

BEHAVIOR PROFILE: POSTNATAL DIET QUANTITY

Health Goal: Improve maternal and child survival and reduce malnutrition

Behavior: Mothers eat sufficient quantities of food at appropriate frequencies for a nutritious diet throughout the postnatal period

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 nutritious foods for a post-natal diet, so they are in the home for meal or snack preparation 2. 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. 3. Eat meals and snacks at least 4 times a day 	<p>Behavior Analysis: What factors may prevent or support practice of this behavior?</p> <p>STRUCTURAL</p> <p>Accessibility: (B) Postpartum women cannot increase their meal frequency or eat snacks because they do not have enough food year around</p> <p>Accessibility: (B) Postpartum women, especially in food insecure settings, do not eat adequate quantities of foods to meet basic needs because markets or food distribution centers are too far away or lack food</p> <p>Accessibility: (B) Postpartum women do not eat a sufficient amount of food because they cannot afford to</p> <p>Service Provider Competencies: (M) Postpartum women who attend checkups eat more food because they received and believed information on the importance of adequate food intake from the health care worker</p> <p>SOCIAL</p> <p>Family and Community Support: (B) Postpartum women consume lower quantities of food because their family members who are involved in the mother's food decisions adhere to cultural food norms and encourage food restriction</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 promote social protection and other sectoral policies and programs to ensure food availability especially during lean seasons</p> <p>Policymakers: Min. of Agriculture supports policies and programs for small scale horticulture and animal husbandry especially in areas of food insecurity to support local markets and improved access to food year around</p> <p>Managers: Train and support facility and community level workers to provide high quality counseling services to postpartum women, and outreach services to community leaders and other family members, especially husbands and older women to recognize the nutritional needs of postpartum women, emphasizing those who are breastfeeding</p> <p>Providers: Counsel and work with the postpartum women to identify strategies to increase their daily consumption of nutrient-rich foods</p> <p>Providers: Educate postpartum women, paying special attention to those who are breastfeeding, on the importance of consuming sufficient amounts of food including nutritionally rich food items and advise her about cultural restrictions/ religious fasting that put her health at risk</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. (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 small amounts of savings to raise and animal or establish a garden</p> <p>Policies and Networks: Form partnerships with groups working on women's issues that include mental well-being to address issues of post-partum depression</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>

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	<p style="text-align: center;">SOCIAL</p> <p>Family and Community Support: Postpartum women eat more food when it is prepared by another family member because they feel less nauseous than if they had to do the cooking</p> <p>Family and Community Support: (B) Postpartum women do not eat sufficient quantities of food because their male partners show no interest in how they feel or what they are eating</p> <p>Family and Community Support: (B) Postpartum women do not eat sufficient quantities of food when religious authorities of food when religious authorities do not specifically permit them to do so during fasting periods or communicate this permission to the broader community</p> <p>Gender: Postpartum women do not acknowledge hunger or consume adequate quantities of food because they prioritize other family member's food intake before their own due to expectations of women to sacrifice for their family</p> <p>Gender: (B) Postpartum women do not eat adequate quantities of food by taking an additional meal/ snack alone because it shows selfishness and they are concerned what others will think</p> <p>Norms: (B) Postpartum women are not eating sufficient quantities of foods because they are following cultural prohibitions on consuming nutrient-rich foods possibly, limiting their total food intake</p>	<p style="text-align: center;">INSTITUTIONAL</p> <p>Providers: Inquire about the women's home situation and provide follow-up support, as necessary</p> <p>Market Actors: The private sector and public-private partnerships support development and marketing of foods for women that are culturally appropriate and available at low cost year around</p> <p style="text-align: center;">COMMUNITY</p> <p>Community Leaders: Encourage all family members, especially older women and male partners, to support postpartum women in obtaining, preparing and consuming sufficient quantities of nutritious foods</p> <p>Religious Leaders: Encourage women and their families to permit them (postpartum women, especially those who are breastfeeding) freedom from restricting food intake during the postnatal period</p> <p style="text-align: center;">HOUSEHOLD</p> <p>Family Members: Include postpartum women in household food purchasing and decision-making in order to ensure adequate quantity of nutrient-rich foods is prioritized</p> <p>Male Partners: Ensure that adequate amounts of food are allocated for the postpartum woman</p> <p>Grandmother/Mother-in-law: Gain information on dietary needs during the postnatal period especially if the mother is breastfeeding, to ensure that the postpartum woman is consuming sufficient quantities of nutrient-rich food items daily</p>	<p style="text-align: center;">ENABLING ENVIRONMENT</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 expertise related to women's nutrition during the postnatal period for her well-being and for lactation, provider counseling and problem-solving skills, regular and timely follow up with women especially if there are problems, appropriate referral to relevant services, etc</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>

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	<p style="text-align: center;">SOCIAL</p> <p>Norms: (B) Post-partum women do not eat as much as they might want to until the newborn loses the umbilical cord (5-9 days postpartum) due to cultural prohibitions on foods that can have negative effects on the mother's health</p> <p>Norms: (B) Postpartum women in the first day (sometimes 2-3 days) do not consume any food because they are expected to fast in order to allow the birth passage to heal</p> <p>Norms: (B) Postpartum women who are confined following birth (often up to 40 days) do not eat sufficient quantities of food because they are expected to eat less to restore balance and strength</p> <p>Norms: (B) Postpartum women do not eat sufficient quantities of food because they are expected to follow cultural norms that prohibit them from cooking food or participating in family activities while their body is impure during the first 40 days after birth</p> <p>Norms: (B) Postpartum women do not eat sufficient quantities of food because they are expected to share limited food resources with everyone in the household</p> <p style="text-align: center;">INTERNAL</p> <p>Attitudes and Beliefs: (M) Post-partum women eat sufficient quantities when they believe that they should eat at least the amount of food they ate pre-pregnancy or more because they are weak after the birth of a child and need to regain their strength</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, with a focus on the extra dietary needs of the breastfeeding mother 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 and the special needs of the lactating woman</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> <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 their nutritional intake, including support with family members and feelings of depression</p>

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	<p style="text-align: center;">INTERNAL</p> <p>Attitudes and Beliefs: (M) Postpartum women eat adequate quantities of food because they believe the common misconception that eating greater food quantities is linked to improved breastmilk production</p> <p>Self-Efficacy: (B) Postpartum women who suffer from depression do not eat sufficient quantities because they lack the desire to do so</p> <p>Knowledge: (B) Postpartum women do not consume sufficient quantities of foods because they do not know intake during this period</p>		

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