



Nutrition Barrier Analysis

Qualitative Study Report

2024 July



World Food
Programme

SAVING
LIVES
CHANGING
LIVES

List of Abbreviations

COM-B	Capabilities, Opportunities, Motivations – Behavior
COSI	Childhood Obesity Surveillance Initiative
FCD	Focus Group Discussions
FLSBP	Family State Benefit Program
FSVA	Food Security and Vulnerability Assessment
HH	Household
TC	Territorial Centers
MAD	Minimum Acceptable Diet
USAID	U.S. Agency for International Development
USS	Unified Social Service
WFP	World Food Program

Table of content

Executive Summary	3
1. Introduction	8
1.1. Food Security Indicators	8
1.2. Nutrition in Armenia	8
1.3. WFP's Focus on Food Security and Nutrition Exploration	9
2. Methodology	11
2.1. The Objective of Barrier Analysis	11
2.2. Research Design and Methods	12
2.3. Study Participants	13
2.4. Data Analysis	13
2.5. Study Limitations	13
3. Findings	14
3.1. Characteristics of FGDs Participants	14
3.2. CAPABILITIES	14
3.3. OPPORTUNITIES	17
3.3.1. Opportunities and barriers in the environment	17
3.3.2. Resources	19
3.3.3. Social and Cultural norms	21
3.4. MOTIVATION	24
3.4.1. Believes and Intentions about Consuming Healthy Food	24
3.4.2. Gender Norms and Responsibilities in Nutrition	25
4. Conclusions & Recommendations	26
5. Appendixes	29

Executive Summary

Based on the Fifth Food Security and Vulnerability Assessment (FSVA) conducted in 2023 by United Nations World Food Programme (WFP)¹ 30 percent of households in Armenia are food insecure, with higher prevalence in rural areas and among female-headed households. Despite positive economic growth rates and reduced food prices, households are increasingly relying on coping mechanisms, mainly informal loans, to buy food.

Moreover, FSVA4 revealed that only 34 percent of 6 to 23 months children are receiving the Minimum Acceptable Diet (MAD).

The 2022 Global Nutrition Report indicates that Armenia faces substantial issues with anemia, especially among women and children. A double burden of stunting and overweight is also an issue in children under five. Nutritional practices are inadequate across all demographic groups, and recent shocks, such as military conflicts and the COVID pandemic, have worsened the nutritional condition of vulnerable populations.

The WFP strategic plan (2022-2025) emphasizes improving access to nutritious diets through social and behaviour change programs. The USAID-funded "Integrated Response to Increased Food Prices in Armenia" Project supports this by providing food card assistance to 6,570 food-insecure individuals, helping them afford a healthy diet. Despite this, 2023 monitoring showed beneficiaries still struggle with healthy eating due to financial constraints and impulsive spending. To address these issues, WFP conducted research to understand the barriers to nutritious diets among food card recipients.

The research will guide the design of Social Behaviour Change interventions to promote nutritious food choices and improve targeting diverse foods, effective consumption planning, financial planning skills, nutritional values, and specific dietary needs for vulnerable groups.

The findings will be discussed with the Ministry of Social Affairs (MLSA) and the Unified Social Service (USS) to inform the government on the food card assistance modality.

The study applied the COM-B behavioural model (Capabilities, Opportunities, Motivation-Behaviour) to explore capabilities, opportunities, and motivation in food consumption behaviours. Focus Group Discussions (FGDs) with beneficiaries was the main method used for data collection. The study also involves quantitative data from six Armenian regions, where food card assistance was provided². The applied data triangulation increased the credibility of the study. The study focused on shopping, preparation, and consumption stages to understand behaviours. Eight focus group discussions included 10-15 participants each.

105 food card beneficiaries participated in 8 FGDs. Nearly half of the Households had a member with a disability, 34 percent were single-parent households, and 10 percent had multiple vulnerabilities.

¹ [Food Security and Vulnerability Assessment in Armenia | World Food Programme \(wfp.org\)](https://www.wfp.org/publications/fsva)

² Outcome monitoring data of "Integrated Response to Increased Food Prices in Armenia" Project



Cognitive Skills and Awareness: Participants exhibited varying levels of knowledge and perceptions regarding nutritious foods, commonly recognizing meat, fruits, vegetables, and legumes as healthy options.

Participants had concerns about modern food additives. Homemade dishes without additives were favored, especially with traditional soups viewed as nutritious.

Misconceptions such as the perceived health benefits of homemade food irrespective their nutritional status (such as white bread) and preparation methods were noted.

Opinions about what defines a healthy person varied, as some participants emphasized physical well-being and others highlighted happiness and freedom from illness as the key features.

Reliable information sources for participants were TV shows, internet sources, and familial knowledge for cooking and nutritional guidance. The participants had highest levels of trust towards

medical and public health professionals to advise about healthy diets and nutritional food.

Evaluating Options and Making Decisions: Households generally followed a three-meal-a-day schedule, but inconsistencies were noted, with some, particularly school-aged children skipping breakfast. Parents often struggled to balance their children's preferences with nutritional needs, often resulting in snack-based meals.

Traditional and specific regional dishes were common, with canned and preserved foods favored during colder seasons. Breakfast choices varied, with some opting for cookies and sweet drinks, while others used leftover dishes from previous meals, often heavy in starch.

Due to the high cost of meat, families consumed alternatives like lentils and beans, prioritizing taste over nutritional value. These alternatives, often flavored with specific spices, were viewed as comparable to meat-based dishes.

Willingness to Learn and Physical Ability: The importance of increasing awareness about healthy eating habits, particularly among youth, was emphasized. Many expressed willingness to engage in training sessions and maintain contact with tutors, realizing the need for more knowledge about specific food commodities. Interest was expressed in learning about ingredient combinations and cost-effective and nutritious meal preparations. However, most participants doubted their ability to attend in-person sessions and preferred remote learning opportunities.



Parental Challenges in Promoting Healthy Eating: Parents often cater to children's preferences with less healthy foods such as fried potatoes, chips, sweets, and salty snacks. This is not only due to a lack of awareness about the harmful effects of these food commodities but also because they feel they have no other choices, as their children would refuse to eat anything else.

Some parents resort to distractions like cell phones to encourage children to eat nutritious food. Convenience foods such as sweet tea and condensed milk are common evening snacks for children and are not perceived as unhealthy.

Schools provide limited support for healthy eating, with short mealtimes and discouragement of bringing food requiring utensils. Students often buy unhealthy snacks from nearby shops or school buffets. Parental control over children's food choices is limited, particularly outside home, and they call for better school meal

options and comprehensive nutrition education to foster healthier eating habits.

Family members' health conditions significantly influence meal preparation, with specific dietary needs often prioritized.

Single mothers and other caregivers tailor meals based on what's available and affordable, often linked to health-related expenses.

Participants believe that reducing medical expenses would enable better investment in nutritious food, and improved nutrition could, in turn, lower medical costs. Those findings are consistent with the outcome monitoring data according to which most households used savings for various expenses after receiving food card assistance, with 45 percent specifically mentioning healthcare costs.

Accessibility: Participants' food choices and meal variety are heavily influenced by the affordability of food. Many reported difficulties in accessing certain food commodities, such as meat and butter, due to high costs and limited income. Participants highlighted that the high cost of meat represents a significant portion of their pension or benefit. Minimal price disparities in the regions, compared to lower costs in Yerevan, can further aggravate the accessibility issue. Quantitative data collected via monitoring among food card beneficiaries, supports these findings, with approximately 45 percent of respondents allocating more than half of their expenses to food, and 42 percent allocating 31-50 percent. This indicates that a significant portion of household budgets is directed towards food, leaving little room for other essentials.

Participants employ various strategies to manage their limited resources, substituting expensive items with more affordable alternatives like legumes instead of meat. Some participants resort to using out-of-date food items due to financial constraints.

Canned food is a popular money-saving strategy, particularly for households that have their own gardens. This helps them to meet their food needs during seasons when fresh products are less available.

Not only financial constraints but also time limitations pose significant challenges for single mothers in preparing healthy meals. Working mothers often struggle to balance work and meal prep, sometimes sacrificing sleep to meet their families' needs.

Some participants involved their children in food purchasing decisions, especially when receiving food card assistance, which increased their awareness of balanced diets.

Social and Cultural Norms on Food Choices: Cultural and familial traditions heavily influence preferences for meat and pastries. Due to financial constraints, meat is consumed sparingly, often reserved for special occasions. Despite its cost, meat is highly valued for its taste and nutritional benefits. The preference for meat was evident in the outcome monitoring report, where 57 percent of respondents purchased meat, in particular red meat, when it became accessible due to the food card assistance.

Apples are the most common fruit consumed all year round. Vegetables are usually cooked or used in seasonal salads, with raw salads being rare due to the high cost of fresh products like tomatoes and cucumbers except for summer months.

White bread is a staple in Armenian culture, incorporated into all meals. Despite the labor-intensive process, some prefer milling their own flour for affordability and quality control. Wholegrain bread is less popular due to the complexity of baking and higher cost.

Despite high sugar consumption in homemade cakes, compotes and other desserts, participants perceive these healthier than store-bought options.

High salt intake is common, with participants making homemade pickles and snacks like salted bread slices to replace chips.

Overall, economic constraints, cultural traditions, and social norms shape food choices, with a heavy reliance on staple foods like bread and creative coping strategies to manage financial limitations.



preparations for themselves if they dislike the food that others prefer, to avoid the extra effort and resource expenditure. The best portion of the food is prepared for other family members, particularly men and children.

Beliefs and Intentions about Consuming Healthy Food: Cost, quality, and healthiness were key factors in food purchasing decisions, with cost remaining significant. Motivations for healthy eating varied, driven by desires like illness prevention, longevity, and aesthetic improvements.

A primary motivator for selecting healthy food was the overall well-being of children. Participants emphasized the importance of healthy eating for boosting their children's immunity, concentration, and overall happiness and energy.

Gender norms and responsibilities: Women derived a sense of fulfillment and self-esteem when preparing delicious and nutritious meals for their families often prioritizing others' preferences over their own. Women are generally adaptable with any type of food, willing to eat whatever is available. They tend not to make special

1. Introduction

1.1. Food Security Indicators

Food insecurity is affecting 30 percent of households in Armenia – an increase of 7 percent compared to 2022 – with higher rates in rural areas and among female-headed households.

Despite positive economic growth and a decrease in food prices, the households (HHs) are prone to adopt coping mechanism-mostly informal loans to purchase food. The fifth Food Security and Vulnerability Assessment (FSVA5)³ found that the number of marginally food secure remains high at about 44 percent. According to sixth FSVA (FSVA6)⁴, in 2024, the number of people being marginally food insecure increased with over 10 percent, while the number of people facing lower-level food insecurity decreased by 10 percent compared to 2023.

FSVA5 also showed that 30 percent of households had informal debts. Most of the households preferred to borrow from shops, particularly for food purchases. 67 percent out of households having informal debts mentioned food purchase as the main reason. Beyond the evident financial constraints, various factors such as limited financial literacy, inadequate skills in financial management, adherence to a "cultural diet" or insufficient funds for purchasing nutritious food also contribute to the prevalence of informal debts.

1.2. Nutrition in Armenia

The 2022 Global Nutrition Report⁵ highlighted the simultaneous presence of three types of malnutrition: overweight, anemia and stunting. Armenia is in the list of the countries which suffer from double burden of malnutrition (anemia and overweight). Anemia affected 13 percent of women aged 15 to 49 and 16 percent of children under 5. In Gegharkunik province, these rates peaked at 39 percent for women and 49 percent for children (as of 2018).

A double burden of stunting and overweight is also an issue in Armenia particularly among children under five years of age. The more recent Childhood Obesity Surveillance Initiative⁶ (COSI) confirmed that 27.7 percent of children between 7-10 years are overweight and around 13 percent are obese. Armenia ranks last among 29 countries in COSI for breakfast consumption, with only 44 percent of 6–9-year-old children eating breakfast daily. Moreover, WFP FSVA4⁷ findings showed that only 34 percent of children from 6 to 23 months receive a Minimum Acceptable Diet (MAD). Obesity and overweight are prevalent in all social strata of the population and is confirming an alarming trend towards

³ World Food Programme. (2023, December). *Food Security and Vulnerability Assessment (FSVA) 5 in Armenia*. World Food Programme.

⁴ World Food Programme. (2024, March). *Food Security and Vulnerability Assessment (FSVA) 6 in Armenia*. World Food Programme.

⁵ Nutrition Report. (2022). *Stronger commitments for greater action*. The 2022 Global Nutrition Report. Retrieved from <https://globalnutritionreport.org/reports/2022-global-nutrition-report/executive-summary/>

⁶ World Health Organization. (2019). *Childhood Obesity Surveillance Initiative: Armenia-2019*. ISBN 978-99941-60-08-2. Retrieved from <https://arabkirmc.am/files/630739a4c87bc.pdf>

⁷ World Food Programme. (2022, June). *Food Security and Vulnerability Assessment (FSVA) 4 in Armenia*. World Food Programme.

increased malnutrition levels in adulthood. Data from 2019 showed that 48 percent of the adult population are overweight and 22% are leaving the labor market prematurely due to non-communicable diseases (hyper tensions, diabetes, heart diseases)².

In another study conducted by WFP⁸ it was observed that the nutritional value of food is seldom a priority in Armenia, gaining importance only when households face serious health issues. Low prioritization of healthy diet, scarce trustworthy information on healthy food and the lack of financial resources were the most significant reasons in challenging the desired habits of healthy diet among adults and their practices with children. Conducted in April 2020, the research predates various emergencies such as military conflicts of 2020-2023, the COVID pandemic, and the influx of Armenians from Karabakh, coupled with rising food prices, which significantly impacted the nutritional status of Armenians, especially for vulnerable populations, including poor population registered in State Family Benefit system.

1.3. WFP's Focus on Food Security and Nutrition Exploration

The WFP strategic plan (2022-2025)⁹ highlights the importance to improve access to nutritious diets. This includes integrating social and behavior change programming to address demand and support healthy food choices, food safety and hygiene practices. Considering the importance of enhancing access to nutritious diets, WFP projects are designed to both assist food-insecure populations to access food security and also to enhance the nutritional quality of their diets.

The USAID funded project exemplifies this approach, known as “Integrated Response to Increased Food Prices in Armenia Project”. Within the scopes of the Project WFP has already provided food card assistance (USD 24 per household member) to 6,570 food insecure people in six regions of Shirak, Lori, Tavush, Syunik, Vayots Dzor and Kotayk. Those were beneficiaries of State Family Benefit Program. USD 24 is the amount that fills the gap between the Food Poverty Line in 2021¹⁰ and the Food Basket with the prices of the fourth quarter of 2022¹¹. This transfer value would allow people to consume a healthy diet. Prior to food card distribution, the beneficiaries received guidance on proper usage of food cards through one-time awareness sessions. During the sessions brochures illustrating a healthy food plate were provided to beneficiaries to encourage more nutritious food choices.

Findings from the outcome monitoring report on food card assistance from 2023 showed that beneficiaries usually don't consume healthy food. In addition, not only limited financial resources, but also financial choices contribute to impulsive shopping behaviors, often resulting in excessive borrowing and neglect of nutritional considerations of food.

⁸United Nations World Food Programme. (2020). *Improving Nutrition in Armenia: Social and Behavioral Communication Change Formative Research*. April 2020.

⁹World Food Programme. (2022). *WFP strategic plan (2022–2025)*. Retrieved from https://executiveboard.wfp.org/document_download/WFP-0000132205

¹⁰Statistical Committee of the Republic of Armenia. (2022). *Poverty and Social Snapshot in Armenia, 2021*. Retrieved from https://armstat.am/file/article/poverty_2021_a_2..pdf

¹¹Statistical Committee of the Republic of Armenia. (2022). *Social Snapshot and Poverty in Armenia, 2022*. Retrieved from https://armstat.am/file/article/sv_12_22a_6200.pdf

Given the rise in food insecurity among households in Armenia and concerning dietary practices among Armenians, within food card assistance activities, WFP plans to carry out research to understand the drivers of poor diets in Armenia, the barriers to have nutritious diets and to explore beneficiaries' financial literacy skills and experiences for making savings and prioritizing expenses on food. The research will enable the WFP team in Armenia to best design targeted activities to promote activities focusing on Social Behavior Change (SBC)¹². The research study will address the following research questions:

- ✓ What are the *Capabilities and Barriers* for healthy nutrition of food card beneficiaries?
- ✓ What are the *Opportunities and Barriers* for healthy nutrition of food card beneficiaries?
- ✓ What are the *Motivators and Barriers* for healthy nutrition of food card beneficiaries?

¹²Behavioral Science offers effective and simple tools to promote and instill healthy behaviors and practices. This extends to various aspects of individuals' lives, with a particular emphasis on dietary habits. By leveraging principles rooted in human behavior, Behavioral Science offers practical and evidence-based interventions that can facilitate the adoption and maintenance of health-conscious choices.

2. Methodology

2.1. The Objective of Barrier Analysis

The goal of the analysis is to identify and understand the key barriers and enablers influencing the ability of Food Card assistance beneficiaries to make healthy nutrition choices and effectively plan their food budgets throughout the entire behavior chain, encompassing grocery shopping, food preparation, and food consumption.

The research will inform the design of targeted Social Behavior Change interventions, including the development of co-creation activities to facilitate learning and change behaviors for improving nutrition and health status and enhancing financial planning skills.

These initiatives aim to promote proper consumption of healthy, nutritious, and diverse foods, encourage effective food consumption planning, provide information on nutritional values, and address specific dietary needs for vulnerable groups and various age demographics.

The research objectives are:

Capabilities

- Assess the nutritional knowledge and skills of beneficiaries related to making healthy food/nutrition choices throughout the behavior chain.
- Explore the financial planning and food purchasing experiences of beneficiaries within the context of household economic decisions, with a focus on effective nutrition budgeting. Explore informational needs of the target audience regarding healthy nutrition and planning skills.

Opportunities

- Assess the availability and accessibility of diverse food options in the communities based on beneficiaries' opinions.
- Examine social and cultural norms that shape food choices and budget planning behaviors, including peer and community influence.

Motivation

- Understand existing dietary habits, cooking practices and planning habits among food card assistance beneficiaries.
- Explore the perception of beneficiaries about the connection of food choices with well-being, whether food intake is associated with health outcomes.
- Understand the attitudes, beliefs, and emotions of beneficiaries regarding eating and financial planning habits (including cravings, food as rewards and punishments).

The research findings will be discussed with the Ministry of Social Affairs (MLSA) and the Unifies Social Service (USS), because the food card assistance modality will be handed over to the Government. The findings of the study can be useful for social case management activities.

2.2. Research Design and Methods

Barrier analysis: A Barrier Analysis (BA) is a rapid assessment tool used in community health and other community development projects to identify behavioral determinants associated with a particular behavior so that more effective behavior changes communication messages, strategies and supporting activities can be developed. The major aim of BA is to help community-level members working to better identify barriers to behavior change that (if adopted) would have a significant positive impact on the health, nutrition, or well-being of target populations.

COM-B Model: In the context SBC this study drew on principles of COM-B behavioral model (see Appendix 2), which guided the information collection and analysis of the food consumption behavior chain, exploring capabilities, opportunities, and motivation at each element of beneficiary behavior. The COM-B model was selected as it can be applied successfully to healthy eating and physical activity behaviors¹³, and has been used to tailor health communication efforts in low-income populations¹⁴.

To gain this understanding, focus group discussions with beneficiaries from targeted regions were conducted. It was the main technique used to fulfill all the research study's goals.

Data collection was conducted with internal resources. All focus group discussions were organized, implemented, recorded, printed out by WFP Armenia. The implementation of focus group discussions was supported by WFP Armenia teams. Territorial Centers of Unified Social Service played a crucial role in selecting participants for the focus groups and providing suitable locations.

Some questions for barrier analysis were integrated into the outcome monitoring questionnaire of Food Card Assistance Project. The outcome monitoring report was developed in March 2024. It was based on quantitative research implemented among 197 beneficiaries in February 2024, randomly selected from 908 food card owners. As per necessity, findings from outcome monitoring have been used in Barrier analysis (see Appendix 1).

Thus, the qualitative data obtained from food card beneficiaries was triangulated with quantitative data sources to enhance the credibility of the study and gain additional insights into the nutrition of the broader population.

Assessment areas: An individual goes through a series of micro decisions for food consumption. Choices are being made during each element of the behavior chain (shopping, preparation, consumption). Therefore, the scope of the interviews was concentrated on exploring the main stages of the process: a) the shopping stage, when the beneficiary makes decisions on when, what, and how much to purchase. Here, one of the influencing factors is planning skills related to the shopping as well as the budgeting skills of the food card holder to use the card efficiently throughout the month, b) Exploration is also on food preparation phase, where the beneficiary is actively engaged in cooking purchased items, c) Additionally, the act of food intake itself, encompassing breakfast, lunch, dinner, and the storage of leftovers are another group of themes of examination.

¹³Susan Michie. British Nutrition Foundation 45th Anniversary Conference, June 2012. Available online:

https://www.nutrition.org.uk/attachments/656_9.%20Prof%20Susan%20Michie_Eating%20and%20physical%20activity%20behaviours.pdf

¹⁴Handley MA, et al. Applying the COM-B model to creation of an IT-enabled health coaching and resource linkage program for low-income Latina moms with recent gestational diabetes: the STAR MAMA program. Implementation Science Volume 11, Article number: 73 (2016)

2.3. Study Participants

Study participants are recruited from beneficiaries of food card assistance project (food card assistance project funded by USAID). The research was carried out in the regions of Syunik, Shirak, Lori, Tavush, Vayots Dzor, Kotayk, which are targeted regions for food card assistance project. In total, 8 FGDs were conducted in Kapan, Maralik, Akhuryan, Spitak, Noyemberyan, Yeghegnadzor, Charentsavan, Hrazdan cities. Participants had been recruited from the lists of food card beneficiaries from communities covered through food card assistance activities. In areas where food cards were distributed to three consolidated communities, two FGDs took place in each.

Study participants are food card beneficiaries of food card assistance with the following criteria:

- families with children from 0-17 y/o;
- families consisting of elderly only;
- families with a member having physical or mental disability;
- single parent families; and
- displaced families.

About 10-15 beneficiaries participated in each of the focus group discussions. Selections of the households was done in consultations with TCs of USS staff, who supported WFP in contacting and inviting them to FGDs. The study participants were adult family members responsible for shopping and/or for cooking. At the beginning, the selection aimed to include equal gender representation to the extent possible but many of the male food card holders refused to participate. As a result, the number of females increased from 94 to 105 FGD participants. Despite initial plans, male family members were not recruited, partly due to their lack of familiarity with food purchasing, cooking, and feeding family members.

2.4. Data Analysis

All interviews were audio recorded with the permission of the study participants. All the recordings were transcribed and translated from Armenian into English. A deductive approach to the data analysis was applied, and content analysis was utilized to analyze the data. Information from study participants were collected with predetermined themes-Capabilities, Opportunities and Motivation.

2.5. Study Limitations

The primary limitation of the study was that it's conducted exclusively among beneficiaries registered in Family State Benefit program. While this group is part of the state benefit system due to various vulnerabilities, including poverty, there may be specific characteristics unique to this group that do not apply to other vulnerable populations. Therefore, not all findings may be generalized for other vulnerable groups.

3. Findings

3.1. Characteristics of FGDs Participants

In total, 105 beneficiaries of food card assistance participated in FGDs, comprising 95 women, 56 middle-aged individuals, and 37 people aged 60 and above, with the remainder being young adults aged 18-35.

On average, each FGD involved 13 participants. The majority were from urban areas (73 participants), aligning with the urban locations chosen for the FGDs, providing easier access for urban residents. Educational levels varied, with 66 individuals (63%) having completed secondary education, followed by 29 percent with technical education, and 6 percent holding higher education degrees. A significant portion, 78 percent, were unemployed, with only four individuals holding regular jobs. Nearly half of the households (48%) had a HH member with a disability, while 34 percent were single-parent households. Additionally, 10 percent exhibited at least double vulnerability.

Characteristics	Number of FGD participants
Rural resident	32
Urban resident	73
Male	10
Female	95
Young Adults (18-35 years)	12
Middle-aged Adults (36-60 years)	56
Elderly Adults (60+ years)	37
Secondary Education Incomplete	3
Secondary Education Completed	66
Vocational/Technical Education	30
Higher Education	6
Unemployed	82
Regularly Employed	4
Daily Wage Worker	5
Seasonal Worker	7
Pensioner	7

3.2. CAPABILITIES

Cognitive Skills and Awareness

Participants demonstrated varying levels of knowledge about nutritious food and healthy diet. The participants had some understanding about calories, vitamins, minerals, and macro-nutrients. They could mention the macro and micronutrients contents of several food commodities such as apples containing iron, vegetables containing various vitamins, meat and its alternatives such as legumes (beans, lentils, peas), buckwheat, broccoli, eggs containing protein. Additionally, they highlight other healthy food items such as sour cream, cottage cheese, and honey. Participants highlighted vitamin D in fish, vitamin A and E in carrot important for sight, and cottage cheese and dairy for bones' strength and structure. Seasonal greens were also highly valued for their affordability.

Participants spoke of the health benefits of consuming meat and fish, viewing them as vital sources of protein and essential nutrients. When participants referred to meat, they primarily meant beef, and occasionally lamb. Chicken was not perceived as healthy as red meat.

"For us not only the healthiest but also the most favorite food item is meat." (FGD participant, Akhuryan)

While participants had some understanding of the nutritional composition of foods, there were misconceptions about certain items. For instance, the nutritional value of homemade white bread was highly emphasized by most of the study participants.

Predominantly, the participants considered homemade food without additives as healthy food. Although they mentioned that it requires more effort and time to prepare, it is still the most preferable option. Traditional dishes, such as soups with locally produced ingredients, were perceived as nutritious and beneficial for health.

"However, healthy options are becoming scarce due to the presence of chemicals and additives even in fruits and vegetables". (FGD participant, Kapan)

Opinions on what constitutes a healthy person varied; while some agreed that a healthy person is the one who can eat anything he/she desires or a person who is rich. Some of the participants define healthiness by happiness, productivity, and freedom from illness.

"I believe a healthy person is someone who is mentally, physically, and socially well," (FGD participant, Maralik)

Nevertheless, in all focus groups, most of the participants expressed the belief that there is no such thing as a truly healthy person, *"in this chemical century"* suggesting skepticism about anyone's ability to achieve good health in today's environment.

Participants expressed nostalgia for a bygone era when food was healthier, free from the pervasive additives of modern times. Concerns were voiced regarding the impact of chemicals on contemporary food, prompting a reliance on alternative sources for maintaining health.

"I don't understand what is going on. 20 years ago, we were told that butter is the best option for food preparation and now they say it is not". (FGD participant, Maralik)

People are aware of healthy food, but they mainly pay attention to the taste of the dish. In addition, despite being aware of the health benefits of specific products, they still lack knowledge about the process of healthy consumption to preserve the essential ingredients.

"Yes, we know what product contains protein, but we are not aware, for example, how we can cook that product not to lose calories." (FGD participant, Hrazdan)

In rare cases healthy cooking practices included using local, fresh ingredients, minimizing the use of fats, and incorporating a variety of vegetables and wholegrain. Only one mentioned, the importance of cooking meals from scratch, including juice from fresh fruits and salads from raw ingredients.

All participants listed snacks such as cake, chocolate, sugary soda drinks, and singled out potato chips and Coca-Cola as especially harmful. However, other snacks like sausages and specific sweets were not described with the same level of concern.

Sources of Information

Participants relied on various sources to learn about cooking and healthy eating, including TV shows (in particular, “Do not harm” public health show was mentioned in all focus group discussions), YouTube channels, Facebook and Instagram and advice from medical professionals. Some mentioned that internet sources did not always prioritize healthiness in favor of culinary variety. Participants had greater trust in case the information is presented by a medical representative.

"I usually watch Vahe Minasyan's TV program, who is a doctor. He talks about different sicknesses and tells us what to eat if we have them."
(FGD participant, Maralik)

Practical experience and familial knowledge were also valued as sources of information on nutrition and cooking. Some people emphasized the invaluable wisdom passed down by elders. Participants often emulate traditional recipes and dietary habits inherited from previous generations. Participants stressed the importance of both traditional and modern recipes and cooking habits, although they had varying opinions.

"You don't need the internet; just follow your elders' guidance." (FGD participant, Hrazdan)

"My daughter-in-law makes delicious salads, and it's nice to try new things since the younger generation knows about modern dishes. Still, we mostly stick to traditional foods." (FGD participant, Yeghegnadzor)

WFP conducted awareness raising events among food card assistance recipients, during which there was a short session about healthy diet and nutritious food. In the meantime, beneficiaries received informational leaflets with "healthy food plate" guidance included in the WFP brochures that accompanied the food cards. Food card recipients valued the practical advice provided.

"I used to plan my food purchase during food card usage based on the picture on the brochure and it was helpful." (FGD participant, Akhuryan)

3.3. OPPORTUNITIES

3.3.1. Opportunities and barriers in the environment

As per discussions, parents often follow children's choices for buying and preparing food. This is aligned with the findings of the formative research conducted by WFP in 2020. Parents reported preparing less healthy food like fried potatoes to cater to their children's preferences. Those choices include salty cookies, sweets, gas juice, popcorn, chips, and spicy dried bread were common snacks even for supper for children.

"When my children enter any food store, they become very uncontrolled and start to cry, so that's why we buy chips for them". (FGD participant, Hrazdan)

Participants mentioned that their children consume sweet tea and condensed milk for supper, but these drinks were not perceived to be unhealthy. Several parents had to apply measures to encourage their children to eat nutritious food, such as distracting them via cell phones.

There were participants who reported purchasing vitamin supplements for their children without consulting a pediatrician, citing concerns about their children's inadequate dietary intake. This practice reflects a proactive approach to addressing nutritional gaps without professional guidance.

"My child does not eat enough nutritious food, and during winter, I used to give him some vitamins." (FGD participant, Yeghegnadzor)

Despite their efforts to limit unhealthy snacks, some parents acknowledge their children's autonomy in purchasing food after school, recognizing the limitations of parental control during these times.

The influence of peers and the school environment also play a significant role in shaping children's dietary choices. Parents express frustration with the educational system's lack of support for healthy eating habits, citing limited time of school breaks and opportunities for nutritious meals.

"Our kids are given a 10-minute window for eating at school, and it's not encouraged to bringing fork-required food. Children tend to opt for convenient snacks such as savory cookies, chips, and sweets, a practice encouraged by teachers to minimize classroom food waste and escape food smells." (FGD participant, Maralikh)

"Students eat in the classroom if they don't have anything to purchase from the buffet," (FGD participant, Akhuryan)

"The nearest shops to schools sell unhealthy snacks, and students tend to purchase whatever is available there. These same items are also offered in the school's buffet." (FGD participant, Hrazdan)

Calling for governmental intervention, parents emphasize the need for a more conducive environment within schools, advocating for improved lunch options and comprehensive education on healthy eating. They assert that a holistic approach to education should encompass not only

academic subjects but also vital aspects like nutrition, underscoring the importance of fostering healthy feeding practices in educational settings. Participants are convinced that the school environment significantly shapes children's eating habits.

Several parents of children shared their positive experiences related to the provision of hot meals.

"My child's eating preferences shifted when he started going to school, particularly when a hot meal was offered at school. Initially resistant to soups, my child eventually embraced them due to peer influence from classmates". (FGD participant, Maralik)

There was an example of Maralik school, where the teacher encouraged parents to provide lunch boxes with healthy food for their children. However, this effort faced resistance from classmates and eventually led to parents stopping to provide healthy lunch boxes for their child.

"Students of the class started to bully my son because I put salad and other healthy things in his lunch box, which was not popular among children," (FGD participant, Maralik)

Another influential factor for meal preparation is family members' health condition, with some participants accommodating specific dietary needs. Generally, participants tended to prioritize dietetic food or focus on nutritional values mainly when their family members already had health conditions. Mainly women often cater to different preferences and adapt to challenges such as children's health issues or personal dietary restrictions.

"My child has a disability, and I must feed him with specific food which is easily digested. If he does not have health condition, I would hardly know so much about nutritious food. He would simply eat what the rest of the family eats." (FGD participant, Kapan)

"My husband has stomach pain and I never prepare dishes with tomatoes and red peppers. We also have to follow his diet, otherwise I must cook the second dish. It will be more expensive". (FGD participant, Spitak)

"I have a child with disabilities, which entails hefty expenses for hospital trips and specialized food. Much of the disability pension is allocated to taxi fares to Yerevan and purchasing specific food items. As a result, my personal meals often depend on what's in the refrigerator." (FGD participant, Noyemberyan)

Single mothers frequently used a flexible approach to meal planning, adjusting their cooking to make the best use of the ingredients they had on hand in their pantries and fridges.

Participants believed that reducing medical expenses would allow them to invest more in nutritious food choices. This conviction is rooted in the idea that better nutrition can lead to improved health outcomes, potentially reducing the need for medical care and associated costs. By having extra money available, they could purchase higher-quality ingredients, fresh produce, and other healthy food options that might otherwise be too expensive. In turn, this investment in better nutrition could further enhance their overall health.

"About 60-70 % off expenditures are for food purchasing. If we do not have spent too much money on medicine, it would be much easier for us to purchase better food." (FGD participant, Hrazdan)

This statement aligns with the findings of outcome monitoring, which indicated that most respondents (over 50%) utilized their savings for various expenses after receiving food card assistance. Among them, 101 respondents (45%) specifically mentioned healthcare costs (see Appendix 1, Figure 1).

3.3.2. Resources

Resources play a crucial role for making decisions on what to purchase and consume. The participants indicated the affordability and the accessibility of certain food commodities, linking these with the purchase and consumption of healthy and diversified food. They were mainly pointing out the limited accessibility of meat.

"We only buy meat five times a year, from one celebration to another." (FGD participant, Hrazdan)

"We rarely buy meat, and when we do, it costs at least 4000 AMD. Now, imagine the pension is 37,500 AMD which is our main monthly income. How can I afford to buy meat and, at the same time, pay for my utility costs?" (FGD participant, Noyemberyan)

According to FGDs, it turned out that one of the main factors influencing households' food choices is the accessibility of food items. So, they usually eat whatever they can afford. Moreover,

"There is no difference in what we eat. We eat whatever is affordable for us at the moment." (FGD participant, Maralik)

"We finish the dish prepared in the evening and can eat the leftovers in the morning, then finish it again at dinner. We don't have any other options." (FGD participant, Kapan)

Results from the monitoring of food card assistance project (see Appendix 1, Figure 2.) align with the qualitative findings. Approximately 45 percent of respondents indicated that they allocate over 51 percent or nearly all of their expenses towards food. Additionally, 42 percent mentioned allocating between 31-50 percent of their expenses to food.

These findings indicate that a substantial portion of households' budgets is directed towards meeting essential needs, with food comprising a significant portion of their expenditures.

The purchasing frequency, scale and food choices are often conditioned by the financial constraints that the households are facing.

"We consume only whatever is available and accessible for us... just not to be hungry". (FGD participant, Spitak).

Several participants had to adopt. One of the study participants from Yeghegnadzor mentioned that they do not have enough money for healthy food, and they can even use out-of-date food items because there is nothing else to eat.

According to outcome monitoring findings (see Appendix 1, Figure 3) 49 percent of respondents plan their food purchase ahead of time, knowing what items they need and how much they will spend. This planning often involves repeatedly purchasing similar items. Conversely, the same

percentage of respondents do not plan their food shopping. They tend to shop spontaneously, going to the store when they run out of items at home. Around four percent fall between the two approaches. The convenience of nearby markets sometimes influences the shopping habits, as it allows families to make more frequent and urgently needed purchases.

According to outcome monitoring, 17 percent of respondents reported buying food every day, while the largest group, comprising 28 percent, purchased food once a week. Another 21 percent shop for food more than three times a week, and 20 percent do so two to three times a month.

FGD participants stated that they primarily make payments once a month when they receive the state benefit. At that time, they pay off the previous month's food loans and borrow new food items for the upcoming month waiting for the next round of assistance.

Canned and preserved foods were common, especially during colder seasons when fresh products were less available.

"Canned food is not as healthy as the fresh ones, but we have to eat it otherwise we don't have anything to eat during winter." (FGD participant, Noyemberyan).

Due to economic constraints, participants often resort to cooking with canned food instead of fresh ingredients to save money. This practice is especially common among those who have gardens, as they can harvest, can, and store their produce for later use. Canned food is generally more affordable than fresh food, allowing individuals to stretch their budgets further. Additionally, canning homegrown produce provides a cost-effective way to preserve the nutritional value of garden harvests, ensuring a supply of healthy ingredients year-round.

"We do not switch on our refrigerator because there is nothing to freeze, especially in a cold season. Whatever we eat is in our food storage." (FGD participant, Noyemberyan)

"It's exciting when you enter your storage and find something you like to eat, because it's accessible, not like in food stores." (FGD participant, Noyemberyan)

In terms of planning food purchase, economic factors and seasonal availability significantly influenced their eating habits. Financial limitations influenced food choices, prompting strategic planning and occasional compromises.

"Financial constraints demand careful planning. We balance desires with necessities, maximizing resources for balanced meals." (FGD participant, Kapan)

"I discuss dish preferences with my family members but those are just discussions, but the final decision is based on me. Finally, I cook whatever I have in my refrigerator and in my storage. Usually, it's something made by vermicelli or potato". (FGD participant, Spitak)

Some participants mentioned that family members often shared responsibilities for food purchases, leveraging individual strengths to manage household needs.

"In our household, responsibilities are shared. From planning to purchasing, we collaborate for efficient management." (FGD participant, Maralik)

"My children were involved in the decision-making process when we received food card. That was a new experience for them." (FGD participant, Charentsavan)

Several participants noted that their children became more aware of the importance of a balanced diet after the family began receiving food card assistance. This awareness included a greater understanding of the nutritional value of different food items. With the support of food cards, families could afford a wider variety of nutritious food.

In addition to financial constraints, several participants cited time limitations as a significant obstacle to food preparation. This issue was particularly prevalent among women working outside home, who reported struggling to find the time to prepare healthy meals. Balancing work responsibilities with household duties left them with limited time and energy for cooking, often leading to reliance on quick, less nutritious meal options. Working mothers reported often sacrificing the sleep hours to fulfill family food needs.

"Balancing work and meal preparations is a daily challenge." (FGD participant, Charentsavan)

"Even if they have money, they don't have enough time to prepare normal food (meant nutritious or traditional dishes)." (FGD participant, Charentsavan)

In contrast, other participants expressed a strong willingness and desire to cook a variety of dishes if they had sufficient financial resources.

3.3.3. Social and Cultural norms

Preferences for specific types of meat and pastry were also influenced by cultural and familial traditions. In addition, cultural dishes such as Shorva, Pasuc Tolma, Harisa, Khashil, Khavits, etc. all crafted from cereals and other ingredients, hold significant cultural importance. Apples consumed year-round in households, are highly favored among several participants and are the most common fruit in all HHs.

White bread, particularly, holds a significant place in Armenian culture as mentioned by study participants. It serves as a staple food in every household, being incorporated into all meals and snacks. Even dishes heavy in starch, like pasta or potato-based dishes, are eaten with white bread. Many prefer to mill the flour at home, despite the time-consuming process, using traditional methods and tools for grain processing, citing affordability and trustworthiness.

"I separate the wheat husk and feed it to my chickens, keeping the best part for our white bread." (FGD participant, Akhuryan)

Participants also noted that whole grain and other varieties of flour are less popular due to their complexity in preparation, higher cost, and perceived lack of deliciousness.

Meat purchases were more sporadic, largely due to financial considerations. However, for all participants meat was considered as the healthiest and one of the most delicious food options and was consistently mentioned as such.

"Meat is a delicious ingredient capable of being used in various dishes to accommodate the preferences of all family members". (FGD participant, Noyemberyan)

The cult of meat also emerged in outcome monitoring findings. The half of the respondents stated that they bought commodities they couldn't afford before the assistance. Among them (233 HHs), meat emerged as the dominant category, making up 57 percent, with unseasoned chicken and beef being particularly favored by 60 percent.

This was followed by indulgent treats such as sweets (28%). Notably, luxury items like Nutella and other "premium" sweets, despite their higher costs, were popular for their role in satisfying children, as reported by the households.

Sausages were mentioned by 20 percent of respondents, high-quality and expensive fruits, vegetables and berries (including oranges, redberry, "cherry" tomatoes, etc.) was mentioned by 14 percent. Butter generated an 8 percent response rate, while dairy,

Participants seldom incorporate raw salads into their meals, typically only twice a week. The primary raw vegetables they commonly use are carrot and cabbage. Since these vegetables are relatively inexpensive, they did not mention them when asked about nutritious salads.

"You know how expensive are tomato and cucumber? Those are affordable only in June." (FGD participant, Akhuryan)

Popular salads during the winter are typically made from processed vegetables, canned foods, and mayonnaise.

Participants usually make soup with potato and fried onion. Vegetables are commonly consumed as healthy food items, either fried or incorporated into various dishes which are used in dishes. Seasonal greens were particularly popular in the spring which are prepared with eggs. Those greens are from gardens or fields and are considered healthy and cost-effective. Also, eggs were frequently consumed due to accessibility and are eaten in a variety of different forms.

Sugar is another staple food commonly found in the homes of study participants. Sugar is another staple commonly found in the homes of study participants. Many households consistently stocked sugar due to its versatility and affordability. When they have the means, such as through food cards, they prioritize purchasing flour, oil and sugar, considering them essential for cooking.

Interestingly, while none of study participants immediately labeled sugar as a healthy ingredient, such as meat, bread, butter, and vegetables, they still use it extensively in their cooking practices. Sugar is a key component in baking cakes and cookies, which they don't perceive as harmful. Additionally, they utilize sugar to make jams and compotes during the summer and fall seasons. When discussing healthy desserts, like fruit compotes and homemade cakes, participants highlighted them as alternatives to store-bought sweets. They emphasized the nutritious value of these desserts, often focusing on the healthy ingredients used, while avoiding mention of the amount of sugar incorporated in their preparation.

"I often disagree with my daughter-in-law because she buys so-called natural juice for the kids. I've made countless compotes from the fruits in my garden, and I offer them to my grandchildren every day. These compotes are highly nutritious since they're made from fruits grown in my garden." (FGD participant, Yeghegnadzor)

Participants shared their strategy for offering their children healthier alternatives to snacks like chips, saying,

"Instead of chips, we cut bread into small slices and add salt and spices to create a homemade option." (FGD participant, Hrazdan)

"I asked my kids to buy salty cookies instead of chips". (FGD participant, Charentsavan)

They prepare potato or bread chips using oil, potatoes, salt, and spices, without recognizing the potential harm of excessive salt intake. Moreover, the frequent consumption of salty foods, such as pickled vegetables particularly during winter, serves as evidence of this unawareness.

"We eat pickled vegetables all year in large quantities, because they add flavor to our favorite Plov dishes (like spaghetti and vermicelli). This is something we enjoy year-round, and everyone in my household likes it." (FGD participant, Kapan)

Decision makers: The figures below show decision-making in the household regarding food-related activities, such as food shopping, deciding what to buy, and deciding what to cook. Across all three areas, female adults are the primary decision-makers.

Outcome monitoring findings indicate that female adults in the household particularly mothers of children or those who hold a daughter-in-law role in their HHs, take on the responsibility of food shopping. Two percent of respondents mentioned that neighbors or relatives shop for them, and only 1 percent mentioned the father-in-law.

93 percent of respondents citing female adults and one percent of fathers-in-law as the primary decision-makers in terms of purchasing decisions. In terms of making cooking decisions, female adults still lead, with 91 percent.

Overall, female adults are the predominant decision-makers in the household across all three aspects of food-related decision-making. However, children play a notable role in deciding what to cook, which may reflect the family's effort to accommodate the preferences of younger members.

"Women decide what to buy, what to cook as they know the preferences of the HH members. She can manage money better than anyone else." (FGD participant, Spitak)

"Men should earn money, and women should spend it wisely." (FGD participant, Hrazdan)

3.4. MOTIVATION

3.4.1. Believes and Intentions about Consuming Healthy Food

Participants' motivations for consuming healthy food encompassed a broad spectrum of desires, including illness prevention, longevity, and aesthetic enhancements. Many participants recognized the critical role diet plays in maintaining overall health and well-being. They understood that a balanced, nutritious diet could help prevent chronic illnesses such as diabetes, heart disease, and obesity. Additionally, they believed that eating healthily could contribute to a longer, more active life.

Beyond health and longevity, some participants were motivated by the aesthetic benefits of a nutritious diet. This holistic understanding of the symbiotic relationship between diet and health drove their commitment to making healthier food choices, highlighting the multifaceted benefits of a nutritious diet.

Participants emphasized the importance of healthy eating for their children's overall well-being, noting improvements in immunity, concentration, and memory. They recognized that nutritious food choices could lead to happier, more energetic children, contributing to their physical and mental development. By prioritizing healthy diets, parents aimed to support their children's growth, cognitive abilities, and overall happiness.

"I make sure my children eat well, even if it means sacrificing my own preferences, because I know how important healthy food for their development is." (FGD participant, Charentsavan)

"There is a small correlation between unhealthy food consumption and health issues. For instance, my child is allergic, but it does not mean that he has used unhealthy food." (FGD participant, Spitak)

According to outcome monitoring findings the main factors that influence beneficiaries' decisions (based on first, second, and third level preferences) when purchasing food, are cost, quality, and healthiness. Cost remains significant in the first, second and third preferences, with 49, 27 and 14 percent respectively (90%).

Quality of the food is the primary preference for 28 percent of beneficiaries and a second preference for 34 percent. In the third preference, quality is considered by 14 percent (totally-76%). Healthiness ranks third, with 14 percent citing it as their top choice, followed by 10 percent and 12 percent as second and third level preferences (totally- 36%). Children's preferences show a modest influence, as 6 percent place it first, 8 percent second, and 7 percent third.

Other factors affecting beneficiaries' decision when buying food include preferences for food items that are easy to prepare and what is currently on sale in stores.

Participants discussed the impact of their children's activities on their food choices. One participant noted,

"My daughter is nine years old and goes to dance classes. Her teacher advises her to eat broccoli and other vegetables, so she does."

3.4.2. Gender Norms and Responsibilities in Nutrition

Parental love was expressed through diverse acts, including playing with children, ensuring nutritional adequacy, and fostering open communication. Challenges in parenting teenagers were acknowledged, highlighting the importance of understanding, and adapting to evolving needs.

"Parenting teens requires flexibility. We strive to understand and support them through life's transitions." (FGD participant, Akhuryan)

"I feel nothing. They eat it (meant chips, gas and sugar drinks, french-fries) every day." (FGD participant, Spitak)

"I am worried, but then I reassure myself, 'No worries, they (meant children) do whatever they want, save your nerves.'" (FGD participant, Spitak)

The joy of cooking and receiving appreciation from family members serves as a motivating factor for participants to explore new recipes and maintain culinary traditions. Preparing homemade meals was seen as a way for mothers to express love and care for their families. Many participants spoke of the satisfaction and pride they felt when their cooking made their children happy.

"One of the most heartwarming moments for a parent is when you cook something delicious, and your child expresses appreciation by giving you a kiss and hugs. This gesture serves as a powerful motivation to continue preparing delicious meals and nourishing family with love and care." (FGD participant, Yeghegnadzor.

Women expressed a sense of fulfillment and self-esteem from preparing delicious and nutritious meals for their families.

"We feel happiness and positive emotions when we know that children ate nutritious food," (FGD participant, Noyemberyan)

Parents and grandparents usually show their love by giving children sweets to receive the same emotional feedback from them. As mentioned by participants from Charentsavan *"food can join hearts"* or *"the way to a man's heart is through his stomach"*.

A study participant from Maralik, smiling charmingly and somewhat shyly, noted, *"If my man likes my food, he kisses me."*

One study participant from Akhuryan remarked, *"We (meant women) often leave the best portion of food for our husbands, even if we haven't eaten any of the delicious food ourselves, because they work hard outside; that's our tradition and it's good."*

When asked about men not meeting their household responsibilities, women still believed in supporting men and maintaining traditional roles.

Participants found joy in their children's or husbands' appreciation for their cooking, and it motivates them to explore new recipes and maintain culinary traditions.

4. Conclusions & Recommendations

Actions	Thematic sections	Barriers	Action points
1	Awareness and perception of healthy food	<ul style="list-style-type: none"> • There is a strong, unwavering belief in the nutritional value of homemade and traditional dishes. • Participants prioritize taste over nutritional value despite being aware of healthy food options. • Not all food items identified by study participants as healthy possess the anticipated minerals, vitamins, and nutritional benefits. • Participants feel overwhelmed by information on nutritious foods and seek clear, honest guidance. • Breakfast choices typically include cookies and sugary drinks. • School-age children frequently skip breakfast, and parents struggle to balance their preferences with nutritional needs, often resulting in unhealthy snack-oriented meals. • Homemade canned and preserved foods are favored in colder seasons and perceived as healthy. • Participants lack awareness of food diversity and often rely on leftover starch-heavy dishes. • Participants do not have enough time to regularly attend learning sessions about healthy eating due to household responsibilities, irrespective of their wish to know more about it. 	<ul style="list-style-type: none"> • Develop materials, images and messages for learning courses and nutritious menus. Specify foods that are beneficial or not allowed for individuals with specific health issues. • Implement various methods to disseminate information, using different platforms such as online channels, TV, shops, and schools, and involve community leaders and celebrities in the process. • Share details about nutritious foods, including vitamins and minerals, and their health benefits, along with the best ways to prepare them to preserve their nutritional content. Interventions could inform and remind mothers about iron-rich, vitamin-rich foods while they shop at markets or grocery stores. • Raise awareness among all family members and encourage them to make commitments regarding nutrition. • Educate the parents on how to prevent health issues in their children by making informed diet choices. Share information that emphasizes the benefits, as well as the risks, of certain foods for children both now and in the future. For instance, connect specific foods to brain development and future educational success.
2	Environment for healthy eating	<ul style="list-style-type: none"> • Parental influence over children's food choices is limited, especially outside their homes. • Parents often accommodate children's preferences with less nutritious foods like fried potatoes, chips, sweets, and salty snacks, partly due to ignorance of their harmful effects and feeling they have no other options. 	<ul style="list-style-type: none"> • Show practical and budget-friendly methods for integrating highly nutritious foods (such as those rich in healthy fat) into current diets. Offer simple recipes that illustrate how to easily include specific ingredients into popular, regularly prepared dishes. • Educate about affordable alternatives to costly yet nutritious foods. • Collaborate with schoolteachers to foster a healthy eating culture at schools.

		<ul style="list-style-type: none"> • Schools offer limited support for healthy eating, with short mealtimes and discouragement of bringing foods requiring utensils. • Students often purchase unhealthy snacks from nearby stores or school cafeterias. • They employ various strategies to manage their limited resources, such as substituting costly items with more economical alternatives, prioritizing taste similarity over nutritional value. • Mothers prepare meals based on what is accessible and affordable, often considering healthcare costs. • Due to high medical expenses, investment in nutritious food is constrained. • Participants typically do not plan their food purchases but intuitively purchase the same items each month, balancing their income and expenses. They commonly rely on methods such as borrowing food from stores. • Some participants resort to using out-of-date food items due to financial constraints. • Working mothers frequently struggle to balance work and meal preparation, sometimes sacrificing sleep to meet their families' nutritional needs. 	<ul style="list-style-type: none"> • Establish safe spaces where mothers can gather and socialize as responsible household members for feeding their families. Ensure these spaces are enjoyable and sociable and provide healthy snacks and drinks. • Position fathers as role models for their children, demonstrating healthy eating habits. Motivate them to assist their wives in preparing nutritious meals.
3	Motivators for healthy eating	<ul style="list-style-type: none"> • Many prioritize choosing healthy foods for the well-being of their children, although children often opt for unhealthy snacks. • Women derive fulfillment and self-esteem from preparing delicious and nutritious meals for their families, often prioritizing others' preferences over their own. Generally, women demonstrate adaptability with food, willing to consume whatever is accessible. 	<ul style="list-style-type: none"> • Reach out to the beneficiaries who expressed interest in joining healthy eating campaigns during the FGDs. Identify those interested in learning how to make healthy food and participating in these campaigns. • Emphasize seasonal healthy snacks (which are often more affordable) each month using a calendar and promote these snacks at community events (e.g., snack of the month). Provide reminders to participants to help them stick to eating schedules or prepare special meals. • Utilize peer-to-peer support and local role models to demonstrate what is possible.



5. Appendixes

Appendix 1.

These findings are extracted from the food card assistance outcome monitoring report of the projects:

“Integrated Response to Increased Food Prices in Armenia” and enhancing national capacities and mechanisms for building resilient social protection systems in Armenia

WFP aimed to understand whether households were able to save money from their overall income after receiving food card. 81 percent of the participants (361 HHs) reported they saved money on food and could afford other household necessities.

Among the households that managed to save money, the majority allocated their savings toward various expenses: 108 respondents mentioned utility costs, 133 for clothing, 101 for healthcare, 64 for education and 87 (33%) toward loan repayments. Other respondents spent their savings on household goods, New Year expenses, hygiene items, renovation and on other activities (Figure 1). One respondent highlighted that the assistance enabled her to purchase a sewing machine, a productive tool to generate income. Another respondent, a father of three, mentioned that the assistance allowed him to take his children to amusement rides, an unaffordable luxury prior to receiving assistance.

Figure 1. Spending from savings as a result of assistance (% , numbers).
n=225 (multiple choice)

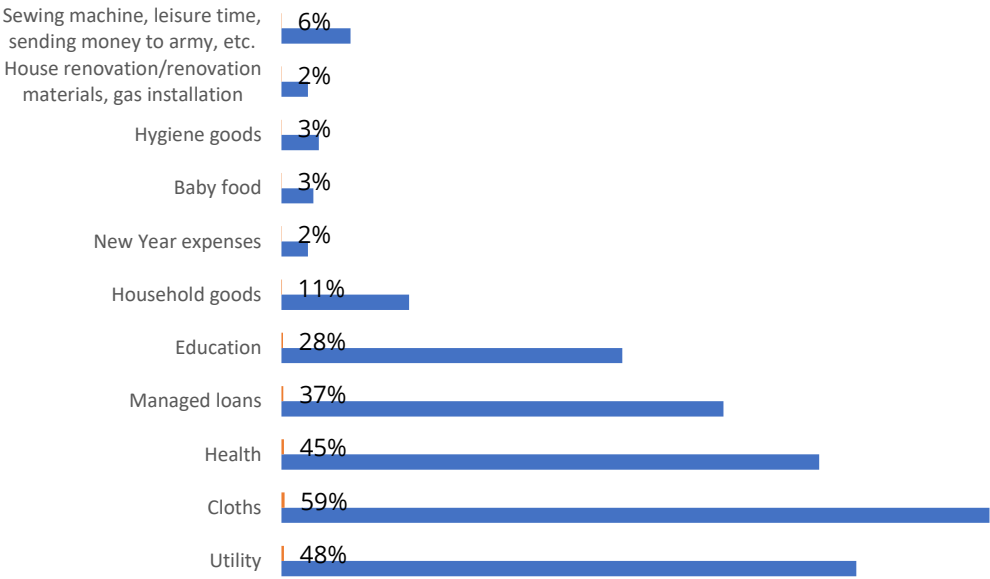
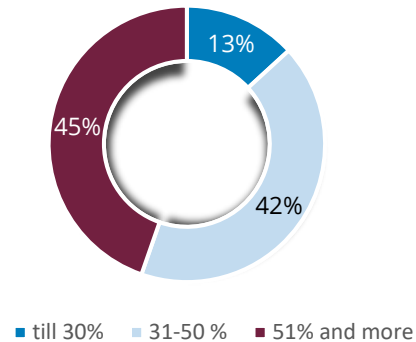


Figure 2. The percentage of expenses they spent on food (%). n=197



According to the data (Figure 2), 45 percent of respondents report spending over 51 percent or almost all of their expenses on food. Meanwhile, 42 percent allocated between 31-50 percent of their expenses on food. Additionally, 13 percent indicate that they spend up to 30 percent.

This data suggests that a significant portion of households' budgets is dedicated to fulfilling basic needs, with food being a major component of their expenditures.

Approximately 49 percent of respondents plan their food shopping ahead of time, which includes knowing what items they need and how much they will spend. This planning often reflects the repetition of purchasing similar items. The same percent of respondents do not plan their food shopping. They tend to shop spontaneously, going to the store when they run out of items at home. Around four percent fall between the two approaches, sometimes planning major food purchases but also making spontaneous shopping as needed. The convenience of nearby markets contributes to this

shopping style, as it allows for more frequent and immediate purchases.

As illustrated in Figure 4, 17 percent of respondents buy food every day, while the largest group, comprising 28 percent, purchase food once a week. Another 21 percent shop for food more than three times a week, and 20 percent do so two to three times a month. Finally, 14 percent shop for food once a month. These patterns highlight the general tendency towards frequent food shopping, indicating a consistent need for access to fresh and perishable items and underscoring the importance of maintaining local market availability.

Figure 4. Frequency to buy main food commodities (%). n=197

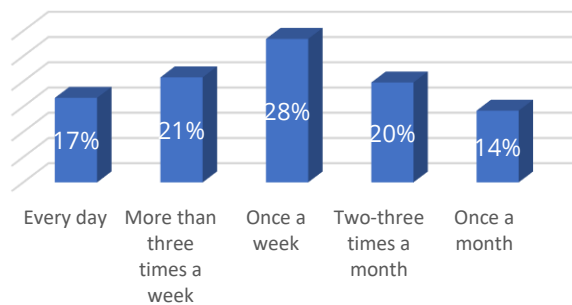


Figure 3. Planning before shopping (%). n=197



Figure 5. Commodities they bought that could not afford before (%). n=233 (multiple choice)

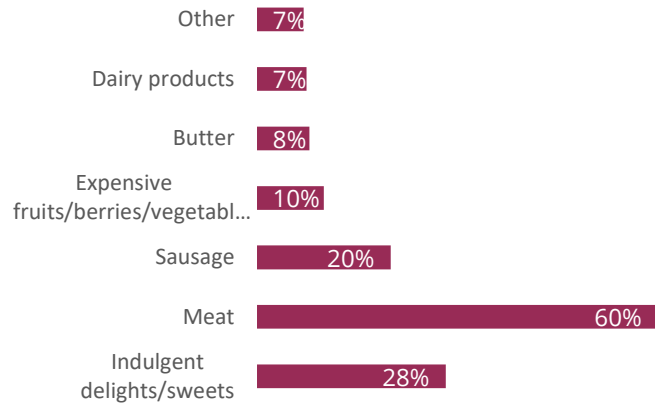
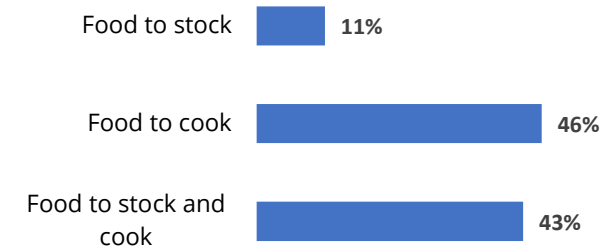


Figure 5 shows that half of the respondents bought commodities they couldn't afford before the assistance. Among them (233 HHs), meat emerged as the dominant category, making up 57 percent, with unseasoned chicken and beef being particularly favored by 60 percent.

This was followed by indulgent treats such as sweets (28%). Notably, luxury items like Nutella and other "premium" sweets, despite their higher costs, were popular for their role in satisfying children, as reported by the households.

Among the 446 respondents surveyed, 207 individuals, constituting 46 percent, reported primarily purchasing food for meal preparation.

Figure 6. Mostly bought commodities (%). n=446

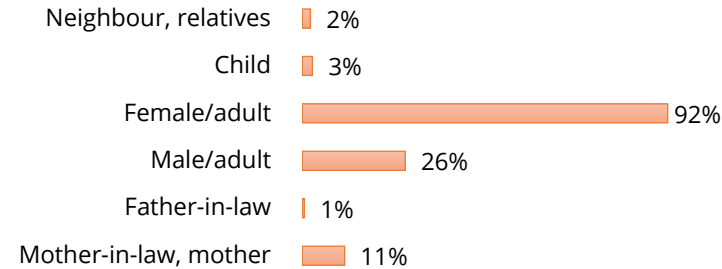


Additionally, 11 percent (47HHs) purchased food items for storage purposes, often making larger acquisitions of items such as bags of flour, bags of sugar, and containers of oil, among other similar products. 43 percent reported purchasing food both to stock and cook.

The figures below show decision-making in the household regarding food-related activities, such as food shopping, deciding what to buy, and deciding what to cook. Across all three areas, female adults are the primary decision-makers.

92 percent of respondents indicate that female adults in the household particularly mothers of children or those who hold a daughter-in-law role in their HHs, take on the responsibility of food shopping. This group includes females mainly under the retirement age. Males/adults mainly under the retirement age account for 26 percent of those who handle shopping. Meanwhile, 11 percent of shopping responsibility falls on mothers-in-law/mothers, which encompasses

Figure 7. Who does food shopping? (%) n=197, (Multiple choice)

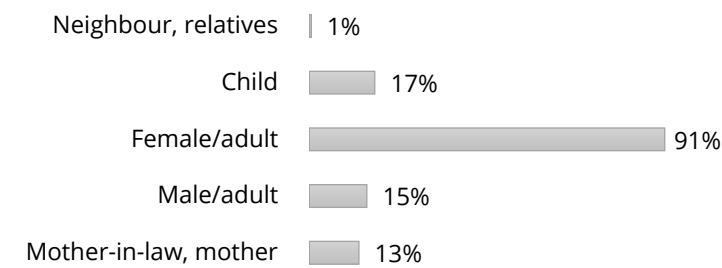


women who have mother-in-law status or adult children in their HHs. Two percent of respondents mentioned that neighbors or relatives shop for them, and only 1percent mentioned the father-in-law.

93 percent of respondents mentioned female adults and one percent of fathers-in-law as the primary decision-makers in terms of purchasing decisions. Adult males make decisions in 19 percent of cases, while mothers-in-law or mothers account for 13 percent. Children account for four percent of decision-making.

Figure 8 shows the significant role for children, who account for 17 percent of the decision-making in this area. Female adults still lead, with 91 percent making cooking decisions. Male adults account for 15 percent, while mothers-in-law or mothers account for 13 percent.

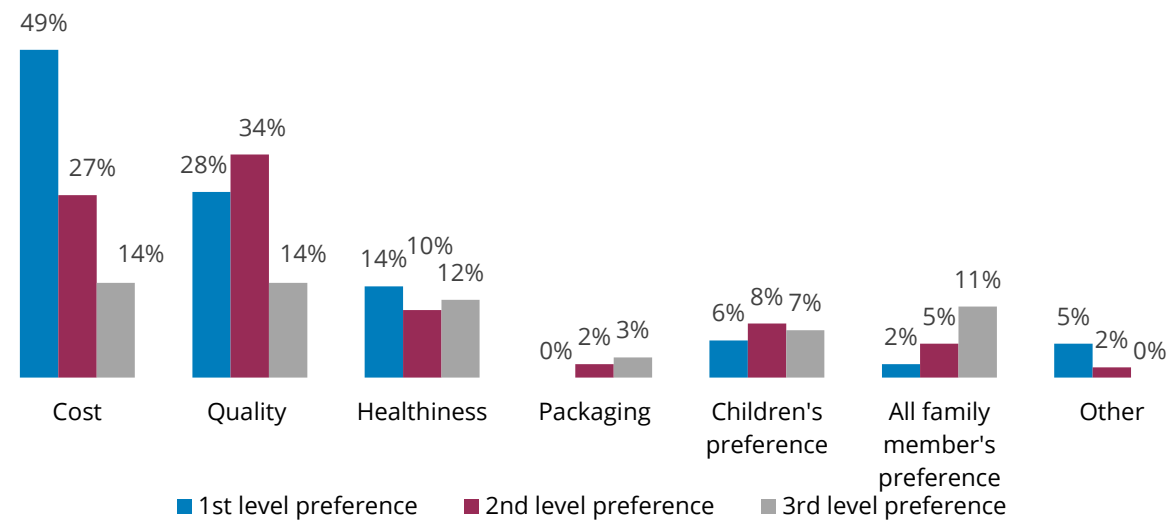
Figure 8. Who decided what to cook ? (%) n=197 (multiple choice)



Overall, female adults are the predominant decision-makers in the household across all three aspects of food-related decision-making. However, children play a notable role in deciding what to cook, which may reflect the family's effort to accommodate the preferences of younger members.

Cost is the most important consideration, with 49 percent of beneficiaries citing it as their primary concern. Cost remains significant in the second and third preferences, with 27 percent and 14 percent respectively. Next is quality, being the primary preference for 28 percent of beneficiaries and a close second preference for 34 percent. In the third preference, quality is considered by 14 percent. Healthiness ranks third, with 14 percent citing it as their top choice, followed by 10 percent and 12 percent as second and third level preferences. Children’s preferences show a modest influence, as 6 percent place it first, 8 percent second, and 7 percent third. Packaging plays a minor role. Finally, family members’ preferences have minimal impact as a primary (2%) and secondary (5%) concern but increase to 11 percent in third preference.

Figure 9. The main factors influencing beneficiaries' decision when purchaisng food (%).
n=197



Other factors affecting beneficiaries’ decision when buying food include preferences for food items that are easy to prepare and what is currently on sale in stores. Food items on sale fall under the aspect to cost, but it is discussed separately, because this preference underscores the significant impact cost

has on purchasing decisions.

Appendix 2.

COM-B Model

The COM-B model is a comprehensive framework for understanding behavior and influencing behavior change. It breaks down behavior into three key components: capability (C), opportunity (O), and motivation (M), which collectively contribute to the formation of behavior (B). Capability focuses on an individual's psychological and physical ability to engage in a particular activity. It encompasses aspects such as knowledge, skills, and physical capacity. Opportunity, the second pillar, encompasses external factors that facilitate or hinder a behavior. This includes the influence of the physical and social environment, available resources, and time constraints. Motivation, the third pillar, refers to the conscious and unconscious cognitive processes that guide and inspire behavior. It includes factors such as attitudes, beliefs, emotions, and habits.



Appendix 3.

Guide for focus group discussion

Armenian and English Version

- Region/ Մարզ
- Consolidated Community/ Խոշորացված համայնք
- Demographic section of participants /Ժողովրդագրական հատված
- Number of participants/ Մասնակիցների թիվ

CAPABILITY / ԿԱՐՈՂՈՒԹՅՈՒՆՆԵՐ

Cognitive Skills and Awareness /Ճանաչողական հմտություններ և իրազեկվածություն

- You have received your food card. Was it challenging for you to use food card? If yes, why? Դուք ստացել եք սննդի քարտ: Սննդի քարտը ձեռքբերելու/օգտագործելու հետ կապված ի՞նչ դժվարություններ եք ունեցել /պորբ. մարտահրավեր եղե՞լ Ե Ձեզ համար: Եթե այո, ապա ինչպիսի՞: Հեշտությամբ եք օգտագործել քարտը/:
- Could you check your balance on the card after shopping? Դուք կարողանո՞ւմ էիք ձեր քարտի բալանսը/մնացորդը ստուգել գնումներ կատարելուց հետո: Եթե ոչ, ապա ինչո՞ւ:
- Did you have experience with banks, bank cards, or other financial transactions before and after receiving food card? If yes, can you describe them. Սննդի քարտ ստանալուց առաջ և հետո բանկերի, բանկային քարտերի կամ այլ ֆինանսական գործարքների հետ կապված փորձ ունեցե՞լ եք: Եթե այո, կարո՞ղ եք նկարագրել դրանք:
- Did food card assistance help you to increase your knowledge on bank card usage? How did you feel about that? (These questions are about bank cards, which can increase financial literacy, increase knowledge of modern technologies, etc.) Սննդի քարտի աջակցությունը օգնե՞լ է ձեզ բարելավել ձեր գիտելիքները բանկային քարտերի օգտագործման վերաբերյալ: Ինչպե՞ս էիք վերաբերվում քարտի կիրառման հանգամանքին (ենթադրվում է, որ քարտի օգտագործումը կարող է բարձրացնել ֆինանսական գրագիտությունը, ժամանակակից տեխնոլոգիաների մասին շահառուների գիտելիքները և այլն):
- What are the roles and responsibilities (men, women) in the house in terms of food assistance utilization, what food to buy, what to cook within the household? Նկարագրե՞ք ձեր ընտանիքի անդամների դերերն ու պարտականությունները (տղամարդիկ, կանայք) սննդի աջակցության քարտի օգտագործման հետ կապված (ի՞նչ սնունդ գնել, ի՞նչ պատրաստել տանը, ո՞վ էր որոշում կայացնողը, մյուսներն ի՞նչ դերեր և պարտականություններ ունեն):
- Who is a healthy person? (Options: who eats whatever he/she wants, who eats lots of meat or expensive food, person with red chicks, skinny people, etc.) Ո՞վ է առողջ մարդը (Կարող եք հուշումներ տալով ինչ ուզում է ուտում է, ով շատ միս կամ թանկարժեք սնունդ է ուտում, կարմիր թշերով մարդը, նիհար/գեր մարդը և այլն):
- What is your current knowledge related to nutrition? What do you know about healthy nutrition? Ի՞նչ գիտեք առողջ սնվելու մասին:

- Can you name products and mention which kind of vitamins, minerals, iron they consist of? Կարո՞ղ եք նշել սննդատեսակներ և ասել, թե ինչ վիտամիններից, հանքանյութերից են դրանք բաղկացած:
- What is nutritious food (examples)? Ի՞նչ եք հասկանում սննդարար ուտելիք ասելով: Թվե՞ք մի քանիսը:
- Please name dishes which are nutritious. Do you prepare them for your family? If not, why? Խնդրում ենք նշել այն ուտեստները/ճաշատեսակները որոնք սննդարար են: Դուք պատրաստո՞ւմ եք դրանք ձեր ընտանիքի համար: Եթե ոչ, ապա ինչո՞ւ:
- What snacks do you/your children usually use? (Options: Sugar, sausage, chocolate, coca cola, gas water, energetics, coffee, cake, type of cakes, etc.) How healthy are those? Բացի հիմնական սննդից, ընթացքում (որպես հետճաշիկ, նախուտեստ) ի՞նչ եք դուք/ձեր երեխաները ուտում/խմում: Որքանո՞վ են դրանք առողջարար: /Խոսքը քաղցրավենիքի, երշիկեղենի, շոկոլադի, կոկա կոլայի, գազավորված ջրի, էներգետիկ ըմպելիքների, սուրճի, տորթերի, մասիի է:
- Have you heard about food diversity? How many diverse foods do people need to consume during a day? Լսե՞լ եք սննդի բազմազանության մասին: Զանգի՞ տարատեսակ մթերք պետք է օգտագործի մարդը մեկ օրվա ընթացքում:
- Where do you get information about health, including nutrition, what are the primary sources (TV, social media, neighbors, friends, colleagues, parents - in -low): Որտեղի՞ց եք տեղեկատվություն ստանում առողջության, այդ թվում՝ սննդի մասին, որո՞նք են առաջնային աղբյուրները (հեռուստացույց, սոցիալական մեդիա, հարևաններ, ընկերներ, գործընկերներ, ծնողներ և այլն)

Evaluating options and making decisions/ Տարբերակներ գնահատելու, որոշումներ կայացնելու կարողություններ

- What do you eat for breakfast, lunch, dinner? What would you like to eat? Սովորաբար ի՞նչ եք ուտում նախաճաշին, ճաշին, ընթրիքին:
- Do you ask your family members what food they prefer before preparing anything? Ձեր ընտանիքի անդամներին հարցնո՞ւմ եք, թե ինչ ուտելիք են նրանք նախընտրում, նախքան որևէ բան պատրաստելը: (հարցնել երեխաների մասին)
- Who approves or disapproves food choices? Սովորաբար ո՞վ է վերջնական հավանություն տալիս կերակրի նախընտրությանը:
- What kind of habits and nutritious specific culture, traditions do your family have (options: tea with sugar, bread and cheese in the morning, eating bread each day, no soup without meat, eggs in the morning, no breakfast, spoil children with candies when they do something good)? Մնվելու հետ կապված ի՞նչ սովորություններ, հատուկ մշակույթ, ավանդույթներ ունի ձեր ընտանիքը (տարբերակներ. առավոտյան թեյ շաքարով, հացով և պանրով, ամեն օր հաց ուտել, առանց մսի ապուր, առավոտյան ձու, առանց նախաճաշելու, երեխաներին փչացնել. կոնֆետներ, երբ լավ բան են անում):
- Are you able to evaluate different options available and make the right decision when you cook food or feed your family members? Ինչպե՞ս եք որոշում/գնահատում տանը եղած մթերքներից ինչ պատրաստել, ընտանիքի անդամներին կերակրելու համար:
- Are you familiar with the process of substituting one product with another to maintain the same nutritional content (such as replacing meat with legumes)? Գիտե՞ք, թե ինչպե՞ս մի ապրանքը մեկ այլով փոխարինել այնպես, որ պահպանեք նույն սննդային արժեքը կամ սննդարարությունը (հարցնել, թե միսը ինչով կարելի է փոխարինել և նմանատիպ օրինակներ քննարկել):

Willingness to learn, physical ability. Սովորելու ցանկությունը, կարողությունը

- Would you like to participate in different sessions where you can learn how to make nutritious food? Կցանկանա՞ք մասնակցել ինչ-որ դասընթացների, որտեղ կարող եք սովորել օգտակար սնունդ պատրաստել: Ինչո՞ւ:

- Will you be able to learn and practice whatever you learn? If not, why? (Options: has learning difficulties, no time, does not take it seriously, etc.)
Կկարողանա՞ք կիրառել այն, ինչ սովորել եք դասընթացից: Եթե ոչ, ինչո՞ւ (ուսանելու դժվարություններ ունի, ժամանակ չունի, լուրջ չի վերաբերվում և այլն):
- Have you learnt to prepare new dishes lately/from who, how? Վերջին շրջանում եփելու ի՞նչ նոր հմտություններ եք սովորել, ումի՞ց/որտեղի՞ց:
- Do you have the physical ability to prepare/purchase nutritious food? Ֆիզիկապես որքանո՞վ եք դուք/տան որևէ այլ անդամ ի վիճակի օգտակար սնունդ պատրաստել/գնել

OPPORTUNITY ԶԱՐԳՎՈՐՈՒԹՅՈՒՆՆԵՐ

Opportunities in the environment Միջավայրի հնարավորությունները

- What makes nutritious food consumption difficult in your family, in the community? Ի՞նչն է դժվարացնում օգտակար սննդի կիրառումը ձեր ընտանիքում/ համայնքում:
- How and to what extent do social and cultural norms (in the community, in your family) influence your family and children's nutrition? Ինչպե՞ս և որքանո՞վ են սոցիալական և մշակութային նորմերը (համայնքում, գյուղում, ձեր ընտանիքում) ազդում ձեր ընտանիքի և երեխաների սննդակարգի վրա: (Պրոր. Ի՞նչ սովորույթներ կան, որոնք կիրառում եք ձեր սննդակարգում:
- Does the environment encourage or discourage you from eating nutritious food? Արդյո՞ք միջավայրը /մտերիմներ, տան անդամներ/ նպաստավոր կամ խանգարող է, որպեսզի դուք օգտակար սնունդ օգտագործեք:
- What are appropriate strategies to influence positive social change and create new social norms in your family? Որո՞նք են այն ռազմավարությունները/մոտեցումները սոցիալական դրական փոփոխություն բերելու և ձեր ընտանիքում նոր սոցիալական նորմեր ստեղծելու համար, խոսքը վերաբերում է սննդակարգին: (Պրոր. Ինչպե՞ս կարելի է ձեր համայնքում/ընտանիքում առողջ սննդակարգի վերաբերյալ նոր սովորություններ/նորմեր ձևավորել):
- Do you connect your child's or other family members' sickness with malnutrition or unhealthy nutrition (consider growth, growth in height and weight, immunity, intelligence, feeling of tiredness)? Ձեր երեխայի կամ ընտանիքի այլ անդամների առողջական վիճակը կապո՞ւմ եք սննդի օգտագործման հետ (խոսքը վերաբերում է այդ անձի իմունիտետին, հոգնածության զգացումին, դարոցական առաջադիմությանը, աճի խնդիրներին և այլն): Եկեք խոսենք ուտելիքի քանակի և որակի մասին:
- Do you have obsessed or stunning family members with diabetes, health issues? What do you cook for them? Do they require specific food? Do they consume that food? Ունե՞ք դժբախտ, այլ առողջական խնդիրներով տան անդամներ: Արդյո՞ք նրանք պահանջում են տարբերվող սննդակարգ: Ստանո՞ւմ են այդ սնունդը:

Resources, time, role models Ռեսուրսներ, ժամանակ, դերային մոդելներ

- What makes it difficult to eat a healthy diet (Options: unhealthy food is more delicious, too tempting, healthy food requires extra effort to cook)? Ի՞նչն է դժվարացնում առողջ սննդակարգով սնվելը (անառողջ սնունդն ավելի համել է, շատ է գովազդվում, չափազանց գայթակղիչ է, առողջ սնունդը եփելու համար լրացուցիչ ջանք է պահանջում, քիչ հասանելի է խանութներում և այլն):
- Is healthy food more expensive than junk food? Արդյո՞ք առողջ սնունդն ավելի թանկ է, քան անառողջ սնունդը:

- Do you have enough money to buy food for your family members? (Prob: How much do you spend on food?) Ինչքանով են՝ ձեր ֆինանսական ռեսուրսները բավարար ընտանիքի համար առողջ սնունդ գնելու համար (հարցը ֆինանսական կարողությունների մասին է): (Պորթ: Որքան՝ գումար եք ծախսում սննդի վրա)
- Is there anyone assisting you in obtaining food and what specific products do they supply you with? Կա՞ որևէ մեկը, ով աջակցում է ձեզ սննդի ձեռքբերման հարցում և ի՞նչ սննդամթերքներ են դրանք:
- What kind of food do you get from your garden or livestock (ask if participants have agricultural sources)? Ինչպիսի՞ սնունդ եք ստանում ձեր սեփական արտադրությունից (այգուց, անասուններից):
- Do you think the workload burden for women and /or caregivers (both at household and community levels) has an impact on child-care practices and subsequently nutrition outcomes (meal frequency aspects, etc.). Ի՞նչ եք կարծում, կանանց ծանրաբեռնվածությունը (տանը/աշխատանքի վայրում) ազդեցություն ունի՞ երեխաների խնամքի, հետևաբար նաև նրանց սնվելու առանձնահատկությունների վրա օրինակ՝ սնվելու հաճախականության:
- Is it difficult to cook healthy dishes if you have many children/family members at home? Is it a barrier? Why? Դժվա՞ր է առողջ ուտեստներ պատրաստել, եթե տանը շատ երեխաներ/ընտանիքի անդամներ կան: Արդյո՞ք դա խոչընդոտ է: Ինչո՞ւ:

Social and cultural norms Սոցիալական և մշակութային նորմեր

- Have women in your community/household ever had to prioritize the nutritional needs of other family members or community members over their own? Ձեր համայնքի/ընտանիքի կանայք գերադասում են ընտանիքի այլ անդամների կամ համայնքի անդամների սննդային կարիքները իրենց կարիքներից:
- Who does the grocery shopping? Ո՞վ է զբաղվում մթերքների գնումներով:
- Who made the decision on what food to buy and what to cook? Ո՞վ է որոշում կայացնում, թե ինչ սնունդ գնել և ինչ պատրաստել (կանայք, տղամարդիկ):

MOTIVATION /Մոտիվացիա

Emotions/Զգացմունքներ

- To which extent is the nutrition of the family/children/adults important for you? How do you feel when they consume healthy/unhealthy food? Որքանո՞վ է ձեզ համար կարևոր ընտանիքի/երեխաների/մեծահասակների սնունդը: Ի՞նչ եք զգում, երբ նրանք օգտագործում են առողջ/անառողջ սնունդ: (Պորթ: Կարող եք թվարկել, թե ինչ էմոցիաներ եք ունենում, երբ պատրաստում կամ գնում եք նախընտրելի ուտելիք: Նկարագրեք ձեր զգացողությունները /մեղավորության զգացում, հպարտության զգացում, բավարարվածություն, ուրախություն/)
- How do you show your love to your children and your family members (Options: hugs, kisses, preparing nice food, buying them sweets)? Ինչպե՞ս եք ցույց տալիս ձեր սերը ձեր երեխաներին և ձեր ընտանիքի անդամներին (գրկախառնություններ, համբույրներ, հաճելի ուտելիքներ պատրաստում, քաղցրավենիքի գնում):

Goals /Նպատակներ

- Որ հիմնական երեք գործոններն են պլանավորում սննդի կիրառությունը: Who/what are key influencers at the primary, secondary, and tertiary levels? (Options: beauty, weight control, child's wellbeing, etc.) (արտաքինը, քաշը, երեխայի առողջ լինելը և այլն):

World Food Programme

14 Petros Adamyan St, Yerevan 0010, Armenia

T +374 10585112

WFP.ORG