



Rajpusht

Insights & Communication Strategy

August 2017

An initiative funded by CIFF



We examined food access for women, motivations and benefits of eating more during pregnancy & lactation

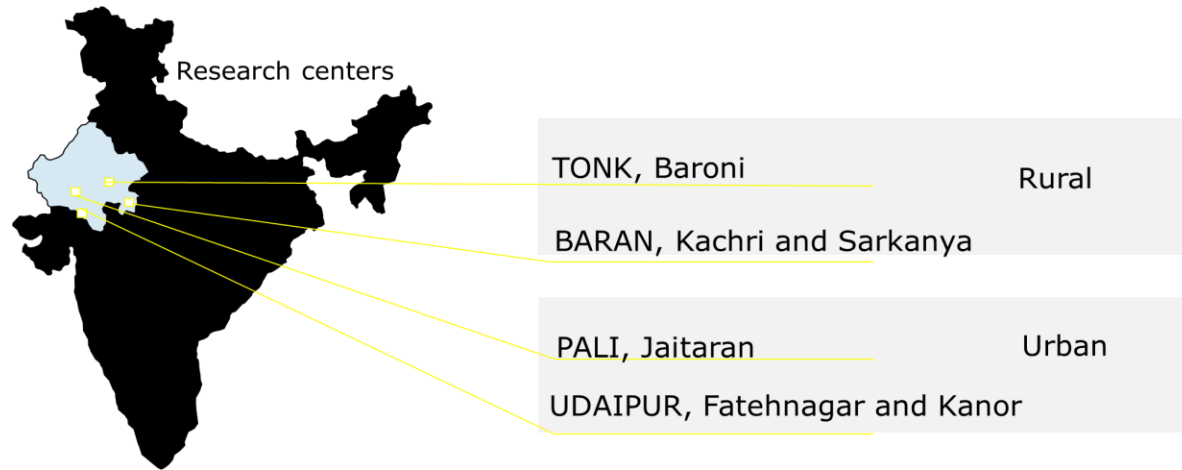
The Challenge

- Pregnant and lactating women (PLW) have higher calorie, protein and micronutrient needs.
- Current gaps in dietary intake of pregnant women in Rajasthan are as high as
 - 50% to 70% in micronutrients
 - 50% in fat
 - 38% in protein
 - 27% in energy
- To improve dietary intakes among PLW, one might rely on a cash-based transfer (CBT), but the cash creates other challenges, such as ensuring that the cash is used for food rather than on other expenses
- Cash also requires knowledge about what foods to buy and how much food should be consumed.

To improve the utilization for a cash-based transfer we must address two key issues

1. Ensure that money is spent on food for the PLW
2. PLW and her influencers know why she must eat more, what and how much food she must consume

We interviewed pregnant and lactating women, their husbands, mothers-in-law and frontline workers



Formative Research

- 32 PLW interviews
- 8 focus group discussions with each group:
 - mothers-in-law
 - husbands
 - frontline workers

Validation Phase

- Key communication elements – creative material & actual food products
- 12 focus group discussions (1-2 hours) in 3 districts:
 - PLW
 - mothers-in-law
 - husbands
 - frontline workers



The HUSBAND

We recommend husbands as the primary target for Rajpusht communication strategy;
secondary audience PLW and their mothers-in-law

The husband wants to be involved, is the principle manager of financial resources and is the common influencer in single and joint families

- AGE: 18-25 years. A young man, a first- or second-time father.
- RATIONALE: he is the principle manager of financial resources. According to IIHMR data, 50% of the households are single-family homes
- BEHAVIORAL CHARACTERISTICS: **The Quiet Supporter**. He is still the provider, protector and a medium to the outside world. He is balancing the demands of the patriarchy with being more emotionally available to their wives, though mostly on the sly. He is occasionally smuggling in goodies and fruits, is accompanying his wife to the doctor (though may not enter).
- Husbands want to be involved and show positive reactions to suggestions where they are needed
- They desire prevention rather than curative strategies.
- Opportunities for husband involvement –
 - at ANC check ups
 - track food purchases by keeping receipts

“

They keep us out saying it is womanly thing, our mothers ask us not to interfere. But [the movie] said that the mother-in-law is asking the boy to take care of her food etc is a good and new advise. We meet such elders in village but they only ask us to ensure that women are taking rest. The doctors give very generic advises, which even their mothers are aware about.

”

“

They do not tell us such advises and then when things go wrong we need to spend.

”

A close-up portrait of a pregnant woman smiling warmly at the camera. She is wearing a bright yellow headscarf with a wide, light-colored elasticated band across her forehead. Her eyes are dark and expressive, and she has a small bindi on her forehead. She is wearing a dark-colored garment with a yellow and black striped pattern on the shoulder. The background is a simple room with a green wall and a purple patterned curtain. A black tripod is visible in the upper right corner. The text "The pregnant and lactating woman" is overlaid in white at the bottom left.

**The pregnant and
lactating woman**

A pregnant and lactating woman's beliefs, emotions, conditions and diet choices form the basis of Rajpusht communication messages and tools

HER behaviors

3 types of segments exist:

- PLW who **sacrifice**, put others in front of her needs/ desires, be **invisible**, who **doesn't really have a voice** in the decision making.
- There exist **an emerging trend** of a PLW who is '**Finding a voice**'. While operating in the traditional domain, she desires for a better position, which mainly translates into **some expression of discontentment, but doesn't change her reality much**
- Only few outliers 'smart negotiators' exist. Their level of agency is limited to wining small concessions (study further, work).

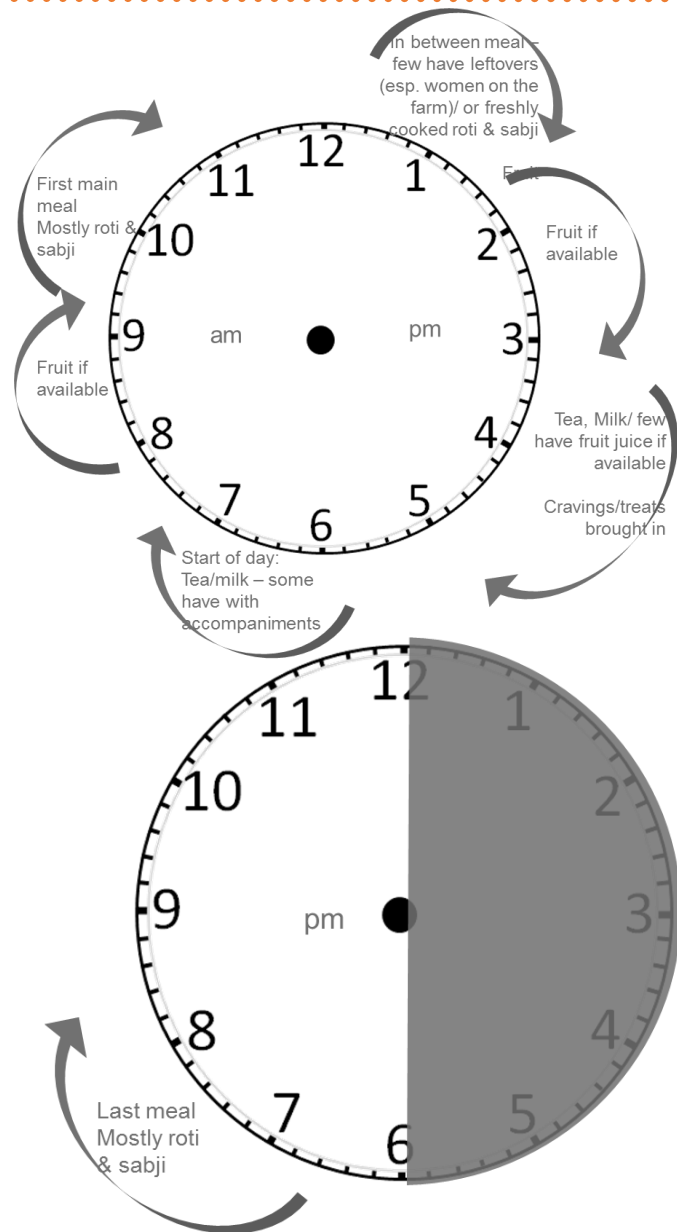
HER emotions

Her emotional state: Expected to **view pregnancy as a normal condition** but feels far from normal

She feels:

- **Lack of emotional support.** She must continue **daily chores and with marginal changes in diet. Somewhat aware of what she must eat, does not always get it**
- **Fear** of delivery, child's well being, gender and future
- **Guilty** about adding to the monetary burden.
- **She finds exciting occasional smuggling** in of goodies and fruits by her husband. It reiterates husband's **care/ feels romantic**
- Highly motivated by a tangible *positive* benefit (**gain**) **for the child**, along with **learning new information**.

A pregnant woman's diet does not change much from what it was before her pregnancy



Her diet is

- shaped by belief that pregnancy is a normal state
- **mostly about excluding some items** that may be detrimental to delivery ('sticky' starchy items, papaya), digestion
- emphasis on **consuming green vegetables, fruits and milk**, though frequency is an issue
 - **Fruits are aspirational**, they are expensive and recommended by doctor/FLW to **increase blood count** (apples, pomegranate). But most are not able to regularly consume, a factor of affordability
 - Green vegetables are seasonally available and consumed as per affordability
 - Milk is considered good for health, buttermilk is cooling and good for the 'hot' state of pregnancy, but for some dairy consumption impacted by non-availability of milk giving cows at home
- Some complain **of not feeling hungry, nauseous** and **wanting a greater change of taste in diet**



The mother-in-law

The mother-in-law is a strong supporter of her son and she will help him step into his responsibilities of a father

Formative Phase

- The 'Staunch Traditionalist' exist, but a **strong trend of a mother-in-law (MIL)** who is '**Firm, but starting to give in**' is emerging.
- She still holds the kitchen reins, even while her sons brings in fruits & supplements for his wife. However, given the strong patriarchal system, if the need be **she will heed to her son's decision.**
- MIL **wants her daughter-in-law to stay active and healthy**, so she supports measures that assist in this objective.

Validation Phase

- **Eating more** associated with: indulgent, over eating, lethargy.
- **Anytime foods concept was new.** Only fruits, rabdi were allowed outside of meal times.
- Religious festivals or guest when eating outside of meal times were allowed.
- The idea that the **baby was hungry in womb** was new
- They could relate to the idea of children needing small meals, so it was clear how the **small meals were needed by pregnant and lactating women**



The frontline workers

PLW is mostly favorably inclined towards FLWs, she trusts them, and their interest in her well-being makes her feel special. She feels FLWs follow contemporary practices and such interactions offer an opportunity for new learning. ANMs are relatively more trusted, respected.

Insights from formative research led to the development of five communication concepts that were tested in a validation phase

1. Use **accepted social roles** of care and responsibility, because gatekeepers improve food access and sanction eating more for PLW.
2. Use the **spousal bond** to support and further encourage care for PLW.
3. **Strong food sharing culture for meals** –meal-based foods present various challenges such as higher financial expenditure, poor targeting, inadequate consumption by women because they eat last. **Promote foods that do not require cooking** and sharing through meals, foods that can be consumed in small portions, and are readily available in the home, at all seasons
4. Major **pay-off is the child's health**. Focus on positive **outcomes for the future**. These factors improve motivation and self-efficacy for behavior change.
5. **Framing of advice is critical** for PLW to eat more – advice must be relevant, actionable, informative, and aspirational



Treat Box for the PLW to store food away from kitchen, to eat when convenient for her. An intimate exchange between husband and wife.



Passbook - formal record of the PLW's, and later the infant's progress. Pledging through signature by both parents. Dispense information about nutrition and diet.



Animated video – a moral story that sets expectations for role/responsibility of the husband in pregnancy.

SD card - Digital format so family receives video of the importance of enhanced nutrition for the PLW.



Visuals – food recommendations for non-meal occasions that are readily available, acceptable and agreeable even without a cash transfer



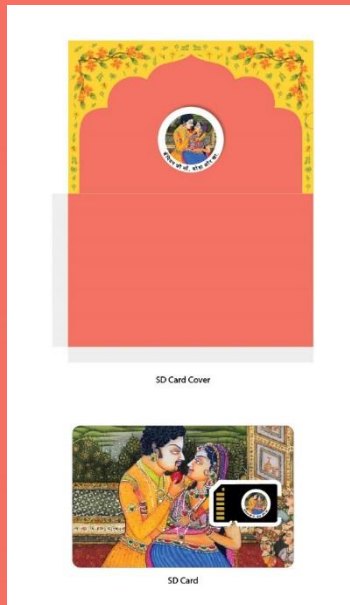
The Key Visual and Concept

Image of a husband and wife in a loving embrace, offering her a fruit.

Key concept is to infuse a sense of responsibility into the husband (of the mother-to-be) to take care of her enhanced nutritional needs, so that the baby grows to become a **'champion'.**

A champion is a boy or girl with all-round growth - physical and mental - so that he/she excels in life.

Visuals and slogans – strong **acceptability** among all groups to husband taking care of his wife. Art, Royal Dress and jewelry were very well liked.



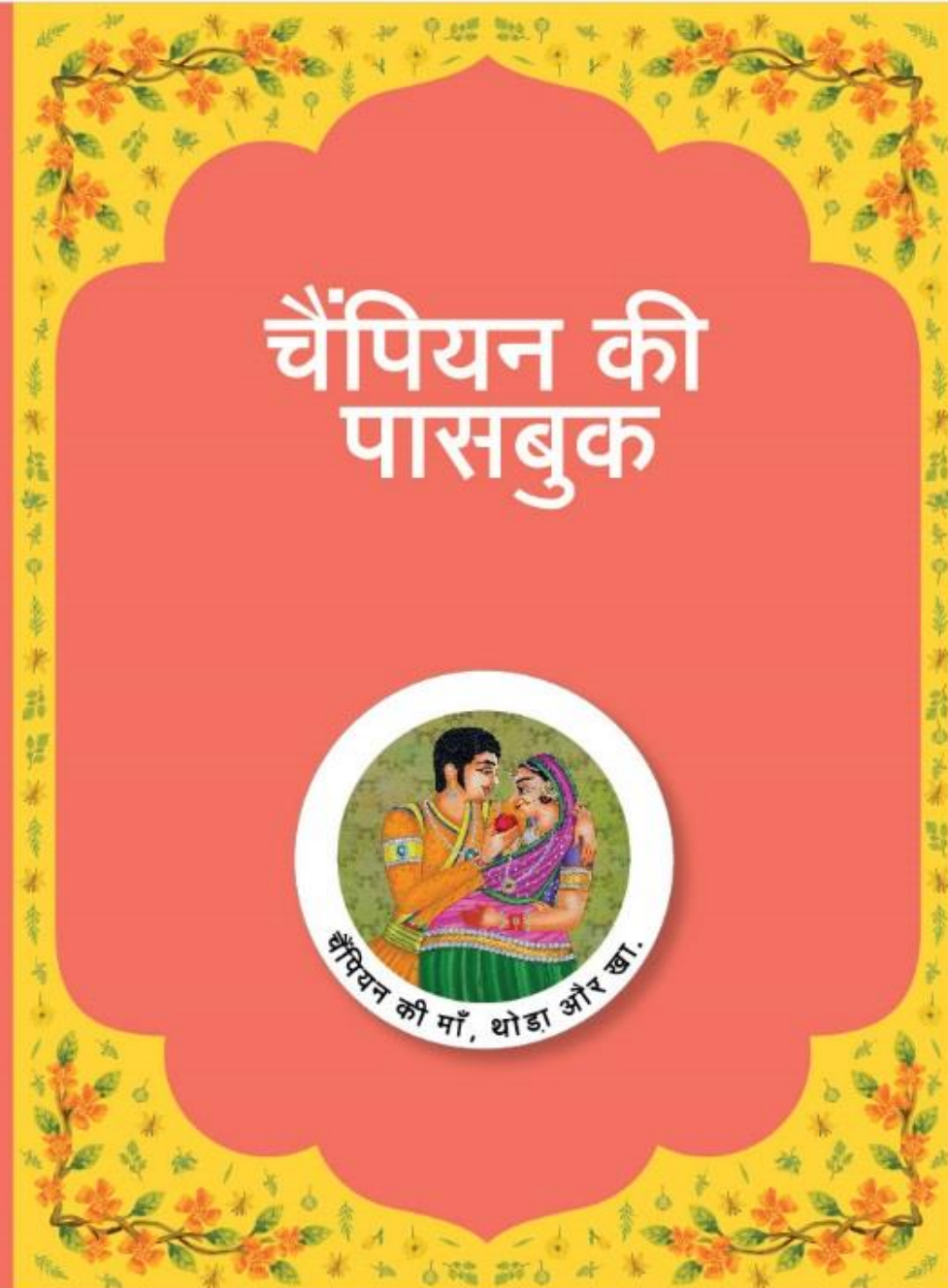
SD Card Cover

SD Card

WELCOME Package

Passbook and SD Card

“Passbook source of **much needed information**
and **opportunity for husband** involvement”



Movie: Story of Bhuvan & Sarita

SD Card Cover



SD Card

[A 3-minute video] A **moral story** that sets expectations for role/responsibility of the husband in pregnancy.

Bhuvan, a not so responsible young man, hears about his wife's pregnancy. All the people who shape his thinking - his mother, the village elder, the ASHA, the doctor - make him aware of his new-found responsibility, which is to take care of his wife's nutritional needs, so that the baby can grow up to become a champion.

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Memorable story, raise **awareness, training** for husbands and mother-in-law. ”

Based on qualitative and quantitative findings, we recommend 8 types of easily available, affordable, accessible snacks and foods for non-meal occasions

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दूध



लस्सी



राबड़ी



चना गुड़



चाय रोटी



मूंगफली



एक फल



चाय बिस्किट

- 1 glass of milk
- 1 glass of your favorite Lassi
- 1 glass of rabdi
- 1 handful of channa
- 1 Fruit (fresh)

- 1 handful of ground nuts
- 1 handful of dried fruit (raisins)
- 1 tea with biscuits or rusk or roti

TREAT BOX



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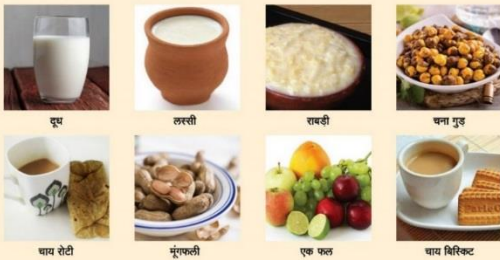
- **Elevates** low status foods
- **Reminder** to eat more foods
- Makes choices **manageable**
- Advice becomes **actionable**
- **Enables food access** to women

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Key messages focus on brain/heart, eat two meals + snacks, eat because baby is hungry

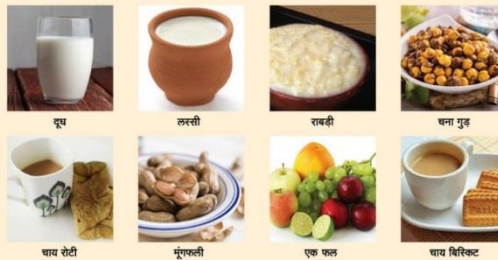
दो वक्त का खाना समझो अपने लिये,
बाकी खाओ आने वाले चैंपियन के लिये.

इनमें से कोई दो हर रोज़ के खाने के अलावा खाना, बच्चे के विकास के लिए जरूरी है।



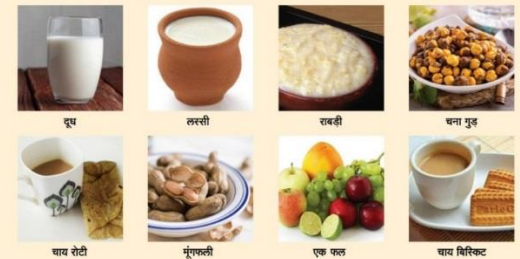
हर रोज अब ज़्यादा है खाना,
आने वाले को दिल-दिमाग से
चैंपियन है बनाना.

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जब-जब आपको लगे भूख,
समझो बच्चे को लगी भूख.
इसलिये, हर रोज अब ज़्यादा खाना,
आने वाले को चैंपियन बनाना.

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*Think of it as two times food is for
you and the rest of the food you eat
is for your upcoming champion*

*Now, you have to eat more to make
your baby champion by brain and
heart*

*When you feel hungry think that
your child is hungry, that is why
everyday eat more and make the
new comer a champion*

Positive response to communication concepts by all



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- any other **food taken outside meal** was for the **baby**
- I never **thought that baby is also hungry**. If feeling hungry meant their child would be hungry – then **unanimous agreement they would eat outside meals**.
- I did not know **I could eat something (fruit) with tea**.
- They can carry channa or any dry foods
- they can **take time out from chores** to eat other food

”

“

- all messages were **very acceptable**; appreciated the **new, simple messages**
- until now, only meal-based foods had been recommended, but all **non-meal recommendations were doable**
- greater exposure to messages would get women to eat more food.
- sharing of food items can be solved with some counselling

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Summary of Communication Strategy

- ❑ Communication tactics are coherent and target audience comprehends their purpose. Suggestions for further linkages offered by participants
- ❑ Presentation matters – food items suggested are relatively low price, low status. When placed in a gift box, they suddenly gain importance.
- ❑ Gendered foods – less resistance to cheaper items, easily available at home and require no cooking.
- ❑ Layering of messages is important for women (PLW, MIL) for understanding champion idea AND the need to eat more.
- ❑ Interpersonal communication will be necessary to expand on the initial ideas presented in the communication strategy.
 - ❑ KOP – Male, MIL – social approval
 - ❑ FLW – expand on key concepts
- ❑ Community events – VHND, religious festivals to reinforce the normative idea of eating more

Goal for Rajpusht – use cash for foods that will be consumed by PLW.

Behavior Objectives

Behavior Outcomes

Husband

Openly demonstrates his support by ensuring that his wife has access to food resources to meet her dietary intake needs for pregnancy and lactation.

Buys foods on shopping list, fills treat box; shows material from SD card to wife; signs passbook when weight of his wife or child has been taken

Wife

- Acts on the dietary advice
- Reminds her husbands of the food she wants to eat.

Consume the foods recommended, at least two each day; tells husband that the treat box needs to be filled; reminds husband of foods to be purchased and amount of food needed.

Mother-in-Law

- Supports her son to take care of his wife, such as buying food and being present at antenatal care (ANC).
- Supports her daughter-in-law to eat more.

Reminds son to purchase food and to go to ANC; grants her daughter-in-law the permission to eat foods at meals, tea, and between meals.

Disclaimer

- The formative and validation research was led by Dr. Eva Monterrosa, Sight and Life. This report was written by her.
 - Kantar TNS, a research firm based in Delhi, conducted the formative research
 - Ms. Prachi Katre, an independent consultant from Mumbai, lead the focus group discussions in the validation phase.
- Mr. Ramakrishna (Ramki), Mr. Ghai and their experts at Cartwheel developed the creatives for the communication strategy