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About BBC Media Action

BBC Media Action is the BBC's international development charity. We use the power of media and communication to help reduce poverty and support people in understanding their rights. We aim to inform, connect, and empower people around the world. We work in partnership with broadcasters, governments, non-governmental organisations, and donors to share timely, reliable, and useful information. Please visit <https://www.bbc.co.uk/mediaaction> to find out more about the work we do.

What Matters? Afghanistan Speaks!

Supporting pregnant women and lactating mothers to get the nutrition they need

Data for this bulletin was collected between December 2023 and February 2024 as part of formative research through 13 focus group discussions (FGDs) with pregnant and lactating women, 30 in-depth interviews (IDIs) with mothers-in-law and husbands. We also conducted nine key informant interviews (KIs) with implementing partners and other humanitarian organisations including World Vision (WV), Action Against Hunger (ACF), Agency for Assistance and Development of Afghanistan (AADA), International Medical Corps (IMC), and Nai Qala, across the project's target provinces - Badghis, Herat, Faryab, Daikundi, Badakhshan, Nangarhar and Ghor - and Kabul.

About What Matters? Afghanistan Speaks!

What Matters? Afghanistan Speaks! is a quarterly bulletin which shares how people are experiencing issues on the ground with the humanitarian community. It is part of the Driving Action for Well Being to Avert Mortality (DAWAM) project which aims to contribute to decreased morbidity and mortality in women and girls and high-risk groups including persons living with disability in Afghanistan. The project is funded by the Foreign, Commonwealth & Development Office (FCDO). It is implemented in seven provinces by a consortium consisting of World Vision (WV), Action Aid, Action Against Hunger (ACF), Afghanistan Women's Education Centre (AWEC), Agency for Assistance and Development of Afghanistan (AADA), BBC Media Action, and Nai Qala.

This bulletin is produced by BBC Media Action Afghanistan.

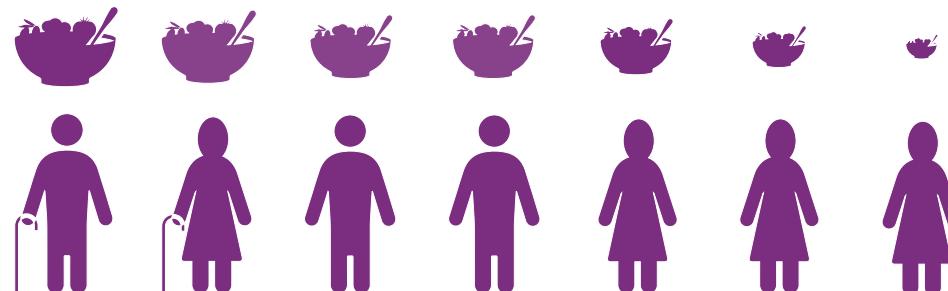
Pregnant and lactating women are not getting the nutrition they need

Why is this?

- **Lack of knowledge:** They do not know their specific dietary needs during pregnancy and lactation, and most are unaware of the need for extra food during this time. Moreover, family members have a lack of awareness, where there's often a belief that they don't require nutritious food during this time.
- **Men's dietary needs are prioritised:** Women often give men and elderly the best food, leaving leftovers for themselves to eat
- **Conflict:** Sometimes intra-family conflict arises when other family members, particularly other daughters-in-law demand the same food as pregnant and lactating mothers.
- **Financial:** many cannot afford a varied diet.

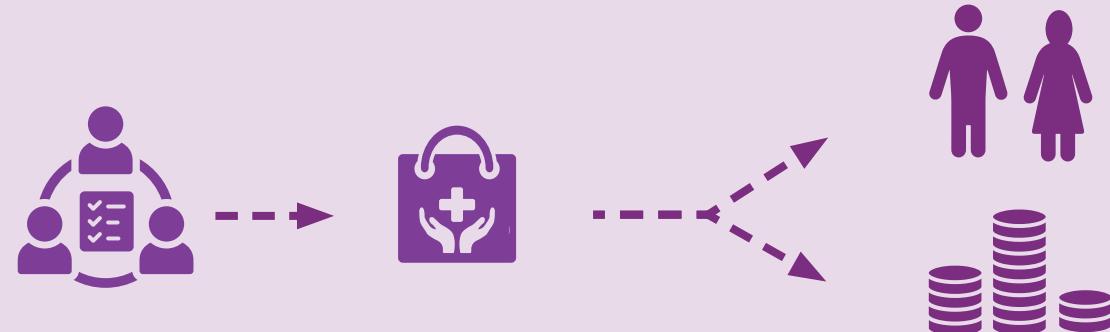
“Food is consumed by the household heads, particularly men, then mothers-in-law and sons of fathers-in-law, then elder daughters-in-law. If there is any remaining, pregnant women and younger women eat that food, otherwise [they] cannot eat this type of food. ”

Pregnant woman, Nangarhar province



Nutrition packets are distributed by NGOs among poor malnourished pregnant women and children. So what happens to these ?

1. They take them home and share the packets with other family members.
2. They sell them in the market. They do not realise the health benefits and are in need of money and there is a good market for them.



Why are women not taking up nutrition services provided by health facilities and NGOs?

Pregnant women and lactating mothers talked about challenges they experienced throughout their journey – from going to a health facility for nutrition services to going back home.

Going to the Health Facility:

Low awareness: Do not know that services exist, or where they are

Leaving home: Need permission to go from husbands and mothers-in-law

Finance: Often difficult to afford transportation

*Nutrition kits include products such as ready-to-use therapeutic food (RUTF) and ready-to-use supplementary food (RUSF) for malnourished children, and micronutrient powder for pregnant and malnourished women

“ Some women may not be allowed by their families, while others may face economic challenges. ”

Pregnant woman, Ghor province



At the Health Facility:

*Shortage of nutrition kits**: Women report going to the facility but not being able to get the kits that they needed. Reports of corruption.

Long waiting times and overcrowding: complaints that it is chaotic in health facilities.



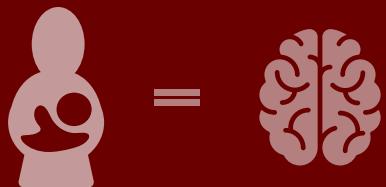
Going back home:

Sometimes it takes a long time in the facilities, resulting in their husbands and mothers-in-law mistreating them upon their return home as they are behind on their household chores.

Why are mothers not feeding their child with colostrum or breastfeeding exclusively in the first 6 months?

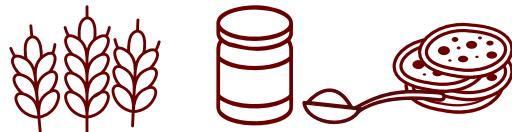
Aware of the benefits of colostrum:

This research showed that it is not a knowledge issue - pregnant and lactating mothers are aware of the benefits of colostrum. They know that it is essential for children's growth and brain development. But...



Not socially acceptable: Mothers and mothers-in-law perceive feeding a child with colostrum as harmful, so do not support the mothers of newborn infants.

Traditional beliefs: Although they usually start breastfeeding within half or one hour of birth, they often provide plant oil and herbal medicine immediately after childbirth, believing it clears the child's stomach.



Lack of breastmilk: Sometimes mothers lack breastmilk and give cow's milk, powdered milk and some herbal plants such as chambakhial, gigar and bartang as an alternative.

Use of complementary foods: There's a misconception that if children only drink milk, their stomachs might be empty, prompting the introduction of complementary foods such as biscuits, curd, liquefied rice, and cereal within six months, contrary to recommended guidelines.

Sources of information

People get nutrition-related information from their family members, neighbours, and older women. People who visit health facilities also receive information about nutrition from midwives and doctors.

There was also mention of getting information from NGOs' health staff and mobile health teams who provide awareness sessions in the area, as well as from radio, social media, and TV.





Recommendations

- Communities need help in ensuring that pregnant and lactating mothers receive and consume appropriate nutrition. Where the household cannot afford to provide this themselves, nutrition kits need to be made available more easily and distributed fairly to all those in need.
- Pregnant and lactating mothers and their families need to be educated about the importance of appropriate nutrition and the associated health benefits, ensuring their needs are prioritised. It is necessary to make them aware of how and where they can access such services. And then making the process faster, more accessible and more reliable can help with uptake, and dispel fears around visiting health facilities amongst women and their influencers.
- It is important to build on and reinforce existing awareness of the benefits of colostrum and exclusive breastfeeding for the first six months. Although there is a basic understanding, opposition from family members and traditional beliefs need to be addressed, and mothers reassured that colostrum and exclusive breastfeeding are safe.

BBC Media Action welcomes collaboration with other organisations collecting feedback in areas where they work or who would like to contribute to the analysis and production of this bulletin. Please contact Mahdi Zaki at mahdi.zaki@af.bbcmediaaction.org

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