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Women's Diets Learning Agenda

Key Learning and Future Directions: **Executive Summary**



About USAID Advancing Nutrition

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, led by JSI Research & Training Institute, Inc. (JSI), and a diverse group of experienced partners. Launched in September 2018, USAID Advancing Nutrition implements nutrition interventions across sectors and disciplines for USAID and its partners. The project's multi-sectoral approach draws together global nutrition experience to design, implement, and evaluate programs that address the root causes of malnutrition. Committed to using a systems approach, USAID Advancing Nutrition strives to sustain positive outcomes by building local capacity, supporting behavior change, and strengthening the enabling environment to save lives, improve health, build resilience, increase economic productivity, and advance development.

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In 2020, USAID Advancing Nutrition developed a learning agenda to document global learning, evidence, and innovative practices on how to improve women’s diets, with a focus on pregnant and lactating women. This focus on women’s diets responds to the need to ensure that women and adolescent girls can consume healthy diets and access high-quality health services. This work also addresses gaps in implementation experience and evidence on women’s diets identified in the USAID Advancing Nutrition *Maternal, Infant, and Young Child Nutrition Strategic Planning Document*, which we developed in collaboration with USAID (USAID Advancing Nutrition 2020b). Through the learning agenda, we synthesize learning across over 50 activities related to women’s diets from 2018–2023 through 12 learning questions across five areas of inquiry—improving women’s diets through market food environments, demand creation, family diets, counseling and other health service delivery, and policies and policy implementation. These activities included primary studies, literature reviews, guidance and toolkit development, and Mission-funded direct implementation and nutrition governance activities. Each year, a project working group tracked learning for relevant activities, reviewed project documents, and interviewed country staff to document and synthesize learning. We also held a convening with USAID in 2023 to review learning to date and discuss future learning priorities. This report summarizes the learning from across the project years and learning priorities to inform future USAID and implementing partner work.

Learning Summary and Evidence Gaps

Improving Women’s Diets Through Improved Market Food Environments

Social and gender norms shape, and often constrain, how women participate in or access food markets to meet their nutritional needs. There is limited evidence about what aspects of local market food environments in rural, emerging, and transitioning food systems most influence women’s diets and how to shift these market environments to improve women’s diets (Moore et al. 2021; IFPRI 2015; Development Initiatives 2020). Further, the role of gender norms in market food environments is largely absent in current frameworks (Herforth and Ahmed 2015).

Our work testing consumer demand measures in Bangladesh and [formative research in India](#) aligns with existing evidence showing that social and gender norms on women’s mobility can constrain women’s physical access to markets and that women often have limited access to and control over income. Further, economic, political, environmental, and other types of shocks to food systems disproportionately affect women’s diet quality (Njuki et al. 2023). We found that market shocks from COVID-19 pandemic restrictions likely shifted women’s food access and consumption patterns. Programs can assess market food environments to identify barriers to availability and cost of nutritious foods for women. We piloted approaches to [assess market food environments](#) which can support such assessments (USAID Advancing Nutrition 2021c).

Given the food market constraints that women face, context-specific interventions should be designed to address them. In South Sudan, when [examining the influence of agriculture interventions on women’s dietary diversity](#), we found that Minimum Dietary Diversity for Women (MDD-W) was higher for women who lived farther from markets and who reported that 50–75 percent of their food came from their own production (USAID Advancing Nutrition 2022c). Other research shows that on-farm diversity typically has a larger effect on dietary diversity when households live farther from markets or there are market imperfections or failures (Ruel et al. 2018; Madzorera et al. 2021).

Women’s high time burden is another constraint to consider, as we found that in India, women were less likely to buy foods that were not available in their local village. In Nigeria, we found that consumer demand was lower for groundnuts and other legumes that women found too labor- and time-intensive to prepare. Our [technical brief on gender considerations when working in the food system](#) (USAID 2022) outlines how programs should prioritize gender equality.

Improving Women’s Diets through Demand Creation

Influencing consumer demand and ultimately food purchasing and consumption through multiple actors can increase women’s consumption of diverse diets. Private sector actors have expertise in effective demand generation for food and food products, but often focus efforts towards higher-income consumers (Nordhagen and Demmer 2023). We developed a [guide on marketing healthy diets](#) to support USAID implementing partners (USAID Advancing Nutrition 2022d) to apply private sector social marketing techniques in their program contexts. Family members can also be pivotal actors in building consumer demand. In [India](#) and Bangladesh, we found that men are key decision makers on food purchases (USAID Advancing Nutrition 2022f). In Nigeria, we found that gender roles around food purchases were becoming less rigid and women were increasingly deciding what to buy and cook for their families. Our [formative research findings from Niger](#) suggest that increasing women’s diets in that context requires both improved access and shifts in family support for women to eat more—via husbands, mothers-in-law, and sisters-in-law through social and gender norms change (USAID Advancing Nutrition 2022a). Through reviews, we found that social and behavior change (SBC) [interventions that involve family members](#) are typically in the health sector; few addressed gender norms, decision-making, and family dynamics (Martin et al. 2021); and interventions engaging family members can successfully [increase awareness and build support for maternal nutrition](#) (Martin et al. 2020). In USAID Advancing Nutrition’s [Family Inclusion in Nutrition through Engagement community of practice](#), participants shared the importance of creating culturally relevant concepts to translate key points and model practices. USAID Advancing Nutrition put this to practice in Ghana by creating father support groups to engage men to support improved women’s nutrition.

Beyond family support, improving broader social support for women’s healthy diets may be useful. The relationship between social support and women’s diets needs further exploration. [Study findings](#) from Cameroon (mixed methods) but not South Sudan (quantitative) found a positive association between social support and women’s dietary diversity (USAID Advancing Nutrition 2022c). Using advanced audience segmentation in Mozambique with Breakthrough ACTION, we found that social support is a driving factor to improving women’s diets.

Addressing social norms around women’s consumption can help increase consumer demand for healthy foods. USAID Advancing Nutrition developed and tested a [guide](#) for nutrition programs to understand and respond to social norms that influence women’s diets based on a systematic review of the literature and experience in the reproductive health sector (USAID Advancing Nutrition 2022b).

Evidence gaps for generating consumer demand for high-quality diets among lower-income consumers to reduce undernutrition are prominent (Nordhagen and Demmer 2023). USAID Advancing Nutrition conducted a review that found few published studies that looked at research or programs to increase demand for women’s diets by addressing social norms, especially for non-pregnant women (USAID Advancing Nutrition n.d.[b]).

Improving Pregnant and Lactating Women’s Diets through Improved Family Diets

Pregnant and lactating women’s diets are influenced by family diets and women and adolescent girls often have the least access to high-quality and sufficient quantities of food in the household (WFP 2015; FAO n.d.; HLPE 2020; Njuki et al. 2023).

To respond to the need for better programming to improve adolescent diets in the context of family diets, USAID Advancing Nutrition developed a [guide on how to conduct formative research with adolescents](#) (USAID Advancing Nutrition 2021b) which we applied in [Niger](#) and Nigeria. In both countries, we found that adolescent girls have relatively little agency in household and personal food choices, which is modified by marriage and pregnancy (USAID Advancing Nutrition 2022a). In [qualitative research](#) supported by USAID Advancing Nutrition, the Tanzania Food and Nutrition Centre (TFNC) found that social norms, ease of preparation, availability, affordability, and socio-economic status shaped

girls' food choices (TFNC 2023b). More evidence is needed on how to tailor interventions to improve adolescent girls' nutrition and how to reach them through platforms other than schools (WHO 2018; Hargreaves et al. 2022). Our research findings support implementation experiences that suggest that adolescent girls can benefit from tailored approaches, rather than solely being included in activities for pregnant and lactating women. For example, in the Kyrgyz Republic, we worked with health workers to incorporate counseling on adolescent nutrition into home visits and our program in India hosted cooking competitions for and judged by adolescents to help promote consumption of vegetables and fish.

SBC is critical to ensuring the equitable impact of interventions that aim to improve family diets. Our [review of SBC resources for women's diets](#) found that many materials focus on dietary facts, rather than tips for how to integrate a healthier diet for women or families. Research is needed to better design interventions to convey these messages to the family, community members, and other influencers surrounding women (USAID Advancing Nutrition 2021d).

There is evidence that women's dietary intake can benefit from some types of household-level interventions, but it is important to consider context-specific constraints. In [our studies in South Sudan and Cameroon](#), we found that agricultural interventions in protracted emergency contexts aimed at improving family diets can improve women's dietary diversity through both production for consumption and income generation (USAID Advancing Nutrition 2022c). In the [Kyrgyz Republic](#), we found that food preservation and storage for winter was positively associated with women's dietary diversity (Mukuria-Ashe et al. 2022). While large-scale food fortification can improve the micronutrient and health status of women (Keats et al. 2019), the potential of this intervention varies by context. In modeling the contribution of fortification to micronutrient adequacy of the family diet, we found that it [would not reduce vitamin A inadequacies in poor, rural areas in Malawi](#) (Tang et al. 2021). We also found that micronutrient inadequacy would likely remain for families in the lowest socioeconomic groups in Nigeria (USAID Advancing Nutrition n.d.[a]).

The cost to meet the nutrient needs of pregnant and lactating women and adolescent girls within the family diet is high. Using Fill the Nutrient Gap and Cost of Diet analysis in Nepal and Niger, we found that nearly half or more of the household's nutritious diet cost is needed to meet the needs of the breastfeeding woman and adolescent girl in the households and that current food assistance was not sufficient to meet these nutrient needs (NPC and WFP 2021).

Improving Pregnant and Lactating Women's Diets through Counseling and Other Health Service Delivery

High-quality health services provide an important avenue to fill maternal dietary gaps, including through micronutrient supplementation and counseling on women's diets. We developed [guidance](#) on how to strengthen maternal nutrition interventions in the health sector. The guidance outlines a three-step process to design or adapt maternal nutrition interventions—complete a situation analysis; identify maternal nutrition health sector priorities to develop an implementation plan; and lastly, implement, monitor, and adapt programs (USAID Advancing Nutrition 2021a).

There is moderate to strong evidence for replacing iron-folic acid (IFA) with multiple micronutrient supplementation, for using maternal calcium supplementation, and providing balanced energy–protein supplementation for undernourished women (Keats et al. 2021). In [Niger](#), we found that women face constraints accessing IFA supplementation, including limited and inconsistent supply of IFA and distance to health centers, and do not always adhere to the full course of IFA due to side effects. Strengthening supply chains would help improve access to IFA and improved social support may help women to improve adherence (USAID Advancing Nutrition 2022a). In Nigeria, we found that not all pregnant adolescent girls were aware of IFA and some did not take it. Our findings align with evidence on

generating demand for use and adherence to micronutrient supplementation among pregnant women, including by using adherence partners (Martin et al. 2017; Nguyen et al. 2017).

Learning from our implementation experiences reinforces the evidence base showing that providing high-quality nutrition counseling is a complex task. High-quality counseling involves tailoring to the individual, sharing doable actions, and providing access to a safe and private space (USAID Advancing Nutrition 2022i). In line with others (Kavle 2023), we found that capacity strengthening approaches, including mentorship and supportive supervision can help the quality of counseling. Our country programs in the [Kyrgyz Republic and Ghana](#) found that a combination of technical assistance and capacity strengthening approaches (e.g., updating supervision tools, training, coaching, supportive supervision) can improve the quality of counseling on maternal diets (USAID Advancing Nutrition 2023). In Nigeria, we provided training on using [behavior change counseling tools](#) to help build empathy between health workers and mothers and collaboratively develop an action plan or checklist of what mothers can commit to do before the next visit (USAID Advancing Nutrition and Breakthrough ACTION 2023). Despite recommendations, antenatal counseling on maternal diet and weight gain is seldom provided and there is limited evidence on quality (Kavle 2023).

Improving Pregnant and Lactating Women’s Diets through Improved Policies and Policy Implementation

The inclusion of women’s diets in national and subnational nutrition policies, plans, and budgets is needed to create a sustainable enabling environment. Our findings from interviews on [improving nutritional care for children with disabilities](#) suggested a critical need to address maternal nutrition to prevent developmental delays and disabilities. Additionally, greater support of breastfeeding through maternal nutrition support and lactation support, particularly for small and sick newborns, is essential. These specific recommendations to support maternal nutrition are embedded in broader recommendations to support mothers’ and other caregivers’ overall well-being (USAID Advancing Nutrition, UNICEF, and WHO 2023). Another way to strengthen nutrition policies is to expand them beyond infant and young child nutrition to include maternal nutrition, work which we supported in Tanzania at the national level and in Nigeria at the state level.

Accurate data on factors affecting women’s diets is needed to develop, advocate for, and monitor policies. For example, relatively [low-cost approaches can be used to assess diets, markets, and the cost of an adequate diet](#) to inform large-scale food fortification programs (USAID Advancing Nutrition 2022e). While Diet Quality Questionnaires (DQQ) can quickly [collect dietary data](#), we found variations in food group consumption captured by the lists in different subnational areas and countries, and underestimations of MDD-W. Subnational adaptations of DQQs, especially for fruit and vegetable food groups, could [improve the accuracy of indicator estimation and provide information about consumption](#) of nutrient-dense foods at local levels (USAID Advancing Nutrition 2022h). We supported TFNC to collect and analyze data on women’s diets in Mbeya Region and strengthened TFNC’s capacity to estimate adequate and inadequate dietary intake for women (TFNC 2023a). We worked with policymakers in Tanzania, Nigeria, and Burkina Faso to use MDD-W to monitor progress of policies and interventions to improve women’s diets.

In our country programs, we found that efforts to translate nutrition policy into action often encompassed multiple nutrition objectives, and were still able to support women’s diets despite this broad focus. Translating policy into action requires planning and budgeting and collaboration between governments and implementing partners. We developed [guidance to support integration of USAID activities and interventions in domestic nutrition plans and budgets](#) (USAID Advancing Nutrition 2020a). In Tanzania, we supported the government and strengthened their capacity to [develop a domestic resource mobilization strategy](#) and reviewed sectoral plans for nutrition activities (USAID Advancing Nutrition 2021e).

Our country teams have also found that subnational planning is critical to ensure implementation of national nutrition policies and that translating policy into action requires functional and accountable government bodies. For example, in Ghana and Kenya, we supported development of subnational nutrition plans, which was a way to incorporate priorities for women's diets.

More work is needed to determine which policy reforms or set of complementary reforms should be prioritized to improve the quality of women's diets, especially during the antenatal, perinatal, and postpartum periods, in different low- and middle-income country contexts as well as how to effectively advocate for those policy reforms (Development Initiatives 2020; GloPan 2016; HLPE 2020).

Conclusion and Future Directions

Across the areas of inquiry, we found interconnected factors that influence women's diets; the solutions to barriers and constraints must be similarly connected. The structure and functioning of market food environments are an important determinant of food availability and affordability, while both shaping and adapting to consumer demand. Social and gender norms often constrain women's participation in food markets; decision-making related to production, purchases, and consumption; and access to food within the household. At the same time, harnessing the influence of family members and communities has the potential to improve women's diet quality and positively shift social and gender norms over time. High-quality health services, including counseling and micronutrient supplementation, are needed to ensure adequate nutrient intake for women, and family support is needed for access to and adherence to those services. Finally, policies that explicitly prioritize women's diets and policy implementation backed by high-quality data, planning, budgeting, and accountability mechanisms provide the enabling environment needed to maintain and accelerate progress.

While the same types of factors influence women's diets across many contexts, the implications of how they influence women's diets varies across and within contexts and depend on women's socio-economic and demographic characteristics. When implementing partners do not have sufficient information about how these factors influence women's diets in a particular context, they should use expert and community consultations, formative research, or other approaches to gather this information to inform their activity design. When key questions remain about how to improve women's diets, implementing partners can use learning and adaptive management approaches to improve intervention design and implementation during the activity period.

Continued evidence generation from research and implementation is needed to fully answer the questions in this learning agenda. There are several learning priorities for USAID and implementing partners to consider following this work:

- Given the many factors—socio-cultural, economic, food market environment, among others—that influence women's diets, studies should assess a combination of interventions to improve diets. Implementation research with quasi-experimental or experimental designs that test the effectiveness and cost-effectiveness of different packages of approaches is needed in these areas:
 - reducing barriers to women's participation in food markets and their influence on women's diets, particularly for low-income consumers
 - increasing social and family support and using social marketing techniques to generate demand for nutritious foods for women
 - tailoring approaches for adolescent girls, particularly those who are pregnant and lactating
 - approaches to strengthen the quality of counseling
 - developing additional micronutrient delivery strategies, including the use of SBC approaches to improve social and family support for supplementation.

- Develop and test simplified approaches and measures to assess and monitor nutrition-related social norms for use by implementing partners.
- Develop and test a toolkit on supporting women's diets through policy, planning, budgeting, monitoring, and accountability frameworks that practitioners can adapt and apply in different countries at the national and sub-national levels.
- Address data gaps on adolescent girls' consumption and nutrition status through data collection and testing dietary intake and nutrition status measurement approaches for this population.
- Conduct or support research on understudied topics about the relationship between women's diets and social support and mental health.

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USAID ADVANCING NUTRITION

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