

BEHAVIOR PROFILE: PREGNANCY DAILY INTAKE

HEALTH GOAL

Improve maternal and child survival and reduce malnutrition

BEHAVIOR

Pregnant women eat sufficient quantities of food at appropriate frequencies for a nutritious diet throughout pregnancy

✔ Percentage of women with a live birth in the three years preceding the survey who increased their food intake during their most recent pregnancy. (*Note: This indicator and corresponding questions should be piloted and adapted, as necessary, prior to use.)

BEHAVIOR ANALYSIS

STRATEGY

BEHAVIOR AND STEPS	FACTORS	SUPPORTING ACTORS AND ACTIONS	POSSIBLE PROGRAM STRATEGIES
<p>What steps are needed to practice this behavior?</p>	<p>What factors may prevent or support practice of this behavior?</p>	<p>Who must support the practice of this behavior, and what actions must they take?</p>	<p>What strategies will best focus our efforts based on this analysis?</p>
<p>Behavior</p> <p>Pregnant women eat sufficient quantities of food at appropriate frequencies for a nutritious diet throughout pregnancy</p>	<p>STRUCTURAL</p> <p>Accessibility: Pregnant women, especially in food insecure settings, do not eat with sufficient frequency or amount because markets or food distribution centers are too far away to visit regularly or lack food.</p>	<p>INSTITUTIONAL</p> <p>Policymakers: Enact and enforce social protection policies to increase accessibility and affordability to food year-round.</p>	<p>🔴 <i>Strategy requires Communication Support</i></p> <p>ENABLING ENVIRONMENT</p> <p>Financing: Work with the public and private sector to develop and implement context-specific financing schemes to help those in need purchase adequate amounts of food. (For example: vouchers, shops that sell foods at a discount, barter schemes, etc.) 🔴</p>
<p>Steps</p> <ol style="list-style-type: none"> Obtain sufficient quantities of nutritious foods for a pregnant diet, so they are in the home for meal or snack preparation Prepare and eat meals and snacks of an adequate quantity, about the equivalent of an extra meal over the course of the day compared to normal routine Eat meals and snacks at least 4 times a day Manage nausea and indigestion by eating smaller amounts more frequently 	<p>Accessibility: Pregnant women do not eat with sufficient frequency because they are too busy with competing responsibilities (household chores, caring for multiple children, work, agricultural labor, etc.).</p>	<p>Managers: Train and support facility and community level workers to provide high quality counseling services to pregnant women, and outreach services to community leaders and other family members, especially husbands and older women.</p>	<p>Partnerships and Networks: Engage and coordinate with public and private sectors to support the health of pregnant women, including sufficient daily food consumption and reduced work (calorie expenditure). 🔴</p>
	<p>Accessibility: Pregnant women do not eat with sufficient frequency or amount (adding additional food at each meal or a snack) because they cannot afford to.</p>	<p>Providers: Inquire about the pregnant women's home situation and provide follow-up support, as necessary.</p>	<p>Partnerships and Networks: Strengthen the capacity of community organizations providing social protection, religious leadership, education and nutrition and health services to change gender-based norms during pregnancy, with special attention to identifying girls and women at-risk of domestic violence, and providing support to them and their families to improve their situation.</p>
	<p>Accessibility: Pregnant women, especially in food insecure settings, do not eat sufficient quantities because they do not have food, especially during certain seasons.</p>	<p>Providers: Offer counseling and support to pregnant women during ANC visits, including identifying strategies with them to increase their daily consumption of nutrient-rich foods, and referring them to social protection programs as needed.</p>	<p>Policies and Governance: Enforce laws on the books about gender-based violence, recognizing that pregnancy is a time when gender-based violence risk increases and when women are especially vulnerable to economic, emotional, and physical abuse. 🔴</p>
	<p>Service Provider Competencies: Pregnant women do not feel that they receive high quality, appropriate, and timely counseling on improving their daily food intake.</p>	<p>COMMUNITY</p> <p>Community Leaders: Encourage all family members, but particularly male partners, to ensure that pregnant women eat sufficient quantities of nutritious foods throughout pregnancy. This includes giving advice on household food availability, encouraging them to help with household responsibilities, and promoting improved cooking facilities.</p>	<p>Private Sector Engagement: Stimulate private sector involvement to increase the availability, affordability, convenience, and desirability of nutritious and safe foods.</p>
	<p>Service Provider Competencies: Pregnant women feel that they don't receive adequate support to manage symptoms like nausea and heartburn which reduces their daily food intake.</p>	<p>Religious Leaders: Discourage pregnant women from restricting food intake for religious reasons.</p>	<p>SYSTEMS, PRODUCTS AND SERVICES</p> <p>Products and Technology: Develop inexpensive, convenient, and transportable nutritious foods for pregnant women. 🔴</p>
	<p>Service Experience: Pregnant women often miss the counseling portion of their facility visit because of long wait times and the lack of privacy to discuss problems.</p>	<p>HOUSEHOLD</p> <p>Male Partners: Actively take care of pregnant family members by ensuring that they consume appropriate amounts and by supporting them to access ANC services.</p>	<p>Products and Technology: Increase access to and use of available cook stoves or fuel that will allow pregnant women to prepare a small quantity of food for themselves. 🔴</p>
	<p>SOCIAL</p> <p>Family and Community Support: Pregnant women are not supported by their male partners to increase daily intake because men perceive pregnancy as a woman's domain.</p>	<p>Family Members and Male Partners: Include pregnant women in decisions about household food provisions, prioritizing food purchases and foods grown by the family for pregnant women.</p>	<p>Quality Improvement: Develop context specific methods (practice sessions, cell phone support, on-the-job mentoring) to systematically and regularly implement and monitor improvements in areas such as provider expertise related to nutrition of pregnant women, provider counseling and problem-solving skills, regular and timely follow up with clients, appropriate referral to relevant services, etc.</p>
	<p></p>	<p>Older Women: Seek out the latest information about diet during pregnancy to be able to care for pregnant women in their family, including</p>	<p></p>

facilitating pregnant women to access ANC services and eat enough each day and throughout the pregnancy.

Family and Community Support:

Pregnant women do not increase their daily intake because family members, especially older women, discourage them (in some cases abuse).

Gender: Pregnant women do not eat an adequate amount because it is a cultural norm that men and other high-status family members are served first and women eat what remains.

Gender: Pregnant women do not increase their daily intake because they are not allowed to participate in decisions about what foods are available in the home, purchased or grown.

Norms: Pregnant women restrict the amounts of foods they eat because they follow religious norms around food restrictions.

Norms: Pregnant women follow cultural expectations to restrict the amount of food they eat because of fear for a difficult delivery or big baby.

Norms: Pregnant women do not recognize or want to acknowledge their pregnancy early on so do not make changes to their diet.

Norms: Pregnant women may not ask for additional food because of the expectation that women should always be self-sacrificing, should put the needs of their children first, and should never ask for things for themselves.

Norms: Pregnant women will not eat enough food during the day because they follow norms that restrict eating outside of mealtimes, even when meals are only twice a day.

INTERNAL

Attitudes and Beliefs: Pregnant women eat additional meals or snacks because they believe it will make both them and the baby stronger and the baby bigger.

Attitudes and Beliefs: Pregnant women do not eat sufficient quantities as they believe their lack of hunger is because the baby is filling their stomach.

Skills: Pregnant women reduce food intake due to pregnancy symptoms like heartburn and nausea because they are not able to manage them in other ways.

DEMAND AND USE

Advocacy: Work through networks or associations of people working on pregnancy or women's issues to support improved diets throughout pregnancy, including having access to food, information, and support.

Communication: Use targeted media, including SMS where possible, to send tailored, seasonally appropriate, reminders and tips for pregnant women and family members about diet throughout the pregnancy.

Collective Engagement: Engage men as positive role models and agents of change for their community who champion positive nutrition practices during pregnancy.

Collective Engagement: Create or engage with existing savings and loan groups to work with vulnerable pregnant women and provide nutrition support.

Skills Building: Develop a package of materials and guidance on controlling nausea and heart burn to maintain a healthy diet that can be integrated into on-going activities and through various platforms, i.e. peer-to-peer support mechanisms, care groups, and advocacy groups.