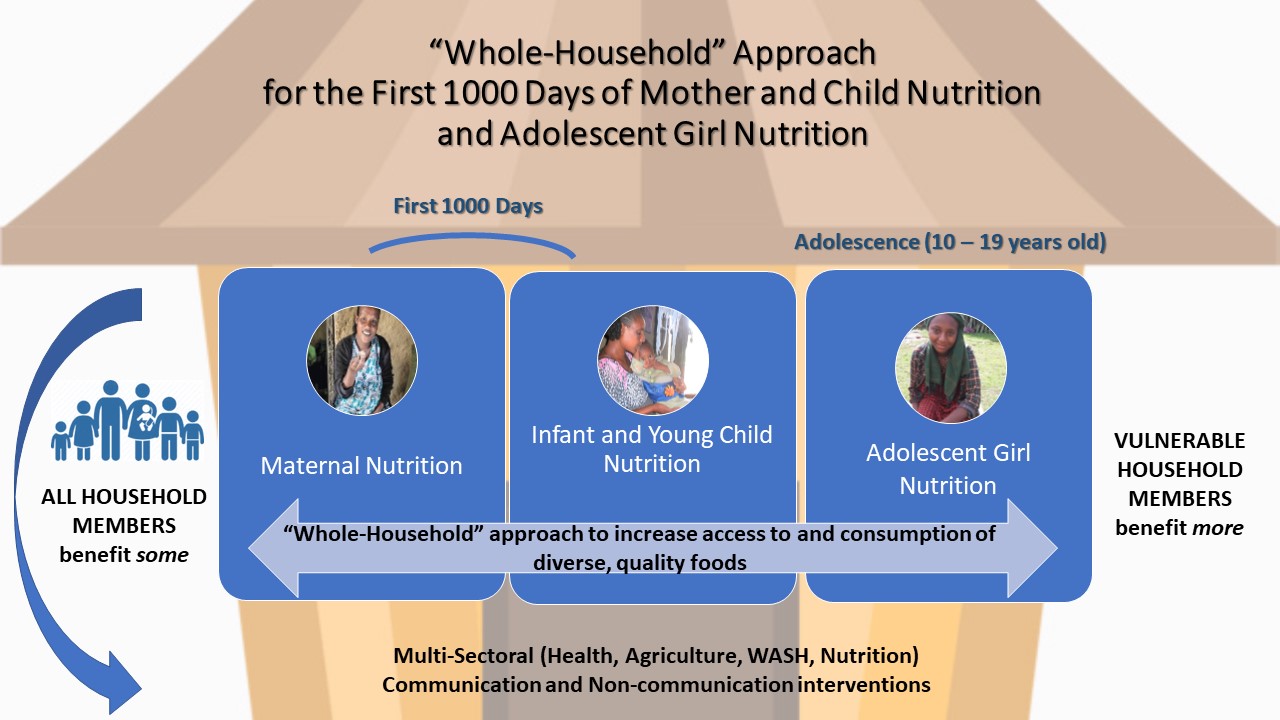
**DRAFT**

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| USAID|Growth through Nutrition |
| **SOCIAL AND BEHAVIOR CHANGE COMMUNICATION STRATEGY:** |
| Maternal and Child Nutrition During the First 1000 Days and Adolescent Girls’ Nutrition |

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| August 2018  MG Logo with tagline |



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**LIST OF ACRONYMS**

|  |  |
| --- | --- |
| ADA  AEW | Agricultural Development Agent (Kebele level)  Agricultural Extension Worker (Woreda level) |
| ANC | Antenatal care |
| A&T | Alive and Thrive |
| BMI | Body Mass Index |
| CC | Community conversation |
| CF | Complementary feeding |
| CHD | Community Health Day |
| EDHS | Ethiopia Demographic and Health Survey |
| EHNRI | Ethiopian Health and Nutrition Research Institute |
| ENA | Essential nutrition actions |
| ENGINE | Empowering the New Generations to Improve Nutrition and Economic Opportunities |
| ESHE | Essential Service for Health in Ethiopia |
| FAO | Food and Agriculture Organization |
| HEP | Health Extension Program |
| HEW | Health Extension Worker |
| IFHP | Integrated Family Health Program |
| IU | International unit |
| IPC | Interpersonal communication |
| IYCF | Infant and young child feeding |
| IYCN | Infant and young child nutrition |
| MI | Micronutrient Initiative |
| MIYCF | Maternal, infant and young child feeding |
| MIYCN | Maternal, infant and young child nutrition |
| MOH  NAP | Ministry of Health  National Advocacy Plan |
| NGO | Nongovernmental organization |
| NNP | National Nutrition Program |
| PEPFAR | President’s Emergency Plan for AIDS Relief |
| PLW | Pregnant and lactating women |
| PMTCT | Prevention of mother to child transmission |
| PSA  SBC | Public service announcement  Social and behavior change |
| SBCC | Social and behavior change communication |
| SMS | Short message service |
| SNNPR | Southern Nations, Nationalities, and Peoples’ Region |
| TMG | The Manoff Group |
| USAID | United States Agency for International Development |
| WASH | Water and Sanitation for Health |
| WDA | Women’s Development Army |

# EXECUTIVE SUMMARY

The USAID Growth through Nutrition project is a five-year (2016-2021) USAID-funded multi-sectoral nutrition project in Ethiopia managed by Save the Children Federation, Inc. (SC) in partnership with The Manoff Group, Land of Lakes, Tufts University, Population Services International, World Vision and local implementing NGO partners. Growth through Nutrition supports the Government of Ethiopia’s (GoE) goal to end childhood malnutrition and improve the nutrition of women and adolescent girls through a comprehensive approach addressing the nutrition policy environment and improving nutrition services, and the uptake of evidence-based preventive nutrition and care practices in: Amhara, Tigray, Oromiya, and the Southern Nations, Nationalities, and Peoples’ Region (SNNPR). The project works closely with the federal, regional and local government offices in these regions, strengthening capacity for nutrition, health, livelihood and agricultural services, directly providing nutrition services, strengthening multi-sectoral coordination and partnerships, and influencing household nutrition practices.

Social and behavior change (SBC) and the communication (SBCC) activities implemented to foster the change is at the heart of the USAID Growth through Nutrition project’s work to improve nutritional outcomes for mothers and children during the first 1000 days, and for adolescent girls between the ages of 10 and 19 years. The SBC objectives of the program involve multiple sectors and levels of key actors working together in a coordinated program. The SBCC which serves a thread uniting efforts, cuts across nearly all project components and intermediate result areas and aims to improve: the dietary practices of pregnant and lactating women and adolescent girls, improve infant and young child feeding practices, increase demand for nutrition and health services, and improve hygiene and sanitation practices among households. SBCC programming is primarily implemented through communities and households, but relies on supporting action from the district to national levels.

This document presents an overarching strategy for the implementation of Growth through Nutrition’s SBCC programming. It draws from the strategy that guided the work of Growth through Nutrition’s predecessor-- the USAID/ Empowering the New Generations to Improve Nutrition and Economic Opportunities (USAID/ENGINE) project—in the areas of the First 1000 Days, including some nutrition-sensitive agriculture and WASH practices. What is new in this strategy are: 1) updates to the first 1000 days SBCC strategy for maternal nutrition behaviors; and, 2) a SBCC strategy to improve the nutrition outcomes for adolescent girls.

**Cross-cuts Intermediate Result Areas**

The goal of the Growth through Nutrition project is the improved nutritional status of women, adolescent girls and children under five years of age through sustainable, comprehensive, coordinated, and evidence-based interventions. Growth through Nutrition’s overall implementation strategy combines nutrition-specific and nutrition-sensitive interventions offered through multiple sectors. The SBCC strategy aligns with and supports the project’s overall goal and specific objectives in five core result areas with a focus on the first four.

IR1: Increased access to diverse, safe, and quality foods;

IR2: Optimal nutrition, agriculture, and WASH related behaviors adopted;

IR3: Increased utilization of quality nutrition services;

IR4: Improved Access to WASH Products and Services; and

IR5: Strengthened multi-sector coordination to implement effective nutrition & WASH.

**Human-centered Design Principles Embedded**

Growth through Nutrition’s SBCC Strategy is driven by human-centered design principles, which include the active involvement of potential program participants in identifying improved practices that are feasible for them to implement within the context of their daily lives. Qualitative research is the foundation of the design: insights gained from earlier qualitative research studies conducted under the USAID/ENGINE project were furthered through two recent qualitative research studies conducted under the Growth through Nutrition project: (1) Trials of Improved Practices (TIPs) for maternal nutrition and (2) formative research on adolescent girls’ nutrition-related practices.

**Principles used in developing this strategy**

Align program interventions, including communication, to achieve the priority Growth through Nutrition behavioral outcomes

All communication messaging, positioning, materials and activities will focus on helping different actors to adopt or improve nutrition-specific and nutrition-sensitive behaviors, with a special emphasis on behaviors that these audiences identified during the research are feasible for them. Likewise, complementary interventions-- such as training health facility workers or development agents or providing appropriate technologies or improved seed varieties should be oriented and positioned to enable improved practices. It is not communication alone that will afford the participants in Growth through Nutrition to practice pro-nutrition behaviors.

Use communication to foster environments that make it easier for people to adopt improved nutrition-specific and nutrition-sensitive practices

While some of the project communication efforts will focus specifically on the behaviors themselves—other efforts will focus on evidence-based supportive actions that research participants indicated were needed for them to be successful in trying or sustaining particular behaviors. Many behaviors require a supportive home and community environment and redefined roles.

Build on the positive attributes of Ethiopian culture and family life

The qualitative research findings revealed that most people- men, women and adolescent girls-- want a successful, happy and productive life for themselves and for the younger children in their families. Love, aspiration for a better life, and a strong sense of the roles and responsibilities of various members of a household and family offer many opportunities to improve the nutritional outcomes of the most vulnerable family members.

Build on the foundations laid during the USAID/ENGINE SBCC programming

While Growth through Nutrition has an expanded mandate that includes improving nutrition outcomes for adolescent girls, Growth through Nutrition will continue to implement most of the USAID/ENGINE project’s SBCC strategy and core interventions.

**Overarching Strategic Approach and Focus Behavioral Clusters**

Growth through Nutrition’s SBCC strategy is underpinned by:

1. The **“whole-household” approach** in which strategic social and behavior change communication includes messaging that encourages *all* household members to increase their access to and consumption of diverse, safe and quality foods. While *all* household members will benefit from nutrition-specific and nutrition-sensitive project interventions, the “whole-household” approach prioritizes the household members who are most vulnerable to the negative outcomes of undernutrition: pregnant and breastfeeding women, adolescent girls, and infants and young children.
2. Focus **“behavior clusters”**  in which program implementation is conducted through a cohesive multi-faceted set of interventions that blend SBCC with agriculture extension services, livelihoods support, health sector service delivery, interventions aimed to increase access to nutrition, agriculture and WASH products or commodities, training, and other interventions. The cohesive set of interventions are all designed to focus on improving nutrition-related practices, including improvements to the enabling environment for these practices in the homes and communities of smallholder farming families. Implementation of this approach is within the conceptual framework of the three agriculture-to-nutrition pathways: the food production pathway; the agricultural income pathway; and 3. the women’s empowerment pathway. The five behavioral clusters used for the strategy are: Raise and Grow; Earn and Buy; Prepare, Preserve and Store; Relate, Rest, Share, Eat/Feed; and Communicate and Decide.

**Priority behavior areas**

Growth through Nutrition’s SBCC strategy to improve the nutrition of pregnant or breastfeeding women, children under two and adolescent girls promotes nutrition-specific and nutrition-sensitive behavior as well supportive actions that enhance the enabling environment for these behaviors. An overview of the behaviors prioritized following multiple formative research efforts are presented in the following table by behavioral cluster with the principle cluster containing the nutrition specific actions.

**Priority Areas and Behaviors to Improve Infant and Young Child, Maternal and Adolescent Girl Nutrition**

|  |  |
| --- | --- |
| **Priority Action Area** | **Priority Behaviors** |
| **Supportive Household Actions to Create a Pro-nutrition Environment** | |
| **RAISE & GROW**  (Farming) | Raise poultry and livestock and grow nutritious crops using improved agriculture practices and inputs (e.g. improved feed) |
| Keep animals and livestock away from the home—especially areas where young children sleep and play and from where family members eat |
| Keep farm tools and footwear away from areas where young children play and eat |
| Wash hands with soap and water after handling livestock, poultry or crops |
| **EARN & BUY**  (Management of HH Resources) | Use income earned from agriculture income to buy animal source foods and nutrient-rich vegetables or fruits not produced on the farm for home consumption |
| Use agriculture income to buy soap and other WASH products. |
| **PREPARE, PRESERVE AND STORE**  (HH Food and Nutrition Security) | Prepare nutritious meals and snacks, especially for mothers and young children (see specific recommendations below) |
| Preserve nutrient rich foods to reduce waste or spoilage and to assure their availability over longer periods for home consumption. |
| Store foods in covered containers in a cool dark place (out of the sun) |
| **RELATE, COMMUNICATE AND DECIDE**  (Equitable decision –making, shared responsibility) | Husbands initiate dialogue with wives about more equitable intra-household allocation of food and labor (house and farm chores) |
| Talk with your spouse about improved nutrition for the whole household, and how to especially help the most nutritionally-vulnerable members to improve their nutrition (pregnant and breastfeeding women, adolescent girls, and children under 2) |
| Talk with your adolescent girl about ways she can help improve the nutrition of the whole household and to also improve her own nutrition with practices such as eating an egg (ASF) each day. |
| Husbands encourage their wives and daughter to share their ideas about improving nutrition for the household and addressing the nutritional needs of the most vulnerable family members |
| Families discuss improved nutrition in a safe and supportive way |
| Husbands and wives discuss family income and ways to use it to improve the nutrition of the whole household, and to ensure that the most nutritionally vulnerable family members get the foods they need |
| Husbands, wives, grandmothers and adolescent girls make individual and joint decisions that improve the nutrition of everyone in the household, and help the most nutritionally vulnerable get the foods they need |
| Husbands, wives and adolescents discuss and decide how to keep animals and their feces away from areas where children rest, play and eat. |

|  |  |  |
| --- | --- | --- |
| **Specific behaviors to Improve Infant and Young Child, Maternal and Adolescent Girl Nutrition** | | |
| **REST, SHARE AND EAT/FEED** | **Infant and Young Child Nutrition** | |
| Breastfeeding | Allow the baby to be in skin-to-skin contact with the mother and to suckle within the first hour after delivery. |
| Give Colostrum and avoid prelacteal substances. |
| Give only breast milk to the baby on demand (at least 8 times day and night) during first six months (no water or other food for baby). |
| Breastfeed until baby is 24 months old. |
| Complementary Feeding | Introduce thick genfo and other nutrient-dense foods in a thick puree at six months (breastfeeding continues). |
| Gradually increase frequency, quantity and diversity of foods as the baby grows from 6 months-24 months. During the second year of life the young child should be eating all the foods the family eats three times day plus 2 snacks during the day. |
| From 6 months babies need: at least one 3 star food (egg or other ASF) each day; plus 2 star foods (fruits and vegetables) and 1 star foods (fats and oils) in each meal. |
| Mash foods, pound and mash meat for baby (8-12 months). |
| Cut food into small pieces for baby to eat (12-24 months). |
| WASH | Wash your hands and baby’s hands with soap and water before handling food and before feeding baby. |
| Provide a mat or clean area for baby to eat on- away from animals and livestock and their feces. |
| Supportive family actions | Help mother with her chores so that she has more time to rest and feed baby. |
| Father, grandmother and older siblings members help feed baby following priority behaviors. |
| **Maternal Nutrition** | |
| Increase quantity of food intake | Increase food intake through eating at least one snack each day in addition to regular meals. (Snacks can be toasted mixes of cereals or *injera*.) |
| Increase consumption of staple grains (not sweet foods) along with specific nutrient-rich foods that are local and seasonal to ensure a healthy diet for baby and woman’s own health, strength and beauty. |
| During second and third trimester, Keep food intake up, taking snacks. Food intake needs to be maintained (do not “eat down”) as the baby develops for the mother and baby to be strong for the delivery (prepare for safe delivery with at least four ANC visits). |
| Improve food diversity | Eat an animal-source food (eggs, milk, yoghurt or cottage cheese) every day. |
| Add dark green leafy vegetables (primarily collard greens/kale) to multiple meals each day. |
| Consume other vegetables and fruit more frequently |
|  |
| Use more telba (flax seed) or other similar seeds, nuts and legumes common the other geographic area. These are easy, good additions for strength and health. |
| Increase water intake | Increase the amount of water by at least two glasses. |
| Avoid sweet beverages | Avoid drinking Mirinda, Pepsi, Coca Cola and other sweetened beverages (coffee with sugar is fine during coffee ceremonies). |
| Take IFA supplements | Take IFA supplements every night before going to bed. |
| Take IFA with a light snack (orange, papaya, mango, banana, bread, etc.) |
| Avoid drinking coffee or tea at mealtimes while taking IFA (coffee can be consumed during ceremonies). |
| Manage nausea and food aversions during early pregnancy (first trimester) | Eat nutrient-rich snacks (“star foods”). |
| Eat smaller meals or take snacks more frequently throughout the day. Dried injera or roasted grains or sour foods may help. |
| Reduce energy expenditure/rest | Family members find ways to take over/share some of women’s chores (e.g. fetching/carrying wood and water, especially while women are pregnant. |
| **Adolescent Girl Nutrition** | |
| Increase quantity of food intake | Increase food intake through eating at least one snack each day in addition to regular meals. (The easiest snacks for women are grain products, such as toasted mixes of cereals and *injera*.) |
| Increase consumption of staple grains (not sweet foods) along with specific nutrient-rich foods that are local and seasonal to ensure a minimum intake of calorie. |
| Improve food diversity | Eat an animal-source food (eggs, milk, yoghurt or cottage cheese) every day. |
| Add dark green leafy vegetables (primarily collard greens/kale) to every meal if possible. |
| Consume other vegetables and fruit more frequently. |
| Add more telba (flax seed) or other local seeds or nuts to the regular diet in geographic areas where available. |
| Avoid sweet beverages | Avoid drinking Mirinda, Pepsi, Coca Cola and other sweetened beverages (coffee with sugar is fine during coffee ceremonies). |
| Take IFA supplements | Take IFA supplements every night before going to bed. |
| Take IFA with a light snack (orange, papaya, mango, banana, bread, etc.). |
| Avoid drinking coffee or tea at mealtimes while taking IFA (it is fine to have some during coffee ceremonies). |
| Manage nausea and food aversion during menstruation | Eat smaller meals and frequent snacks, such as staple grains along with specific nutrient-rich foods that are locally available, if nausea or loss of appetite are problems during menstruation. |
| Eat an egg or other ASF during menstruation. |
| Reduce energy expenditure/rest | Take-over/share some of the girl’s chores (e.g. fetching/carrying wood and water, especially while they are pregnant. |

**Primary actors**

A summary of the primary and supporting actors in the SBCC strategy is presented in the table below.

|  |  |
| --- | --- |
| **First 1000 Days** | **Adolescent Girl Nutrition** |
| Primary actors   * Mothers of children under 2 years old * Fathers of children under 2 years old * Grandmothers of children under 2 years old * Older siblings of children under 2 years old\* | Primary actors   * Adolescent girls 10 – 14 years old * In-school * Out of school * Adolescent girls 15 – 19 years old * In-school * Out-of-school * Mothers of adolescent girls * Fathers of adolescent girls * Peers/friends of adolescent girls |
| Supporting actors   * Health Extension Workers and Health Workers * Religious leaders * Agriculture extension workers | Supporting actors   * Teachers * Health Extension Workers and Health Facility Nurses * Religious leaders * Agriculture extension workers * Women and children’s affairs representatives * Social workers * Youth groups |

**Priority Communication Channels**

Multi-media SBCC materials for family members and peer groups

Growth through Nutrition’s SBCC materials for the first 1000 days and for adolescent girl nutrition are interactive, engaging and participatory multi-media (print, audio, audio-visual) formats designed to promote positive change by helping pregnant or breastfeeding mothers, their husbands, and their mothers/mothers-in-law—and adolescent girls and their parents and friends-- discuss realistic options for selecting nutrient-rich foods and committing resources to include these in daily meals and snacks and menus. Materials promote positive role models, ideally through true stories and real people from each of the audience segments. Materials are tailored for low-literacy audiences, keeping written text simple and avoiding too much text. Materials are either used independent of facilitation or to support a facilitated discussion.

**Areas of focus for increased family support**

* Enhance men’s gender roles as responsible husbands and fathers who protect and provide for their families
* Foster women’s self-efficacy as strong and capable mothers
* Improve couple communication and joint decision-making
* Strengthen grandmothers’ traditional roles

SBCC materials for the first 1000 days include:

* Nutrition information segements, nutrition songs, entertainment-education stories, and mini-dramas produced and recorded on digital memory cards for use in digital audio players and/or cell phones;
* Take-home reminder print materials (e.g. leaflets, flyers, stickers, posters, story cards, personal testimony cards, etc.);
* Demonstration videos showing positive role models and personal testimonies of those practicing pro-nutrition behaviors, or to provide audio-visual instructions (e.g. “how-to-do” demonstrations and information) to be recorded for DVDs and/or film formats;
* Fun and educational games and roles plays to reinforce knowledge and to practice nutrition-related skills and gender roles; and
* Promotional/motivational materials (e.g. stickers, badges, etc.).

SBCC materials for adolescent girl nutrition include:

Creative concepts and messaging around adolescent girl nutrition as “the best-kept secret” (i.e. eating nutrient-rich foods);

A fun and innovative set of interpersonal communication materials for adolescent girls to enjoy using with their friends; these may be: games, songs, puzzles, riddles, comic books, or picture books that focus on nutrition information and improved nutrition practices conveyed in an entertaining way, and in formats that are designed for adolescent girls to use or carry with them as they do housework, fetch water, go to the market, or sit and chat with their friends.

**Implementation**

Implementation occurs at multiple levels:

* At national level, the project provides technical assistance to technical working groups and other stakeholder fora to support the development and implementation of Government of Ethiopia’s policies and guidelines for SBCC programming related to improving the nutritional outcomes of pregnant and lactating women, adolescent girls, and children under two years of age.
* The project’s five regional offices provide technical assistance at regional and woreda levels to adapt and implement national policies for nutrition SBCC programming.
* With the increased focus on adolescent girl nutrition, using primary and secondary schools as a platform to reach adolescent girls is expanding under the Growth through Nutrition project’s SBCC programming.
* SBCC programming in health facilities and farmer training schools will focus on integrating new content to enhance the Government of Ethiopia’s ongoing refresher training in interpersonal communication and introducing aspects of the SBCC strategy that are relevant for frontline workers in the health and agriculture sectors.
* Communities and households will be reached primarily through Enhanced Community Conversations (ECCs), radio programming, and outreach by government and local NGO frontline workers and community volunteers.

Main platforms for implementing the SBCC strategy include:

*For the first 1000 days of maternal and child nutrition*

Enhanced Community Conversations (ECC) with peer groups of mothers, father and grandmothers of children under two years of age

Health facilities

Farmer Training Centers

Women’s livelihoods groups and associations

Churches and mosques

*For adolescent girl nutrition:*

Adolescent girls’ homes

Schools, classrooms and school nutrition clubs

Churches and mosques

Health centers and health posts

Well-known, recognized gathering places for community assemblies or where adolescent girls may be known to gather in their communities for special meetings, or for leisure and entertainment.

The framework for implementing the SBCC strategy at these multiple levels is summarized in the figure below.



**Tracking social and behavior change**

Growth through Nutrition will track social and behavior change in households and communities primarily through three avenues:

1. Baseline and endline surveys of mothers, grandmothers and fathers of children under 2 who participate in Enhanced Community Conversations (ECC);
2. ECC Report Forms that monitor behavior changes reported by participants at the beginning of each session; and
3. Occasional rapid surveys of adolescent girls in schools before and after listening to radio programming and take-home materials developed by the Growth through Nutrition project.

# I. INTRODUCTION

The USAID Growth through Nutrition project is a five-year (2016-2021) USAID-funded multi-sectoral nutrition project in Ethiopia managed by Save the Children Federation, Inc. (SC) in partnership with The Manoff Group, Land of Lakes, Tufts University, Population Services International, World Vision and local implementing NGO partners. Growth through Nutrition supports the Government of Ethiopia’s (GoE) goal to end childhood malnutrition and improve the nutrition of women and adolescent girls through a comprehensive approach addressing the nutrition policy environment and improving nutrition services, and the uptake of evidence-based preventive nutrition and care practices in: Amhara, Tigray, Oromiya, and the Southern Nations, Nationalities, and Peoples’ Region (SNNPR). The project works closely with the federal, regional and local government offices in these regions, strengthening capacity for nutrition, health, livelihood and agricultural services, directly providing nutrition services, strengthening multi-sectoral coordination and partnerships, and influencing household nutrition practices.

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This document presents an overarching strategy for the implementation of Growth through Nutrition’s SBCC programming. It draws from the strategy that guided the work of Growth through Nutrition’s predecessor-- the USAID/ Empowering the New Generations to Improve Nutrition and Economic Opportunities (USAID/ENGINE) project—in the areas of the First 1000 Days, including some nutrition-sensitive agriculture and WASH practices. What is new in this strategy are: 1) updates to the first 1000 days SBCC strategy for maternal nutrition behaviors; and, 2) a SBCC strategy to improve the nutrition outcomes for adolescent girls.

## The Role of SBCC in Growth through Nutrition’s Intermediate Results

The goal of the Growth through Nutrition project is the improved nutritional status of women, adolescent girls and children under five years of age through sustainable, comprehensive, coordinated, and evidence-based interventions. Growth through Nutrition’s overall implementation strategy combines nutrition-specific and nutrition-sensitive interventions offered through multiple sectors. The SBCC strategy aligns with and supports the project’s overall goal and specific objectives in five core result areas with a focus on the first four.

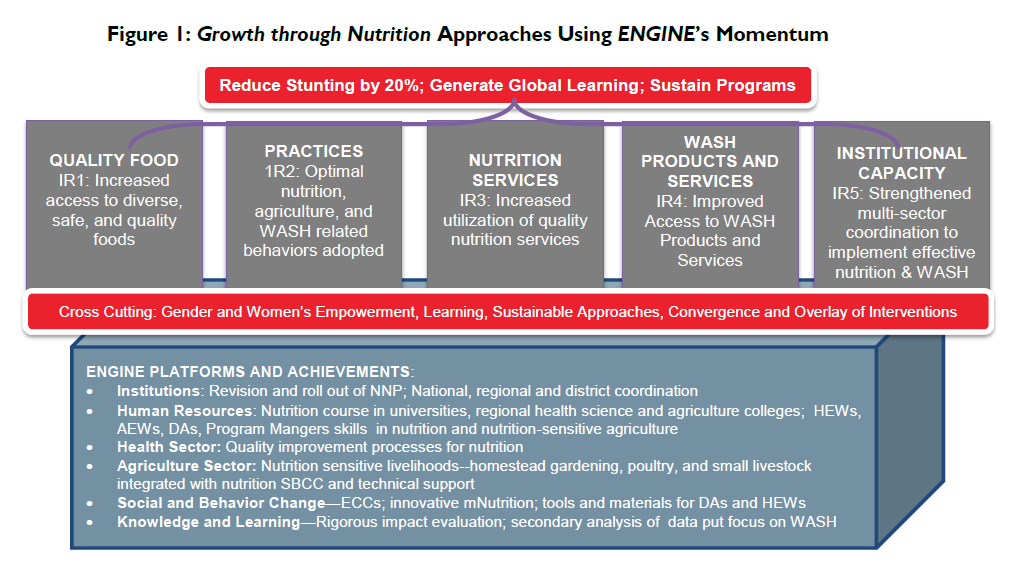
IR1: Increased access to diverse, safe, and quality foods;

IR2: Optimal nutrition, agriculture, and WASH related behaviors adopted;

IR3: Increased utilization of quality nutrition services;

IR4: Improved Access to WASH Products and Services; and

IR5: Strengthened multi-sector coordination to implement effective nutrition & WASH.



#### IR 1: Increasing access to diverse, safe and quality foods

There are several elements to the role that SBCC should play in supporting efforts to reach this intermediate result.

Dietary Diversity

The Growth through Nutrition project’s mandate is to improve nutrition outcomes for pregnant and breastfeeding women, infants and children under 5 years old, and adolescent girls.

Quantitative research, (Ethiopia Demographic Health Survey and ENGINE’s and USAID/Growth through Nutrition’s baseline surveys), as well as qualitative research, such as the series of behavioral studies conducted by both projects, confirm that most members of these prioritized groups are under-nourished and have insufficient dietary diversity. This means that promoting improved diet diversity is a critical, cross-cutting element for the SBCC strategy because if more nutrient-rich foods could be incorporated in the diet it would benefit: pregnant and lactating women, adolescent girls, and children between the ages of 6 months and 5 years old (with those under 6 months benefitting by way of their mother’s milk). Improving diet diversity means including animal source foods (such as eggs and milk) and nutrient-rich vegetables (such as dark leafy greens) in the diet, as well as increasing the frequency and quantity of these foods when they are consumed.

Support to other interventions increasing access to diverse, quality foods

Twenty percent (20%) of the households and communities served by the Growth through Nutrition project are economically vulnerable and food-insecure.Growth through Nutrition addresses these conditions through improved agriculture practices-- the production of diverse, quality foods for household consumption-- and livelihoods-- increasing household income through agricultural activities along value chains. SBCC programming under IR 1 supports these efforts by 1) addressing gender inequities in the intra-household allocation of food; and 2) enhancing the transfer of priority agriculture information, techniques and technologies to make it easier for smallholder farming families and communities to raise, grow, preserve and purchase diverse quality foods.

* *Addressing gender inequities in the intra-household allocation of food*

Communication that seeks to improve nutrition outcomes for mothers, adolescent girls, infants and young children faces the immediate and pragmatic challenge of leaving out the family members who hold the greatest influence in the household because they control the financial resources and weigh in heavily on household decisions: men and boys. Qualitative research in Ethiopia consistently finds a strong socio-cultural expectation for household members to share food so that “everyone eats the same”. This social “rule” in fact inhibits pregnant and lactating women from eating additional food with and/or between meals. Nevertheless, men are often excused from this social rule because of the socially-accepted rationale that men do more and harder physical labor than other household members, and because they hold higher rank and privilege in the family. Although contradictory, it nevertheless a frequent part of the realities of daily family life: it is linked to gender inequities that are embedded in Ethiopia’s patriarchal rural faming society.

In households where resources, including nutrient-rich foods, are limited, an SBCC strategy that promotes increased food consumption by women and adolescent girls faces significant challenges and these are made more difficult when males are not included in effort to look at intra-family food distribution. Growth through Nutrition’s SBCC strategy will need to be finely attuned to address gender inequities and the relationships between family members to tackle the socio-cultural expectations tied to the allocation of food, particularly more nutrient-rich foods to pregnant and breastfeeding women, children 6-23 months, and adolescent girls.

* *Enhancing the transfer of priority agriculture information, techniques and technologies to make it easier for smallholder farming families and communities to raise, grow, preserve and purchase diverse quality foods*

Agriculture extension visits, demonstration plots, farmer training centers, and using model farmers to facilitate peer-to-peer learning are the pillars of Growth through Nutrition’s interventions to transfer information, skills and technologies to smallholder farmers. SBC communication enhances these efforts by providing simple communication resources- often visual aids and games to enhance the learning and continued practice of these new methods.

Under the USAID/ENGINE project, important strides were made to improve agricultural production of nutrient rich foods through perma-gardens, improved seed varieties, improved horticulture practices such as intercropping, and improved livestock raising methods including new recipes for enriched chicken feed and techniques for building chicken coops. The SBC communication team developed print, cell phone videos, and audio materials to support these efforts and offer reminders to farmers as they tried and continued to practice these new farming methods. The SBCC programming also focused on helping families make informed decisions about what foods to sell, what foods to retain for household consumption, and what foods to purchase with income earned from agriculture. Skills-building games, such as the “Earn & Buy” game, and other materials developed earlier will continue to be used by Growth through Nutrition.

This program component is expanded under Growth through Nutrition to include greater emphasis on supporting the adoption of improved food preservation techniques. The SBCC strategic program support will include user-friendly presentation of information along with reminders to enhance agriculture extension work around food preservation so that nutrient-rich foods are available for household consumption for longer periods of time and especially during lean times.

*IR 2: Increasing the adoption of optimal nutrition, agriculture, and WASH related behaviors*

The largest level of effort in Growth through Nutrition’s SBCC programming is in this intermediate result area, with a strong focus on nutrition-specific behaviors that lead to improved dietary diversity for pregnant and breastfeeding women and adolescent girls. Improved infant, young child and feeding practices are also an important area for SBCC programming within this component, but efforts begun under USAID/ENGINE will be continue with new developments under Growth through Nutrition focusing on women’s and adolescent girls nutrition.

Serving as an umbrella for the focus on nutrition-specific practices, the SBCC efforts under this IR2 will help to ensure that the Government of Ethiopia’s successful efforts to increase agricultural production and income are not lost on direct nutrition improvement. Families and communities in Growth through Nutrition’s zone of intervention may tend to place more importance on food production as a *financial* activity than as a *nutrition-enhancing* activity. The SBCC orientation of this IR thus will place special attention on helping families strike a balance between earning income through the sale of nutritious foods, using some of their agricultural income to purchase nutritious foods, and reserving some nutritious foods for family consumption rather than selling them. This will also translate to influencing Development Agents who work with smallholder farm families. Their training on nutrition-sensitive agriculture must include the SBCC messaging, positioning and communication supports that promote agriculture for improved nutrition outcomes of all family members.

*IR3: Increasing utilization of quality nutrition services*

Growth through Nutrition helps increase families’ and communities’ access to and utilization of quality nutrition services through a number of complementary interventions: 1) supporting at national level the development of improved policies impacting the quality of services, 2) training facility-based health workers and development agents, and 3) training extension workers in the health and agriculture sectors. SBCC programming supports this IR by creating demand among families for the services, and supporting communication skills improvement during training and improved communication supports for nutrition service providers in the health and agriculture and using a multi-media mix of channels, various platforms, and supporting interventions to reach priority groups, their families and communities directly with quality nutrition information and motivation.

#### IR 4: Improving access to WASH products and services

Improving the health and nutrition associated outcomes from WASH activities goes beyond just ensuring that people have access to the “hardware”. They must be motivated to maintain and use it. SBCC programming enhances the actions of this IR primarily through the development of simple, user-friendly communication to enhance consumer awareness of and demand for WASH products and services and to inform and motivate families to appropriately use WASH infrastructures.

## The SBCC Strategy Design Process, Principles and Supporting Theory of Change

*Process*

Growth through Nutrition’s SBCC Strategy is driven by human-centered design principles, which include the active involvement of potential program participants in identifying improved practices that are feasible for them to implement within the context of their daily lives. Qualitative research is the foundation of the design: insights gained from earlier qualitative research studies conducted under the USAID/ENGINE project were furthered through two recent qualitative research studies conducted under the Growth through Nutrition project: (1) Trials of Improved Practices (TIPs) for maternal nutrition and (2) formative research on adolescent girls’ nutrition-related practices.

Upon the completion of the reports documenting the data collection, findings and recommendations from the two research studies, the USAID/Growth through Nutrition project held a three-day Social and Behavior Change Communication (SBCC) Strategy Development Workshop in May 2018. The workshop focused on sharing and discussing the research findings and identifying preliminary recommendations for an updated and expanded SBCC strategy using the new insights. Attendees included representatives from the Ministry of Health, Ministry of Education, UNICEF, Pathfinder, CARE, Catholic Relief Services, FHI 360/Alive and Thrive project, and other stakeholders working in nutrition in Ethiopia.

The outcome of these efforts is the present SBCC strategy which is designed to guide social and behavior change communication programming in 80 food-secure woredas and 20 food insecure/PSNP woredas served by the USAID/Growth through Nutrition project in Amhara, Oromia, SNNP and Tigray Regions.

*Principles of practice*

Broad principles used in the design and recommended for the implementation of the SBCC Strategy include:

Align program interventions, including communication, to achieve the priority Growth through Nutrition behavioral outcomes

All communication messaging, positioning, materials and activities will focus on helping different audiences and actors to adopt or improve nutrition-specific and nutrition-sensitive behaviors, with a special emphasis on behaviors that these audiences identified during the research are feasible for them. Likewise, complementary interventions-- such as training health facility workers or development agents or providing appropriate technologies or improved seed varieties should be oriented and positioned to enable improved practices. It is not communication alone that will afford the participants in Growth through Nutrition to practice pro-nutrition behaviors.

Use communication to foster environments that make it easier for people to adopt improved nutrition-specific and nutrition-sensitive practices

While some of the project communication efforts will focus specifically on the behaviors themselves—other efforts will focus on evidence-based supportive actions that research participants indicated were needed for them to be successful in trying or sustaining particular behaviors. Many behaviors require a supportive home and community environment and redefined roles.

Build on the positive attributes of Ethiopian culture and family life

The qualitative research findings revealed that most people- men, women and adolescent girls-- want a successful, happy and productive life for themselves and for the younger children in their families. Love, aspiration for a better life, and a strong sense of the roles and responsibilities of various members of a household and family offer many opportunities to improve the nutritional outcomes of the most vulnerable family members. The research also suggests that most households and communities in the Growth through Nutrition project’s zone of intervention are aware of the importance of good nutrition and relate it to having a better life. For this reason, most families and communities are eager to improve their nutrition if they can. As has already been demonstrated in the USAID/ENGINE project, positioning improved nutrition practices as being ways that family members can demonstrate their love and show that they are fulfilling their household roles and responsibilities, can be an effective idea to cross-cut or underlie all of the activities recommended in the SBCC strategy.

Build on the foundations laid during the USAID/ENGINE SBCC programming

While Growth through Nutrition has an expanded mandate that includes improving nutrition outcomes for adolescent girls, Growth through Nutrition will continue to implement most of the USAID/ENGINE project’s SBCC strategy and core interventions. What is described here is the core of the USAID|ENGINE strategy enhanced with the new elements.

### Social and Behavior Change Theory Supports the SBCC Strategy Design

The USAID/Growth through Nutrition SBCC strategy uses the **socio-ecological model** of the influences on behavior change to structure activities to ensure a robust strategy. This theoretical framework, says that human behavior is influenced by a number of factors including: intra-personal factors (characteristics of the individual such as knowledge, attitudes, behavior, self-concept and skills); inter-personal processes including formal and informal social networks and social support systems (including the family, peers, friends, and colleagues); community factors(relationships among organizations, institutions and informal networks within defined boundaries), the wider society, including public policies and institutional factors (e.g. government institutions and systems, social institutions, including religion, formal and informal rules and regulations for operation, national, regional and district laws and policies, etc.), and the global political economy (e.g. international trade laws, domestic and international value chains, foreign aid, import/export taxes for foods, etc.). Growth through Nutrition’s SBCC strategy thus includes approaches that range from interventions at household and community level to help build skills, enhance knowledge, and strengthen supportive relationships among family members, peers and friends-- to interventions at facility level, including health facilities, schools, and farmer training centers—to national level interventions to support the enhancement of existing policies and the development of large-scale communication campaigns.

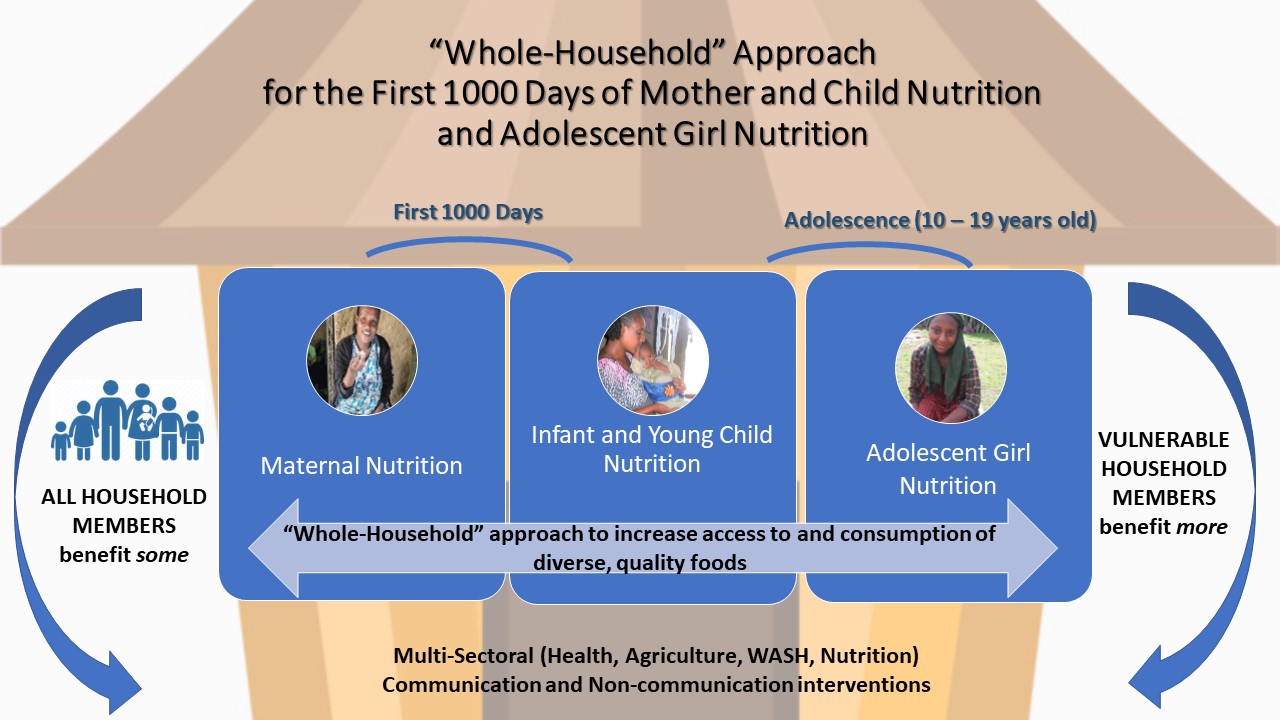
# II. OVERARCHING STRATEGIC APPROACH

## The Whole-Household Approach

Growth through Nutrition will promote a **“whole-household” approach** in which strategic social and behavior change communication will include messaging that encourages **all**household members to increase their access to and consumption of diverse, safe and quality foods. While **all** household members will benefit, the “whole-household” approach prioritizes the household members who are most vulnerable to the negative outcomes of chronic under-nutrition: pregnant and breastfeeding women, adolescent girls, and infants and young children under the age of two.

A “whole-household” approach for the SBCC programming will set the stage for the tone and overall messaging of the project to ensure that:

* Everyone within the household believes that nutrition is critical to well-being and that it benefits the entire family when all members enjoy a healthy diet.
* No family member should suffer from a poor diet; some family member may need the encouragement of others to realize a healthier diet.
* Pregnant/breastfeeding women, adolescent girls and children 6 – 23 months are prioritized for consumption of diverse quality foods as the “most vulnerable” members of the household;
* Infants up to six months old are given only breastmilk;
* All able-bodied household members engage in nutrition-specific, nutrition-sensitive and WASH practices that will help to increase access to diverse, safe quality foods for *everyone* in the household; and,
* Household members engage in supportive actions for maternal nutrition, infant and young child nutrition and adolescent girl nutrition.



**Figure 2:** The whole-household approach helps improve nutritional outcomes for all household members while prioritizing vulnerable household members

*Important elements of the under the whole-household approach*:

Orient specific actions taken by husbands and older women that are good for pregnant adolescent girls or women as actions to protect the well-being of the family.

Ethiopian society expects women to prioritize their husbands and other family members over themselves, for example when allocating food at home. The one time traditionally that is an exception is the immediate post-partum recuperation period (15-40 days in most families) when women are provided with an improved diet and special care and support. The rationale for this is that this extra care is good of the family—the mother and the new baby. This notion of improving family well-being by “protecting” the woman merits promoting beyond just the few weeks after giving birth. [Note: this might be slightly different for the adolescent. While eating poorly they seemed to have others watching over them more and help from adult family members for chores]. Women care about small acts of kindness and acknowledgement they get from husbands and other family members. Transform support for the health of the pregnant or post-partum woman as integral to family well-being. One of the key actions here is supporting the woman with household chores. This concept can be extended to approval of her eating snacks, going for ANC, and taking IFAS.

Promote access to and consumption of animal source foods (especially eggs and milk), by “tweaking” existing messaging and materials so that that they address *all family members* while emphasizing that pregnant and breastfeeding women, adolescent girls and children 6-24 months of age are the most vulnerable household members.

This includes:

* Continue branding locally available, nutrient-rich foods and recipes as “star foods”. The STAR foods concept introduced in ENGINE should be further developed and used beyond consumer education in markets and throughout the supply chain to encourage production of these foods whether commercially or at home.
* Continue use of the skills-building menu planning games developed under the USAID/ENGINE project. The game helps mothers, fathers, grandmothers and adolescent girl to identify available and accessible high-nutrient foods, and to discuss realistic options for selecting foods and planning meals, snacks and menus, and continuing to use SBCC messages and materials that use positive role models and a friendly, upbeat, and encouraging tone. Where possible positive role models will utilize true stories and real people from each audience segment, including knowledgeable HEWs and AEWs.
* Continue and expand implementation of Enhanced Community Conversations (ECCs) conducted with husbands and fathers, mothers, and grandmothers. Through ECCs, these priority actors and audiences will continue to meet in their peer groups to hold discussion and skills-building sessions tailored to enhance their gender roles and to address their specific interests, perspectives, motivators and barriers.

Foster an enabling environment for nutrition at the household level through improved family dynamics, better couple communication, and more supportive actions by family members.

Growth through Nutrition will continue to use SBCC messaging, materials and strategies designed under the USAID/ENGINE Project to emphasize couple communication and both joint and individual decision-making about the use of household finances and other resources to procure diverse, nutrient-dense foods for everyone in the household, while prioritizing vulnerable family members (children 6-24 months old, adolescent girls, pregnant and breastfeeding women).

Orient specific actions to enhance the pride a woman takes in managing her family and in putting her family first.

For the woman when she refuses to eat more or to eat food outside of family meals she believes it shows that she prioritizes her family. Women do this in spite of feelings of hunger, especially during lactation. And, they do this in spite of wanting to be healthy and knowing that some of their practices run counter to this. Promoting family well-being by maintaining one’s strength and energy should be used as a motivation for improved dietary intake, or in other words, a pregnant or lactating woman in a weakened state is not able to ensure the family’s welfare. This concept should be emphasized in the promotion of snacking—this is a woman’s effort to keep up her strength while not disrupting family meal patterns, showing that has only the best outcomes in mind for all: the woman is clever, minimizing expense for maximum family benefit.

Complementary interventions supporting these and other SBCC activities developed under the USAID/ENGINE project include:

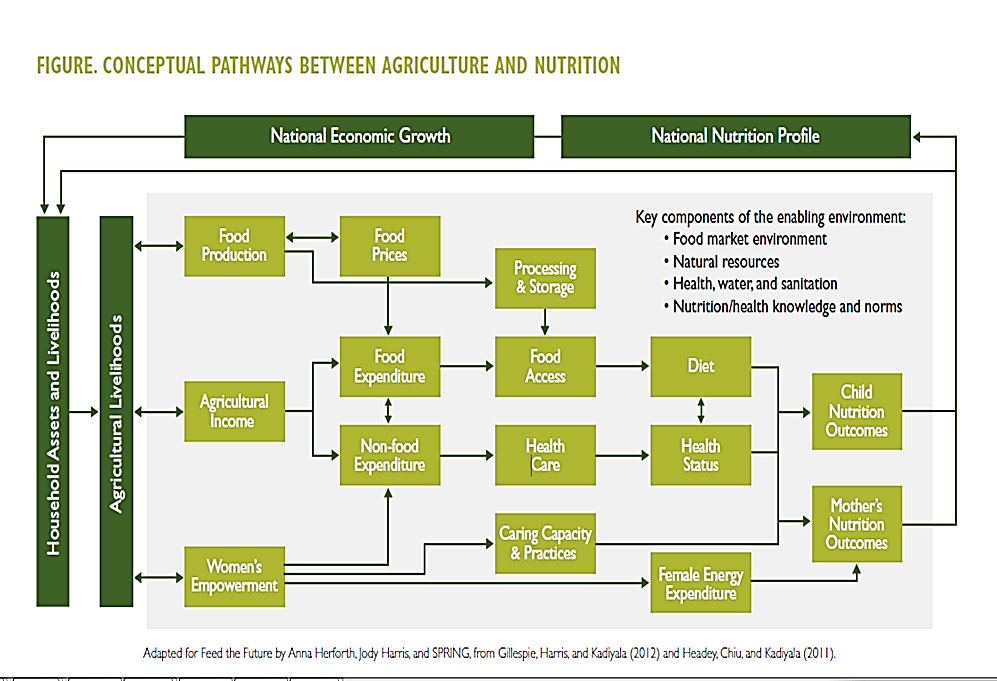
* Training and support for women and adolescent girls to raise chickens and livestock for eggs and dairy products, especially since poultry-raising is generally considered “women’s work”;
* Introducing enabling technologies to help women to identify, prepare and store nutritious snacks that they can eat outside of the family meal times--include recipes for nutritious snacks, and simple and safe methods to preserve or store foods (e.g. drying); and
* Supporting older adolescent girls to earn income and produce nutrient-rich foods to improve their dietary diversity and that of their families.

Other non-communication interventions should be developed to support the “whole household” approach

Growth through Nutrition already implements a package of nutrition-sensitive interventions for households. With strategic realigning, these interventions could be more focused on helping all able-bodied members of households engage with the goal of increasing the whole household’s access to and consumption of diverse, quality foods while prioritizing those most vulnerable to the negative outcomes of undernutrition.

Behavior Clustering to Focus SBC and SBCC Interventions on the Agriculture-Nutrition Pathways

Growth through Nutrition, as ENGINE before it is a complex multi-sectoral nutrition effort. As such the program covers many different areas and has many behavior change expectations for those participating. It is difficult to develop a coherent strategy with so many different areas to cover. This strategy embraces behavior clustering as a way to integrate the nutrition- specific and nutrition-sensitive actions and behaviors of Growth through Nutrition and integrate them in a way that in a way that addresses the three Agriculture\ Nutrition Pathways for improved nutrition outcomes.



**Figure 3:** The 3 agriculture-nutrition pathways

This Household Agriculture and Nutrition Decision and Action clustering is done from the woman’s and her household’s perspective—what do they need to do. For example, women smallholder farmers and their families allocate their limited resources among cash crops/cash animal products, staple foods, and nutrient-rich foods. Determining what and how much to produce, to sell, to keep, and to consume are critical decisions that impact a smallholder farming family’s subsistence and livelihood, as well as nutritional outcomes for its women, infants and young children. Meanwhile, gender roles, family dynamics, and broader socio-cultural contexts exert critical influences on why and how these decisions are made, and who makes them—engaging in dialogue is critical to decision making..

Growth through Nutrition will build on the “behavior clustering” initiated under the USAID/ENGINE project to support cohesive programming. SBCC programming alongside other interventions designed to improve agriculture and nutrition-specific practices, will focus on priority clusters of behaviors on the three agriculture-nutrition pathways: 1. The food production pathway; 2. The agricultural income pathway; and 3. The women’s empowerment pathway. There are 5 core clusters:

**(1)** **Raise & Grow:** Nutrition-sensitive behaviors related to farmers’ producing nutrient-rich foods for family consumption by raising poultry and livestock and by growing nutritious crops. Illustrative behaviors include employing improved agriculture technologies, practices and inputs (e.g. improved feed) to raise livestock, poultry, or fish to increase mothers’ and children’s access to animal source foods, and employing “Farm-WASH” practices to ensure animal-human separation.

**(2)** **Earn And Buy:** Nutrition-sensitive behaviors related to farming families earning agriculture income to widen the options to increase access and availability to diverse, nutrient-rich foods *and*using some of that income to purchase nutrient-rich foods that they do not produce at home. Illustrative behaviors include using agriculture income to buy animal source foods and nutrient-rich vegetables or fruits not produced on the farm for home consumption; and using agriculture income to buy soap and other WASH products.

**(3)** **Prepare, Preserve And Store:** Nutrition-sensitive and nutrition-specific behaviors related to the preparation, preservation and storage of quality nutritious and safe foods. Illustrative behaviors include preparing nutritious meals and snacks, especially for mothers and young children, using improved WASH and cooking practices and in ways that help retain their nutrients, and preserving nutrient rich foods to reduce waste or spoilage and to assure their availability over longer periods for home consumption.

**(4)** **Rest, Share And Eat/Feed:** Most of the nutrition-specific behaviors for household members within the 1000 day window are found in this cluster: behaviors related to helping pregnant or breastfeeding women and adolescent girls to have more time to rest and to eat more nutrient-rich foods, and to help women and other caregivers have time to feed children under two. Illustrative behaviors include: supportive actions that help women to reduce their workloads, especially during pregnancy, through labor-saving technologies and through family members taking over/sharing some of women’s chores (e.g. fetching/carrying wood and water, especially while women are pregnant; decision-making and actions that facilitate a more equitable intra-household allocation of food and labor (house and farm chores) that prioritizes those with higher nutritional needs; increasing consumption of nutritious foods through improved maternal eating behaviors and infant and young child feeding practices; improve farm-specific WASH practices including handwashing after handling livestock, poultry or crops and keeping animals and their feces away from areas where children rest, play and eat.

**(5)** **Relate, Communicate And Decide:** Interventions that cut across all three agriculture-nutrition pathways and group nutrition-sensitive behaviors related to improving family dynamics, couple communication, and gender transformative roles at the household and community levels that create an *enabling environment* for the adoption of nutrition behaviors in each of the other four clusters.

The following sections comprise sub-strategies under this broad All Household Approach and while each behavior cluster is represented, these following sub-strategies look in particular at the SBCC strategy to be employed to improve nutrition outcomes during a child’s first 1000 days and then of the adolescent girl.

# III. SBCC STRATEGIES FOR THE FIRST 1000 DAYS

This section of the strategy is comprehensive and includes: An overview of key messaging for the First 1000 Days work; a Maternal Nutrition strategy; an IYCN strategy; Priority Interventions to Improve Maternal and IYC Nutrition; and Priority Communication Channels.

# Overview of the First 1000 Days’ SBCC Strategy

Growth through Nutrition’s SBCC strategy will continue implementing the same broad program approach of goals and core interventions developed under the USAID/ENGINE project to support improved maternal and child nutrition practices during the First 1000 Days (the period of child growth and development from conception up to 23 months of age). The key concepts for this strategy are:

Healthier, stronger, brighter children

The key promise permeating the first 1000 days’ SBCC strategy addresses a fundamental aspiration of smallholder farming families that was identified through the formative research: the desire for children who are healthy, strong and intelligent.

Helping families adopt maternal, infant and young child nutrition (MIYCN) behaviors

Growth through Nutrition’s SBCC strategy supports an enabling environment for the practice of critical MIYCN behaviors at key times in households and communities. Ultimately, these critical behaviors are those of women and the immediate caregivers of young children who are often other family members. The strategy goes beyond focusing on pregnant and breastfeeding women. Formative research findings have revealed that men, in their gender roles as husbands, fathers, and family providers, exert a strong influence on the enabling environment for MIYCN. Other family members, including grandmothers and older siblings (especially adolescent girls) also have important roles to play in supporting pregnant and breastfeeding women and caring for children under two. The SBCC strategy therefore promotes critical behaviors for all caregivers plus supportive actions for male partners and grandmothers to improve MIYCN. The strategy places great importance on the dialogue between these family members to increase understanding and consensus around the nutritional needs of the most vulnerable members of the household and to make more informed decisions around mobilizing household resources to address these needs.

Integrating Water, Sanitation and Hygiene (WASH) practices into communication promoting MIYCN

Recent research shows the devastating effects on children’s ability to absorb nutrients as a result of exposure to fecal contamination. The most direct pathways of fecal contamination for young children are through unwashed hands, contaminated food and the child being placed in contaminated areas where animal feces have passed. In light of this evidence, SBC communications promoting infant and young child feeding practices must integrate the promotion of improved WASH practices.

Promoting Nutrition-sensitive Food and Agriculture Actions to improve access to nutrient-rich foods

Nutrition-sensitive livestock and agriculture practices improve families’ ability to supplement staple foods with nutrient-rich foods, especially animal source foods, fruits and vegetables. As Feed the Future’s flagship nutrition program, Growth through Nutrition uses SBCC to help promote livestock and agriculture activities that increase the availability of nutrient-rich foods for home consumption or increase family income in order to buy these key foods. Four key areas for improved behaviors include:

* improved maternal care and diet
* achieving optimal infant breast milk intake and a complementary diet from 6-24 months, particularly increasing the intake of animal source foods and general nutrient density of meals
* the practice of critical hygiene behaviors to reduce infections that increase children’s nutrient requirements and reduce their absorption of nutrients
* ensured access to nutrient-rich foods through nutrition-sensitive agriculture related practices and informed family decision making

## Maternal Nutrition during Pregnancy and Lactation

## Feasible maternal nutrition behaviors

Under Growth through Nutrition, the first 1000 days SBCC strategy has been updated to incorporate new insights gained from the maternal nutrition trials of improved practice[[1]](#footnote-1). The updated strategy includes a clearer focus on specific foods and eating practices for pregnant and lactating women that were identified as being *appropriate and feasible* for women who participated in the trials.

Priority focus will be on the following *feasible* maternal nutrition behaviors throughout the first 1000 days:

**Table 1. Maternal and Child Nutrition Behaviors and Supportive Family Actions**

|  |  |
| --- | --- |
| **Maternal Nutrition** | |
| Attend ANC | Early attendance at ANC (first trimester) and continued attendance (at least four) |
| Increase quantity of food intake | Increase food intake through eating at least one snack each day in addition to regular meals. (Snacks can be toasted mixes of cereals or *injera*.) |
| Increase consumption of staple grains (not sweet foods) along with specific nutrient-rich foods that are local and seasonal to ensure a healthy diet for baby and woman’s own health, strength and beauty. |
| During second and third trimester, Keep food intake up, taking snacks. Food intake needs to be maintained (do not “eat down”) as the baby develops for the mother and baby to be strong for the delivery (prepare for safe delivery with at least four ANC visits). Note: avoid messaging about improving weight gain during pregnancy and focus instead on eating for strength (strong mother, strong child) and a safe delivery |
| Improve food diversity | Eat an animal-source food (eggs, milk, yoghurt or cottage cheese) every day. |
| Add dark green leafy vegetables (primarily collard greens/kale) to multiple meals each day. |
| Consume other vegetables and fruit more frequently; |
|  |
| Use more telba (flax seed) or other similar seeds, nuts and legumes common the other geographic area. These are easy, good additions for strength and health. |
| Increase water intake | Increase the amount of water by at least two glasses. |
| Avoid sweet beverages | Avoid drinking Mirinda, Pepsi, Coca Cola and other sweetened beverages (coffee with sugar is fine during coffee ceremonies). |
| Take IFA supplements | Take IFA supplements every night before going to bed. |
| Take IFA with a light snack (orange, papaya, mango, banana, bread, etc.) |
| Avoid drinking coffee or tea at mealtimes while taking IFA (coffee can be consumed during ceremonies). |
| Manage nausea and food aversions during early pregnancy (first trimester) | Eat nutrient-rich snacks (“star foods”). |
| Eat smaller meals or take snacks more frequently throughout the day. Dried injera or roasted grains or sour foods may help. |
| Reduce energy expenditure/rest | Family members find ways to take over/share some of women’s chores (e.g. fetching/carrying wood and water, especially while women are pregnant. |
| Prepare for delivery | Plan for birth and support including financial planning and budgeting for transportation to health facilities and to prepare for the nutrition needs of new mothers; know risk factors and danger signs, and the importance of care seeking from a qualified birth attendant. |

## Priority actors for maternal nutrition

Based on the qualitative research findings and recommendations, important primary and supporting actors for the maternal nutrition SBCC strategy are indicated below. These actors are identical to those prioritized in the USAID/ENGINE SBCC strategy.

**Maternal Nutrition Priority Actors**

|  |  |
| --- | --- |
| Primary actors | Supporting actors |
| * Pregnant and breastfeeding women (this includes adolescents who are pregnant or breastfeeding) | * Health Extension Workers and Health Facility Workers |
| * Husbands of pregnant/breastfeeding women | * Religious leaders |
| * Mothers/Mothers-in-law of pregnant/breastfeeding women | * Agriculture Extension Workers |

## Important facilitators and barriers for improved maternal nutrition practices

Formative research conducted under the USAID/ENGINE project and the Growth through Nutrition project identified a number of facilitators and barriers to improved maternal nutrition practices. These are summarized in Table 2 below.

Table 2. Facilitators and Barriers for Improved Maternal Nutrition practices

|  |  |
| --- | --- |
| Facilitators | Barriers |
| * Desire for a safe delivery with no complications * Desire for a healthy, strong, and intelligent baby * Husband and mother-in-law provide direct support to reduce workload * Husband and mother-in-law provide emotional support and encouragement to eat better | * Financial constraints, real or perceived * Socially prescribed gender roles * Couple and/or family interpersonal communication problems and marital discord * Concerns about risks and complications during late pregnancy and delivery * Nausea and food aversions early in pregnancy * Limited access to clear information on dietary diversity |

## Infant and Young Child Nutrition

## Infant and young child feeding (IYCF) and WASH practices, and supportive actions

Growth through Nutrition will continue to promote the same IYCF practices and supportive actions that were promoted by the USAID/ENGINE project. Priority behaviors that will be promoted through the SBCC strategy are:

*Breastfeeding*

Give colostrum.Colostrum is positioned as “the best gift”, “the first gift”, or “the gift of love” to replace the ritual first gifts (e.g. butter, sugar water, tela, etc.) to welcome newborns into the world. Messaging, materials and interventions will reassure mothers and their families that the yellowish color of colostrum, which is sometimes perceived to mean that the milk is “dirty” and should thus be discarded, is highly nutritious. Promoting colostrum allows for immediate suckling and fewer pre-lacteal feeds.

Exclusively breastfeed for the first six months SBCC programming will continue to reassure mothers that breast milk alone during first 6 months is all baby needs, quenches baby’s thirst, and satisfies baby’s hunger. In the qualitative research conducted under the USAID/ENGINE project, mothers frequently expressed the belief that their own diets are negatively impacting their ability to produce sufficient quantities of breast milk, and of sufficient quality. For this reason, some mothers may attempt to supplement breast milk during the first six months by giving their children other foods. Messaging, materials and interventions will continue to encourage mothers to avoid the temptation to introduce water, cow’s milk, or foods earlier than six months, and will reassure them that their breast milk is all the food and liquid their babies need during the first six months.

*Complementary feeding*

Introduce thick enriched porridges and other nutrient-dense foods at six months. Mothers already offer their children gruels and porridges, but these tend to be thin and watery. Some mothers continue to exclusively breastfeed their children until they are eight, nine or ten months old, because they believe they are still too young to eat other foods and risk choking. SBCC programming will continue to focus on providing recipes that help mothers to prepare thick nutrient-dense porridges for young children. Recipes and cooking demonstrations (video or live) will include showing real-life young children eating the thick porridges and other foods, to help convince mothers that young children can swallow these easily, and without choking. Demonstrations will include showing women and families how to dry, pulverize, mince, chop, or soften meat (when it is available) and nutrient-rich vegetables to make it easier for young children to eat these foods. Under the USAID/ENGINE project, a number of materials were developed to show women and families how to prepare complementary foods and meals for young children- these include cell phone videos, posters, and pocket-sized accordion leaflets.

Plan and discuss together as a family how to ensure more frequent, diverse meals are prepared and fed to young children. SBCC messages, materials and strategies will help mothers plan daily menus for their children, with increasing quantity and diversity of nutrient-dense foods, would help improve complementary feeding practices. Growth through Nutrition will continue to utilize the interactive menu planning game, developed under the USAID/ENGINE project, that encourages mothers to identify nutritious foods and portions, and to make realistic choices for daily meals and snacks given their economic constraints, is an example of an activity that could be promoted through Enhanced Community Conversations (ECCs) and home visits conducted by HEWs. With husbands and grandmothers also playing important roles in complementary feeding, SBCC will continue to support improved IYCF practices among these family members as well.

Continue feeding sick children. Families need encouragement to seek timely care for sick children and to continue with fluids, especially breast milk and soft foods while the child is sick and to offer more breast milk and nutrient-dense complementary foods during the child’s recovery from the illness—this might be for a week or two.

Include locally available nutrient dense vegetables and fruits in every meal for children 6-24 months old.Fruits and vegetables are infrequently consumed by young children, and while sometimes they are perceived by mothers as having good qualities, they are not prioritized in children’s diets. In contrast, many mothers in both regions mentioned aspiring to feed their children macaroni because they perceive this food to be “modern” and associate modernity with high quality. SBCC programming will position nutrient-dense vegetables and fruits for young children as icons of a modern and progressive lifestyle, as well as to help children to be healthy and happy (other motivators for mothers). SBCC will be strategically planned and implemented jointly with agriculture extension services that help families to grow, preserve and store local fruits and vegetables so that they are more readily accessible and available throughout the year.

Ideal IYCF and WASH practices, and supportive actions are summarized below in Table 3.

**Table 3. Infant and young child feeding ideal behaviors and supportive actions**

|  |  |  |
| --- | --- | --- |
| **Infant and Young Child Feeding**  *Audiences: mothers, fathers, couples, grandmothers, older sisters (between 10 -14 years) of children < 2 years old* | | |
| **When** | **Ideal Behaviors** | |
| Within first hour of birth | -Put baby to breast  -Give colostrum |  |
| Birth to 6 months of age | Give only breastmilk |
| 6-7 months | -Introduce baby to soft thick food by 6 months  -Feed thick porridges with metin flour (genfo) and mashed star foods  -Continue breastfeeding |
| 7-11 months | -Feed 3x / day in addition to breastfeeding  -Feed nutrient-rich meals:  --add STAR foods to porridge or the shiro, like ground peanuts, oil, egg, or extra chickpea flour  --add a 1 STAR vegetable dish like collard greens  -Feed a 2 Star, animal source food 1x/ day  -Sit with the child and help him/her eat to be sure the child finishes the food that is offered |
| 12-23 months | Feed 3x / day in addition to breastfeeding  -Give 2 snacks that are star foods like a piece of fruit; boiled peanuts or beans; fried sweet potato  -Feed nutrient-rich meals:  --add a STAR food to the shiro, either ground peanuts, oil, or extra chickpea flour  --add a 1 STAR vegetable dish like collard greens  -Feed a 2 Star, animal source food 1x/ day like an egg or pieces of meat  --Separate the child’s food and sit with the child and help him/her eat to be sure the child finishes the food that is offered |
| Supportive Actions:  Family members caring for young children | -Help reduce mother’s workload by sharing or taking over some of her chores to give her more time to rest, eat and feed baby (all family members)  -Feed baby when mother is too busy; sit with the young child to ensure that animals stay away and that the child finishes his/her food (all family members)  --Discuss and decide together about ways to assure baby is feed appropriately, for example begins complementary foods at 6 months and has more food, and more nutrient-rich foods each day by planning on how to use household income and resources (couples)  -Reassure mother that the baby at 6 months will not choke on meat or other foods if they are soft and mashed, and that baby needs more nutrition than watery porridges (grandmothers).  -Reassure mother that children can eat more and if the child refuses food they need to be patient or ask for help while the child learns to eat. Children’s needs are high while their stomachs are small so they must eat nutrient-rich foods multiple times a day. | |
| **WASH practices for improved infant and young child nutrition and feeding**   * *Audiences: mothers, fathers, grandmothers and older sisters (10-14 years old) of children < 2 years old* | | |
| **When/who** | **Ideal Behaviors and Supportive Actions** | |
| All family members caring for young children | * Wash hands with soap and water after handling animals or agriculture produce, equipment or supplies. * Wash our hands and baby’s hands with soap and water before eating or feeding baby, after handling feces or going to toilet * Create a station / place for hand washing and construct a tippy-tap | |
| * Practice safe disposal of baby’s feces * Keep baby on our backs or put him/her on a clean mat for eating and playing * Keep baby away from areas where animals stay or have been * Keep objects out of baby’s mouth unless they are clean | |
| If the baby is given water in addition to breastmilk, the drinking water must be treated | |

## Priority actors for infant and young child nutrition

Based on the qualitative research findings and recommendations, important actors/audiences for the child nutrition SBCC strategy are indicated below. These actors/audiences are identical to those prioritized under the USAID/ENGINE SBCC strategy with one important addition: adolescent girls between the ages of 10 and 14 years old are a new important actor/audience for the SBCC strategy components that are specific to improving infant and young child feeding and related WASH practices.

**Infant and Young Child Nutrition SBCC Strategy Priority Audiences**

|  |  |
| --- | --- |
| Primary actors | Supporting actors |
| * Mothers of children under 2 years old * Fathers of children under 2 years old * Grandmothers of children under 2 years old * Older siblings of children under 2 years old\* | * Health Extension Workers and Health Workers * Religious leaders * Agriculture extension workers |
|  |  |

\**New actor for the child nutrition SBCC strategy*

**Priority Interventions during the First 1000 Days of Maternal and Child Nutrition**

The SBCC strategy will prioritize multi-sectoral interventions that support improved maternal and child nutrition practices by primary actors (mothers, fathers, grandmothers and older siblings of children 6-24 months old). The interventions to ensure that the prioritized behaviors can be practiced successful are required from multiple sectors including agriculture, health and religion.

*Agriculture and livelihoods sectors*

SBCC and other project interventions within the agriculture and livelihood sectors will include:

Expanding on the SBCC materials developed under the USAID/ENGINE project promoting improved maternal and child nutrition-sensitive practices that are tailored for AEWs and smallholder farming families. These additional materials will provide:

* more specific information and motivation for increasing dietary diversity using vegetables and animal-source foods.
* a few realistic activities within women’s sphere of activities that would address issues of

access to more diverse foods.

Prioritizing communications encouraging families to add green leafy vegetables or other vegetables that are in the household to their daily diets.

In the maternal nutrition trials of improved practices conducted under the Growth through Nutrition project, although women participants of the trials did not express a willingness to buy vegetables, when the vegetables were available in their households, they readily added them to their diets. Through Growth through Nutrition’s livelihoods interventions, growing leafy vegetable can be encouraged, either in family plots or sack gardens so the greens are near the house and available for family consumption. Livelihoods interventions can include cooking demonstrations and information about cooking techniques to reduce the loss of the vegetables’ nutritional value during their preparation.

Expanding the use of *telba* (flax seed) or another high nutrient dense local or seasonal food.

*Telba* was frequently reported as a good food for pregnant women because it softens the uterus and expedites labor and delivery. Flax seed is an excellent source of many micronutrients as well a good source of healthy fats. *Telba* is generally readily available in Growth through Nutrition’s zone of intervention. A rapid survey should be made of different preparations using *telba.* The trials reported its use in a “sausage” where the *telba* is roasted and ground and molded into a sausage, while other women implied that it is part of a grain soup and yet others mixed the *telba* with sugar and ate it for a snack.

Supporting women’s groups to produce (and potentially package) special nutrient-rich snacks for pregnant and breastfeeding women

Identifying appropriate technologies such as solar drying or new recipes to produce pre-prepared snacks that can be marketed and introduced at demonstrations and agriculture fairs.

Positioning smallholder farming and agriculture with men as a way to not only generate income but also as a way to improve their families’ nutrition

In line with the “whole household” approach, interventions will promote the use of agriculture income for purchasing nutritious foods for *everyone* in the household while prioritizing those who are nutritionally vulnerable: pregnant and breast feeding women, adolescent girls, and children between 6 and 24 months of age.

Including communication focusing on doable “raising & growing” household actions

SBCC interventions focusing on promoting behaviors within the “raise & grow” cluster will be designed to help increase the availability of varied nutritious foods for maternal diets. “Earn and buy” behaviors will be promoted to ensure that some of the income earned through agriculture is used to buy high-nutrient foods to improve maternal diets and the diet of the entire family.

*Health sector*

SBCC and other project interventions within the health sector will include:

Infusing maternal nutrition content and SBCC programming through maternal *health* sector activities by:

* Enhancing current strategic partnerships with antenatal care services and postnatal care services delivered by HEWs, health facility nurses and other providers.
* Promoting women’s access to and uptake of quality maternal health care services.
* Focusing on access to IFA and continued supply and compliance.
* Enhancing individual as well as couple counseling through the development of new or improved maternal nutrition counseling materials and training for health workers in facilities and communities.

Strengthening health facility ANC services to ensure that IFAs are distributed to all pregnant women and post-partum for at least the first 6 months, with sufficient counseling on IFA adherence. The trials of IFAS were highly successful, especially considering that women had to get their tablets from the health facility. Based on the trials there is no reason that IFAS compliance should not be near optimal. The main problem with IFAS may be tablet availability in the health facility and the protocols for the tablet distribution, such as making sure that women get enough pills to hold them at least until their next scheduled ANC visit. Women reported feeling better after taking the tablets and they seemed to persevere through mild side effects when told they might happen. Women controlled feelings of nausea by eating something when they took the tablet and taking the tablet at night. A few women minimized their side effects by taking the table every-other day.

Use of ANC and PNC services is directly tied to women’s use of important preventive services and measures such as IFAS and to receiving personalized counseling on diet. While most women use ANC many often miss visits and few women go to PNC. What the TIPs pointed out was that those women who had never gone to services or who had stopped, even after personal counseling on the need to go and urging to go, did not attend. These women need special outreach to understand why they do not go and may need direct family support. Also, if the problem is distance and this affects many women, then innovative schemes are required to bring services closer to the kebele. TIPs also pointed to the need for ANC services to offer individual, personalized counseling on diet to women. Many of the food choices they make while pregnant are their own and they require guidance.

Emphasizing foods that are “known” to enhance breast milk production as well as foods like

collard greens and legumes that, although common, are not always well-valued.

***Religious sector***

SBCC and other project interventions within the religious sector will include:

Mobilizing religious leaders to promote the first 1000 days behaviors and to lessen the nutritional burden of fasting on pregnant and lactating adolescents and women: Growth through Nutrition’s SBCC strategy also includes mobilizing and supporting religious leaders to promote the first 1000 days of maternal and child nutrition. This support includes 1000 Day orientations and message and materials development workshops to help religious deliver pro-nutrition sermons and outreach activities promoting key behaviors and supportive family actions for improved MIYCN. Given the poor diets of women generally the additional constraint of avoiding animal source foods or avoiding food even for partial days is significant. Recognition by religious authorities of women’s exemption from fasting or ways they can compensate during the religious observance due to their status would be a significant step to improving what is a poor dietary profile. The efforts that ENGINE and now Growth through Nutrition have made to work with the Orthodox church to help people realize that it is acceptable (necessary) for pregnant and lactating women to abstain from fasting are important because there is no other authority able to change these practices.

Infusing maternal nutrition content and SBCC programming by:

* Conducting SBCC design workshops with religious leaders to support the development of acceptable and appropriate content (e.g. notes for sermons, reminder tools with key messages and religious references).
* Engaging religious leaders in activities to promote improved maternal nutrition practices and enhanced gender roles.
* Facilitating collaboration and cross-referrals between health workers and religious leaders to present a united front on improved maternal nutrition practices during fasting periods.

## Messaging and Positioning for First 1000 Days SBCC Program Interventions

The messaging and positioning around the first 1000 days behaviors continue along the lines of what was implemented under the USAID/ENGINE.

*Two important modifications that will be implemented under Growth through Nutrition*.

1. Removing the creative concept of the “*gulicha*.” Under the USAID/ENGINE project, this creative concept was piloted as a way to enhance communication around dietary diversity through a new way to operationalize the concept of a “balanced diet”: an idea that is popular with rural communities and yet very unclear. Implementation of the “gulicha” concept through print, audio and audio-visual materials proved to be less effective than a second creative concept used by USAID/ENGINE: (“star foods”). The star foods creative concept will thus be retained, while the *gulicha* creative concept will be dropped.

2. Additional messaging and materials will be developed in the SBCC strategy to promote the specific nutrient-rich foods and practices that the maternal nutrition Trials of Improved Practices (TIPs) research identified as feasible for most women in the Growth through Nutrition project’s zones of intervention. This includes encouraging pregnant and lactating women to drink at least one additional liter of water each day, and also encouraging them to avoid drinking Mirinda or other soft drinks (because of high sugar content and high cost, yet low nutritional value).

*Other important strategic aspects of messaging and positioning around the first 1000 days behaviors include:*

Clear and compelling communication through audience-friendly concepts and motivators

Formative research with the main program participants has yielded four key creative concepts that facilitate successful communication about improved maternal and child nutrition practices. These creative concepts are:

*1. Redefining nutrition as a family affair that improves the nutrition of the whole household while prioritizing the nutritional needs of the most vulnerable household members:* Growth through Nutrition’s formative research findings and socio-ecologic approach highlight the home and family as the nexus of influence on nutrition behaviors and related practices. Women derive self-esteem from their roles as strong and capable mothers and wives who run their households and take care of their families. Men wield considerable power to influence nutrition outcomes through their control of their families’ financial and agricultural resources. Men play the roles of the family authority and decision-maker, deciding what foods to raise, grow, sell or buy. Grandmothers take their traditional roles as caregivers for their daughters/daughters-in-law and grandchildren very seriously. Like husbands, they exert influence in their families and can be effective in promoting improved nutrition practices if they are mobilized to do so.

*2. Communicating about the first 1000 days through the four stages of a “Sunflower”:* Using the concept of a growing plant to explain the main stages that comprise the first 1,000 days is simple, appealing and appropriate for farming audiences. Growth Through Nutrition’s SBCC messages and materials focus on nutrition and nutrition-related behaviors during each of these four stages:

* SEED: child in the womb
* SPROUT: birth to six months
* BUD: 6-11 months
* FLOWER: 12-23 months

*3. Defining dietary diversity by prioritizing and branding nutrient-rich foods as desirable “Star Foods”:* Formative research showed that family members do not have a clear idea about the nutritional value of different foods and that when asked about the diversity of their diets, they report the number of different food items they eat, not food types. Fundamental to improving nutrition is supporting people to pick nutrient rich foods.

The “Star foods” ratings that highlight specific nutrient-rich foods:

*Animal-source foods:* Particularly valuable for their nutrients, this group gets three stars. The goal is to eat at least 1 serving of animal-source foods per day. 3-star foods include eggs, in addition to organ meats, flesh meat, chicken and fish.

*Fruits and vegetables:* Local foods that are particularly rich in nutrients in this category that are readily available in particular geographic areas will be promoted by name, especially for use in the diets of young children. 2-star foods include collard greens, carrots, orange fleshed sweet potatoes, tomatoes, guava, banana, orange, papaya, and many other colorful fruits and vegetables.

*Fats and oils:* This group gets 1 star; one-star foods are fats and oils, which should be added to each meal.

*4. Helping women overcome selflessness and increasing family support for improved maternal nutrition through the “Queen Bee” concept:* Qualitative research implemented under the USAID/Growth through Nutrition project confirmed earlier findings of research implemented under the USAID/ENGINE project: Ethiopian society expects women to prioritize their husbands and other family members over themselves when allocating food at home. In order for a woman to “eat an extra meal” (more food than usual), or to eat foods that the family could not financially afford to give to everyone in the household, she would need to eat in isolation and during times that are outside of the normal family meal times. Men and women perceive such practices to be in conflict with the socio-cultural value of women’s selflessness, as well as the value placed on families eating together and sharing food. The post-partum recuperation period, lasting 2-4 weeks in most families, is the only time when mothers are provided with an improved diet and special care and support. The USAID/ENGINE project’s creative concept testing identified the Queen Bee as an effective symbol to help promote increased family support and improved nutrition for pregnant and breastfeeding women. The Queen Bee concept has proven to be effective in resonating with rural communities and will continue to be used in the Growth through Nutrition project in all maternal nutrition communication and materials.

## Priority Communication Channels to Reach Families of Children Under 2

*Multi-media SBCC materials for family members and peer groups*

Growth through Nutrition’s SBCC materials are interactive, engaging and participatory multi-media (print, audio, audio-visual) formats designed to promote positive change by helping pregnant or breastfeeding mothers, their husbands, and their mothers/mothers-in-law discuss realistic options for selecting nutrient-rich foods and committing resources to include these in daily meals and snacks and menus. Materials promote positive role models, ideally through true stories and real people from each of the audience segments. Materials are tailored for low-literacy audiences, keeping written text simple and avoiding too much text.

**Areas of focus for increased family support**

* Enhance men’s gender roles as responsible husbands and fathers who protect and provide for their families
* Foster women’s self-efficacy as strong and capable mothers
* Improve couple communication and joint decision-making
* Strengthen grandmothers’ traditional roles

*SBCC materials include:*

* Nutrition information segements, nutrition songs, entertainment-education stories, and mini-dramas produced and recorded on digital memory cards for use in digital audio players and/or cell phones;
* Take-home reminder print materials (e.g. leaflets, flyers, stickers, posters, story cards, personal testimony cards, etc.);
* Demonstration videos showing positive role models and personal testimonies of those practicing pro-nutrition behaviors, or to provide audio-visual instructions (e.g. “how-to-do” demonstrations and information) to be recorded for DVDs and/or film formats;
* Fun and educational games and roles plays to reinforce knowledge and to practice nutrition-related skills and gender roles; and
* Promotional/motivational materials (e.g. stickers, badges, etc.).

*Implementing timed and age-appropriate messaging (TAAM) and counseling*

The development and distribution of SBCC materials, including job aids to help secondary audiences (health workers, agriculture extension workers, and religious leaders), adopt or support nutrition behaviors will be tailored to be time and appropriate to the age of the infant or young child, to the state of pregnancy among pregnant women, or to adolescent girls.

# IV. ADOLESCENT GIRL NUTRITION SBCC STRATEGY

Adolescence, the period between the ages of 10 and 19 years old is characterized by a growth spurt as young people transition from childhood to adulthood. It is a period of remarkably rapid growth: up to 45% of skeletal growth, between 15% and 25% of adult height is achieved during adolescence[[2]](#endnote-1), and up to 37% of total bone mass may be accumulated[[3]](#endnote-2). Although global efforts to improve children’s nutrition have focused on the first 1000 days, nutritional needs are the greatest during adolescence[[4]](#endnote-3). For this reason, adolescence is another “window of opportunity” to improve the nutritional status of children[[5]](#endnote-4),[[6]](#endnote-5).

Growth through Nutrition’s adolescent nutrition program prioritizes adolescent girls because stunting, pregnancy and childbirth in adolescent girls not only impacts their own nutrition outcomes but those of their children as well, contributing to a cycle of intergenerational undernutrition[[7]](#endnote-6). The World Health Organization (WHO) issued recent guidance for program interventions to improve nutrition outcomes[[8]](#footnote-2). These are:

1. Promoting healthy diets in adolescents
2. Providing additional micronutrients through fortification of staple foods and targeted supplementation in adolescents
3. Managing acute malnutrition in adolescents
4. Preventing adolescent pregnancy and poor reproductive outcomes
5. Promoting preconception and antenatal nutritional care in adolescents
6. Providing access to safe environment and hygiene for adolescents
7. Promoting physical activity in adolescents
8. Prevent and manage disease in adolescents

The Growth through Nutrition project recently implemented two qualitative research studies to gain more insights into maternal and adolescent girl nutrition-related practices in their home environments[[9]](#footnote-3),[[10]](#footnote-4): one a maternal nutrition trials of improved practices (TIPs) study and the other a formative study. The studies focused primarily on the first two of the eight program intervention areas identified by WHO: promoting healthy diets and providing additional micronutrients. In addition, the studies focused on the enabling environment in the household, particularly relationships between adolescent girls and their parents, and in the community, particularly relationships between adolescent girls and their friends. Although the formative research study reviewed girls’ eating practices during menstruation, other areas of reproductive health were not explored in the research. Adolescent pregnancy and its prevention was also not explored in the formative research study.

The findings from both studies inform the present SBCC strategy to improve adolescent girls nutrition-related practices. A summary of the findings of these studies is included in the Appendices of this report.

## Feasible Adolescent Girl Nutrition Behaviors

Growth through Nutrition’s qualitative research has revealed that adolescent girls in the project zone of intervention tend to eat the same foods as their mothers and share meals with their mothers. The adolescent girl nutrition SBCC strategy will therefore promote most of the same nutrition-related behaviors for adolescent girls, while they are at home, that are promoted for women who are pregnant or breastfeeding.

Priority interventions will focus on the following nutrition behaviors that these research studies indicated are *feasible* for adolescent girls and their families. Feasible nutrition behaviors for girls throughout their adolescence are:

|  |  |
| --- | --- |
| **Adolescent Girl Nutrition** | |
| Increase quantity of food intake | Increase food intake through eating at least one snack each day in addition to regular meals. (The easiest snacks for women are grain products, such as toasted mixes of cereals and *injera*.) |
| Increase consumption of staple grains (not sweet foods) along with specific nutrient-rich foods that are local and seasonal to ensure a minimum intake of calorie. |
| Improve food diversity | Eat an animal-source food (eggs, milk, yoghurt or cottage cheese) every day. |
| Add dark green leafy vegetables (primarily collard greens/kale) to every meal if possible. |
| Consume other vegetables and fruit more frequently. |
| Add more telba (flax seed) or other local seeds or nuts to the regular diet in geographic areas where available. |
| Avoid sweet beverages | Avoid drinking Mirinda, Pepsi, Coca Cola and other sweetened beverages (coffee with sugar is fine during coffee ceremonies). |
| Take IFA supplements | Take IFA supplements every night before going to bed. |
| Take IFA with a light snack (orange, papaya, mango, banana, bread, etc.). |
| Avoid drinking coffee or tea at mealtimes while taking IFA (it is fine to have some during coffee ceremonies). |
| Manage nausea and food aversion during menstruation | Eat smaller meals and frequent snacks, such as staple grains along with specific nutrient-rich foods that are locally available, if nausea or loss of appetite are problems during menstruation. |
| Eat an egg or other ASF during menstruation. |
| Reduce energy expenditure/rest | Take-over/share some of the girl’s chores (e.g. fetching/carrying wood and water, especially while they are pregnant. |

## Priority Actors and Audiences for Adolescent Girl Nutrition

Based on the qualitative research findings and recommendations, important actorsfor the adolescent girl nutrition SBCC strategy are indicated below.

**Adolescent Girl Nutrition SBCC Strategy Priority Audiences**

|  |  |
| --- | --- |
| Primary actors | Supporting actors |
| * Adolescent girls 10 – 14 years old   + In-school   + Out of school * Adolescent girls 15 – 19 years old   + In-school   + Out-of-school * Mothers of adolescent girls * Fathers of adolescent girls * Peers/friends of adolescent girls | * Teachers * Health Extension Workers and Health Facility Nurses * Religious leaders * Agriculture extension workers * Women and children’s affairs representatives * Social workers * Youth groups |

## Important Facilitators and Barriers for Improved Adolescent Girl Nutrition Practices

Formative research conducted under the USAID/ENGINE project and the Growth through Nutrition project identified a number of facilitators and barriers to improved adolescent nutrition practices. These are summarized in Table 4 below.

Table 4. Summary of facilitators and barriers for improved adolescent girl nutrition practices

|  |  |
| --- | --- |
| Facilitating Factors | Constraining Factors |
| * Perceived benefits of good nutrition * School education * Adolescent girls’ self-efficacy in family and community roles * Parents and family Support * Peers and friends * Neighbors * Health Extension Workers * Teachers * Other people who are trusted sources of nutrition information * Home gardens | * Actual or perceived poverty and limited resources * Limited access to diverse foods * Socio-cultural expectations for families to eat the same food together * Parents * Nutrition is not prioritized in the management of household resources * Low knowledge or awareness of nutrient-rich foods and the dietary needs of adolescent girls. * Gender constraints in households * Neighbors * Peers |

Messaging and Positioning for Adolescent Girl Nutrition SBCC Program Interventions

Growth through Nutrition’s SBCC programming for adolescent girls and their families will:

*Promote girls’ increased consumption animal source foods (ASF)*

Discourage beliefs that these foods incite early sexual debut and promiscuity among girls, or to diminish a girl’s beauty because they may make her fat or possibly too strong), developing and testing creative concepts that will help to combat these taboos where they exist.

Focus messaging on eggs as a healthy option for girls to keep and prepare for meals for themselves and their families. Develop messaging and to help girls make pro-nutrition decisions around what to buy with the money they earn from selling eggs.

Develop a “whole family” approach for messaging and materials that capitalize on another social expectation: that, generally, families should eat together and should eat the same foods. A “whole family” approach to improving adolescent girls’ nutritional outcomes would include interventions such as family counseling in facilities as well as during home visits (i.e. counseling families, or girls together with their parents, rather than solely counseling individuals).

Develop and test materials promoting communication between fathers and daughters about decision-making related to using agricultural income to purchase animal source foods for the family.

*Promote girls’ increased consumption of a greater diversity of nutrient-rich foods in their daily diets*

Link ASF to the aspirations of parents and girls for adolescent girls to do well in school and to have successful futures. Position nutrient-rich foods as helpful for adolescent girls’ concentration, intelligence and doing well in school and in life.

Develop and test the concept of the sun as the metaphor for adolescent girls’ strength, intelligence, leadership in their family (“illuminating the way”), value, femininity, and beauty. In this concept testing, test the conceptual links between the creative concept of the *sunflower* (first one thousand days) and the *sun* (girls between the ages of 10 – 19 years old).

Creative concept testing around the sun in messaging and materials should include trying this concept in materials that promote improve agricultural practices for adolescent girls such as: growing nutrient-dense vegetables in kitchen gardens, using improved seed varieties and fertilizers in kitchen gardens, and adopting improved planting methods (e.g. permagardens or inter-cropping) for nutrient-rich vegetables.

“Be the sun in your family” is an example of a message that might be used to also promote girls’ improved practices in raising chickens, practicing good hygiene and encouraging family members to practice good hygiene (especially washing hands with soap and water/soap and ash at critical times), keeping some of the chickens’ eggs for family consumption, and making pro-nutrition decisions with income generated from selling eggs at the market.

Develop creative concepts, messages and materials that can be easily embedded in girls’ friendships and in the leisure and work activities girls enjoying doing with their friends:Adolescent girls prefer to confide in their friends, rather than their mothers or fathers, about secrets and intimate topics. Growth through Nutrition will explore creative concepts and messaging around adolescent girl nutrition as “the best-kept secret” (i.e. eating nutrient-rich foods) and designing a fun and innovative set of interpersonal communication materials for adolescent girls to enjoy using with their friends. These may be games, songs, puzzles, riddles, comic books, or picture books that focus on nutrition information and improved nutrition practices conveyed in an entertaining way, and in formats that are designed for adolescent girls to use or carry with them as they do housework, fetch water, go to the market, or sit and chat with their friends. Improved nutrition practices during menstruation, and dispelling the association between ASF with promiscuity or becoming less physically attractive, are examples of the kinds of constructive “nutrition secrets” that girls can enjoy sharing with one another.

*Maximize adolescent girls’ healthy and supportive interpersonal relationships with their parents*

Develop new interpersonal communication materials for parents of adolescent girls to help mothers and fathers integrate improved nutrition practices into their regular parental counseling sessions with their daughters. The materials should be simple and, given relatively low literacy rates in rural Ethiopian communities, they should be mainly pictorial in their design.

Messaging should position improved nutrition practices as one of the things adolescent girls should do to stay safe, avoid misfortune (e.g. specifically rape and/or early pregnancy), and to be successful in school and in life. This includes practices such as increasing the consumption of ASF and other nutrient-rich foods and making pro-nutrition choices around eggs (how much to keep for family consumption, what to do with the money earned from selling eggs).

Develop materials that are designed to appeal to parents’ placing importance on information that is modern and credible. These materials may be disseminated through teachers to girls in school- and are designed to take home.

Leverage adolescent girls’ existing influence in their families.Growth through Nutrition will develop take-home materials that are designed to appeal to parents’ placing importance on information that is modern and credible. These take-home materials will be designed to complement existing nutrition materials already developed by UNICEF and the Government of Ethiopia for primary and secondary students (girls and boys) with a focus on filling in gaps.

Link Growth through Nutrition’s school-based nutrition-sensitive agriculture initiatives, such as school gardens, with nutrition promotion.

## Priority Communication Channels and Platforms to Reach Adolescent Girls and their Influencers

## *Messaging and materials design ideas include:*

Branding with a credible information source, such as the Ministry of Health, the Ministry of Education, or possibly a religious authority.

Identifying and using a positive role model for adolescent girls in nutrition SBCC programming. This role model may be a well-known and respected local or national celebrity who is a young woman—or possibly the creative development of a fictional character who has the ideal qualities of a respected and credible young woman— as the source of information about adolescent girls’ nutrition.

* Qualitative research identified the sun as being generally perceived in the communities supported by Growth through Nutrition as having feminine qualities associated with strength and leadership: rather than being fragile or weak, the sun is vibrant, bright, illuminates everything and everyone. The sun is above others. This research finding around perceptions of girls and women being sources of light (illumination) for their families is consistent with some of the other research findings that suggest that adolescent girls are able to influence their families in part because their parents perceive their daughters to have new information or modern and progressive thinking.

*Leveraging adolescent girls’ existing agency in their families*

Nutrition SBCC programming will focus on promoting areas where adolescent girls already have some authority and control. Specifically, nutrition SBCC programming can include content, messaging, materials and activities that include:

Offering recipes and new cooking techniques to improve girls’ decision-making and preparation of more nutrient-rich meals for themselves and their families;

Promote the use of handwashing with soap and water (or ash and water) at critical times, including after handling cow dung (used for cooking fuel), including making and using tippy taps, and encouraging other family members to adopt these practices (using creative concepts that employ the symbolism of the sun and “illuminating” the family);

Specific information to help girls improve chicken raising and chicken egg production (information and materials promoting chicken raising should include a special emphasis on keeping younger siblings away from chickens and chicken feces) separated from young children); grow nutrient-rich vegetables in kitchen gardens using improved agricultural inputs and techniques, and improving decision-making around the use of income earned from selling eggs or other agricultural produce at the market (consider promoting the use of the “Earn & Buy” game in schools and through other platforms to reach adolescent girls (see next recommendation).

*Prioritizing school-based and community platforms to reach adolescent girls with nutrition SBCC programming*

Nutrition SBCC strategies aimed at improving nutrition outcomes for adolescent girls should prioritize the following platforms:

Adolescent girls’ homes

Schools, classrooms and school nutrition clubs

Churches and mosques

Health centers and health posts

Well-known, recognized gathering places for community assemblies or where adolescent girls may be known to gather in their communities for special meetings, or for leisure and entertainment.

Leverage with other organizations and programs already working with organized groups to support adolescent girls (Growth through Nutrition can explore possible collaboration with Pathfinder or other groups who are implementing peer education trainings for young adolescents, or livelihoods/vocational training programs for adolescents). Where possible, adolescent girl nutrition SBCC content and materials can be delivered through these existing platforms with cooperation from other USAID-funded programs.

# V. STRATEGY IMPLEMENTATION

Growth through Nutrition’s implementation of SBCC programming is similar to the implementation approach of its predecessor, the USAID/ENGINE project. Implementation occurs at multiple levels. At national level, the project provides technical assistance to technical working groups and other stakeholder fora to support the development and implementation of Government of Ethiopia’s policies and guidelines for SBCC programming related to improving the nutritional outcomes of pregnant and lactating women, adolescent girls, and children under two years of age. The project’s five regional offices provide technical assistance at regional and woreda levels to adapt and implement national policies for nutrition SBCC programming.

With the increased focus on adolescent girl nutrition, using primary and secondary schools as a platform to reach adolescent girls is expanding under the Growth through Nutrition project’s SBCC programming. Given that nutrition education already exists within the school curricula and is implemented by the government of Ethiopia with support from UNICEF and other stakeholders, Growth through Nutrition’s SBCC programming in schools will focus primarily on utilizing the government’s radio programming to supplement and enhance existing nutrition content delivered through print materials and nutrition clubs.

SBCC programming in health facilities and farmer training schools will focus on integrating new content to enhance the Government of Ethiopia’s ongoing refresher training in interpersonal communication and introducing aspects of the SBCC strategy that are relevant for frontline workers in the health and agriculture sectors. This training will include creative concepts that help to facilitate communication, and the development of reminder materials for offices or consultation rooms and other job aids that support the delivery of improved nutrition information and counseling services.

At the community level, Growth through Nutrition’s SBCC programming will support the outreach work of health and agriculture workers through the dissemination of communication supports that focus on promoting feasible nutrition behaviors during the first 1000 days and adolescent girls. As noted in earlier sections of this strategy document, messaging and materials will be adjusted to promote a **whole-household** approach that promotes improved practices and better nutrition for all family members while emphasizing that prioritizing the nutritional needs of the most nutritionally-vulnerable household members (pregnant and breastfeeding women, adolescent girls, and children under 2) is important and helps the whole family. Growth through Nutrition’s program interventions at community and household levels will be primarily through the government extension workers and through local implementing partner NGOs and the community change agents (CCAs) they support.

Enhanced Community Conversations (ECCs) remain a major implementation strategy to reach families of children under two using peer support groups for mothers, fathers and grandmothers, multi-media communication supports, and take-home reminder materials and practices to share and try at home.

Growth through Nutrition will continue to work through the religious sector at national and community levels to mobilize religious leaders and to work with them to develop nutrition SBCC messaging and materials to enhance their guidance to their congregations on pro-nutrition fasting practices for pregnant and breastfeeding women and for adolescent girls.

Figure 5 below summarizes the overall implementation approach for the first 1000 days and adolescent girl nutrition SBCC strategy.



*Tracking social and behavior change*

Growth through Nutrition will track social and behavior change in households and communities primarily through three avenues:

1. Baseline and endline surveys of mothers, grandmothers and fathers of children under 2 who participate in Enhanced Community Conversations (ECC);

2. ECC Report Forms that monitor behavior changes reported by participants at the beginning of each session; and

3. Occasional rapid surveys of adolescent girls in schools before and after listening to radio programming and take-home materials developed by the Growth through Nutrition project.

All monitoring will focus on assessing change in feasible behaviors, gender transformative roles, and family relationships, including couple communication and decision-making.

# APPENDIX: OVERVIEW OF FORMATIVE RESAERCH FINDINGS

**1. What We Know about Infant and Young Child Feeding (IYCF) Practices**

The present strategy primarily draws on findings from two qualitative research studies on infant and young child feeding (IYCF) practices. In 2013, USAID/ENGINE conducted formative research on IYCF practices in the four regions in Ethiopia: Amhara, Oromia, Tigray and SNNP. The Growth through Nutrition project continues to implement nutrition SBCC programming in these regions. The purpose of the research was to increase the understanding of current knowledge, practices, and behavioral influences related to infant and young child nutrition (IYCN) at household and community levels in the project’s geographic areas. Two research reports, one on mothers’ IYCF practices[[11]](#footnote-5) and the other on fathers’ IYCF practices[[12]](#footnote-6), were produced in 2014. A summary of the reported findings is presented in the sections below.

*1.1 Mothers’ IYCF Practices*

Breastfeeding

Mothers of infants and young children are aware of the recommended practice of exclusive breastfeeding. Nevertheless, some mothers reported exclusively breastfeeding their children for much longer than six months- in some cases for eight, nine or even ten months, often because they believe the child is not ready to eat food.

First foods

Mothers in both regions primarily give cow’s milk, and cereal-based gruels and porridges, as first foods for their young children, beginning at the age of six months and in some cases as late as eight, nine or ten months. Gruels and porridges are prepared to be watery and thin, which mothers believe will reduce the risk of choking and will also help the baby get used to foods other than breast milk.

Diet diversity/Types of foods given

Generally, mothers believe that- with the exception of breast milk and first foods (gruels and porridges) - young children should eat what the rest of the family eats. Mothers do not report preparing foods differently or specially for their children and explain that their children just eat whatever is available in the home.

The exception to this general rule is that mothers will try to avoid giving their children spicy foods that the rest of the family may eat. Similar to the diets of their family members, young children’s diets consist primarily of grains and legumes, with only infrequent consumption of animal source foods and nutrient-dense vegetables and fruits.

Eggs and cows’ milk are the most common animal source foods consumed by young children, while meat is limited to holiday feasting times. Even at these times, many mothers reported avoiding giving their young children meat because they believe it is too “heavy” and can cause the child to choke. A few mothers, however, did mention that they sometimes dry and pulverize meat into a powder, which they then add to their children’s porridge.

Feeding during illness

Mothers of young children are aware of the importance of continuing to breastfeed during illness, and most also expressed awareness of the seriousness of diarrhea with regards to fluid loss and dehydration. Practices regarding complementary feeding for the sick child varied, however. While some mothers reported making an effort to buy special, more expensive foods for their sick children to eat, others reported not attempting to feed their sick children at all. The majority of mothers reported taking their sick children to a health facility and appeared to prioritize assuring that these children receive and take medicine; they appeared to place less importance on continuing to give their sick children breast milk or other foods.

*1.2 Mothers’ IYCF behavioral barriers and motivators*

Barriers

Mothers face important barriers in adopting or maintaining improved IYCF practices,

particularly with regards to their ability to get adequate nutrition and rest for themselves when their children are young. The main barriers to improved IYCF practices by mothers are:

* **Socio-economic constraints and women’s limited access to other resources** that would enable them to obtain a diversity of nutrient-dense foods for their children.
* **Limited time, heavy workloads and other obligations** to their families, farms, and children that prevent women from having enough opportunities to breastfeed, prepare diverse nutrient-dense foods, and feed their children sufficient frequency to their children.
* **Insufficient understanding about optimal infant and young child feeding practices** in spite of general awareness of nutrition recommendations. While mothers do consider some animal source foods- particularly cow’s milk and eggs- as “ideal” foods for young children, mothers consider meat to be a food to avoid giving young children. Many mothers believe that meats and other “heavy” foods should be avoided because they may choke a young child. While mothers did report occasionally giving their young children fruits and vegetables, these were not considered as ideal foods for young children. Some mothers continue to exclusively breastfeed their children well beyond six months, believing that their children are not ready to eat other foods until they reach eight, nine or ten months of age. When they do introduce other foods, which are often gruels and porridges, these tend to be thin and watery, rather than thick. Mothers are less aware of recommended complementary feeding practices for sick children.

Motivators

* **Happy, healthy, intelligent children.** Mothers love their children and take their caregiver roles seriously. Having healthy, happy infants and young children who gain weight and are intelligent is a major motivator for mothers to improve their IYCF practices.
* **Husband support**. The majority of mothers participating in the research consider their husbands to be their most important source of support during the first two years of their children’s lives, particularly in regard to the provision of food and decision making about meals.
* **Older female relatives (mothers and mothers-in-law of pregnant or breastfeeding women).** Grandmothers are key secondary audiences/key influencers on mothers. They are important sources of information and support for mothers’ IYCF practices.
* **Aspiring to be modern and progressive.** The findings indicate that mothers in both regions (Amhara and Oromia) do aspire to adopt lifestyles that they perceive to be modern and progressive. Pasta (“macaroni”) was frequently cited by mothers as an ideal food for young children because they perceive it to be modern, progressive, and nutritious.
* **Health Extension Workers**. Mothers consider Health Extension Workers (HEWs) as generally trustworthy sources of information regarding infant and young child nutrition and feeding, hygiene, and childcare, particularly regarding disease and illness. Mothers also noted clear gender divisions in the extension services provided by government frontline workers: HEWs interact primarily with women, while Agriculture Extension Workers (AEWs) and Development Assistants (Das) interact primarily with men.

*1.3 Fathers’ IYCF practices*

Fathers may be the most important stakeholders in improving infant and young child nutrition because they control the allocation of household resources. Men typically have a major decision-making role around what family income is used to purchase. Men feel responsible in their roles as heads of household and perceive their duties to include being providers and advisors for their wives and children.

Many men are already playing other active roles in infant and young child nutrition and indicate a willingness to do what they can to help their children’s growth and development.

Men’s roles include:

* being the providers of food and financial support;
* being decision-makers;
* advising and encouraging their wives especially for their wives’ own nutrition while breastfeeding;
* monitoring what their wives and children are eating;
* helping their wives with their workloads; and
* in rare cases, preparing food and feeding their children.

*1.4 Father’s IYCF behavioral barriers and motivators*

Barriers

* *Economic constraints:* The most significant barrier men face in improving their household nutrition is real or perceived economic constraints, generally stemming from problems with their ability to grow adequate food crops or raise livestock.
* *Agricultural constraints:* Since all of the husbands and fathers interviewed are smallholder farmers, limited agriculture resources, included lack of water or irrigation for their fields, infertile or unproductive land, and insufficient space for grazing and for crops, are also important barriers for improved infant and young child nutrition.
* *Insufficient knowledge and awareness:* While husbands and fathers have a general understanding about child nutrition, their lack of more specific knowledge and information prevents them from being able to improve the nutrition and feeding of their infants and young children. Men’s IYCF knowledge and information gaps also limit their ability to enhance the opportunities that they may have available to them through their agricultural activities and to improve nutrition outcomes for their wives and young children.
* *Cultural values for sharing family meals and for everyone eating the same:* Men share the same strong cultural expectation that women do when it comes to meals: family members are expected to eat together and to eat the same food. This expectation extends to young children after they begin eating solid foods.
* *Gender Issues related to women’s expected roles:* While most fathers know that exclusive breastfeeding for the first six months is a recommended practice, some reported that their children have to receive foods other than breast milk before they reached six months of age, primarily because their wives are too busy to breastfeed the child. In these cases, their children were given formula, cow’s milk, or gruels. As noted earlier in this report, some men overcome this barrier by helping their wives with their workloads. In other cases, men did not change their own lifestyles or behaviors but either accepted the negative nutrition outcomes for their children as inevitable or expected their wives to find ways to change their own lifestyles and adjust to the challenge.

Motivators

* *Sense of responsibility as heads of household:* Men’s greatest motivator for improved infant and child nutrition is their strong sense of responsibility as the heads of their households. While the economics of their households may dictate the quality and variety of food they can provide, fathers generally hold themselves accountable for providing food for their families. As part of the provision of nutritious food, some husbands monitor their wives’ and children’s diets to make sure they are eating right.
* *Aspirations for a better life and a better future:* Tied to their roles as providers and decision-makers, many husbands and fathers are thinking and planning for their families’ futures, driven by the desire for a better life. These men indicated that they were calculating opportunities through their agricultural activities as well as other ways to improve their economic outcomes.
* *Agricultural resources:* While most men perceive their smallholder farming lifestyles to present numerous barriers and constraints to improved infant and young child feeding practices, some men are optimistic about the opportunities provided to them through their agricultural activities and believe these will facilitate good nutrition outcomes for their wives and children.
* *Desire for healthy, intelligent children:* Men are also motivated to improve the diets of wives and children because they believe this will help their children grow up to be healthy, intelligent and successful in school and in life.
* *Love:* A few husbands spoke of their love for their wives as an important motivator for them. These men desire to help their wives in all aspects of their lives together, including providing for their children and helping to raise them.
* *Agriculture Extension Workers:* Men generally trust and appreciate the information provided by Agriculture Extension Workers (AEWs), and several of the fathers who participated in this study reported that working with an AEW had improved their farming 11 practices. For some this meant improved food security and better nutrition for their wives and children through increased crop yields.

**2. What We Know about Maternal Nutrition and Related Practices in Ethiopia**

Women in Ethiopia suffer from high rates of malnutrition indicated by their thinness, short stature and micronutrient status. Among women of reproductive age from 15-49 years, 22% are underweight and 24% are anemic.[[13]](#endnote-7) Poor nutritional status affects women throughout the lifecycle, but malnutrition during and immediately following pregnancy affects both women’s and children’s well-being. In Ethiopia, 13% of infants are born with low birth weight (LBW)[[14]](#endnote-8) reflecting the association between short maternal stature and poor maternal nutrition stores with increased risk of intrauterine growth retardation.

Inadequate diets and nutrition-related behaviors are direct causes of maternal undernutrition. Preventing maternal and child undernutrition is a long-term investment that will benefit the present generation and their children.[[15]](#endnote-9)

Women in the rural areas of Ethiopia have poor diets and few nutrition-related practices that promote beneficial nutrition outcomes. Changing this situation is especially urgent for adolescents and women who have high nutritional requirements during pregnancy and lactation in order to foster their own health and well-being, and to address high rates of stunting and promote healthy development among infants and young children. Improving diet intake and nutrition-related practices has proven to be particularly difficult for those adolescents and women in families who live in food insecure areas like those in this study.

In 2013, USAID/ENGINE conducted formative research on maternal nutrition behaviors in the four regions in Ethiopia: Amhara, Oromia, Tigray and SNNP. The purpose of the research was to increase the understanding of current knowledge, practices, and behavioral influences. A research report on maternal nutrition behaviors and their influences at household and community levels[[16]](#footnote-7) was produced in 2014. In 2017, the Growth through Nutrition project implemented a follow-on qualitative research study to bolster what is known about adolescents’ and women’s dietary and other nutrition-related practices and most importantly to obtain their insights into how they can improve those practices. Trials of improved practices (TIPs) were conducted in Oromia, Amhara & SNNPR regions[[17]](#footnote-8). A summary of the key reported findings from the two research reports is presented in the sections below.

*2.1Women’s maternal nutrition practices*

The 2013 formative research conducted by the USAID/ENGINE project reported the following key findings on maternal nutrition practices:

* Pregnant and lactating women generally eat what everyone else in the household eats—with no special considerations given to their increased needs. Women shared meals at the same time and from the same common plate with their family members. The women felt sharing the same meal affirmed family unity and cohesion.
* Men and women nearly unanimously perceived the practice of preparing food just for oneself and eating alone as culturally inappropriate for women. Women’s sense of selflessness, and their concern with how others view them, obliged them to share limited family food resources with everyone in the household. They also prioritized others over themselves when allocating quantities and types of food. In rural Ethiopia, society’s expectation for women to sacrifice for others is especially strong.
* There were variations in practices in the amounts of food and when it was consumed. Generally, women eat three meals a day (morning, mid-day and evening); some supplemented their three meals with snack(s), while others reported eating only two meals a day. The first trimester of pregnancy was a period when many women reported eating smaller portions of food as well as a more limited variety of food because they were experiencing nausea and/or had aversions to specific foods early in pregnancy. Some women also reduced their food intake and avoid specific foods later in pregnancy in an effort to avoid delivering “fat” babies, which they believed would make their deliveries more difficult. Known in the nutrition literature as “eating down,” this practice has been reported previously in Ethiopia and other countries.
* Most pregnant and lactating women reported not regularly consuming an adequate diversity of foods. Their diets consisted primarily of legumes (pulses) and grains in the form of bread, pasta and *injera* (made from combinations of grains with or without *teff*). Women’s consumption of animal-source foods was infrequent. When they were available, eggs appeared to be the most commonly consumed animal-source food, while meat and poultry were available mainly on holidays. The amount of vegetables and fruit in the diet fluctuated based on seasonal availability. Breakfast was particularly limited in diversity: pregnant and lactating women reported that their typical breakfast consisted only of caffeinated beverages and *injera* [Note: Appendix 1 contains a glossary of Ethiopian food].
* The only time that women appeared to consume more or special foods was during the postpartum recuperation period (the first 20-40 days after delivery) when families strived to ensure that women received special beverages and foods believed to help them recover their strength and improve breastfeeding. Husbands, for example, reported making an effort to slaughter a cow, sheep, or goat for their wives soon after delivery. Grandmothers reported preparing special, enriched broths, stews, and drinks believed to help new mothers regain their strength and to produce more breast milk for their infants. Following this period of recuperation, while many lactating women reported feeling hungrier than usual, and some reported increasing their food intake through more frequent “snacking”, lactating women generally did not report significantly changing their diets after the recuperation period. The one exception was an extra effort by lactating women and their families to ensure that she consume beverages throughout the breastfeeding period that are believed to increase breast milk production and produce thicker, more nutritious breast milk.

Several factors affected dietary diversity and the quantities of food consumed. The first was the availability of foods to the household with high-quality foods available only occasionally. The second was the nausea and food aversions experienced during the first trimester of pregnancy. The third was fasting which is practiced by the Orthodox and Muslim religions, although the timing and types of restrictions vary between the religions. The USAID/ENGINE supported qualitative research had insufficient information to provide clear insights on fasting practices. Some insights are found in the Birth Cohort Study, a quantitative cohort study of 4,680 pregnant women in Oromia region. This research reports:

* That about half the women are eating a smaller amount of food during pregnancy than they do normally and that they generally eat the same type of food; about 20% of women report adding different foods to their diets while 20% report eating a smaller variety.
* The majority of Orthodox women observe some fasting during their pregnancy. One quarter of Orthodox pregnant adolescents (15-19 years old) don’t fast and in general fasting is less rigorous among pregnant adolescents. Three-quarters of the Orthodox women who observe fasting during pregnancy forego animal source foods. Ten percent said they do not fast during pregnancy and others observe fasting regimes only during part of each day.
* Over 85% of pregnant women who are Muslim report fasting during the month of Ramadan.
* The most common foods that pregnant women reported avoiding were sugar cane due to a fear of developing complications during labor and nutrient dense foods such as collard greens, eggs, meat, cheese, milk and bananas.
* More Muslim than Orthodox women report that there are foods that are encouraged during pregnancy. The most common food encouraged for Muslim women across age groups was meat followed by honey, barley, milk and eggs. Orthodox women reported being encouraged to eat barley (in different forms) followed by milk, meat, butter and red *teff*. Non-nutrient-dense foods (false banana, gruel and soft drinks) were also encouraged.

2.2 A summary of key findings reported in the 2017 trials of improved practices (TIPs) for maternal nutrition is as follows:

Food-related Roles and Responsibilities

Women have most food-related responsibilities. Women purchase food, women decide what food to buy, or jointly decide together with their husbands, and women prepare and cook food. Some women get help to cook food from their older daughter(s) or mother.

Pregnant adolescent girls described some differences. No adolescent girl said that she alone decides about food purchases; adolescents decide jointly with husbands or husbands decide. Adolescent girls were more likely to get help cooking from their mothers or mothers-in-law. A few adolescents reported only light tasks such as cooking sauces while pregnant.

Work and Energy Expenditure

Most women have long, arduous days working inside the home, doing cooking, cleaning, and child care, outdoors, collecting firewood and water, cattle care, shopping, and outside the home conducting trading or farming. Only a few pregnant women described resting or having a decreased workload in pregnancy, all due to support from their older children or from mothers. Adolescents were the most likely to say that they get help with chores, from their mothers or mothers-in-law. Most women have received advice to decrease their workload in pregnancy but explained that in reality their husbands did not help because household and some outdoors work is “reserved” for women.

Health Service Use

Antenatal Care (ANC) and Postnatal Care (PNC) are important service delivery opportunities. More than half of women attend ANC, although this was lower among participants in Oromia and among Muslim women. Those not attending ANC ascribed it to lack of knowledge or distance, being unaware that they were pregnant, especially in the first trimester, or a desire to hide their pregnancy as long as possible. Few women said that they seek PNC beyond 30-40 days postpartum.

Iron Folic Acid Supplements (IFAS)

Fewer than half of participants in this study reported taking IFAS. Those who attend ANC were more likely to take IFAS; almost three-quarters of the women who attend ANC take IFAS. Compliance with IFAS was lowest early in pregnancy and postpartum, but all adolescents who attend ANC took IFAS. Reasons for not taking IFAS, not taking it daily or for stopping varied per the reasons below.

Fasting

An important influence on diet quantity and quality for pregnant and lactating women is fasting. Women reported following instructions from religious leaders on fasting. Orthodox Christian women fast several days, several times a year while Muslim women fast during the month of Ramadan during daylight hours. One Protestant Christian woman was fasting.

Fasting among Orthodox Christians mean abstaining from eating animal products (meat, milk, eggs and butter, among others) on a day of fasting. Twenty-one percent of the participants were fasting at the time of the first interview. Three-quarters of Orthodox women were abstaining from animal products the full day, while one-quarter was abstaining for hours, but not all day. When investigators asked those abstaining about substituting non-animal protein and fats, many women believed it would be possible using available pulses.

Perceptions of Diet and Foods

Most participants believed that a “balanced” diet is one that contains many different types of food although the normal food groupings are not well understood. A balanced diet was interpreted as a random assortment (e.g. cabbage, potato, ‘*Shiro’*, Mirinda, soup, vegetables), as fruits and vegetables, or as ‘*Injera*’ and pasta, or simply as not repeating the same kinds of meals. Adolescent girls, in contrast, understood the concept of a balanced diet better*, “A balanced diet includes combinations of one or more foods such as egg, meat, vegetables and fruit.”* Women recalled advice from health workers who advised them to eat vegetables, fruit, porridge, soup, and milk.

Pregnant women’s perceptions of the diet they should be eating included eating more frequent meals than the family (three or more meals per day) and eating more than usual. Many believed that eating more than usual helps the fetus to be healthy, warms the fetus, and prevents under-nutrition “*so the baby becomes beautiful.*” But many pregnant women noted practical barriers to eating more including lack of food, especially in SNNP Region, and lack of knowledge. In addition, some women felt that if they ate separately from the family they would feel ashamed, even if the husband and other family members approve it.

Pregnant women equated drinking certain fluids to help produce blood or help the fetus move in the uterus. Mirinda, *tella*, milk and soup were believed to be good for blood production. One woman added that these fluids also help during labor and delivery.

Women were divided over *keneto* (local non-alcoholic beer); some women believed it is beneficial for pregnant women to drink while others believed it should be avoided. Water was not perceived as especially beneficial to maternal health and nutrition; in some cases women expressed the concern about the quality of their water.

Pregnant adolescent girls’ perceptions of the diet they should be eating include eating small but frequent meals, with snacks (such as piece of bread and *Kolo*) and drinking enough liquids such as water, milk, and soft drinks (Pepsi Cola). They identified ‘good’ foods for pregnancy as soup, fruits and fluids. No girls mentioned food taboos in pregnancy outside of fasting restrictions.

Lactating women’s perceptions of the diet they should be eating include eating more than before pregnancy, meaning four meals per day to ensure the baby is ‘big and healthy’ and the mother is healthy, too.

Most lactating women complained of feeling hungry or very hungry after giving birth and said that this persists for some time. Foods identified as ‘good’ for lactating women immediately postpartum are such because they support health and recuperation of the mother and baby, and/or support breastmilk production and quality.

Women’s maternal nutrition behavioral barriers and facilitators

In many cases financial constraints for women are rooted in their not having control over the household finances or decisions about what foods their families will sell, what foods they will buy, and what foods they will keep and eat. Men control most of their families’ financial resources, planning their household budgets and authorizing expenditures. Men also control access to land and make decisions about what foods to raise and grow, what foods to sell, what foods to keep for consumption, and what foods to buy.

While many men also provide their lactating wives with nutrition information, advice and support, some neglect their responsibilities and are disinterested in their wives’ welfare and nutritional status. Marital discord and interpersonal communication problems between lactating women and their husbands further exacerbate the existing gender disparities in workloads and access to/control of family resources and are critical barriers for women to improve their maternal nutrition practices. Disagreements with their husbands over how to manage household resources, men’s selfishness, and a lack of sufficient support from husbands after the postpartum recuperation period is over also constitute important barriers to improved maternal nutrition practices.

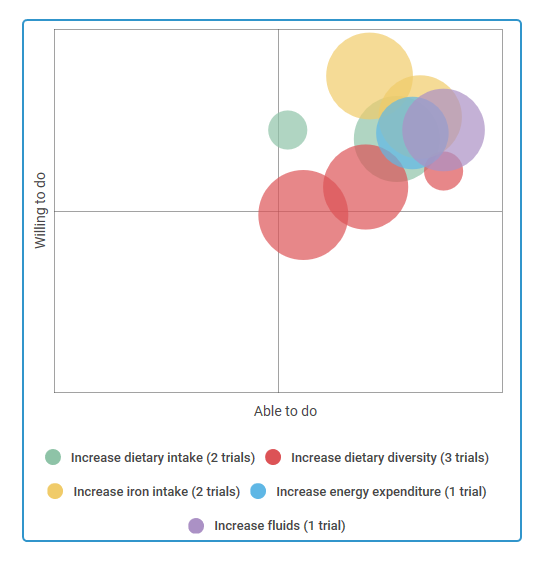
Barriers

* Maternal nutrition is perceived to not be a priority
* Physical and cultural barriers around preparing and eating nutritious foods
* Women’s workloads limit their time to rest and eat
* Gender roles and gender-specific expectations
* Poor couple communication/marital discord or insufficient husband support
* Information about “dietary diversity” unclear
* Economic constraints
* Varying interpretations of religious guidance for fasting

Facilitators/Motivators

* Safe delivery, no complications
* Strong mother, strong baby
* Lots of quality breastmilk for baby
* Healthy, happy, intelligent baby
* Gender Roles and gender-specific expectations:
* Grandmothers: traditional advisors and caregivers
* Husbands/Fathers: responsible providers, advisors, decision-makers
* Wives/Mothers: strong, capable, selfless, beautiful
* Modernity and progressiveness
* Desire to adhere to religious beliefs
* HEWs and AEWs: good relationships with families and communities, trusted sources of information

2.3 *The trial of improved behaviors*



**Figure 5. Summary Outcomes of the Trials**

This visual depiction of the results of the trials shows that most women who were offered a practice selected based on an assessment of their needs were willing and were able to make the change.

2.4 *Men’s maternal nutrition-related practices*

Women and men alike consider husbands to be the heads of household, responsible for the household budget and the control of family finances. The role of husbands includes making a plan and allocating money to purchase food and other necessities for the family. Husbands control their families’ financial resources and are expected to plan their household expenditures and provide for their families responsibly. Men also control access to and use of land for raising crops. Women and men alike expect men to play the role of head of households, provider and decision-maker. In the USAID/ENGINE qualitative research, pregnant and lactating women and their husbands consistently reported that men are expected to produce or to buy nutritious foods for their lactating wives.

2.5 *Men’s maternal nutrition-related behavioral barriers and facilitators*

Barriers

Men’s barriers and motivators related to behaviors that are supportive for maternal nutrition are often similar to those of women. Men frequently raised socio-economic constraints as a barrier to improved nutrition. Men typically referred to these socio-economic constraints as a “lack of capacity.” Like their wives, men lack sufficient information to guide them in their decision-making about what foods to raise and grow, what foods to reserve for family consumption, what foods to sell, what foods to buy, or how to counsel their wives.

Men sometimes complain that their wives are reluctant to follow their advice and encouragement to improve their nutrition. The often cite the cultural value of women’s selflessness as the major reason underlying their wives’ reluctance to eat special foods, more foods, or outside of the family meal times. Another reason for this reluctance, however, could be that women are acutely aware of their families’ limited resources and do not want to appear selfish.

Facilitators

Men, like their wives, aspire to be more “modern.” Being more modern includes embracing what is perceived as a “modern” diet and way of living that can lead to better health and economic outcomes. Men look to urban life as ideal, and perceive urban areas as having more access to diverse and quality foods, as well as greater opportunities.

Men are motivated to ensure that their pregnant wives have good nutrition, and most husbands are aware of the importance of eating a variety of foods during pregnancy and lactation.

Husbands and fathers reported that, even if they encourage their wives to eat an extra meal, their wives resist due to the socio-cultural values of family meal times and food sharing and women’s selflessness. Women are expected to eat when the rest of the family eats, and to prioritize husbands and children over themselves when preparing and serving food.

Men are motivated to support improved maternal diet to have an intelligent baby, who will grow up to do well in school and in life.

**3. What We Know about Adolescent Girls’ Nutrition-Related Behaviors**

Defined as the period between the ages of 10 and 19 years old, adolescence is characterized by a growth spurt as young people transition from childhood to adulthood. Adolescence is divided into three developmental stages based on physical, psychological and social changes: Early adolescence, between 10/13 and 14/15 years; mid adolescence, between 14/15 and 17 years; and late adolescence, between 17-21 years[[18]](#endnote-10). It is a period of remarkably rapid growth: up to 45% of skeletal growth, between 15% and 25% of adult height is achieved during adolescence[[19]](#endnote-11), and up to 37% of total bone mass may be accumulated[[20]](#endnote-12). Although global efforts to improve children’s nutrition have focused on the first 1000 days, human nutritional needs are the greatest during adolescence[[21]](#endnote-13). For this reason, adolescence is another “window of opportunity” to improve the nutritional status of children[[22]](#endnote-14),[[23]](#endnote-15).

Adolescent nutrition programs prioritize adolescent girls primarily because stunting, early pregnancy and childbirth among adolescent girls not only impact their own nutrition outcomes but those of their children as well, and contribute to a cycle of intergenerational undernutrition[[24]](#endnote-16).

According to the 2016 Ethiopia Demographic Health Survey, thirteen percent of adolescent girls between the ages of 15 and 19 years old have already begun childbearing; the median age of marriage in Ethiopia is 17.1 years for girls. The proportion of adolescent girls who have begun childbearing rises rapidly with age: while 2% percent of girls who are 15 years old have begun childbearing, 28% of girls who are 19 years old have done so. Childbearing is more common among adolescent girls who live rural areas than it is among those living in urban areas (15% versus 5%, respectively). Meanwhile, education is inversely related to childbearing among adolescent girls: nearly 3 in 10 (28%) of adolescent girls between the ages of 15 and 19 years old with no education have begun childbearing compared to 12% of their cohort who have attained primary education, and 4% of their cohort who have attained secondary education. Wealth is also inversely related to childbearing among adolescent girls: 22% percent of those in the lowest wealth quintile have begun childbearing compared to 5 percent of those in the highest quintile.

Improving the nutrition of adolescent girls requires clear insights into the constraints as well as the opportunities that lie within the socio-cultural context of girls’ access to and consumption of diverse quality foods. Formative research under the USAID/ENGINE project highlighted the challenges of girls’ limited resources, lack of awareness of their nutritional needs, and the socio-cultural expectations of rural Ethiopian societies for families to eat the same foods together- with husbands and fathers being prioritized for larger quantities and more nutrient-rich foods when there is not enough for everyone in the household to have an equal share. At the same time, the research revealed that older adolescent girls enjoy the interest and support of their parents, exert some influence in their homes, are interested in gaining more financial independence by earning income, and would enjoy bringing more diversity into their monotonous diets.

*3.1 Adolescent girls’ daily lives and relationships with family members and friends*

Most adolescent girls are engaged in household chores as well as duties outside of their homes. The qualitative data shows that girls in vulnerable kebeles may be doing more household chores than girls in non-vulnerable kebeles. Younger girls (10-14 years old) appear to be doing more housework than older girls (15-19 years old), especially tasks such as cleaning house, washing clothes, and preparing and serving coffee (coffee ceremonies).

Outside of their homes, girls fetch wood and water, work with their fathers in the fields, and go to market with their mothers. After chores are done, girls who are in school will study. Leisure time may begin in the late afternoon around 3 or 4 pm, although during the rainy season and times of harvest, girls may be busy working with their fathers in the fields.

Many adolescent girls enjoy a close relationship with their mothers. Mothers take time to counsel their daughters on life, making wise choices (especially when it comes to chastity), and doing well in their studies (for those whose daughters are in school

Adolescent girls’ fathers are not at home as much as their mothers are. Adolescent girls may only see their fathers briefly during meal times (when some fathers may eat alone rather than together with the girls and other family members). Girls therefore have fewer opportunities to have conversations with their fathers at home. Nevertheless, some girls work with their fathers during planting and harvest times or carrying meals to their fathers when they are working in the fields. When they do have an opportunity to talk with their daughters, fathers-- like mothers-- counsel them on avoiding places, people and conduct that could lead to consensual sex or rape, and (for those in school) focusing on their studies.

Friends are an important part of adolescent girls’ lives. Girls go to worship at the local church or mosque with their friends, and they do housework and chores outside the home, such as carrying water, with their friends. Whether working or at leisure, girls enjoy talking with their friends. Romance, menstruation and sex are topics that girls prefer to discuss with their friends.

3.2 *Adolescent girls’ typical diets*

Adolescent girls typically eat what the rest of the family eats, and they usually share meals with their family members. Girls’ diets consist of injera with shiro wot, or kale, bread or kita. Kocho is a common part of girls’ diets in SNNPR while pasta, macaroni and ambasha are more commonly reported by participants from Tigray. Most of these foods are staple foods with low nutritional value other than calories. Kale and shiro (chick peas), however are higher-nutrient foods. Some girls reported eating animal source foods, including meat (especially on holidays) and occasionally eggs. Girls may deliberately avoid animal source foods in some places, especially in the Amhara region, because they may be perceived to elicit promiscuity, or to make girls less attractive by making them “fat” or possibly too strong. The most common reason for not consuming animal source foods, however, was simply that they are not available in the household.

Adolescent girls eat approximately the same quantities that their mothers do, although the younger girls (10-14 years old) may eat a bit less than their mothers. Girls’ fathers often eat greater quantities than other family members, and the reason for this is that men are said to do harder physical work and also that men have the power, authority and respect in their families and are thus prioritized for larger quantities of food and animal source foods. Sometimes families eat together, sometimes meals are separated by gender: fathers may eat alone, or together with their adolescent sons, mothers and their adolescent daughters and younger children may all eat together.

*Fasting*

Older girls (15-19 years old) generally follow their parents’ fasting practices. Like their parents, Protestant girls usually do not practice any fasting. Muslim girls follow the practice of fasting one month in the year. Orthodox Christian girls follow the weekly fasting practices, and the more common annual fasting periods that precede the major religious holidays. The younger Muslim and Orthodox Christian girls (10-14 years old) may try to follow their parents’ fasting practices, but they are not expected to be fully compliant, and indeed their families sometimes discourage them from adhering to the full duration of a fasting period because their parents believe this would be harmful to their health or their ability to do well in school.

*Menstruation*

Menstruation is the time to imbibe in- or to avoid- hot beverages, depending on how an adolescent girl and her family or community perceive the menstrual flow. Where menstruation is perceived to be a way for the body to get rid of impurities, girls drink a lot of hot beverages (especially tea and also coffee) as these are believed to increase the menstrual flow. In these cases, drinking hot beverages is perceived to be a health-conscious behavior. Where menstruation is simply perceived as blood loss, adolescent girls avoid drinking hot beverages because they are believed to increase the loss of blood, and to exacerbate cramps and nausea from excessive bleeding.

Oily foods, animal source foods and spicy foods are also commonly believed to increase menstrual flow and may therefore be consumed or avoided by adolescent girls for the same reasons that they consume or avoid hot beverages.

3.3 *Adolescent girls’ agency and influence around the production, preparation and serving of food*

Overall, adolescent girls appear to have a good deal of influence in their families when it comes to deciding what to prepare for the family meals, although this influence is often constrained by what foods are actually available in the home. In many cases, however, adolescent girls across regions, religions and age groups reported having some influence on what is purchased outside of the home. Girls and fathers also occasionally reported that when girls ask their fathers to buy certain foods for the family, and if their fathers have the means, they will do so. When they accompany their mothers to the market, or go on their own, they may exert some influence on the decision of what foods to buy for the family to eat. Girls frequently mentioned being the ones who have the responsibility of raising chickens in the family and reported that they may sell the eggs and use the money as they wish. Few girls reported keeping the eggs for their own consumption or for family meals.

Some fathers listen to their advice when they make suggestions about a particular variety of seed or fertilizer- presumably because their fathers believe they have received this new or modern information from school or from another reliable source.

3.4 *Gender-bound social expectations of adolescent girls and their roles*

In the rural Ethiopian communities covered by the Growth through Nutrition project, adolescent girls are perceived to be fragile, weak, and soft. Much of the communication between girls and their parents involves their parents counseling their daughters to avoid the company of boys and men, who society perceives to be strong, aggressive, and potentially dangerous to girls. Parents want their daughters to remain chaste and modest, and fear that they will be promiscuous. In places where there are food taboos for adolescent girls, they appear to be have the function of controlling girls’ sexuality. Animal source foods in particular, as well as spicy foods, are associated in some places in Amhara region as foods that could provoke early sexual debut and promiscuity and are thus foods that adolescent girls should avoid. In other regions, such as Oromia, similar food taboos exist but are recognized by many of the study participants from these areas, as being old-fashioned taboos that are no longer followed in modern society.

Fragility, weakness and softness are closely associated with social ideals of feminine beauty. For this reason, animal source foods are sometimes avoided by girls because they fear they will become “fat” or perhaps too strong, and thus not in line with societal expectations of feminine beauty.

Parents listen to the information that their daughters bring home from school. Should their daughters suggest nutritious crops to grow in the kitchen garden, their parents would not object.

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