

# MODULE II

## RECIPE CREATION EXERCISE AND TEST OF RECOMMENDATIONS

### PURPOSE

After carrying out the data analysis described at the end of Module I, the team will have a list of the potential recommendations to improve infant and young child feeding in the target population. These recommendations can include changes in behavior, changes to traditional recipes to improve their nutritional quality, or the development of new recipes with commonly used foods. In Module II, the team will learn how to evaluate the acceptability and feasibility of these recommendations. In addition to providing the information needed to conduct a *Recipe Creation Exercise* and to field test the proposed recommendations, the module provides information needed to conduct *Focus Groups*. *Focus Groups* are offered as an optional activity if additional information is desired to confirm the findings about any recommendation.

### PRODUCTS

After applying Module II, the team will:

- ◆ Have new or modified recipe(s) made with available and accessible ingredients, and which are likely to be deemed acceptable by the target population.
- ◆ Be able to prioritize the recommendations identified during the assessment (Module I).
- ◆ Have some knowledge regarding the feasibility of adopting the recommendations as well as the barriers to and facilitators for their adoption.
- ◆ Have information that, if needed, can be used to modify the recommendations so as to make their adoption more feasible.
- ◆ Have data to be used in the development of the strategies, activities, materials, and messages of an intervention to promote the recommendations (described in Module III).

## OVERVIEW

The *Recipe Creation Exercise*, *Test of Recommendations*, and *Focus Groups* are methodologies that provide invaluable information through the exchange of ideas and experiences between mothers<sup>1</sup> of young children.

The *Recipe Creation Exercise* is used to develop new recipes or improve existing ones using available, accessible, and acceptable foods with the active participation of mothers. Some of the preparations that were described by mothers during the *24-hour Dietary Recall* may be chosen for this activity. It is not necessary to apply this methodology if recipe creation or modification is not being considered as part of the intervention plan. However, if recipe creation or modification is being considered, this activity should be implemented prior to the *Test of Recommendations*.

The *Test of Recommendations* is used to observe the way in which mothers carry out the proposed recommendations in their homes under typical conditions. If these recommendations are not pre-tested, there is a risk of refusal or poor compliance once the intervention has started. Therefore, the *Test of Recommendations* is not optional and should be carried out for all the recommendations that are being considered for inclusion in a future intervention.

The use of *Focus Groups* is optional, but should be carried out when changes to one or more recommendation, as a result of the *Test of Recommendations*, are significant and more information is needed to verify the acceptability and feasibility of the recommendation.

If all three methodologies are used, they should be implemented consecutively beginning with the *Recipe Creation Exercise* and ending with *Focus Groups*. As mentioned previously, the *Test of Recommendations* should always be applied and is a prerequisite to the execution of any intervention that will promote specific recommendations. The larger the intervention, the more time and resources should be devoted to ensuring the feasibility of the recommendations and their acceptability by the target population.

It is estimated that the *Recipe Creation Exercise*, including the training of the Field Workers, implementation and data analysis will take between one and two weeks. The *Test of Recommendations* will take another two weeks.

The time necessary to conduct *Focus Groups* will depend on the number of topics and of focus groups per topic: planning and implementation of a single *Focus Group* and topic may take two days, and the analysis of its results two or three additional days. However, if multiple focus groups are planned for the same topic, planning time will be reduced and it is likely that the analysis of the results will go more quickly.

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<sup>1</sup> The vast majority of young children are likely to be cared by their mothers. However, we used “mother” throughout ProPAN to denote mothers and other caregivers.

## Recipe Creation Exercise

### When should it be applied?

The *Recipe Creation Exercise* should be carried out when the team has determined that none or only a few recipes identified in Module I have a high nutritional value or when something new is desired, such as a new preparation with available foods appropriate for small children. It can also be applied to add one or more ingredients to existing preparations to increase their nutritional value. Finally, it is useful to increase variety in the diet, since it allows the creation of numerous recipes using similar ingredients.

### Objective

The main purpose of the Recipe Creation Exercise is to obtain nutritious recipes that might contribute to overcoming the dietary inadequacies found in the target population during the assessment (Module I). It is very important to note that this methodology is not designed to test or identify recipes that the mothers already prepare at home, but rather to create new recipes or modify existing ones.

In brief, the objectives of the Recipe Creation Exercise are to:

- ◆ Develop new recipes for small children through the active participation of mothers.
- ◆ Improve existing preparations for small children through the active participation of mothers (for example, increase the iron or vitamin A content by adding other foods, or modifying quantities or proportions of ingredients).
- ◆ Identify different food combinations and recipes that can be prepared with the same number of ingredients.

### Methodology

The methodology is described in detail in Annex II-1.

### Analysis

The nutritional content of the recipes can be analyzed using the *ProPAN* software (see the annexes of the software manual for detailed instructions). The information about acceptability and adoption of the recipes by the mothers and children and any additional information related to the recipe creation obtained with this methodology should be analyzed by hand using the matrices provided in Annex II-1.

## Products

The *Recipe Creation Exercise* will provide some or all of the following products:

- ◆ New recipes with higher nutritional value and which are appropriate for small children.
- ◆ Improved recipes that include a greater variety of foods and that are more nutritious than the ones from which they were created.
- ◆ Different combinations of foods and recipes that can be prepared with the same number of ingredients.

## Test of Recommendations

### When should it be applied?

The *Test of Recommendations* should be applied to test any recommendation that has the potential to impact positively the nutritional status of children and that will require a change in behavior by the mothers. Examples of potential recommendations are listed and illustrated below.

- ◆ A new practice: feed the child iron-rich foods each day; use a cup and spoon instead of a bottle.
- ◆ A modified practice: add one more ingredient to the common preparation; make a common preparation thicker.
- ◆ A recipe from the *Recipe Creation Exercise* described above: mashed potatoes and squash with chicken liver.
- ◆ Practices associated with international recommendations: if a snack is offered, a nutritious one should be offered.
- ◆ Recommendations associated with a tangible new product or a product not used regularly: offer the child a fortified complementary food.
- ◆ Recommendations that require observation to confirm their adoption: help the child to eat. Note that testing recommendations that need to be observed also requires more time and human resource than recommendations for which information can be obtained by recall.

All the recommendations considered important candidates to be promoted during an intervention should be tested, except for the following:

- ◆ Recommendations that are currently being promoted (for example, give animal source foods to young children daily).
- ◆ Recommendations that are too difficult or impossible to test in a short period of time (for example, exclusively breastfeed for the first six months of life).
- ◆ Recommendations that depend on events that cannot be planned with precision (for example, breastfeed immediately after giving birth).
- ◆ Recommendations that are already practiced by most mothers (for example, breastfeed on demand).

In contrast to the *Recipe Creation Exercise*, which is applied in a group setting and in which foods and materials are provided by the team, the *Test of Recommendations* is applied in the home and, therefore, under typical conditions. When suggesting the recommendations to the participating mothers, nothing (including ingredients, utensils, and fuel) should be provided to the mother as the purpose is to determine the likelihood that the recommendation will be carried out under the current conditions in which families live. The only exception is when the recommendation involves a fortified complementary food or any other product that will be provided through health or nutrition programs. In this case, the food or product should be provided and the *Test* applied to determine the extent to which it is adopted by the mothers and used properly.

## Objectives

The main objectives of the *Test of Recommendations* are to:

- ◆ Determine the acceptability of the recommendations.
- ◆ Identify which aspects of the recommendations are adopted and which are not.
- ◆ Identify barriers to the adoption of recommendations, such as, for example, lack of skills or resources.
- ◆ Identify facilitating factors such as, for example, knowledge, family support and perceived benefits.
- ◆ Document changes and improvements that mothers make to the original recommendations.
- ◆ Obtain information needed to modify the recommendations to make their adoption more feasible.
- ◆ Identify strategies that can be used to reinforce the adoption of the recommendations.
- ◆ Help identify strategies for the intervention.

## Methodology

The steps to be followed when applying the *Test of Recommendations* are described in detail in Annex II-2. The forms to be used are also provided in Annex II-2.

## Analysis

Data collected with this methodology should be analyzed by hand using the matrices provided in Annex II-2.

## Products

The advantage of the *Test of Recommendations* is that the mothers can test and evaluate the recommended recipes and behaviors in their homes and give their opinions about them. With this process, the following may be determined:

- ◆ The ease or difficulty of communicating with mothers regarding different practices or behaviors.
- ◆ The modifications that make recommendations more easily acceptable to mothers.
- ◆ The barriers to changes in behavior.
- ◆ The proportion of mothers who can adopt the recommended recipe or behavior without using substantial additional resources.

The final product will be a list of the most feasible recommendations.

## Limitations of the Test of Recommendations

The main limitation of this methodology is the short time period in which the recommendations are tested (between one and two weeks) given that mothers should follow the recommendations for months or even longer. For this reason, the results of the application of this methodology should not be interpreted as a guarantee that the target population will adopt the recommendations in a sustainable manner but as an indication of which recommendations are more likely to be adopted by mothers. They might also suggest ways the recommendations can be most effectively promoted.

Another limitation of this methodology is that differences in degree of adoption of some recommendations may be related to differences in the interpersonal communication skills of the Field Workers and not to the characteristics of the recommendations or the mothers. In order to minimize the effect of this limitation, the Field Workers testing the recommendations need to be well trained and standardized in the application of the methodology.

## Focus Groups (optional)

### When should they be conducted?

This methodology can be used if there have been significant modifications to the recommendations evaluated in Module I during the *Recipe Creation Exercise* and *Test of Recommendations* and the team wishes to confirm these changes with groups from the study community. In this case, *Focus Group* may provide useful information on the recommendations without the need for structured interviews or other time-consuming data collection methods. *Focus Groups* can be conducted in the same study communities where the *Foods Attribute Exercise* and *Test of Recommendations* were carried out.

The main purpose of *Focus Groups* at this stage is to have other mothers, fathers, grandmothers and other caregivers provide their opinion about the revised recommendations to ensure their acceptability in an intervention. The questions used in the group should be concise and focus mainly on any areas of doubt.

This activity is optional and depends on how confident the team feels about the feasibility and adoption of the recommendations that will progress to the intervention phase.

## Objectives

The objectives of the Focus Group are to:

- ◆ Resolve doubts and/or inconsistencies regarding the information collected during the assessment (Module I) and *Test of Recommendations* (Module II)
- ◆ Confirm the feasibility of mothers following those recommendations that were modified after applying the *Recipe Creation Exercise* or *Test of Recommendations*

## Methodology

The methodology is described in detail in Annex II-3.

## Analysis

The information collected with this methodology should be analyzed by hand using the matrix provided in Annex II-3.

## Product

The main product of the Focus Groups is:

- ◆ A better understanding of the acceptability of the recommendations that were modified during the *Recipe Creation Exercise* and/or *Test of Recommendations*.

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In Module I, the team will have identified the recommendations that are considered to have the greatest potential impact on nutrition and dietary problems identified. After applying Module II, these recommendations are further streamlined based on their feasibility and acceptability by the target population. This final list, summarized on the Form II-4, should include no more than four recommendations. With the identification of specific recommendations, the process of designing the strategies for an intervention to promote these recommendations (Module III) can begin.

