

Social and Behavior Change Resources for Women's Healthy Diets

5 Gaps and Recommendations



What are healthy diets?

Women's healthy diets are based on a wide variety of foods that are safe, affordable, desirable, and balanced across food groups. Healthy diets are appropriate to the needs of women during each lifecycle stage while restricting highly processed food and drink products.¹

One billion women and girls around the world do not have access to healthy diets.² In some countries, more than 80 percent of women have inadequate intake of key nutrients.³ Quality social and behavior change (SBC) is needed to accelerate progress in ensuring that all women enjoy a healthy diet.⁴ Quality SBC brings together and complements activities to address the wide range of factors that limit women from having healthy diets, such as a lack of access to affordable foods and social norms that influence women's food choices.

To explore the gaps in SBC resources for women's healthy diets, we identified quality SBC tools and resources through expert consultations and document reviews. We found existing resources that programs can adapt and use immediately. In addition, we identified five key gaps in existing SBC resources and five recommendations for future research and SBC resource development. SBC nutrition programmers, planners, and researchers can use the findings and recommendations to design, implement, and monitor current and future research and quality SBC programming to improve women's diets.

Visit the [USAID Advancing Nutrition website](#) for a complete list of resources reviewed.

Quality SBC Advances Women's Diets

Quality SBC is central to improving women's diets.⁵ Women have different nutrient needs than men and additional nutrient needs at several specific points in the lifecycle: adolescence, pregnancy, and breastfeeding. Improving women's nutrition—including diets—during these periods is critical for maternal health, newborn survival, and child nutrition, with positive effects on the next generations.⁶ In addition, improving women's diets is key to reducing poverty and hunger. Well-nourished women are better able to provide for themselves and their families. Moreover, nutrition is fundamental to women's well-being and ability to thrive.⁷

The effects of quality SBC on women's diets are far reaching. In particular, quality SBC—

- supports antenatal and postnatal maternal counseling on supplementation and consuming a diverse diet
- creates greater demand for healthy diets for women and their families⁸
- helps increase access to resources, build leadership in food and agricultural systems, expand gender equality, and ensure empowerment for women and adolescent girls.⁹

What is quality SBC?

Quality SBC is an element of effective programs. As a process, it—

- results in prioritized behaviors that are realistic and specific to people's contexts
- addresses the most important factors that influence nutrition behaviors in those contexts
- builds linked pathways between behaviors, factors, and interventions.

Methods

We conducted the SBC for women’s diets resource review in two stages: an online document search and consultations with external content experts. The document search strategy included looking for SBC programming tools and resources on women’s healthy diets in databases of published literature, targeted nutrition and development program websites, and through search engines. We connected the document search to the expert consultations by first screening published literature for mention of SBC resources and then following up with the authors. Thirteen consultations aimed to collect additional resources and understand experts’ experiences with programming to improve women’s diets. The consultations also identified research and programming gaps in this area.

We used the following inclusion and exclusion criteria:

- Included low- and middle-income countries; excluded high-income countries.
- Included SBC resources on women’s diets; excluded those for healthy or optimal diets in general or research findings or reports without SBC tools and resources.
- Included quality SBC resources that could be expected to support change; excluded resources that included only message(s) to eat well and rest as part of broader “maternal and child nutrition” materials and those that did not meet quality criteria.

The analysis was limited by what resources are referenced in English and available online or through experts; it is likely that more resources on this topic exist. The analysis was also limited by the ability to assess the quality of the resource. Many resources did not have descriptions about design (i.e., based on research, pretesting with intended users); where this was not available, we opted in favor of inclusion.



Photo credit: Marie Cusick, NOURISH

Activities and Resources Needed to Develop Quality SBC Programs

The development of quality SBC programs often requires a range of strategic activities relating to technical areas from policy and financing to improved systems, products, and services to demand and use. Therefore, the types of SBC resources we identified included—

- formative research resources on maternal nutrition or women’s diets
- SBC design resources for programmers
- training manuals
- communication media and materials:
 - policies
 - advocacy tools and materials
 - print, video for women or influencers, including counseling aids for service providers
 - marketing and advertising materials
 - peer group manuals
 - community dialogue or drama guides
 - measurement tools on maternal nutrition or women’s diets.

Gaps: SBC Resources for Women's Healthy Diets

GAP I

Overarching Finding

There are limited quality SBC resources for women's healthy diets in comparison to other health and nutrition topics.

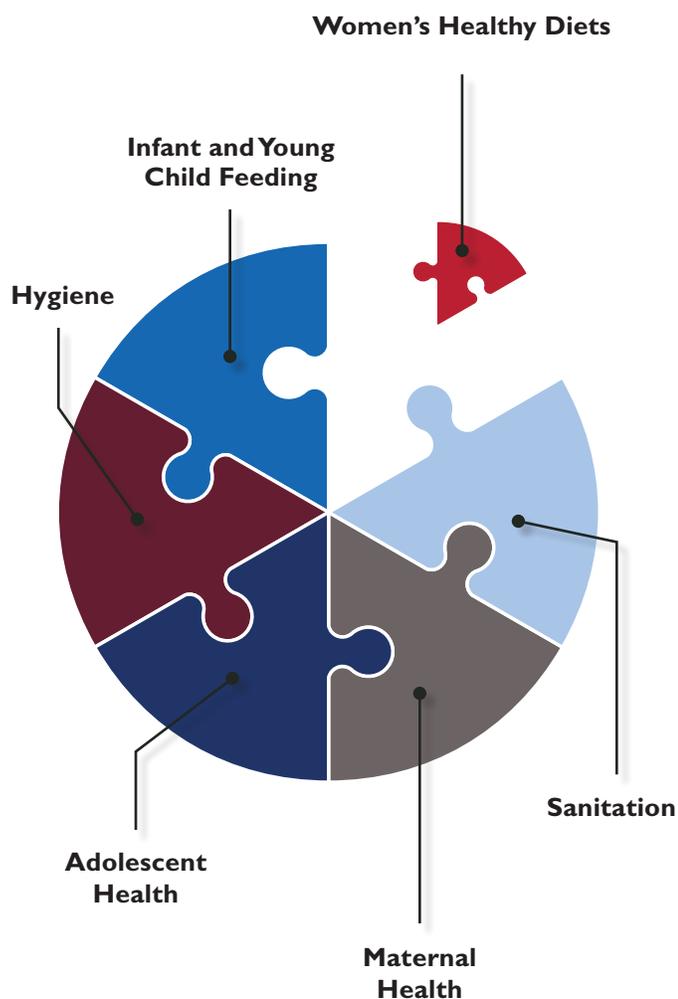


Photo credit: Terrie Schweitzer

GAP 2

Content

Nearly all SBC resources focus on pregnant and lactating women. Of the 80 resources found, 63 focus on women during pregnancy and lactation; only 14 are for women of reproductive age more broadly. This disparity reflects the overall research and programming gaps for women outside of the pregnancy and lactation period.¹⁰



GAP 3

Factors

Few SBC resources address the social or structural factors that prevent or support diets; most SBC resources focus on women's knowledge and skills. This gap reflects major missed opportunities to address the actual factors that make improved diets possible and therefore achieve intended nutrition outcomes.



0

Focus on Enabling
Policy and Institutional
Environment



7

Focus on Demand and
Supply of Nutrition,
Food, and Services



77

Focus on Demand
Among Women

GAP 4

Participant Groups/Audiences

Few SBC resources engage the people who need to influence or support women's healthy diets. Most resources are designed for women themselves who can make some—but not all—of the changes needed. This gap highlights another missed opportunity to ensure that the people who need to take supportive actions play their role to achieve intended outcomes.



14

Policy Makers,
Agriculture Extension
Managers,
Market Vendors,
Community Leaders



21

Families,
Health Providers



45

Women

GAP 5

Platforms

Few SBC resources are for media stakeholders, market vendors and regulators, the agriculture sector, and/or workplaces. To improve women's diets before and beyond pregnancy and lactation, these delivery platforms are critical to reach women and girls. In addition, SBC resources are also needed to improve the effectiveness of nutrition-sensitive approaches in these settings.



1

Market



2

Workplace



3

Policy



15

Health Facility



60

Home / Community

Recommendations: SBC Resources for Women's Healthy Diets

Gap I and Recommendations

Overarching Finding

There are limited quality SBC resources for women's healthy diets overall in comparison to other nutrition topics.

SBC Resources

Adapt existing nutrition SBC resources for women's diets in programs with similar goals and contexts and/or prioritize the development of new SBC resources to fill gaps. Several programs have produced high-quality, evaluated SBC resources that can offer learning and be adapted for other programs.

Research Priorities

Research such as participatory concept testing is required to prioritize and adapt existing SBC resources to support women's healthy diets throughout the lifecycle.

Example of Quality SBC Resources

To improve the quality of counseling on maternal nutrition during antenatal and postnatal care contacts, [Alive & Thrive](#) developed job aids for frontline workers in India, Bangladesh, and Burkina Faso. The job aids are complemented by a range of supportive SBC communication materials for women, families, and influencers. For example, in [India](#), materials include a family calendar, a booklet, and leaflets for [husbands](#), [religious leaders](#), and [community leaders](#). Alive & Thrive Bangladesh cataloged the tools.



Photo credit: CRS / Heidi Yanulis Photography

Gap 2 and Recommendations

Content

Nearly all SBC resources focus on pregnant and lactating women.

SBC Resources

Pay more attention to quality SBC to improve healthy diets for women of reproductive age more broadly, not only during pregnancy and lactation. This is important for both maternal nutrition as well as for women throughout the lifecycle. For maternal nutrition, programming should be shaped around the need to prepare women for pregnancy by improving nutrition beforehand; nutrition cannot be fully improved in a matter of months. For all women, SBC on healthy diets for women also supports the “double-duty” actions to tackle multiple forms of malnutrition.

Research Priorities

Research is needed on effective SBC to support decision-making around food choices among adolescent girls, specific to age and stage. This research should seek to understand what works with all types of adolescent girls by age, stage, and context: very young adolescents and older adolescents, in and out of school, and in urban and rural settings.

Example of Quality SBC Resources

To improve diverse diets among tea farmer households, including women’s diets in the workplace, GAIN’s [Nutrition Tea Project](#) in Indonesia provided training and seeds to farmers to grow vegetables and fruits in small areas. Media and materials included videos, booklets, dietary diversity tracking sheets, stickers, and games. Nutrition Ambassadors strengthened community support for improved diets among women. As a result, the women’s median dietary diversity score increased significantly from 3 to 5.5 food groups consumed in the past 24 hours. For additional resources on adolescent nutrition, search the [Adolescent Nutrition Resource Bank](#).

Gap 3 and Recommendations

Factors

Few SBC program resources address the social or structural factors that prevent or support diets.

SBC Resources

In SBC resources, address all key factors that prevent or support women’s healthy dietary practices. These factors may be at policy and systems levels to help create more enabling environments and support market actors to supply affordable, safe foods. SBC program resources identified focus primarily on individual-level factors, without addressing women’s intrinsic, instrumental, and collective agency for effective, long-term change.

Research Priorities

Research is needed to understand which factors prevent or support women’s dietary practices in each context, especially at the structural and social levels. For example, better understanding how SBC strategies for women’s financial literacy and dietary decision-making are linked would help to understand how financial literacy and financial empowerment activities could be leveraged to improve women’s dietary outcomes.

Example of Quality SBC Resources

To increase joint decision-making and household financial management to improve women’s and children’s diets, the [Earn and Buy Game](#) is played by fathers, mothers, and grandmothers during Enhanced Community Conversations. This game is one of a host of SBC communication activities of the [Growth through Nutrition](#) project in Ethiopia. The game includes a vinyl mat with images of common household purchases; 56 laminated cards (“play money”); and instructions for the facilitator.



Photo credit: Matteo Carta

Gap 4 and Recommendations

Participant Groups/ Audiences

Few SBC resources engage the people who need to influence or support women's healthy diets.

SBC Resources

Develop SBC resources to engage the people who influence and support women's healthy diets. Women often need actions from other people to address structural and systemic issues to improve diets. There are quality SBC resources to adapt and use that engage family members and community leaders; more are needed for other influencers such as policymakers and service providers.

Research Priorities

Research is needed to better understand what market actors, including vendors, are willing and able to do, and how SBC resources can engage these influencers. Gaps remain in our knowledge of why market vendors decide to make and sell what they do and why people buy what they do within certain contexts.

Example of Quality SBC Resources

Working in Kenya for [Nutrition International](#), Cornell University developed SBC resources to help "adherence partners" support pregnant women in taking [calcium and iron folate supplements](#). Health providers requested that women select adherence partners to remind and encourage them to take supplements. Most women selected their husbands and reported that the husbands helped them adhere to the recommendations.

Gap 5 and Recommendations

Platforms

Few SBC resources are developed for media stakeholders, market vendors and regulators, agriculture sector and/or workplaces.

SBC Resources

To better reach women, develop SBC resources to improve women's healthy diets for use in workplaces, schools, and markets where women, girls, and their families spend time.

Research Priorities

Implementation research is needed to test and refine SBC for market-level activities. New activities—such as marketing campaigns or activities with private sector actors, including market vendors—should be tested using healthy (and possibly newly introduced) ingredients and suggestions for cooking techniques.

Example of Quality SBC Resources

The Fresh Food [Voucher Programme](#) of the World Food Programme [Ethiopia Office](#) supports households in the first 1,000 days to improve their access to fresh food through monthly vouchers. Media and materials include print materials for households and religious leaders, interpersonal communication through home visits, and facilitated coffee ceremony conversions with women. In markets, dramas engage fathers and boys. In addition, practical demonstrations promote buying fresh foods. A two-year [pilot](#) improved access in markets to fresh foods, particularly fruits and vegetables, and doubled the women's dietary diversity score.

Conclusion

Quality SBC is critical to ensuring that all women have a healthy diet, but few SBC resources exist to support women's healthy diets through all life stages, and fewer still address the enabling environment for those diets. This review also found gaps in the breadth of content, the range of factors addressed, the people engaged, and platforms used. To fill these gaps, programs should adapt and use existing resources while seeking to conduct research on the gaps and develop new materials to bridge those gaps.

Endnotes

- 1 Food and Agriculture Organization (FAO) and World Health Organization (WHO). 2019. *Sustainable healthy diets – Guiding principles*. FAO: Rome.
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- 9 United States Agency for International Development (USAID). 2016. *U.S. Government Global Food Security Strategy*. Washington, D.C.: USAID.
- 10 Fox, Elizabeth L., Claire Davis, Shauna M. Downs, Werner Schultink, Jessica Fanzo. 2019. "Who is the Woman in Women's Nutrition? A Narrative Review of Evidence and Actions to Support Women's Nutrition throughout Life." *Current Developments in Nutrition*, Volume 3, Issue 1, nzy076, Doi:10.1093/cdn/nzy076.



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