

## BEHAVIOR PROFILE: PREGNANCY DIET DIVERSITY

### HEALTH GOAL

Improve maternal and child survival and reduce malnutrition

### BEHAVIOR

Pregnant women eat a variety of nutrient-rich foods daily, for both meals and snacks

✔ Prevalence of women of reproductive age consuming a diet of minimum diversity [Source: New DHS, indicator, minimum dietary diversity, women-MDD-W]

## 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><b>Behavior</b></p> <p>Pregnant women eat a variety of nutrient-rich foods daily, for both meals and snacks</p> <p><b>Steps</b></p> <ol style="list-style-type: none"> <li>Obtain sufficient quantities of nutrient-rich foods, such as animal-source foods and fruits and vegetables, for daily use.</li> <li>Prepare and eat nutrient-rich foods, such as animal-source foods and fruits and vegetables, in meals and snacks throughout each day.</li> <li>Limit highly processed, non-nutrient-rich foods and sugary drinks</li> </ol>	<p>What factors may prevent or support practice of this behavior?</p> <p><b>STRUCTURAL</b></p> <p><b>Accessibility:</b> Pregnant women do not eat diverse diets because many nutrient-rich foods are only available seasonally.</p> <p><b>Accessibility:</b> Pregnant women do not eat diverse diets because markets selling nutrient-rich foods are too far away to visit regularly.</p> <p><b>Accessibility:</b> Pregnant women do not eat nutrient-rich foods because they lack the facilities to safely store them.</p> <p><b>Accessibility:</b> Pregnant women do not eat nutrient-rich foods because they have an abundance of access to cheap, commercially produced snack foods.</p> <p><b>Accessibility:</b> Pregnant women do not eat diverse diets because they cannot afford nutrient-rich foods.</p> <p><b>Service Provider Competencies:</b> Pregnant women do not feel that they receive high quality, appropriate, and timely counseling on eating a diverse diet.</p> <p><b>Service Experience:</b> 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><b>SOCIAL</b></p> <p><b>Family and Community Support:</b> Pregnant women are often not supported by their male partners to eat a diverse diet because men perceive pregnancy as a woman's domain.</p> <p><b>Family and Community Support:</b> Pregnant women do not eat a diverse diet because they are not supported by older women in their families.</p> <p><b>Gender:</b> Pregnant women do not eat meats and highly prized foods because it is a cultural norm that these foods are</p>	<p>Who must support the practice of this behavior, and what actions must they take?</p> <p><b>INSTITUTIONAL</b></p> <p><b>Policymakers:</b> Enact and enforce social protection policies to increase accessibility and affordability to food year-round.</p> <p><b>Policymakers:</b> Enact and promote agriculture policies to support production and local marketing of a variety of nutrient-rich foods, including animal source food, with a focus on foods appropriate for pregnant women.</p> <p><b>Policymakers:</b> Create and enforce policies which integrate quality ANC services into other points of contact with women of reproductive age, including adolescents.</p> <p><b>Policymakers:</b> Enact guidance to encourage markets to promote local fresh foods for nutritional content.</p> <p><b>Managers:</b> 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><b>Providers:</b> Inquire about the woman's home situation and provide follow-up support, as necessary.</p> <p><b>Providers:</b> 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><b>COMMUNITY</b></p> <p><b>Community Leaders:</b> Address traditional practices or community norms that prevent pregnant women from obtaining and eating nutrient-rich foods.</p> <p><b>Community Leaders:</b> Encourage all family members, particularly male partners, to do their part in ensuring that women are supported in eating a diverse diet while pregnant.</p> <p><b>Religious Leaders:</b> Discourage pregnant women from restricting foods for religious reasons and engage the community on the importance of a diverse diet during pregnancy.</p>	<p>What strategies will best focus our efforts based on this analysis?</p> <p>🚩 <i>Strategy requires Communication Support</i></p> <p><b>ENABLING ENVIRONMENT</b></p> <p><b>Financing:</b> Work with the public and private sector to develop and implement context-specific financing schemes to help those in need purchase or obtain nutrient-rich foods. (For example: vouchers, shops that sell foods at a discount, barter schemes, etc.) 🚩</p> <p><b>Partnerships and Networks:</b> Convene community and government stakeholders, religious institutions, and civil society organizations to promote good nutrition during pregnancy including the provision of nutrient-rich foods. 🚩</p> <p><b>Partnerships and Networks:</b> Support local resilience livelihood schemes to ensure that families can access and use animal source foods for pregnant women. 🚩</p> <p><b>Policies and Governance:</b> Invest in agriculture policies that improve diet quality for pregnant women, including increasing availability, accessibility, and affordability of nutrient-rich foods year-round.</p> <p><b>Private Sector Engagement:</b> Stimulate private sector involvement to increase the availability, affordability, convenience, and desirability of nutritious and safe foods.</p> <p><b>SYSTEMS, PRODUCTS AND SERVICES</b></p> <p><b>Products and Technology:</b> Extend the safe use of inexpensive and readily available nutrient-rich foods by developing special products and improving preservation of seasonal and animal source foods. 🚩</p> <p><b>Quality Improvement:</b> 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><b>Quality Improvement:</b> Build providers' competencies and confidence to promote new foods and preparation methods to clients by offering providers an opportunity to try these foods or methods, particularly those that they have doubts about.</p>

reserved for men and other high-status family members.

**Gender:** Pregnant women do not eat diverse diets 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 types of foods they eat because they follow religious norms around food restrictions.

**Norms:** Pregnant women restrict the types of foods they eat because of cultural beliefs about the effect of certain foods on the pregnancy or pregnancy outcome.

**Norms:** Pregnant women do not eat animal-source foods regularly because it means eating family livestock which is done only on special occasions.

**Norms:** Pregnant women may not ask for additional nutrient-rich foods 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.

#### INTERNAL

**Attitudes and Beliefs:** Pregnant women believe that a diverse diet consists of different types of starchy staple foods rather than a variety of food groups.

**Attitudes and Beliefs:** Pregnant women often follow their cravings for salty and sugary snacks and drinks that can displace nutrient-rich foods because they believe the baby is asking for these foods.

**Attitudes and Beliefs:** Pregnant women do not eat certain nutrient-rich foods because they fear they will make them sick or harm their unborn child.

**Knowledge:** Pregnant women know that it is important to eat a "well-balanced diet" for a healthy pregnancy and healthy baby, but they do not know what foods are necessary for a well-balanced diet.

**Skills:** Pregnant women do not identify, purchase, and prepare meals with appropriate diet diversity because they lack the skills or abilities to do so.

**Market Vendors:** Promote foods for their nutritional value while displaying them prominently.

**Food Vendors:** Sell nutrient-rich foods or food preparations for daily purchase so they are accessible to those without proper storage.

#### HOUSEHOLD

**Male Partners:** Actively take care of pregnant family members by ensuring that they consume high-value foods and by supporting them to access ANC services.

**Family members or male partners:** Include pregnant women in decisions about household food provisions, prioritizing food purchases and foods grown or raised by the family for pregnant women.

**Grandmothers:** Seek out the latest information about diet during pregnancy to be able to care for pregnant women in their family, including facilitating pregnant women to access ANC services and to consume a variety of nutrient-rich foods every day, regardless of season.

**Quality Improvement:** Work with health facilities to provide a safe, private space for counselling and discussions with pregnant women and improve the flow of the visit to ensure women receive counselling in a timely manner. 📌

**Market Systems:** Address market constraints to service those living in areas isolated from the production of, or ready access to, nutrient-rich foods, year round (e.g. vendors take nutrient-rich foods to community areas with accessibility problems on established market days). 📌

#### DEMAND AND USE

**Advocacy:** Develop an advocacy kit for sub-national leaders (e.g. agricultural, health, and community development) on the importance of food diversity to promote locally available nutrient rich foods to support the health of pregnant women.

**Communication:** Use targeted media, including SMS where possible, to send tailored, seasonally appropriate, reminders and tips for pregnant women and family members regarding eating a variety of nutrient-rich foods daily throughout the pregnancy.

**Communication:** Brand and promote specific, locally available nutrient rich foods for easy identification by pregnant women.

**Communication:** Use multimedia and commonly used community and social networks to establish a norm that highly processed foods are unhealthy for pregnant women.

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

**Collective Engagement:** Establish or strengthen existing groups for offer sessions for pregnant women or "new parents" (newly married or couples experiencing their first pregnancy) which connect these women or couples to their peers offering a forum to discuss issues of concern, improve skills in budgeting and preparing nutrient-rich meals and to gain confidence in their ability to manage the pregnancy and to be a good parent(s).

**Skills Building:** Develop materials and guidance on identifying, storing or preserving, and preparing nutrient-rich foods for meals and snacks during pregnancy.