothers in these groups said that mothers should not eat too much so that they do not have a hard time giving birth.

Types of foods to be consumed by pregnant and nursing mothers. Mothers interviewed know that during pregnancy and breastfeeding, you have to eat very well: everything. Some foods they pointed out were vegetables, fruits, meats, eggs, beans, salads and whatever is harvested in the communities and surrounding areas where they have corn and bean crops. Grandmothers from Belén Gualcho, and mothers from Copán Ruins, San Jerónimo, Gracias and Macuelizo said that some foods are harmful and should be avoided during pregnancy: “*they should not drink bottled soft drinks,*” “*alcohol or energizers, because it is bad for the health of the child,*” they mentioned that drinking soft drinks, using a lot of fat, drinking soda, can be harmful for the child at birth.

Most mothers believe that pregnant and nursing women should also avoid foods that they consider “harmful.” They expressed that this is believed by grandmothers, the elderly and them as well. In San Jerónimo, Copán Ruins and Macuelizo, most grandmothers told myths about foods that pregnant mothers should not eat. A grandmother from Macuelizo said “... *they should not eat mustard leaves and meats, because it makes them sick.*”

Foods that should be eaten by nursing mothers. All mothers and grandmothers in focus groups stated that nursing mothers are accustomed to drinking more fluids than usual. They all recommended drinking liquids and water; they also recommended drinking milk, teas, fruit smoothies, soups and eating meats and vegetables. Foods that mothers in all groups mentioned, but in different order, as foods that should be eaten during breastfeeding were: fruits, vegetables, meats, mango, watermelon, orange, coconut, ripe banana, papaya, potato, ayote, patate, yucca, *chicken soups with vegetables.* They said that,

while breastfeeding, they are used to eating soups, porridges, fresh oatmeal, “pinol” (drink made from white corn), chocolate, coffee.

Mothers in focus groups in the communities of Gracias, Copán Ruins and San Jerónimo mentioned a special soup that they eat during the first 40 days after giving birth called *sopa blanca* or *sopa de gallina dorada* (white or golden hen soup.) Some mothers said that they are afraid to eat vegetables in their soups, because of the myths that certain vegetables are harmful to the newborn when breastfeeding: “We eat white chicken soup, it has no vegetables, because it can give the baby a cold,” “we usually eat white soup, because it is food, it has no seasoning, it only has potato, coriander and oregano, this white soup is a traditional soup of our in-laws, it is consumed for 8 to 10 days.”

A mother from Gracias reported that they eat another soup called “*dunda*.” She explained that the “*dunda*” soup is a soup “only made of vegetables and greens without meat, with *chaya* and onion stalks.”

In four of the five municipalities where focus groups were conducted, it was found that there are myths related to the consumption of avocado, green leaves and dairy products due to the harmful effect that these foods are believed to have on newborns:

“Eat neither curd, cheese, butter nor milk.” This was mentioned by two mothers, one from the municipality of Belén and the other from San Jerónimo, when exploring breastfeeding customs.

“After a month or 40 days they eat whatever is available: rice, beans, spaghetti, eggs ...,” according to some mothers in the municipality of Gracias.

There are also a minority of mothers who think that dairy, avocado and green leaves are NOT harmful to breastfeeding habits. These mothers stated that they should eat:

“lettuce, tomato, cucumber, broccoli, cauliflower,” said a mother from San Jerónimo.

“rice with milk and fat-free products, as well as beans and tortillas, that’s all there is,” said a mother also from San Jerónimo.

Mothers from Macuelizo said that at the clinic they are told to eat everything, but that older people tell them what they should eat after giving birth. Mothers from Macuelizo said that local grandmothers believe that those who breastfeed “should not eat cabbage or avocado because it makes the baby stool green.” All mothers and grandmothers who were asked about aspects of breastfeeding are aware of the importance of breastfeeding for the growth of children.

Breastfeeding early initiation. They stated the following about colostrum:

“It is important for the child to drink colostrum, because it is good”: two grandmothers from Gracias stressed the importance of colostrum and that it is good because “it is like a vaccine that strengthens the body’s defenses.”

“Colostrum helps clean the child’s stomach”; this was stated by mothers from Copán Ruins and San Jerónimo.

A mother from Gracias commented: “They say that the first milk they call colostrum is a little yellow water that goes down, if they don’t drink that milk children won’t have the strength in their blood to be well.”

Exclusive breastfeeding. Regarding a child’s breastfeeding time, a mother from Belén Gualcho said: “Breast milk is good for children up to six months”; another mother from San Jerónimo said: “Up to six months, it is the best milk.” Moreover, two grandmothers from Belén Gualcho said, “only six months.”

A minority of mothers used the term “exclusive breastfeeding” to refer to breastfeeding up to six months of age.

In the municipality of Belén, as well as in San Jerónimo and Macuelizo, grandmothers expressed that they provide other things before six months of age, especially beverages:

“When they suffer from hiccups, they are given honey from large hive bees,” mentioned a grandmother from San Jerónimo.

“They are also given white honey with cinnamon tea,” stated a grandmother from San Jerónimo, when asked if they administer liquids before the child is 6 months old.

“They are given drops of esencia coronada to sleep,” said another grandmother from San Jerónimo.

“epazote mountain water y chamomile,” said a grandmother from San Jeronimo.

“they are given tea of pericón, rosemary, lavender” stated a grandmother from San Jerónimo.

Also, some parents in El Rodeo Quelcasque say that they give potatoes and bananas to some children before they are 6 months old. They felt that if children do not fill up they cry. Some grandmothers from Macuelizo mentioned that *“when a child is being breastfed and cries, the mother gives the child chichimora and garlic pacifiers.”*

Continued breastfeeding. All mothers in the Copán Ruins focus groups were breastfeeding their children under two years of age. There were two or three grandmothers from Belén Gualcho who believed that breastfeeding should be done for only six months; this was also expressed by a grandmother from Gracias, a grandmother and a mother from San Jerónimo. A mother from Belén said that breast milk up to 6 months has calcium. A mother from Gracias also said that doctors tell them *“... it is recommended until six months, from six months on, it is like a serum ...”* Another grandmother from Copán Ruins said *“only 5 months and then give them food.”*

C. Food introduction

Age of food introduction. There was a variety of opinions on when it is best to give the first foods and drinks to children under one year of age, although most mothers and grandmothers stated that they give food before six months of age.

All mothers in the Copán Ruins and Macuelizo focus groups said that they begin to feed their children foods other than breast milk until they are six months old.

Although most mothers reported that they started feeding their infants at six months, a few mothers reported feeding them earlier. A mother from Belén Gualcho and another from San Jerónimo stated that they had started giving other foods at four and five months, respectively. Another mother from San Jerónimo reported that *“... there are grandmothers who feed them after 15 days.”*

A mother from Belén Gualcho expressed that they give them food earlier because *“their tummies squeak”* and another said *“... there are mothers who give them food earlier.”* A mother from San Jerónimo confirmed that children are given food at 4 months of age.

A grandmother from Belén said that if children get upset and are not full, they should be given food, and another from Macuelizo said that *“If the child asks for food, they are given any kind of liquidized food.”* Another grandmother from Macuelizo stated that her grandson was given Gerber at 3 months of age. Also a grandmother from Belén when asked what children need to grow, thinks that they need Gerber at 5 months because they lack vitamins and calcium.

In Copán Ruinas a grandmother said *“there are people who give them atolitos, because they don’t collect milk.”* A minority of grandmothers in the municipalities of Belén Gualcho, San Jerónimo, and Macuelizo said that children are given food before six months of age because they are no longer full;

“Here if the child asks for it, it is given to him, because he starts crying when he sees his mother eating,” said a grandmother from Belén.

“Some ask for food when they are three months old”; “The six-month-old thing is a lie, they get food before that,” said a grandmother from Belén.

“At 4 months old my grandson asked to give him food” said grandmothers from San Jerónimo and Macuelizo.

“I have a grandson who was given food at three months old,” said a grandmother from Macuelizo.

Most fathers believe that children should start eating at 6 months, but some parents in San Jerónimo were not sure and said that children should start eating at 4 or 5 months and that the child’s appetite should be tested. Also fathers from El Rodeo said that they give them cinnamon tea and cookies. They also said that at 6 months they do not get full from the mother’s breast. Other fathers in those same municipalities think that they should eat at 7 or 9 months ... *“when the baby’s teeth start to come out ... they should be given atolitos ...”* According to fathers from San Jerónimo and Copán Ruins, they should be given breast milk until six months, but when we insisted on asking them if they were not really given anything before, they ended up saying that sometimes they have witness parents giving very young children (before 6 months) potato, bean soup or vegetable soups; vegetables with chicken soup and soft food. Many fathers interviewed believe that children should start eating at six months of age.

Types of food for children from 6 to 24 months. Regarding what they feed the children at this age, mothers from Belén said that they give them eggs, cheese, butter, bean soup with rice, vegetable soups, pasta, pork and chicken when available, and other vegetables such as potatoes, cassava, carrots, malanga, bananas and fruit; mothers from Gracias stated that they usually give them beans, eggs, tortillas, curds, cheese, milk, eggs, vegetables, beans, tortillas, bean soup, vegetable soups; mothers from Copán Ruins hardly mentioned their meals, they only mentioned beans, tortillas, eggs, rice, pasta and chicken soups. Apart from breast milk, eggs are the food that provides the most good quality protein to children, and were mentioned in all focus groups. Some mothers explained how they cook eggs: *“mustard leaves with egg”* in Belén, *“egg with tomato and onion”* in Gracias; *“fried egg”* in Copán Ruins; *“hard-boiled egg, cheese, butter, mustard leaves with egg”* in San Jerónimo and *“scrambled egg”* in Macuelizo.

Mothers from San Jerónimo were the ones who mentioned the greatest quantity of foods (including all those mentioned in the previous paragraph); but those from Macuelizo and Copán Ruins mentioned less variety: rice, soups, eggs, potatoes, chicken and pasta, and one mother from Macuelizo mentioned that she gave them dehydrated soups. Most mothers mention that they are given some meat when they have money to buy it.

D. Feeding of sick children

Feeding children with diarrhea. When exploring what feeding consists of when children are sick, it was found that when they **have diarrhea**, all mothers give them liquids and serum. They understand that serum is very important so that children do not dehydrate. They consider that food should be soft and butter-free (fats.) When asked what they do when children act listless, they said they usually take extra care of them. All grandmothers said that you have to walk them and also give them food in their mouths. A grandmother from San Jerónimo shared this custom: *“others with lemon under the soles of their feet and food is offered to them.”* A grandmother of Belén explained that when children act listless, people have to *“observe them, tell them that if they don’t eat, they will die.”* Mothers from San Jerónimo and Macuelizo said that they give them meals that they like. *“They should be given food and water, whatever the child wants, maybe a loaf of bread, a banana.”* A mother from Copán Ruinas explained that they give *“three-decocted atolitos, it is a corn drink that is filtered three times, it is strained.”* In all focus groups mothers said they give their children boiled potatoes. A mother from Gracias said she gave them oats; but she

did not give orange and lemon because these were fresh and could give body aches. Some mothers from Gracias say that during illnesses they usually give them oatmeal, orange, lemon; but one mother said that oatmeal should not be given because it is a fresh food.

On this subject, grandmothers from Belén said that people should give them: “rice soup, cup soup (instant soups).” Another grandmother said that “litrosol, medicine, potatoes, chayote” should be given. Also a mother from Gracias, another from Copán Ruins mentioned that they were giving Maggie brand dehydrated soup.

In Gracias, Copán Ruins and San Jerónimo, mothers reported using canned or boxed dehydrated soups and boxed juices. Some mothers from Gracias also said that people should not give them oranges and lemons “because they are fresh and can cause pain in the body.” It is important to note that grandmothers from all municipalities stated similar aspects as mothers from the same municipality; but a grandmother from San Jerónimo pointed out the practice of a homemade serum formula: “They are given ½ carbonate, ½ kitchen salt, plus lemon juice (litrosol).” Grandmothers from these two municipalities also mentioned artificial soups and boxed juices.

Feeding children with respiratory illness. When they have a flu or are sick to their stomachs, mothers from Belén Gualcho and Gracias said that “they are given potatoes with cheese.” Mothers from San Jerónimo mentioned “broths, mashed vegetables, mashed potatoes, chayote”; “vegetable meals.” Groups from these municipalities said that some mothers also gave bean soup. A mother from Macuelizo said “just give them oranges for vitamin C, that’s what the doctor recommends.” Most focus groups, except for the one in Copán Ruins, said that during respiratory diseases some foods are suspended: they said that cold foods should be avoided, such as “... dairy, eggs, cold things,” “frozen products, don’t give them coconut,” “we don’t give them egg until they recover,” “we avoid frozen food like topogigios, rice and iced juices, rice agitates them and makes them cough a lot.” “egg, nor frozen fruits”; “no oatmeal, because it’s fresh and can cause them pain.” A grandmother from San Jerónimo said “hard-boiled egg, only the white, because the yolk gives infection.” Grandmothers from Macuelizo stressed the importance of avoiding foods they considered too cold.

Frequency of feeding for sick children. Regarding the frequency with which food is given to sick children, all groups of mothers said that they feed them three or four times a day, and in Macuelizo they said that they feed them every now and then. Mothers from San Jerónimo said they provide two or three snacks in addition to the main meals.

E. Food systems and food accessibility

During the transect tours we observed the existence of businesses in three communities (Rodeo, Ciprés and Llanetillos), such as carpentry, pottery and welding workshops, homemade bread production and the sale of edible products. The pulperías did not sell vegetables or fruits, but rather basic grains, butter, flour, bread, bottled soft drinks, cookies, churros, chocolates, candies, popsicles, canned or boxed juices, instant soups, gelatins and others.

It was observed that most communities lack vegetables and fruits for family consumption, except for El Ciprés in the municipality of Belén Gualcho, where we observed the existence of fruit trees in temperate climates and some of them were in production. All communities had some plots of land with local fruit trees (such as guavas, coconuts, paterna, blackberries, plums, bananas, avocados, peaches, oranges, mangos, nances, grapefruit, papayas, anonas and some others); this is on a very small scale. Some plots were fenced and others were not.

It was also observed that very small-scale vegetable crops were grown on plots of land in four of the five communities visited. Some were: ayotes, malanga, juniapa, hierba mora and were not protected from animals.

Upon investigating their communities' most common foods, it was found that mothers and grandmothers in all municipalities, in different order and number, mentioned different foods: vegetables such as ayote, patate, potatoes, blackberry grass, and fruits such as bananas, oranges, and watermelon, as the most common and most used. During focus groups, some mothers reported that there is also curd, cheese, chicken meat, pasta, basic grains and eggs.

Mothers consulted in focus groups said that there are no problems due to differences of opinion between spouses about what to eat at home. They explained that household men provide money and mothers are responsible for almost all of the food purchases. They explained that fathers provide money for meals and they have to make ends meet because the 100 to 200 Lempiras are only enough to buy what they need. When interviewing fathers, they also expressed that women are the ones who decide what food to buy and they only give them money. A minority of fathers from El Ciprés and El Rodeo said that they are the ones who buy and that "since women do not work, they know what they are going to buy or they say what is needed in the kitchen." Another father from San Jerónimo said "one gets the money and the woman knows what she is going to cook, I just go to eat."

Fathers interviewed also mentioned that there are difficulties in growing food, such as lack of water for irrigation, expensive fertilizer and the existence of pests. They mentioned that they grow basic grains and some vegetables, but they know that they need to grow more food to eat better. A father from El Ciprés mentioned "*coriander, cauliflower, broccoli, because it give vitamins to babies.*" They admitted most communities struggle to consume a protein source such as eggs. Seasonally hens do not lay eggs and have to buy this food from local sales. Also, poultry concentrate is very expensive and because hens do not eat well, they do not lay eggs.

F. Hygiene and sanitation

All mothers expressed that they frequently wash their hands and that they frequently wash their children's hands as well. They know that dirty hands have microbes, such as the COVID virus, and they wash them with soap and water. They worry that they will get sick with diarrhea or a flu if their hands are not washed, as they get dirty all the time:

"we have to wash the hands of those who crawl all the time." This was said by mothers in all municipalities, with the exception of those in Gracias. Another mother from Macuelizo said "*... every now and then they wash hands to those who just spend time with their fingers in their mouths.*"

They expressed that they wash their hands when preparing food, before eating, when giving food to children, when going to relieve themselves, when breastfeeding, and in addition to washing with soap and water, some use gel. Likewise, all grandmothers consulted knew the importance of hand washing to avoid diseases and wash their hands at different times.

Fathers interviewed know that hands should be washed when getting up, going to the bathroom, before eating or when touching soil, because there are microbes that produce diseases, especially in children. Several fathers interviewed in the five municipalities said that "*... you have to wash because of the bacteria, to prevent diseases.*" They wash with soap and water and teach children to wash their hands well and a father from El Ciprés said "*you have to wash with soap and water for at least a minute.*" Fathers interviewed in all the municipalities reported that in most communities water comes from some micro-watersheds or reservoirs, and that water is chlorinated, houses have household connections and most of them have water supply tanks.

In some communities, it was observed that children who were already walking were in house corridors. They were generally clean, with the exception of those observed in Ciprés, a cold climate community in the municipality of Belén Gualcho.

During transect tours it was observed that communities have access to piped water, but in all communities they explained that during the summer there is a lack of water and they have to carry water from nearby sources; no community where fathers were interviewed is free of drought problems in the summer. All communities observed have a latrine system and latrines are located outside the houses. Water supply piles were observed in four communities and were observed removed from latrines, except in Llanetillos where some water supply piles were observed near latrines. In Rodeo Quelacisque, only a few houses had water storage tanks. Trash (bags of churros, plastic bottles, cookie and candy packaging, juice boxes, sauce bags, soap packaging, and others) was observed near homes and inside and outside schools.

Regarding animal roaming, only loose chickens were observed in plots, but no pigs or cattle. No human or livestock feces were observed in the sectors visited.

G. Men's participation in activities related to child health and nutrition

Most mothers expressed that they are in charge of taking their children for health check-ups or weight control. Sometimes they are accompanied by grandmothers and very rarely by their partner. Except for mothers from San Jerónimo, they all expressed that men do not like to accompany them to their children's appointments and resent the fact that the father does not take on his role, since both of them have to take care of their children. Mothers from groups in the 5 municipalities stated that they share their health center visits and weight control results with their peers and family members so that they can learn about them and support them. Mothers said that their husbands sometimes do not accompany them because of work, but other times it is "because they leave the burden to the mothers alone and do not fulfill their role as fathers," said a mother from Belén. At least one third of mothers surveyed resented the fact that their husbands do not accompany them to health centers. This lack of involvement was more evident in Belén, Gracias and Copán Ruinas where mothers said that they leave the burden only to the women: "... some here in the villages are because of sexism, as they do not know God and have not studied, when they already know God they change."

In Belén, fathers interviewed expressed that they accompany their wives to the health center when they are far away, but if it is close by they do not accompany them. Some pointed out that it is because they spend their time working.

Some women consulted in focus groups considered that machismo prevents them from going to meetings or appointments: a mother from Copán Ruins said "*mothers have same rights as fathers*" and one from Belén said that "*the child cannot be suffering because of laziness or grief.*" Another mother from the same group said that "*they don't participate because of machismo, they leave the mother alone and this work should be done by two people.*"

Regarding food in households, it was learned that sometimes fathers are the ones who buy food, but in most households mothers do this and they cook meals and also serve the food to the members of the family. Mothers are responsible for preparing the food, serving it and feeding the children. Sometimes grandmothers or sisters help them.

Receptive Care

Only 3 focus groups were conducted on this topic. Given that the guides were very long, this section was used with mothers from Belén, Macuelizo and Copán Ruins only. Results show that for mothers, early childhood care refers mainly to feeding, vaccinations and caring for their children, since their

growth depends on their care, giving them the necessary love, feeding them at the right time, keeping them clean, taking them to the doctor if they get sick and providing them with the necessary education. The concept of “development” is better understood by most mothers as “growth”; but a few, especially AIN-C monitors from Copán Ruins and Macuelizo understood this term a little more by asking the question in different ways, so they answered that they noticed changes in the children since birth, such as:

“As you care for the children so they grow.” This was commented by a mother from Macuelizo and another from the same place stated “if a mother does not take care of her children, they will not have a good development.”

Two mothers from Copán Ruins said “as months go by, they learn to move, crawl, become more lively and more solid, stand up, then walk and become more confident by giving them love.” As months go by, they recognize people, play, recognize colors and are more mischievous. They consider that the most important needs of children are their breast milk and good nutrition;

“also games, health and giving them love” said some mothers from Ciprés and Llanetillos.

“let them have fun, a malnourished child does not play,” said a mother from Llanetillos.

Another mother from this place said that we have to “teach them how to eat.”

“interact with them” and “spend time with them” said a Cypress mother.

“take care so that they don’t eat things off the ground.” Mothers from El Ciprés in Belén

Very few mothers participated in discussions on responsive care. In Llanetillos, when mothers were asked if they put into practice the information received from health workers or AIN-C promoters about their children’s development, they did not respond. The other two groups said they are advised to feed them, take good care of them, dedicate time to them, take care of their hygienic food and see that they walk well; maintain a good home environment and take care that they do not have health problems. They reported feeling confident with healthcare personnel.

When asked what they do when a child has developmental problems or a disability, they said they consult with their healthcare providers. When we explained to them what some developmental problems might be, they said that they have not had such problems and that they do not know what other people in the community do; they only said that since there are children with problems walking or moving their heads, fathers should take care of them.

I. Access to media

Focus group discussions also addressed the issue of media to which mothers have access in their communities. Since communities are connected to the electrical system, most people watch live or cable television. They mostly watch the news and soap operas. They also listen to radio, such as HRN, Ondas del Ulúa, Radio Copán, Radio Solo, Radio Caleb and Radio Globo. Also radios from nearby cities. Not all mothers and grandmothers have televisions.

Those who have television watch channels such as *Hable como Habla* (HCH), channel 4, Christian channels, cartoon programs and channel 5. Depending on where they live, they listen to or watch different media such as Channel 80 of Corquín, Copán and Channel 30. Many mothers have cell phones and use WhatsApp messaging networks. They also use Facebook, TikTok and YouTube; a few make queries via Google. Remarkably, in Llanetillos (Copán Ruins), most mothers do not have television and do not listen to the radio. Also in La Gocia, in Belén Ocotepeque and La Misión in Lempira, only 3 mothers have television and 2 mothers have radio; *but almost all of them DO have cell phones.*

V. Conclusions

Given that these communities are quite poor and lack economic activity and significant production (with the exception of Belén Gualcho, which cultivates more fruit trees), it is likely that mothers do not feed themselves as they should and that foods mentioned by them are not necessarily consumed frequently. The following are some of the conclusions of the study:

Among current sensitive and household-specific feeding practices, the following can be concluded:

- It is known that breastfeeding should be exclusive until the child is six months of age; however, when exploring the issue of food introduction and feeding sick children, it can be seen that children receive other foods at ages earlier than six months. It is concluded that some mothers and grandmothers believe that breast milk does not fill the child and that they need to give food to take away the child's hunger.
- Among breastfeeding mothers, several myths were found about foods that should not be consumed by mothers during the first 40 days of a child's life. These include dairy products, green leaves, avocado, rice and beans.
- Mothers and grandmothers mentioned that, during diarrhea or respiratory illness, children should not eat "**cold**" foods. This feeding practice of sick children who have diarrhea, flu or respiratory illness, limits the good nutrition that children need for their recovery and growth. They suppress especially those foods that provide more calories or are a source of vitamin C.

However, there are some enabling factors for good practices such as:

- The practice of breastfeeding is practiced by all mothers. Also the fact of prolonging breastfeeding until one and a half or two years of age. The environment and culture of the community has favored this practice.
- The existence of public hospitals or polyclinics where women can attend for delivery care promotes early attachment or breastfeeding after half an hour; only if there have been complications in labor, they are given after two or three hours.

Some of the obstacles that influence the adoption of food practices include:

- Among mothers who are breastfeeding, several myths were found about foods that during the first months of the child's life should not be consumed by mothers, such as dairy products, green leaves, avocado, rice and beans; this was much more evident among mothers in Belén and Macuelizo.
- In several communities there is a belief that there are cold or frozen foods **and** that they should not be consumed in the event of certain diseases, both in children and adults. This belief was found in focus groups with the practice of suppressing these foods for their children with diarrhea or respiratory diseases.
- Poverty in communities is an obstacle for children, pregnant women and nursing mothers to eat well. Mothers are aware of what they should consume, but their poverty limits them from having a good diet as recommended. Poor access to economic resources and the lack of community markets limit good nutrition.

- The pulperías or food vendors in the communities sell basic products such as corn, beans, rice, oil, flour, bread, eggs and other foods needed in households; they also offer a large amount of non-nutritious foods: bottled soft drinks, cookies, churros, bagged bread, chocolates, candies, lollipops, canned or boxed juices, instant soups, gelatins and others; but they do not sell vegetables or fruits to vary the diet.

It is also concluded that there are priorities in families around health, water and hygiene, for example:

- There is a practice that has been reinforced by COVID pandemic, about the importance of hand washing and mothers, grandmothers and fathers consider this practice as indispensable to maintain good health, especially for their young children, and are aware that soap and water should be used.
- Farmers are in need to grow their food, as in all communities where fathers were interviewed, there are water shortage problems. They are also interested in affordable prices for chemicals to control pests in their crops.
- Basic sanitation actions are needed in communities in order to live in healthier environments. Trash was found in streets, plots, near schools and other public places.

The main groups of influence on mothers for certain practices or customs are the elderly, since they guide and advise their daughters or daughters-in-law. There is also influence from both institutional and community health personnel and other members of the communities.

VI. Recommendations

In general terms, the findings of this research do not differ substantially among the municipalities under study; therefore, it is recommended that the actions carried out by the project be applicable to all the municipalities served by the project in the western region.

Some of the specific recommendations are inherent to the findings of focus groups, interviews and community tours, but others are more general because of their impact on the development of general behaviors that impact food security, nutritional status of young and school-aged children, family in general, and community health.

1. Select the practices that are having the greatest influence on child and maternal malnutrition, and through a multimedia communication plan, work on the adoption of “Good Feeding Practices.” Among some of these practices are described:
 - Work specifically on gradually breaking the existing barrier in mothers, fathers and grandmothers that children under 6 months old need to drink teas, other medicinal waters or eat a little bit because they feel hungry; given that such a perception exists in them. Creative strategies from other studies or places where this barrier has been overcome should be sought for ideas on how to do this.
 - Reinforce mothers’ need to consume all types of food they have at home when they are breastfeeding. It is necessary to guide them on the importance of consuming nutritious foods instead of avoiding them, since some of the foods they avoid are the necessary calories for the volume of breast milk production and others of nutritional content that are very important for the mothers’ nutrition.
 - Continue to reinforce the practice of breastfeeding up to two years of age, providing guidance on the benefits of breastfeeding, because, although there is a habit of breastfeeding children, there are mothers who stop breastfeeding before the age of two.
 - It is necessary to define a short-term strategy to prevent mothers from continuing the practice of suppressing foods they consider **cold** from their children’s diet when they are sick, which is delaying their recovery process and contributing to their weight loss.

For each of these practices, it is advisable to carry out a SWOT analysis with health partners to identify strengths (cultural, technological, economic and others), internal and external threats and possibilities of success in the investment of resources to promote their adoption.

2. Conduct behavioral tests with mothers in communities on the practices to be modified; define the criteria for each one and identify the approach, benefits, costs, barriers, factors that facilitate behavioral changes and define the indicators that the project wants to achieve with each one throughout its implementation. The following behaviors are recommended as a priority:
 - For mothers of children who are about to turn six months of age, carry out direct strategies so that they can try, experiment and offer children the recommended foods for each age; according to family availability, taste, texture, forms of preparation (mashed, strained, ground, chopped, in small pieces, whole), monitoring at home the way of giving food to children and if there is any adoption of this behavior that implies several changes in their habits, and advise the mothers according to the results found.

- Another behavior to be monitored in households is the consumption of food and beverages by nursing mothers of children in the first six months of life, since this is when they believe that there are several foods whose “harmful properties” are passed on to children through breast milk and that they are sick.
3. Conduct a training plan for health personnel, volunteers and weight monitors to avoid withholding food when children are sick. Such personnel will have a multiplier effect in health units and communities. It is also necessary to train fathers on this and other topics necessary for children’s health and nutrition.
 4. Promote nutritional food education in educational centers to form good eating habits in children from an early age and carry out community outreach to reduce sale and promotion of unhealthy foods in the communities.
 5. Establish alliances and advocate with institutions that promote nutritional food security, so that they invest more resources in family farming, so that families can have better sources of protein (poultry and eggs) in their homes, as well as more food diversity to improve the family diet. These include associations of municipalities, private institutions that support social projects, the Secretariat of Agriculture and Livestock, the Secretariat of Social Development, and NGOs present in the area.

Annex I. Data Collection Tools

A. Focus group discussion guide

Purpose. Identify and explore barriers and opportunities to optimize nutrition-sensitive and nutrition-specific priority practices through USAID's Advancing Nutrition interventions.

Date: _____ Start time: _____ End time: _____

Department: _____ Municipality: _____

Community/Village Name: _____

Facilitator's name: _____

Note taker's name: _____

Observer's name (optional): _____

Note to facilitator: Introduce yourself at the beginning of the session, explain who you are working with, the reason for the meeting and introduce team members who will be at the meeting.

Introduction: (greeting the group) Hello, my name is _____. I am working for JSI for the USAID Advancing Nutrition Honduras project, in the central office located in the city of Santa Rosa de Copán. We are interested in hearing from you and learning about food, water, nutrition and health issues in your community. We would like to ask you some questions about daily life, food and family health. We are interested in better understanding what is happening in the families of _____ (community name) Participation is completely voluntary. If you choose NOT to participate, this does not exclude you from receiving the services and benefits of the project.

This should not take more than 90 minutes. Remember that there are no right or wrong answers. Your ideas and answers to our questions are very important to us. You should feel free to speak your mind. We will not share your names beyond this group, and your answers will be anonymous. All answers provided will be kept confidential and will not be shared with anyone other than members of our technical team for the purposes of planning USAID Advancing Nutrition Honduras activities at the institutional and municipal levels. Results will be shared globally and securely to ensure confidentiality of the individual information provided. In other words, no one will know your answers or the answers to these questions.

You do not have to answer the questions if you do not wish to, but we hope you will agree to answer them because your opinions are important to help us improve the program. If I ask a question that you don't want to answer, just let me know and you can stop the interview at any time.

To help us take notes, we would like to record our conversation so that we can listen to it later. Once we have completed our notes, the recording will be destroyed. We will also take some pictures. If any of you do not wish to participate with these conditions, please let us know now. As stated above, participation is voluntary and if you choose NOT to participate that does not exclude you from receiving the services and benefits of the project. Do you agree to participate?

Note to note taker: Try to capture the main ideas and number of participants agreeing or disagreeing. Always note the specific question referred to by the moderator and the participants. If the moderator asks a question that is not in the guide, write it down when it is asked and try to capture the answers. If you need more space, use the extra paper and write down the name of the group and the corresponding number of the question.

Note to observer (optional): You can also take notes on the answers, but focus on group dynamics and how people react to the questions and discussion.

OTHER IMPORTANT NOTES: In focus group discussions it is important that all mothers participate by giving answers to the questions asked, in other words, that conversation is not monopolized by one or two mothers, so it is important to give them confidence and to do so in a pleasant, cordial atmosphere, telling them that we want everyone to participate, that there are no good or bad answers, that they will not be graded.

At the beginning, it is explained to them that we want to know what they are currently doing in terms of feeding, especially for children under two years of age. It is important to emphasize that this is not a lecture and to keep in mind that when conducting focus groups, advice is NOT given while questions are being asked. You can cross-examine or go deeper into a question if you find the answer interesting.

(Everybody who agree to participate must sign a Consent Certificate.)

Each Facilitator will provide participating individuals with a business card from Dalia Castillo, USAID Advancing Nutrition Honduras SBC Specialist, to contact for any questions they may have related to the information provided.)

(Complete and attach the participant registration form. Remember to observe the group, take notes and photographs.)

Guide development with mothers and grandmothers	Discussion Notes
Session Introduction	Facilitator introduction and thanking the participants. Note taker or reporter's presentation
Goal	To understand how mothers, grandmothers and grandmothers feed their children. We are working with USAID's Advancing Nutrition Project on activities to improve the nutrition and health of young children and we would like to hear about your experiences so that we can help families.
Discussion duration	Report that the meeting will last an hour to an hour and a half.
Note taking and confidentiality	Explain everything related to confidentiality, note taking, recordings, photographs and consent (signing of consent certificate.)
Clarifications / Questions	Ask if anyone has any questions before starting the discussion.
Participants Introduction	Each participant introduces him/herself by stating his/her name, how many children/grandchildren he/she has and the child's age.
Discussion and probing	Start the discussion as politely and friendly as possible.
Children's needs	How are your children doing? What do our children need? (to grow well, to be healthy. To enable mothers to contextualize the importance of food/nutrition)

<p>Feeding children from 6 to 24 months</p>	<p>What are the most common foods in households and in this community? Who is responsible for:</p> <p>a: buying, b: preparing and c: serving food to your family and d: feeding your children/grandchildren?</p> <p>who decides on:</p> <p>a: what to buy, b: what to prepare for meals, c: when and how to serve food to the family and d: when and how to feed their children/grandchildren?</p> <p>How much responsibility do mothers or grandmothers have in this?</p> <p>What happens in your household if women and men think differently about food? Or if the grandmother and mother think differently?</p> <p>When do you usually give the first foods and drinks to your children under one year of age? Why?</p> <p>Who is responsible for feeding your children/grandchildren under two years of age?</p>
<p>Feeding frequency of children during disease</p>	<p>What do children aged 6 months to two years eat when they have diarrhea? Or when they have a stomachache? And when they have a flu or chest pain?</p> <p>How many times a day should a child eat when sick? What strategies do you use, or have you seen other people or families use to encourage sick children to eat? How many times a day do your children eat?</p>
<p>Breastfeeding and exclusive breastfeeding practices</p>	<p>Who is currently breastfeeding or has a daughter who is currently breastfeeding? What are the customs in this community regarding breastfeeding? How many hours after birth was the child breastfed? Why?</p> <p>What do you think about only breastfeeding during the first 6 months of age? How many months do you breastfeed your children?</p> <p><i>If they mention giving liquids or meals before 6 months, ask: What are the reasons for this?</i></p> <p>Probe participants about whether they know mothers who breastfed only during the first 6 months of their baby's life. How old do you think it is advisable to breastfeed a child? Why?</p>
<p>Varied diet for pregnant and nursing women</p>	<p>What do you think a woman should eat when she is pregnant? Why? What do you think she shouldn't eat? Why?</p> <p>How much should a woman eat during pregnancy? Probe to find out what they think about a pregnant woman eating more than she did when she was not pregnant What should a mother eat and drink when she is breastfeeding to have enough milk? And what do breastfeeding mothers usually eat here?</p>

<p>Male involvement in health and nutrition services</p>	<p>Who takes the child to the health center when he/she is sick? Who brings the child to AIN-C meetings?</p> <p>Who accompanies them to prenatal check-ups? Who else is participating? Probe to understand the reasons why fathers do not participate in these events.</p> <p>After a visit to the health center or AIN-C, who is responsible for complying with the health staff's recommendations? Are recommendations shared with the entire family?</p>
<p>Hand washing at critical moments</p>	<p>Do you think it is important to wash your hands? Why? When do you wash your hands? Do you use soap every time you wash your hands? And when do you wash your children's hands?</p>
<p>Receptive Care</p>	<ol style="list-style-type: none"> 1. What do you understand by early childhood development? 2. How do you know your child is developing normally for his or her age? 3. In your opinion, what are the most important needs for your child? Where does nutrition come in the ranking? Education? What about games? 4. What are you doing to try to improve or support your child's development? 5. What advice have you received about your child's development (i.e., how he/she moves, communicates, learns, or plays) from health care workers? From AIN-C promoters? 6. What kind of advice have you been able to put into practice? What kind of advice could you not put into practice? Why? 7. Do you feel comfortable talking to health care staff about concerns you may have about your child's development and growth? 8. If a child has a developmental problem (e.g., he/she does not speak, does not walk, does not play like his/her peers) or a disability, what do you usually do as the child's father? 9. What do other people in the community do? 10. Where can these children's caregivers seek help or services? 11. In your community, what do people say about young children who have a developmental problem (i.e., they don't talk, walk, or play like their peers) or a disability?
<p>Media</p>	<p>What TV channels are seen in this community?</p> <p>And which radios are most listened to? Do you listen to those? Do you have cell phones?</p>
<p>Closing</p>	<p>Summarize the session and ask participants if they would like to share any additional comments or if they have any questions. Thank participants and close the session.</p>

B. In-depth interview guide

Greet, encourage and thank father's participation. Report on the Project it represents and the objective of the interview, which is to obtain information on general aspects related to the current situation of Health, Food and Nutrition of the family and the community. Explain that this is a guide, not a list of questions to be answered verbatim, so it is important that the interviewees answer extensively the topics included in the guide. You must encourage them to express themselves freely.

General data:

Date: _____ Start time: _____ End time: _____

Department: _____ Municipality: _____

Community/Village Name: _____

Interviewee's name: _____

Interviewee's occupation: _____

Interviewer's name: _____

Note taker's name: _____

Note to interviewer: Introduce yourself at the beginning of the session, explain who you are working with, the reason for the meeting and introduce team members who will be at the meeting.

Introduction: (greeting the group) Hello, my name is _____.

I am working for JSI for the USAID Advancing Nutrition Honduras project, in the central office located in the city of Santa Rosa de Copán. We are interested in hearing from you and learning about food, water, nutrition and health issues in your community. We would like to ask you some questions about daily life, food and family health. We are interested in better understanding what is happening in the families of _____ (community name) Participation is completely voluntary.

You should feel free to speak your mind. We will not share your name beyond this group, and your answers will be anonymous. All answers you provide will be kept confidential and will not be shared with anyone other than members of our technical team for the purposes of planning USAID Advancing Nutrition Honduras Project activities.

You don't have to answer the questions if you don't want to, but we hope you will agree to answer them because your opinions are important to help us improve the program. If I ask a question that you don't want to answer, just let me know and you can stop the interview at any time.

Do you agree to participate?

(Everyone who agrees to participate must sign the Consent Certificate)

Do you have young children? How old are they?

Health and nutrition

1. How are your children doing? What about your wife or domestic partner? Are they healthy?
2. Do you go with your child to the health center when he/she is sick? Do you attend AIN-C meetings with your child?
3. Who decides what the family should eat? You or your wife? Why?
4. Do you know when a child should start eating? Why?

5. And your children, when did they start eating?
6. What is your opinion about handwashing?
7. When do you wash your hands during the day and why?

Food production

8. Have there been or are there problems in this community to grow food? What is your opinion on this?
9. What types of crops are grown in the community?
10. What other types of crops would be important in the community?
11. Are there any problems in this community with families consuming eggs? What problems?

Water and sanitation

12. Where does the water used in the community come from?
13. Is there a domestic water connection in the houses? Are there any water tanks in the houses?

C. Transect route guide

Purpose. To observe the sanitation, production and children's situation in the community. Some of the aspects will not be enough to observe, but you have to ask the villagers. **You must mark the answer with an X.**

A. Sanitation

1. Do most households have latrines or toilet facilities? Yes ____ No ____
Are they used? Yes ____ No ____
2. Where are they located? Inside the house? Yes ____ No ____
If they are outside the house, please indicate: Near ____ Far ____ Far away ____
3. Are water supply tanks observed in house yards? Yes ____ No ____
How far from the toilet/latrine? _____
4. Are traces of human waste observed in outdoor sites? Yes ____ No ____
5. Is there access to piped water in the community? Yes ____ No ____
6. Do dwellings have water inside the houses? Yes ____ No ____
7. If water has to be carried, who does this job? Women ____ Men ____ Children ____
Others _____
8. Is trash observed throughout the community? Yes ____ What type of trash? _____
No ____

Comments in this section: _____

B. Existence of animals in the community

9. Are livestock observed roaming in the community? Yes ____ No ____
What about pigs? Yes ____ No ____
10. Are there paddocks for cattle? Yes ____ No ____
What about pens for pigs? Yes ____ No ____
11. Site cleanliness. Yes ____ No ____

12. Do households have chickens, turkeys or ducks? Yes ____ No ____
Are they locked up somewhere? Yes ____ No ____

13. Are there households that don't seem to have poultry? Yes ____ No ____

Comments in this section: _____

C. Existence of crops

14. Do most homes have plots? Yes ____ No ____

15. Are there any vegetable crops on the plots? Yes ____
Describe which type of vegetables _____
No ____

16. Are crops protected from animals? Yes ____ No ____

17. Are there fruit trees or vegetable gardens on the house plots? Yes ____ No ____
Describe the type of fruit trees _____

18. Are there fruit trees outside the houses and are they observed in the community?
Yes ____ Describe them _____
No ____

19. Do households have any type of structure to store basic grains? Yes ____ No ____
Describe the structure _____

Comments in this section: _____

D. Public services and businesses:

20. What public buildings are in the community? (Schools, Health Units or others.)
List them _____
Describe if the area around them is clean _____

21. Are there any income-generating businesses other than agriculture in the community?
Yes ____ Describe which _____
No ____

22. Are there small stores or pulperias? Yes ____ No ____
Are they in different locations in the community? Yes ____ No ____

23. Who sells in the stores? Women ____ Men ____ Children ____ Other ____
Who is buying? Women ____ Men ____ Children ____ Other ____

24. Visit a store or grocery store and check the type of unhealthy food products they sell,
e.g.: Bottled soft drinks ____ Churros ____ Popcorn ____ Canned or boxed juices ____
Candies ____ Chocolates and lollipops ____ Donuts ____ Other (describe) _____

Comments in this section: _____

E. Childcare

25. Where are the younger children? Describe _____

26. Who takes care of them? Mother ____ Grandmother ____ Father ____ A sibling ____
Other ____, describe _____

27. What is children's hygiene like? They look clean Yes ____ No ____

Comments in this section: _____

Annex II.

Table # I. Selected communities and responsible personnel

Communities	Municipalities	Departments	Mothers' Focus groups	Grandmothers' Focus groups	Father's interviews	Tours
El Ciprés	Belén Gualcho	Ocatepeque	1		6	1
La Gocia			1	1		
La Misión	Gracias	Lempira	1		6	1
El Rodeo			1	1		
Porvenir I	Copán Ruins	Copán	1		6	1
Llanetillos			1	1		
Tierra Blanca	San Jerónimo		1		6	1
El Transito			1	1		
Ojo de Agua	Macuelizo	Santa Bárbara	1		6	1
Chiquila			1	1		
Total			10	5	30	5

Name	Positions
Dalia Castillo	Project Specialist
Elsa Victoria López	Formative Research Consultant
Brenda Martinez	Focus group facilitator
Gilma Bustillo	Focus group facilitator
Bessy Galo	Focus group facilitator
Loida Vasquez	Focus group reporter
Alejandra Vásquez	Focus group reporter
Reina Pinto	Focus group reporter
Ana Ruth Chavez	Interview reporter
Lilian Gómez	Community tour
Graciela Martínez	Community tour



USAID
FROM THE AMERICAN PEOPLE

USAID ADVANCING NUTRITION

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