

A Comparative Analysis of Maternal Nutrition Decision-Making Autonomy During Pregnancy in Burkina Faso and Madagascar – An Application of the Food Choice Process Model

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Objectives: The study aimed to conceptualize maternal nutrition decisions in rural Burkina Faso and Madagascar using the Food Choice Process Model by 1) describing typical maternal diets during pregnancy, 2) understanding multi-level factors that influence women's dietary choices, and 3) exploring the extent to which pregnant women have nutrition decision-making autonomy.

Methods: This multi-phased, formative study was conducted between Oct. 2020 - Feb. 2021 in Burkina Faso and Madagascar. **Data collection methods and sampling.** Semi structured interviews ($n = 46$), focus group interviews ($n = 12$), and free lists ($n = 90$) were conducted among pregnant and lactating women. **Analysis.** Textual

data from focus groups and semi-structured interviews were recorded and translated verbatim from local languages into French. The Food Choice Process Model guided textual content analysis using Dedoose software. Free list data were analyzed using cultural domain analysis approaches.

Results: Pregnant women receive nutrients through diets consisting primarily of staple foods, including rice and *tô* (millet or maize-based dough) in Madagascar and Burkina Faso, respectively. While locally-available vegetables and fruits are sometimes consumed when available, animal-source foods are rarely eaten among these samples. Differentially between contexts, maternal nutrition is influenced by a synergy of upstream factors that impact individual food choices, including available resources, social influences, and personal characteristics and ideals. While shared decision-making within key domains of autonomy (e.g., household finances) is normative between men and women in Madagascar, men were the primary decision makers across all areas of inquiry among the sample of participants from Burkina Faso.

Conclusions: Sub-optimal maternal diets are determined by inter-related, multi-level factors in Burkina Faso and Madagascar. Further exploration on decision-making autonomy and its role in women's ability to consume optimal diets during pregnancy in these settings should be considered.

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