

Learning Clubs for Women's Health and Infant Development in Rural Vietnam

Pilot testing of a low-cost, structured and comprehensive educational program

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Our bold idea is to establish 3 Learning Clubs, where women, from pregnancy until 24 months after giving birth, participate in an evidence-based and structured educational program on early child care and development, and maternal mental health care. The Learning Clubs also act as a forum for fathers and grandparents to learn how they are able to play an active and beneficial role in maternal and child care.

PROJECT SETTINGS



3 rural communities, total population 23,500.



Rice farming main livelihood.



Full literacy in target population



Majority mothers away for work in 4 months after birth during day time

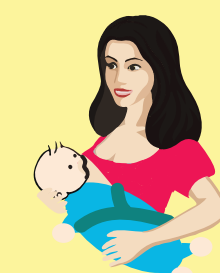
5 educational modules



Module 1: Early and mid pregnancy



Module 2: Late pregnancy and newborn care



Module 3: Early infancy 3 – 6 months



Module 4: Mid infancy 7 – 12 months



Module 5: Toddlerhood 13 – 24 months

ASSESSMENT METHODS



Baseline and Endline quantitative study using HOME inventory, ASQ-3, Demographics, Child Health and Nutrition, Maternal Mental Health (DASS 21), Domestic Violence (IBM)

INTERVENTION DESIGN

24 Learning Club Sessions



- 1 session every fortnight.
- Step 1: Watch the session on DVD
- Step 2: Practice on dolls or children
- Step 3: Discussion and take-home messages
- Step 4: Home-visit to support families in needs



9 topics covered

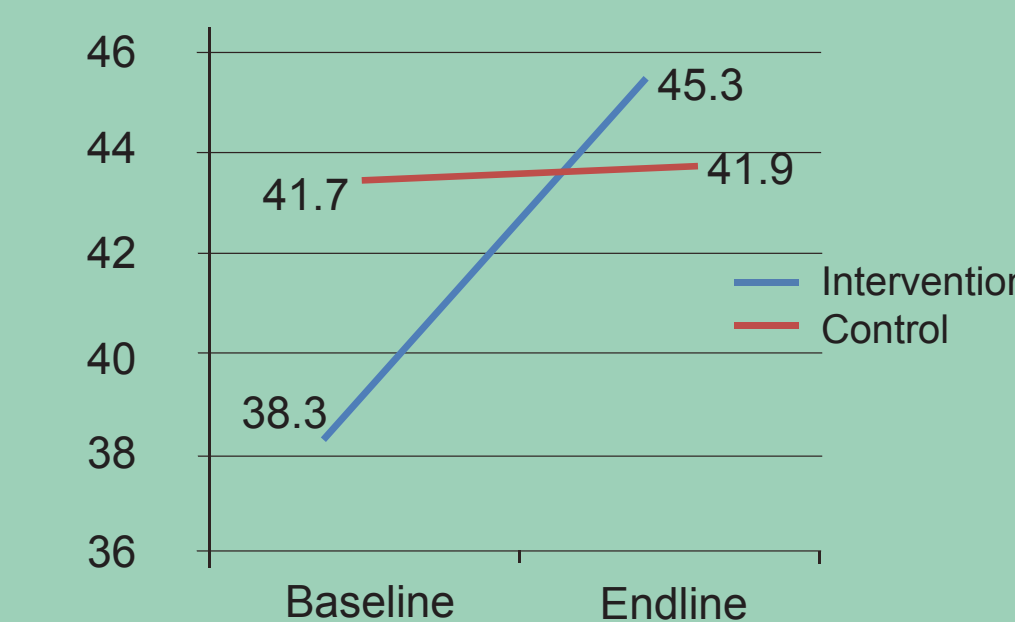
- Pregnancy care
- Maternal mental health
- Labour and childbirth
- Newborn care
- Breastfeeding and supplementation
- Common childhood illnesses and prevention
- Child-caregiver interactions
- Child care and family conflicts
- Family support of women and child care

PROJECT RESULTS

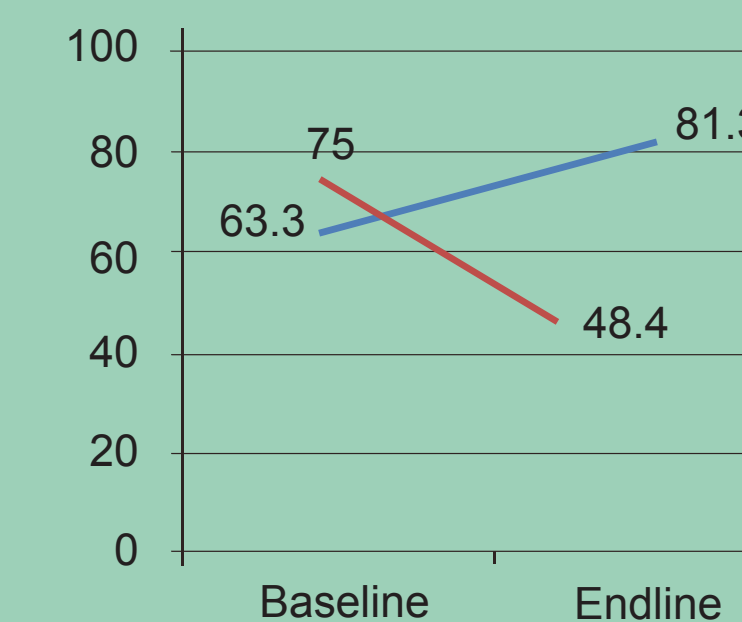
7 Training courses conducted
 21 Learning Club facilitators trained and 20 delivered services
 9 Supervisors trained

649 participants attended (76.4% participation rate)
 344 pregnant women and mothers having children ≤24 months
 43 fathers
 262 grandparents
 1903 participant-visits

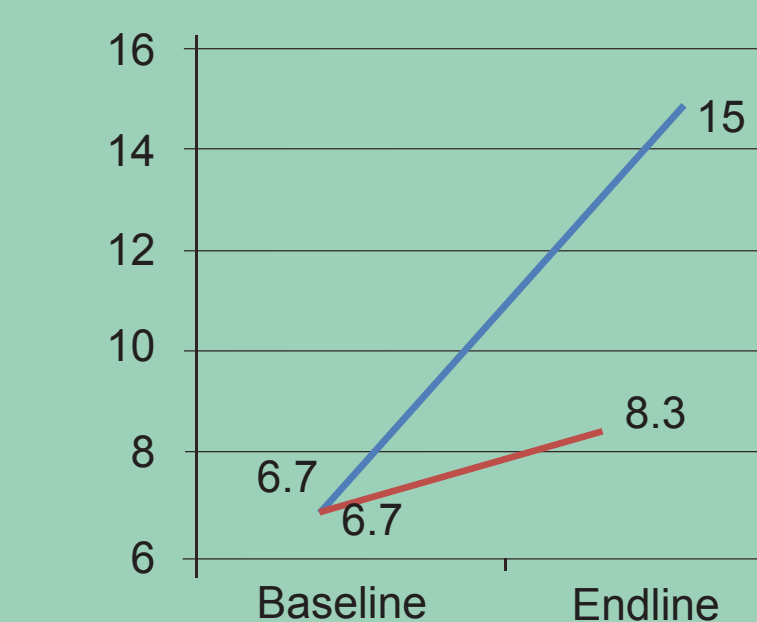
% parents of children 7-12 months improved emotional and verbal responsibility (N=246; p<0.001)



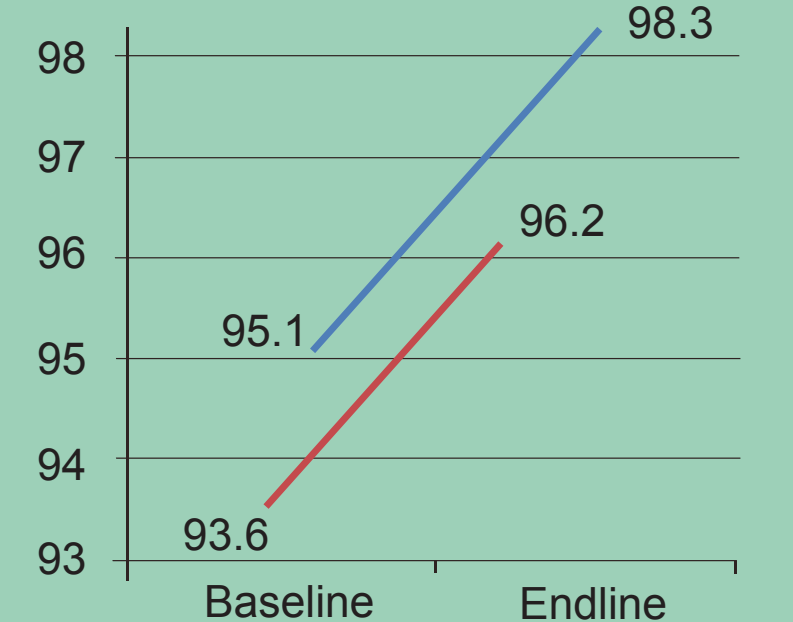
% parents of children 13 - 24 months improved acceptance of child behaviours (N=240; p<0.05)



% parents of children 13-24 months with provision of stimulus materials (N=240; p<0.05)



% children with communication scale above the cut-off point (N=835; p>0.05)



- No significant improvement in child wasting rate between pre-post in intervention sites
 - No significant impact on child gross motor, fine motor, social-emotional and health status (fever, cough, diarrhea).
- A policy brief to the National Assembly on adding the service on early childhood development, especially on the first 1000 days, into the revised Child Law was taken by the Assembly. If it is approved in the 30 November 2015, ECD service will be covered by the health insurance and this project package will be used as resource for parenting education nationwide.

CONCLUSION

- Parenting education package of 24 sessions was transformed into visual, attractive and low-cost material to the community (\$20/5 modules)
- The parenting education could be delivered by a combined team of Women's Union and Community Health Clinic staff.
- Families appeared to change to positive behaviour in early childhood care and development however; the results have not been showed clearly in children outcomes. Longer implementation and having caretakers attending full 24 sessions since pregnancy might help to improve child outcomes.
- There is a potential possibility to integrate this project educational material and approach for the national early childhood development service which will be covered by Health Insurance, under the revised Child Law.



Research and Training Centre for Community Development



THE UNIVERSITY OF MELBOURNE



Women's Union Ha Nam province



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