

**Findings:** Across all countries, variations were found in pre-established WHO definitions of adequate fruit consumption ( $\geq 2$  servings daily), vegetables consumption ( $\geq 3$  servings daily), fruits and vegetables consumption (5 servings of 2 fruits & 3 vegetables) and physical activity behavior (60 minutes daily) among adolescent girls. In most countries (35 out of 45) less than 50% of girls consumed 2 or more fruits per day. Vegetable consumption was consistently lower; in all countries less than 50% consumed 3 servings daily. Morocco had the highest percentage of girls (32.3%) consuming 5 servings of fruits and vegetables daily. Compared to adequate consumption of fruits and vegetable, the percentage of girls engaging in adequate daily physical activity was much lower. Country with the highest percentage of girls being active at least 60 minutes/day was India (28.4%). Using logistic regression models, we found a significant positive association between presence of any policy and adequate consumption of fruits {Adjusted Odds Ratio (AOR) = 1.47; 95%CI (1.41 – 1.53); p-value = 0.00}; adequate consumption of vegetables {AOR = 1.76; 95%CI (1.68 – 1.85); p-value = 0.00}; adequate consumption of fruits and vegetables {AOR = 1.84; 95%CI (1.73 – 1.96); p-value = 0.00} and adequate daily physical activity {AOR = 1.25; 95%CI (1.18 – 1.33); p-value = 0.00}. Among regions demarcated by the World Bank, the presence of fruit and vegetable policies had a positive impact on girls in Sub-Sahara Africa (SSA), the Middle East and North Africa and South Asia. Physical activity policy had a positive impact in SSA and South Asia.

**Interpretation:** This study shows that the presence of health policies provide a supportive environment for adolescent girls to consume an adequate amount of fruits and vegetables and to engage in adequate daily physical activity. WHO's recommendations for daily consumption of fruits and vegetables and physical activity were consistently low in all countries.

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### Effect of a horticultural programme on access and availability of fruits and vegetables — a case study of the Kerala experience

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**Background:** Low fruit and vegetable intake is a leading risk factor for chronic disease globally. Horticulture programmes which encourage cultivation of fruits and vegetables have the potential to increase their intake and dietary diversity by ensuring an affordable year-round supply. My study draws on expert stakeholder testimony given during a “witness seminar” to determine the effect of new horticultural programmes on access, availability and affordability of fruits and vegetables in Kerala, India.

**Methods:** I rely on a witness seminar, a contemporary form of historical research, to examine the influence of horticulture programmes associated with Kerala State Horticulture Mission, Kerala, India on the food environment in Kerala and to uncover issues about access and availability of fruits and vegetables. Participants were purposive sampled from policy makers, experts, activists and representatives of non-governmental organizations representing agriculture/ horticulture (14); nutrition and food policy (4); and health (6), and gender & rural development and poverty eradication (3). Of the 35 invited attendees 27 attended, including panellists and audience members —8 women and 19 men[1]. [1] The witnesses and the audience were almost all from Kerala, save for one panellist who made the journey from Bangalore at his own expense.

**Findings:** Ethics approval was obtained from London School of Hygiene and Tropical Medicine and from each participant (written consent). I used NVivo 10(1) to do a qualitative analysis of the seminar transcript. Stakeholders argue that these recently adopted programmes have expanded fruit and vegetable farming throughout the region. Moreover, women's participation in farming has resulted in conserving and reviving agriculture. However, the programmes have had minimal impact on increasing the availability and affordability of fruits and vegetables. Instead, stakeholders claim that while the programmes benefited mostly banks, traders and farmers, consumers benefited least. Inequalities based on gender and class continue to dictate access to resources. Moreover, high levels of pesticide use, depletion of green leafy vegetables and replacement of local fruit and vegetable varieties are among the programmes' unintended consequences. 1. QSR. I. NVivo qualitative data analysis software. Version 10 2012.

**Interpretation:** This study points to the need to reorient horticulture programmes in societies with high rates of nutritional deficiencies and noncommunicable diseases to local health needs. It argues for equitable access and increased availability of toxin-free, affordable, local fruits and vegetables to support nutrition security and dietary diversity.

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### The postpartum health status of women in an urban clinic in Santiago, Dominican Republic

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**Background:** The postpartum period is of vital importance for the health of both the mother and her newborn. The purpose of this study was to learn about possible trends and gain information about the health of women in the postpartum state.

**Methods:** This cross-sectional study was conducted over five weeks in a free, primary care clinic in an urban neighborhood in Santiago, Dominican Republic. Mothers with children between zero and six months were asked to complete a 24-question survey regarding their health practices, beliefs, and behaviors after childbirth while visiting the clinic (n=29). Patients were asked if they would like to answer the survey and verbal consent was given before beginning. Interviews were conducted in Spanish and in private rooms due to the sensitive nature of the questions. The study was approved by both the local and Mount Sinai IRB.

**Findings:** All surveys conducted were used in the study, including initial pilot surveys at the onset of the study. Basic percentages were gathered based on responses to multiple-choice answers, and 2 sample T-Tests were performed to examine differences between groups. Over 60% of women reported that their pregnancies were unplanned, 70% reported having a C-section, and 21% reported exclusive breastfeeding. Contraception use before and after pregnancy was also very low. Initial data analysis shows no significant difference (p>0.05) between any of the groups (younger versus older mothers, women using contraception, women breastfeeding, women with other children, or women who were married).

**Interpretation:** The survey results were limited due to the low sample size of the patient group. Therefore, more research is needed to fully understand the needs of this population in order to establish interventions that are generalizable to the community. This preliminary research however is helpful in deciding where focus is