



Taking a bite out of malnutrition

A note from the Program Director



To address prematurity, Born on Time targets what are known as the **preterm birth LINC factors** — **unhealthy Lifestyles, maternal Infections, inadequate Nutrition and limited access to Contraception** — that can lead to babies being born too soon.

For this issue, we're focusing on **Nutrition**: how does nutrition affect prematurity, and what is Born on Time doing to address this?

Poor nutrition among women and adolescent girls can be a key driver of both prematurity and low birth weight in newborns. Although the causal pathways continue to be investigated, with recent research highlighting the importance of pre-conception nutrition, it's clear that when women and adolescent girls eat less, eat last and eat low-quality food, their own health and that of their newborns is significantly compromised.

Born on Time is working to address poor nutrition in women and adolescent girls across all three countries by:

- Training and supporting health workers to provide information and counselling to pregnant women and adolescent girls on nutrition issues such as healthy dietary practices and prevention of anemia and other micronutrient deficiencies;
- Community mobilization/education through women's and men's groups to support recognition of the importance of nutrition before (during adolescence) and during pregnancy, and promote early antenatal care (ANC) so iron folic acid supplementation can begin right away;
- Providing cooking demonstrations that use locally-available, highly-nutritious foods that families can grow and cook themselves;
- Increasing nutrition education through adolescent peer-to-peer education groups in and out of schools, parent's groups as well as male-engagement groups, which are particularly important to ensure optimal pre-pregnancy micronutrient status and weight; and
- Both advocating with and supporting Ministries of Health to ensure availability of micronutrient supplementation.

Investing in nutrition is a powerful tool to support women's and adolescent girls' health, well-being and empowerment as they build their futures. And it also happens to be a solid investment in addressing preterm birth.

Marie Bettings



Aminata Sanogo enjoys her meal of nutrient-rich foods.
Photo Credit: Diakaridia Sanogo, Community Health Worker

Aminata's third pregnancy is a healthy one

Thanks to the nutrition sensitization training that 25-year-old Aminata Sanogo and her husband participated in during her current pregnancy, she has begun to eat a diverse diet that is rich in nutrients. In the Kignan district of Mali, where Aminata lives, the sensitization training was led by health facility workers, community relays, members of support groups and community health workers, and was supported by the Born on Time project.

Aminata and other pregnant women in her community now eat foods that were previously considered taboo during pregnancy, such as eggs. Although eggs are an easily-accessible and low-cost source of protein, the community's perception was that eating eggs would lead to large babies and, therefore, complications during delivery, so they were rarely eaten by pregnant women. Now eating eggs is being encouraged!

Since men were included in the nutrition training, the couple both understand Aminata's nutrition needs during pregnancy. Aminata is supported by her husband, who buys all the grains and other nutrient-rich foods necessary for pregnant women. Aminata recognizes that she is in good health for the first time in her life. She has better nutrition and notices a difference, especially when she compares this pregnancy to her first two pregnancies, when she suffered from malnutrition. She is grateful to the Born on Time project:

"I am very satisfied and happy to eat diversified and nutrient-rich foods several times a day for the first time during this pregnancy. I did not eat it during my previous two pregnancies due to ignorance and lack of support from my husband. For this pregnancy, my husband supports me by paying for all the foods we have been advised [to eat] by health staff and sensitizers at the community level."

Born on Time Midterm Assessment

Born on Time's midterm is now complete and being used by country teams for ongoing learning and course correction.

Our midterm was important in order to:

- Determine the quality of facility-based Antenatal Care (ANC) services provided to pregnant women and adolescent girls;
- Describe the adolescent-friendliness and gender-responsiveness of ANC services, according to standards and criteria specific to the Born on Time consortium;
- Describe the processes in place to ensure the quality of ANC services provided by trained health care providers, including training, drug supply and supervision; and
- Describe the social and gender equality dimensions and barriers related to access to health services, use of health services, and LINC factors, among others.

We used a cross-sectional design and mixed-methods approach to conduct a Quality of Care (QoC) study focused on ANC in a sample of health facilities that have benefitted from the project's interventions, such as health care provider training, supportive supervision and refurbishments. The QoC exercise was complemented with a rapid qualitative assessment of social and gender equality dimensions related to access to health services, use of health services, and LINC factors, referencing the gender gaps, inequalities, barriers, and associated interventions identified in Born on Time's Gender Equality Strategy.

Over the coming months, Born on Time will produce technical briefs on the overall study and QoC findings, and also develop social media resources, blogs and infographics to share the outcomes of the report.



Adolescent peer-to-peer education group members in Bangladesh

"I thank the project Born on Time and ask all pregnant women and their husbands to do like me and my husband to avoid malnutrition during their pregnancies."

Aminata Sanogo, Malian mother expecting her third child



Rehena's baby survives and thrives



Rehena's niece, Rehena, Adiba in her paternal grandmother's arms, Ashikur

Ashikur and Rehena were married when she was 17 years old. They live in a remote village in Bangladesh where Ashikur is a farmer. Rehena became pregnant three months after their marriage, but they were both unaware of the importance of ANC. She also suffered from malnutrition due to the superstition that eating extra meals or nutritious food during pregnancy can lead to a large baby and result in a complicated delivery. Rehena's first baby was born with low birth weight and died two days after delivery. The couple didn't use any methods of family planning and Rehena became pregnant three months later. As before, Rehena's mother-in-law instructed her that there was no need to rest, eat more food or attend regular check-ups. Rehena's family discouraged her from eating nutritious food and did not allow a Community Health Worker (CHW) to talk with her about nutrition or to check on her in the health facility.

Through the Born on Time project, CHWs were trained on ANC and postnatal care counselling, safe delivery in health facilities, nutrition awareness and family planning. Two female CHWs in each union make door-to-door visits to provide counselling.

A CHW who knew Rehena's previous history visited her at home and explained the importance of nutritious food and timely ANC check-ups. Ashikur and his mother did not agree with the CHW and Ashikur would not even allow the CHW to enter their house. The CHW persisted, and was eventually able to convince Ashikur and his mother, with help from members of the Born on Time Household Decision Makers Group, about the importance of proper care, rest and nutritious food during pregnancy. For the remainder of her pregnancy, the CHW regularly counselled Rehena, along with her husband and mother-in-law. They finally agreed to take Rehena to the health centre, where she was registered with the Community Skilled Birth Attendant (CSBA), regularly monitored, and provided with iron-folic acid tablets.

Rehena gave birth to a healthy baby girl, named Adiba, at the health facility on February 2, 2019 with the assistance of two CSBAs. Following delivery, Rehena received three post-natal care check-ups at the health facility and she and Ashikur have adopted a family planning method. Rehena's husband and mother-in-law assisted her during breastfeeding and with cooking duties. She and Adiba are healthy and well-nourished.

"If I didn't [take] care of my wife, my baby would have died like the first child. So, I am very happy and thanks to Born on Time project." Ashikur, Rehena's husband.

Learning about nutrition at high school in Ethiopia

Adolescent girls in Ethiopia are at risk of malnutrition due to socio-cultural and traditional norms where men and boys are fed first, usually receive better quality food, and the belief that "females do not need as much food as men as they do not go hungry easily" is widely held. One way Born on Time in Ethiopia works to improve nutrition among adolescent girls is through peer-to-peer discussion groups.

In 2019, Born on Time added adolescent nutrition to the peer-to-peer school discussion manual and all project implementation zones have provided adolescent nutrition training for teachers and zonal and woreda education focal persons. Born on Time also supported the rollout of weekly iron folic acid supplementation (WIFAS) in select sites, and will roll out semi-annual malnutrition screening for adolescent girls. Together, the nutrition education and WIFAS are helping to reduce iron deficiency anemia and improve the dietary practices among adolescent girls.

Rim High School, in the Mecha district of West Gojam zone, is one of the targeted schools where Born on Time holds its in-school peer discussion activities. The peer discussion group members use the dialogue manual prepared by Born on Time to guide their discussions and focus on adolescent nutrition. They discuss how poor nutrition can impact adolescents and talk about the poor nutrition practices they have observed.



Peer discussion group at Rim High School, led by Mirtizer Hailu (standing)

One of the peer discussion group members, 14-year-old Mirtizer Hailu, explains, **"A lot of people in our community have a very low understanding of nutritional needs of adolescents, especially adolescent girls. They do not consume the products they cultivate but focus on selling their crops. Traditionally, it is frowned upon to eat any dinner before the head of the house comes home. Adolescent girls are generally encouraged to eat less food, both in quantity and nutritional value, than their male counterparts. We have been trying to raise the awareness of the community ever since we understood about the nutritional needs that we have as adolescents. For instance, my mother recently gave birth, but she didn't know the proper nutrition she and my baby sister needed to thrive. I educated her and my family about the need to eat a balanced diet."**

Mirtizer is pleased that her school is very supportive of the peer dialogue group. She feels that adolescents pay attention to her message because she is their peer, and she wants to continue communicating the knowledge she has learned in the peer dialogue group: **"I talk to my friends at school and in my community about our nutritional needs and that we need to fight the taboo that girls don't need to eat as much as boys."**

SPREADING THE WORD: Spotlighting the prevention of preterm birth on the global stage

- Born on Time joined the Partnership for Maternal, Newborn and Child Health, March of Dimes, UNICEF, and other dedicated partners in a global Twitter Chat to mark #WorldPrematurityDay on November 17, 2019.
- Four abstracts have been submitted to the upcoming International Social and Behaviour Change Communication Summit, from March 30 to April 3, 2020 in Morocco. Two abstracts are from Bangladesh and Ethiopia, and two are from our ongoing global research, in partnership with Johns Hopkins University.
- We're excited to be celebrating the upcoming "Year of the Nurse and Midwife" in 2020 by hosting a side event at the 32nd Triennial Congress of the International Confederation of Midwives in June 2020. Stay tuned as we begin confirming panelists over the coming months!



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