

BEHAVIOR PROFILE: POSTNATAL DIET DIVERSITY

Health Goal: Improve maternal and child survival and reduce malnutrition

Behavior: Mothers during the postnatal period eat a variety of nutrient-rich foods daily in meals and snacks

Indicator:

BEHAVIOR AND STEPS	FACTORS	SUPPORTING ACTORS AND ACTIONS	POSSIBLE PROGRAM STRATEGIES
<p>Behavior Analysis: What steps are needed to practice this behavior?</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. Obtain sufficient quantities of nutrient-rich foods, such as animal-source foods and fruits and vegetables, for daily use 2. Prepare and eat nutrient-rich foods, such as animal-source foods and fruits and vegetables, in meals and snacks throughout each day 3. Limit highly processed and packaged food and sugar-sweetened food and drinks 	<p>Behavior Analysis: What factors may prevent or support practice of this behavior?</p> <p>STRUCTURAL</p> <p>Accessibility: (B) Postpartum women in the poorest households are unable to consume a diverse diet because they cannot afford nutrient-rich foods</p> <p>Accessibility: (B) Postpartum women do not eat diverse diets because many nutrient-rich foods are not available year around</p> <p>Accessibility: (B) Postpartum women do not eat a diverse diet because nutrient rich foods are not found regularly in their communities or local market</p> <p>Accessibility: (B) Postpartum women do not eat a diverse diet because they do not attend, or receive postnatal care visits</p> <p>Accessibility: (B) Postpartum women do not eat a diverse diet because processed foods such as noodles and bread products and sweetened beverages are consumed instead especially when they are low cost and require little or not preparation</p> <p>Service Provider Competencies: Postpartum women who attend PNC eat more types of foods because they received and believed information on the importance of a diverse diet from health care workers</p>	<p>Behavior Analysis: Who must support the practice of this behavior, and what actions must they take?</p> <p>INSTITUTIONAL</p> <p>Policymakers: Enact and enforce social protection, and other sectoral policies to increase accessibility and affordability to nutrient-rich foods year-round</p> <p>Policymakers: Health provider pre-service education and training for all levels includes postnatal maternal nutrition within maternal nutrition</p> <p>Policymakers: Develop regulations about the marketing of processed foods to postpartum women and generally about the marketing of processed foods and drinks with false health claims</p> <p>Managers: Train and support facility and community level workers to provide high quality counseling services for postpartum women, and outreach services to community leaders and other family members, especially husbands and older women</p> <p>Managers: Agriculture sector program managers develop localized programs and extension services to improve availability of nutrient-rich food products in local markets</p>	<p>Strategy: What strategies will best focus our efforts on analysis?</p> <p>🔦 Strategy requires Communication Support</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 or particular nutrient-rich foods. (For example: vouchers, shops that sell foods at a discount, barter schemes, etc.) 🔦</p> <p>Partnerships and Networks: Leverage networks that work with women in various savings and lending schemes to encourage women not to ignore their own dietary needs including during the postnatal period, using savings to raise an animal that provides eggs or milk or grow greens or fruit near the house</p> <p>Policies and Networks: Create linkages with agriculture / food systems partners to improve the local availability of affordable nutrition foods, with a special focus on any that have been associated with women or particularly appropriate for women following birth</p> <p>Policies and Networks: Partner with local groups who monitor food markets to control those that may be wrongly targeted to postpartum women</p>

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	<p style="text-align: center;">SOCIAL</p> <p>Family and Community Support: (B) Postpartum women do not consume diverse diets because their family members who influence the mother's food decisions adhere to cultural food norms that dictate a restricted number of foods appropriate during the postnatal period</p> <p>Family and Community Support: (B) Postpartum women do not eat diets with nutrient-rich foods because their male partners and other influencers within the household do not know of the need for these foods and do not support the postpartum mother to purchase and consume these foods, different from the normal diet, especially if they are more expensive</p> <p>Gender: (B) Postpartum women do not consume diets with a diversity of nutrient-rich foods because postpartum women are expected to sacrifice their own nutrition for children and husbands, not eating foods that cannot be eaten by all</p> <p>Gender: (B) Postpartum women do not consume diverse diets because they are not allowed to participate in decisions about food purchases, as those decisions are made according to others' priorities.</p> <p>Norms: (B) Postpartum women do not eat diverse diets because of cultural beliefs about the effects of certain foods (often cold foods) on their postpartum recovery and health</p>	<p style="text-align: center;">INSTITUTIONAL</p> <p>Providers + Community HW: Provide counseling during PNC visits with feasible strategies with the postpartum women to increase their daily consumption of locally acceptable nutrient-rich foods and decrease intake of processed foods</p> <p>Providers + Community HW: Inquire about the woman's home situation and provide follow-up support, as necessary</p> <p>Providers + Community HW: Educate women on the need to consume various foods, both plant and animal-sourced food items, and that it is acceptable to do so. Emphasize consumption of foods that are consistent with cultural food norms, not reliant on processed foods, and explain why other foods are necessary and beneficial to the recently delivered woman's health</p> <p style="text-align: center;">COMMUNITY</p> <p>Community Leaders: Address traditional practices or community norms that prevent postpartum women from obtaining and eating nutrient-rich foods</p> <p>Community Leaders: Encourage all family members, particularly male partners and older women, to do their part in ensuring that women are supported in eating a diverse diet postnatally by contributing to household availability</p> <p>Religious Leaders: Discourage families of postpartum women from restricting foods and cooking during recovery and promote diverse foods for postpartum women that are acceptable and available locally</p>	<p style="text-align: center;">ENABLING ENVIRONMENT</p> <p>Policies and Governance: Government develops and enforces policies to diversify agriculture and develop local markets to provide foods that meet consumer needs at an affordable price</p> <p>Health Sector Policies: Ministry of Health has a clear policy and guidance supporting postnatal care and outreach to women in the postnatal period, not only to follow-up on their newborn, but also on the woman's health, well-being and nutrition</p> <p>Private Sector: Private sector joins effort to increase the availability, affordability, convenience, and desirability of nutritious and safe foods</p> <p style="text-align: center;">SYSTEMS, PRODUCTS AND SERVICES</p> <p>Products and Technology: Develop, or market existing, inexpensive, convenient, and transportable nutritious foods for 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 (institutional and community agent, like CHW) expertise related to women's nutrition during the postnatal period for her well-being and for lactation, provider (all-levels) counseling and problem-solving skills, regular and timely follow up with women especially if there are problems, appropriate referral to relevant services, etc</p>

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	<p style="text-align: center;">SOCIAL</p> <p>Norms: (B) Postpartum women do not consume various nutrient-rich foods because of the fear that certain foods, in some cases "cold foods," can affect the quality/quantity of breastmilk and they will be blamed if the child gets sick</p> <p>Norms: (B) Postpartum women do not consume diverse foods especially in first days after birth because their diet is restricted for religious reasons</p> <p style="text-align: center;">INTERNAL</p> <p>Knowledge: (B) Postpartum women do not eat diverse diets because they do not know the different types of food necessary for a diverse diet</p> <p>Knowledge: (B) Postpartum women do not consume diverse diets because they do not know the benefits provided by nutrient-rich foods items</p>	<p style="text-align: center;">HOUSEHOLD</p> <p>Family Members and Male Partners: Actively take care of postpartum women by ensuring that they consume high-value foods and by supporting them to access PNC services</p> <p>Family Members or Male Partners: Include postpartum women in decisions about household food provisions, prioritizing food purchases and foods grown or raised by the family</p>	<p style="text-align: center;">SYSTEMS, PRODUCTS AND SERVICES</p> <p>Quality Improvement: Community health workers have guidance and tools for postnatal home visits that include a focus on the mother's nutrition, especially if she is breastfeeding, and well-being (mental health) in addition to the newborn's</p> <p style="text-align: center;">DEMAND AND USE</p> <p>Advocacy: Work through networks or associations of people working on improving postnatal care or women's issues to support improved diets following the birth of a child, including women having access to food, information, and support</p> <p>Communication: Offer counseling and targeted messaging through media especially those that can be personalized, e.g., SMS, to provide tailored, seasonally appropriate, reminders and tips for postpartum women and family members about diet throughout the postnatal period</p> <p>Collective Engagement: Engage men to support their partners to eat well, shifting limited family resources to support procurement of healthy foods and encouraging partners in the postnatal period not to take up heavy work, serving as positive role models and agents of change for their community</p> <p>Collective Engagement: Communities where a significant percent of women, including those in the postnatal period depend on food supplements arrange for the women to reach the distribution centers or for the food to come to the community</p>

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			<div data-bbox="1545 245 2045 280" data-label="Section-Header"> <p>DEMAND AND USE</p> </div> <div data-bbox="1545 297 2045 448" data-label="Text"> <p>Skills Building: Develop or use existing peer groups to facilitate women sharing their experiences and problem solving together to find local, feasible solutions to eating a more diverse diet</p> </div>

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