Learning Clubs

Learning Clubs to Improve Women's Health and Infant Development in Vietnam: A Cluster Randomised Controlled Trial to Inform Transition to Scale

Context
Learning Clubs are a novel, evidence-informed, structured intervention addressing the major risks to early childhood health and development in the first 1000 days of life. In a joint project RTCCD Vietnam, Monash University, the University of Melbourne and the Burnet Institute in Australia, with the support of Vietnam's Ministry of Health, developed Learning Clubs and are running a trial to evaluate the impact of this approach in a rural province in Vietnam. This innovation was developed from the evidence generated by the collaboration over the past 15 years about the psychological and general health of women during pregnancy and after giving birth, and the health and development of their young children.

Problem
In Ha Nam province, the project site, 32% of women who are pregnant report food insecurity, 20% have a BMI < 18.5, 80% are iodine deficient, 17% have iron deficiency anaemia, 19% have experienced intimate partner violence and a third meet criteria for a common mental disorder. All are poor with annual per capita incomes below USD800. Premature births are double international rates, one in five young children are stunted and the mean cognitive, language and social-emotional development scores are significantly lower than in high-income nations.

Identifying Potential Causes of Gender Inequality
Many women move upon marriage to live in their parents-in-law's household. There are strong gender-based divisions in roles and responsibilities. Child rearing and household work are traditionally women's responsibility. Although many women generate income, men are regarded as the household heads and the family's income earner. It is rare for men to participate in or share unpaid household and caregiving work. Men rarely attend antenatal care, births, or child health checks.

Innovation
The Learning Clubs intervention comprises 20 educational sessions, one a home visit and the others, facilitated group meetings. All content is drawn from interventions shown in RCTs in resource-constrained settings to be effective in addressing maternal nutrition, mental health, parenting capabilities, infant health and development, or gender-based violence and empowerment. Sessions are organized into five modules targeting perinatal stage-specific essential knowledge and skills. The educational package includes 3 family books, 5 facilitator handbooks, 50 video clips and 20 take-home-message posters. Men are invited to participate in sessions and facilitators are trained to include them in the learning activities and question and answer discussions. The importance to optimizing women's health and infant health and development of men's care is emphasized and the harms of family violence outlined.

We have applied the following innovative strategies to attract men's participation and their active roles in the families. First, we have actively incorporated fathers into the materials that are shared, such as the educational package with video clips and family books that show fathers doing childcare activities; Second, we organized a session that discusses father's importance in child growth. Third, in all sessions we encouraged couples to come to sessions as a unit, rather than as individual mother or father. Fourth, during home visits, facilitators would ask the father to practice bathing their baby, changing diaper or massaging the baby, and facilitators would directly instruct the father in action. Fifth, we piloted organizing a facilitated group meeting on the vaccination day, when parents with their baby remain after vaccination for 60 minutes to learn. With this approach, more men attended the session as they are the driver who takes their wives and children to vaccination. Sixth, we gave a prize/award to the clubs facilitator/health worker for the club that has the most male participation.

Early Indicators

After 6 months of club implementation in the field, 90% of eligible women attended the 8 pregnancy sessions; 34% of their husbands and 21% of grandparents attended at least one session. Women said that since their husband joining the clubs, their husbands do more house chores and are more gentle to their wives. Among those whose babies are born, more men are bathing and playing with their babies. We plan to test whether there is a difference in behavioural change between mothers who attend the sessions alone, compared to mothers and fathers who attend as a unit.