

The challenge

Maternal malnutrition is a major public health problem in India. PLW have higher calorie, protein and micronutrient needs than other women, but calorie intake among PLW in Rajasthan is 40% below doctors' recommendations. Women are officially encouraged to "eat a variety of foods and eat more often than they normally would," but this advice is difficult to translate into practice. The nutritional shortfall in the dietary intake of pregnant women in Rajasthan is as high as:

- > 50%-70% in micronutrients
- > **50%** in fat
- > 38% in protein
- > **27%** in energy.

The sociocultural drivers of food intake

"Eat More, Eat Better" examined the sociocultural drivers of food intake among PLW in Rajasthan. The research findings were used to develop a behavior change strategy designed to target PLW and their key influencers in four districts of Rajasthan. These key influencer groups comprised husbands (the most influential group), mothers-in-law (MIL), and frontline workers (FLW).

Methodology

Phase 1

Phase 1 of the research comprised 21 interviews with PLW, along with focus group discussions (FGD) with fathers (4 groups), MIL (4 groups), and FLW (4 groups). The interviews elicited reflective responses on food and eating during pregnancy and lactation. They also tested certain communication concepts. The insights from Phase 1 were used to develop a behavior change strategy, which was validated in Phase 2.

Phase 2

Phase 2 involved 12 FGD with husbands, PLW, MIL and FLW. These



discussions were used to validate the proposed creative concepts, phraseology and stimuli for the behavior change strategy.

Key insights

The research process delivered the following key insights:

- > Traditionally, the husband in Rajasthan plays a role in the medical care of his wife. Despite this responsibility, husbands seek to avoid potential medical expenditures their wives might incur.
- Husbands perceive dietary advice as a form of preventative care (which thus averts potential medical costs).
- > Meals were an inefficient and expensive way to improve the dietary intake of PLW.

The deployment of snacking as a corrective strategy

The corrective strategy was based around snacking rather than the production of complete meals. This was for the following reasons:

Snacking does not require cooking.



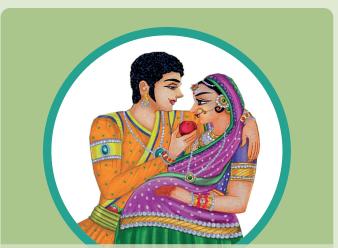
Branded treat pouches to be carried by PLW in their saris.

- Snacking is family-friendly, readily available in the home for everyone to share, and avoids the possibility of territorial clashes in the kitchen between PLW and MIL.
- Snacking can be used to improve the dietary intake of PLW in a practical and affordable way.

Improved dietary intake for PLW can increase the chances of a healthy delivery. It can also accelerate the mother's recovery from childbirth, allowing her to return to her other domestic responsibilities more quickly.

Creating the 'champions' of the future

The "Eat More, Eat Better" strategy calls on the young Rajasthani husband to take care of his wife's nutritional needs so that their babies can grow up to become 'champions' - children who achieve their physical and cognitive potential and thus have the basis for excelling in later life.



A campaign image depicting a husband helping to care for his wife's nutritional needs.

Expecting couples were shown a three-minute video (distributed on SD card, and also broadcast on television throughout Rajasthan) outlining a husband's responsibilities during his wife's pregnancy. In this video, a doctor emphasizes the importance of exclusive breastfeeding from the moment the baby is born, and by extension the importance of the mother's diet as well.

PLW were provided with a range of affordable and nutritious foods in a specially produced snack box, along with a treat pouch in which to keep some of these foods. The treat pouch is designed to be carried in a sari. This arrangement allowed PLW to snack at convenient moments during the course of the day.

The treat pouch was complemented by a champion's passbook containing information about healthy nutrition and serving as a monitoring tool. Husbands were encouraged to sign a pledge to actively support the nutritional needs of their wives and babies.

Further information

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