### BEHAVIOR PROFILE: PREGNANCY DIET DIVERSITY

**Health Goal**
Improve maternal and child survival and reduce malnutrition

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: MDD-W]

### BEHAVIOR ANALYSIS

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

**Steps**
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, non-nutrient-rich foods and sugary drinks

### STRATEGY

#### FACTORS

**Behavior and Steps**
What steps are needed to practice this behavior?

**Factors**
What factors may prevent or support practice of this behavior?

**Supporting Actors and Actions**
Who must support the practice of this behavior, and what actions must they take?

**Possible Program Strategies**
What strategies will best focus our efforts based on this analysis?

#### ENABLING ENVIRONMENT

**financing:** 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.)

**Partnerships and Networks:** Convene community and government stakeholders, religious institutions, and civil society organizations to promote good nutrition during pregnancy, including the provision of nutrient-rich foods.

**Partnerships and Networks:** Support local resilience livelihood schemes to ensure that families can access and use animal source foods for pregnant women.

**Policies and Governance:** Invest in agriculture policies that improve diet quality for pregnant women, including increasing availability, accessibility, and affordability of nutrient-rich foods year-round.

**Private Sector Engagement:** Stimulate private sector involvement to increase the availability, affordability, convenience and desirability of nutritious and safe foods.

#### SYSTEMS, PRODUCTS AND SERVICES

**Products and Technology:** 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.

**Quality Improvement:** Develop context specific strategies to improve availability, accessibility, affordability, and desirability of seasonal and animal source foods.

**Quality Improvement:** 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.

**Quality Improvement:** Work with health facilities to provide a safe, private space for prenatal care.

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**Accessibility**
Pregnant women do not eat diverse diets because they lack the facilities to store or purchase them.

**Service Provider Competencies:**
Pregnant women often miss the counseling portion due to long wait times and lack of privacy.

**Service Experience:**
Pregnant women do not eat nutrient-rich foods because they are not supported by older women in their families.

**Family and Community Support:**
Pregnant women do not eat nutrient-rich foods because they are not supported by older women in their families.

**Family and Community Support:**
Pregnant women do not eat nutrient-rich foods because they are not advised of the importance of eating nutrient-rich foods.

**Gender:**
Pregnant women do not eat nutrient-rich foods because they are not advised of the importance of eating nutrient-rich foods.

**Supporting Actions and Actors:**
Who must support the practice of this behavior, and what actions must they take?

**Product and Technology:**
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.

**Quality Improvement:**
Develop context-specific strategies to improve availability, accessibility, affordability, and desirability of seasonal and animal source foods.

**Quality Improvement:**
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.

**Quality Improvement:**
Work with health facilities to provide a safe, private space for prenatal care.

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### SUPPORTING ACTORS AND ACTIONS

**Policymakers:**
Enact and promote agriculture policies to support production and local marketing of a variety of nutrient-rich foods, including animal-source food, and focus food assistance programs.

**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.

**Providers:**
Provide counseling and support to pregnant women during ANC visits, including identifying and referring them to social protection programs.

**Community Leaders:**
Address traditional practices or community norms that prevent pregnant women from obtaining and eating nutrient-rich foods.

**Religious Leaders:**
Discourage pregnant women from restricting foods for religious reasons and engage the community on the importance of a diverse diet during pregnancy.

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

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### POSSIBLE PROGRAM STRATEGIES

#### ENABLING ENVIRONMENT

**Financing:**
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.)

**Partnerships and Networks:**
Convene community and government stakeholders, religious institutions, and civil society organizations to promote good nutrition during pregnancy, including the provision of nutrient-rich foods.

**Partnerships and Networks:**
Support local resilience livelihood schemes to ensure that families can access and use animal source foods for pregnant women.

**Policies and Governance:**
Invest in agriculture policies that improve diet quality for pregnant women, including increasing availability, accessibility, and affordability of nutrient-rich foods year-round.

**Private Sector Engagement:**
Stimulate private sector involvement to increase the availability, affordability, convenience, and desirability of nutritious and safe foods.

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### SYSTEMS, PRODUCTS AND SERVICES

**Products and Technology:**
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.

**Quality Improvement:**
Develop context specific strategies to improve availability, accessibility, affordability, and desirability of seasonal and animal source foods.

**Quality Improvement:**
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.

**Quality Improvement:**
Work with health facilities to provide a safe, private space for prenatal care.
**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 do not eat 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.

**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.

**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.

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