



Engaging Family Members for Improved Maternal and Child Nutrition in Low- and Middle-Income Countries

Webinar transcript.

Kelly McDonald

Hello everyone, and thank you for joining today's webinar on Engaging Family Members for Improved Maternal and Child Nutrition. I'm Kelly McDonald, a knowledge management officer for USAID Advancing Nutrition, the agency's flagship multi-sectoral nutrition project. Before we begin today's presentation, I will quickly review the environment and set a few norms for today's webinar. Here are a few things that will be needed for today's webinar. Please make sure to use the chat box on the bottom right hand side of your screen to introduce yourself, ask your questions, or ask for help with sound during your presentation. If you're experiencing any difficulties, our technical support will respond to your questions privately. We will collect and save your questions for the discussion period after the presentation. You need an internet connection and computer equipment. I'll briefly go over a few troubleshooting points if you have any technology challenges today. If you lose connectivity or you cannot hear, please close the webinar room, you can then reenter the meeting room in a browser other than Google Chrome by clicking on the webinar link provided via email. You can start a private chat with tech support for any assistance you may need, they will start a private chat with you and try to work out your issue.

And now I am pleased to introduce Kate Litvin. Kate is a technical specialist for USAID Advancing Nutrition, working on both the social and behavior change and nutrition and health systems teams. Kate, over to you.

Kate Litvin

Hi, thanks a lot Kelly, and welcome everyone to today's webinar. I see we already have a great turnout, and such a wide variety of organizations and countries that are represented today. So it's so great to see the webinar topics have this much interest. Before we get started, I'd just like to introduce our presenters. As you see in the pictures on the top from left to right, first we have Laura Itzkowitz, from USAID. Ms. Itzkowitz is a senior social behavior change advisor at USAID, in the bureau of global health. She has worked on behavior change, community health and nutrition across three continents. Prior to joining USAID, she supported SBC and advocacy work in Vietnam and in the Asian region.

We then have Dr. Stephanie Martin, from the University of North Carolina at Chapel Hill. Dr. Martin is an assistant professor in the department of nutrition at the School of Global Public Health. Dr. Martin conducts research on design, implementation and evaluation of social and behavioral interventions, to improve maternal and child nutrition with a focus on engaging family members. Next, we have Dr. Kate Dickin, of Cornell University. Dr. Dickin is an associate research professor in the Division of nutritional sciences and Director of the

program on international nutrition at Cornell University. Dr. Dickin conducts implementation research on community-based programming, maternal and child nutrition, food security and the effectiveness of social and behavioral change interventions. Dr. Dickin is also a Cornell university representative and a SBCC member on Advancing Nutrition. We then have Dr. Dadirai Fundira, previously from Cornell University. Dr. Fundira is now a Researcher in the International Division at Mathematica Policy Research. Dr. Fundira has ten years of technical programmatic research and evaluation experience working in public health in sub-Saharan Africa. Her primary work career includes maternal, newborn and child health, nutrition, social and behavioral change, and micro-nutrients malnutrition. And on the far right is myself, Kate Litvin, I am a technical specialist at the USAID Advancing Nutrition with main activities on maternal and child health, nutrition, and social and behavior change. I'd just like to say thank you to the co-authors who contributed to the development of the papers presented of this webinar: Juliet McCann, Emily Gascoigne, Diana Allotey, and the librarians of Cornell University and the University of North Carolina.

I am now going to hand over to Laura for the opening remarks of the webinar.

Laura Itzkowitz

Hi there, and welcome. It's so great to see so many of you on the webinar today, both the names that are familiar and unfamiliar to me. It seems there is such a great variety of the missions, the countries and [inaudible] represented in our audience. So I hope that you all get something new out of this and walk away with something you didn't know. Looking at the poll results, it looks like a lot of you have wide ranging experience in engaging family members to support maternal and child nutrition. Hopefully, we'll then talk of your experience during the webinar.

I know we all agree that families are key to nutrition. No one can and should expect pregnant women to practice nutrition behaviors by themselves, without family support, for many reasons and I'm sure each of you supports that. And even so many nutrition health interventions are targeted only toward mothers. The mothers are often the ones to emerge overworked with disproportionate high burden, proper care and nutrition of children in the household. This is even more critical during COVID-19 when recommended behaviors take even more time regarding hygiene behaviors everybody else is recommended to do. We know that nutrition programs engage family members in many different ways for a long time. So, what we're talking today in the webinar is not a new idea and it should be news for anyone. I know there is some sound issues, and I apologize for that. Hopefully you can hear me all right. So, we see that there is a prominent trend that more and more programmers and partners are recognizing the role of family members in nutrition programming in really targeting the whole family and not just the mother. But we know that there is not a strong evidence base identifying which approaches affect the most optimal nutrition practices during that period of the first 1000 days.

Speaking on the evidence base systematically, Kate Dickin, Stephanie Martin and Dadirai Fundira will share findings from two reviews: a scoping review and a mixed methods review.

We welcome your questions throughout the presentation, using the chat function at the bottom of the screen.

Stephanie Martin

Thank you Laura and hello everyone. As Laura mentioned, we conducted two reviews: a scoping review and a mixed method systematic review. I will talk about the rationale for these reviews and present the scoping review. Kate and Dadi will then present the mixed methods

systematic review. There are many examples of programs that have engaged fathers, grandmothers and other family members in maternal and child nutrition. And for this scoping review, we wanted to systematically explore how interventions have engaged them. We were also curious about the impact of engaging family members in maternal and child nutrition. Does engaging them improve nutrition and support outcomes? And this is what we've examined in the systematic review. Previous systematic reviews have tended to focus on just one nutrition outcome such as exclusive breastfeeding, or often they'll focus on engaging one family member and looking at whether or not, for example, engaging male partners influences and improves exclusive breastfeeding practices. These previous reviews, while helpful, do not present the entire picture of women's family and household environment. I think women's family and social networks are wider than just their relationships with their partners, particularly when it comes to who influences and supports women and children's nutrition, and who participates in infant feeding. We wanted to look at how interventions have tried to engage women's families, which include fathers, grandmothers and other family members. We also thought it was important to look at how family members have been engaged across the first 1000 days.

To conduct the scoping review, we tried to answer the question: How have maternal, infant and young child nutrition, social behavior interventions engaged family members?

Scoping reviews provide an overview of the evidence. Similarly to systematic reviews, they are conducted in a rigorous, systematic way, and use pre-specified eligibility criteria. So in our scoping review, studies were evaluated for eligibility based on inclusion and exclusion criteria that were structured according to participants, concept, context and studies, or PCCS criteria that is similar to criteria that may be familiar to you for use in systematic reviews.

For the studies we reviewed, participants included pregnant and lactating women, mothers of children under 2 years of age, women's male partners, infant's fathers, infant's grandmothers and other family members. Studies were included if they described a social and behavior intervention to improve one or more behavior related to maternal nutrition or infant and young child feeding from birth to 2 years of age, breastfeeding and complementary feeding. A key requirement of this review was that the intervention had to include a component that deliberately sought to engage fathers, grandmothers or other family members. Studies were included if they were conducted in a country defined by the World Bank as low or middle income, and we did not restrict that in the study design. For instance, research papers that assessed the accessibility or the feasibility of interventions that did not report outcomes were also included, and we did not set any date limit for our review. We searched 5 databases and ran the most recent search on March 16th of this year. And one thing that I'd like to highlight, especially given the wide variety of experience we have on the call today, is that we did not include the grey literature, so we're really excited to hear from program implementers about the different ways that you're engaging family members in your work.

Here is a flow chart showing our review process. We screened more than 6,000 abstracts. We then reviewed 160 full text articles, and then for the scoping review, we included 74 articles from 53 studies, and among those, 35 studies were included in the mixed methods systematic review.

This chart shows which nutrition topic interventions directed and where they were implemented. Studies to improve breastfeeding, the dark blue color, were the most common, followed by interventions promoting multiple nutrition outcomes, which is in light blue. There were very few studies on complementary feeding, which is the red bars, most of the multiple nutrition outcomes did include complementary feeding among other nutrition topics. And from this chart, you can see that most studies were conducted in sub-Saharan Africa.

There is substantial variation in the complexity of interventions, ranging from single component strategies at one health facility to large scale multicomponent multilevel interventions.

This chart shows the type of delivery approaches that were used, and which family member was reached. Community mobilization activities were the most frequently reported. They were followed by facility and community based groups and home visits. Approaches also included individual counseling at health facilities, mass media and mHealth activities. You can see from this chart that the interventions mostly reached fathers, which is the dark blue at the bottom of the chart, and that was followed by interventions that engaged the whole family, and then interventions that engaged grandmothers. The whole family interventions are in the lighter grey, and the grandmothers interventions are in the red.

A few interventions encouraged women to choose the family member that she wanted to include in the intervention, and that's in the light blue at the top. Interventions also varied by reaching mothers and family members together, or separately, or sometimes they would do both, where they would have some activities with just mothers and fathers separately, and then they would bring them together occasionally for activity. In addition, there were some family engagement strategies that were developed specifically for the study, while others, in the greater family members onto ongoing nutrition activities or added nutrition topics and contents into existing interventions for mothers and families. Most interventions that we reviewed were included in the scoping review, primarily, the nutrition specific processes within the maternal and child health program. But some included nutrition as part of an intervention on early child development or nutrition sensitive agriculture.

We reviewed over 50 studies, and so there are a number of interventions that we reviewed, and I just wanted to share a few examples of those interventions or intervention components that were included in the scoping review. For instance, in Bangladesh, there were community meetings with fathers and community leaders to promote optimal infant feeding practices as part of their larger program to improve infant and young child feeding. In Malawi, intergenerational dialogue groups with mothers, fathers, grandparents and others met frequently for facilitated discussions while participants reflected on gender norms, discussed sustainable agricultural practices and child feeding practices with a particular focus on dietary diversity. In Ethiopia, as part of the government led [Share] program, agriculture development agents and health development agents jointly conducted home visits where they counseled mothers and fathers together on nutrition and agricultural practices. And in Senegal phone voice messaging was used to share infant feeding messages with mothers and fathers to promote optimal complementary feeding.

As we reviewed the abstracts and full text articles for this scoping review, we were struck by how frequently studies acknowledged the importance and influence of families, but most still did not engage them in their interventions. We hope this review will help interventions to think about ways to appropriately engage family members for their content. Only about one third of the studies included in this scoping review reported conducting formative research. Ensuring that interventions are contextually appropriate is critical for intervention design and success. Moving forward, we hope studies can describe the formative research that they undertook when designing their interventions to engage family members on maternal and child nutrition. It is noteworthy, that the number of studies that report engaging family members in maternal and child nutrition have been conducted since 2010. 64 of the 74 articles were published in the past 10 years. It's very exciting to see the increasing interest and reporting of efforts to engage family members. And with that, I'm turning over to Kate.

Kate Dickin

Great, thank you so much Stephanie for that great summary, and thanks every one for being with us today and bringing your experience in this area. I'm going to turn now to the mixed methods review. I'm hoping that everyone can hear me ok. Please let me know if not.

A mixed methods review is a systematic review that includes quantitative, qualitative and mixed methods studies. So it's a little different from meta-analyses, that's something that focuses on quantitative studies. Our review was based on the same search strategy that was described for the scoping review, except that we did have study design criteria, with a subset of studies that included those 16 studies that actually compared interventions with family engagement to the ones that did not or had multiple study arms, or qualitative data on participants experiences and the changes that they attribute to the intervention. And in our review, which is being published in *Current Developments and Nutrition*, and there'll be a link at the end for you to be able to access that, the quantitative and qualitative results are summarized separately. And today, we are also going to do that. I'll start with the quantitative and then Dadi will talk about the qualitative results.

So the questions that we are addressing are "What are the impacts of engaging family members in behavioral interventions on outcomes that are quantitative, such as nutritional outcomes, breastfeeding, complementary feeding, and maternal nutrition and on support outcomes?" Then, as I mentioned, there will be qualitative outcomes as well, based on people's experiences and finally we'll look for the implications for designing the implementation of effective interventions. And unfortunately, there's no simple answer to that first question. That's what I'll be focusing on. There's a lot of information in the publication to explain there's no answer. What I'll try to do is summarize the results, but also give you a feel for specific interventions, by providing some specific examples, and lessons learned from the different categories of studies that we included.

And these are the categories, based on focus behaviors, and fathers, grandmothers, and whether it reached either or both of them. And I would note that this is quite a small group of papers compared to what Stephanie presented, and that's because relatively few of the studies actually compared family engagement to non-family engagement and tested causal relationships. So as you can see there's only one study in a lot of categories, but there are more studies on exclusive breastfeeding. And I'm going to start with the largest category, which is engaging men on breastfeeding. And the studies on breastfeeding all focused on early or exclusive breastfeeding in the first 6 months. There were 3 of these that were community-based and 6 that were society-based, and in fact, some only included single contact with fathers. In summary, for the results, they did find in the effects they measured, initiation within an hour after birth, they did find a positive impact on that practice, and they also found a lot of impacts on exclusive breastfeeding in the 4 to 6 months range. All studies measured that, 7 found positive impact. There tended to be smaller effects earlier, probably because rates were already high in some of the studies for exclusive breastfeeding at one or two months. There were very commonly impacts on fathers' knowledge and awareness, and also most fathers reported an improvement in providing support like encouragement, food or not bringing formula into the house. So, there were two studies that actually analyzed whether the support related to higher practice of exclusive breastfeeding in the recommended practices, and did find results confirming also that as to be causal evidence for this being an effective approach. Sorry, I keep clicking on the wrong thing.

So the example I want to talk about was trying to engage fathers to support breastfeeding in Vietnam. This was an extensive multi-channel community-based intervention that really focused on fathers and their home visits and support groups. And as well, they mobilized the community to try to encourage fathers to participate and overcome some of the norms, maybe against fathers being involved in breastfeeding. And they found impacts on knowledge in

the areas where there were gaps, and they also found that mothers reported more initiation with 1 hour and less prelacteal feeding. And you can see the odd ratios are quite high, so this is a big effect. On the other hand, they did see a statistically significant impact on breastfeeding, exclusive breastfeeding at 6 months. But this was only about a 5% increase, and it was statistically significant because almost no one in the non-intervention group exclusively breastfed at this age. So that's just an example of how the results are a little hard to summarize because it depends on breastfeeding and it depends on what they measured.

The lessons learned on engaging fathers for exclusive breastfeeding. Most of these studies focused on first pregnancies, at a time when couples really are looking for information, they found the fathers appreciated being included, but you have to consider cultural considerations. One study felt that their over-emphasis on helping with household chores had actually backfired. So they encourage people to really investigate what works within a given culture. The studies varied a lot on whether they counseled coupled together or separately, or in some cases both. And I think the fact of counseling together can be very positive in terms of benefit for couple communication and planning, but attendance rates of men tended to be low, a lot of studies did not even report them, and it was uncomfortable for women who did not have a spouse attending. So some are recommending separate men's groups led by a male facilitator as a way to improve the discussion and the peer support.

Right, turning to grandmothers, there were 2 studies looking at how to engage them in supporting exclusive breastfeeding. Both focused on adolescent mothers. And both of them had both antenatal and postnatal contacts for counseling and home visits. In Brazil, they were specifically interested in sort of calculating the negative effect of grandmothers on exclusive breastfeeding, and they found improvements in EBF but the young women who did not live with their mothers actually improved more. So there was still some negative impact of grandmothers in these settings. They had very positive responses in Thailand, with increased exclusive breastfeeding duration, knowledge and perceived support. I think some lessons here is that it is important to reach grandmothers and mothers together for at least part of the intervention and to focus on problem solving because in so many cultures, the grandmother is the person a mum is going to turn to if she's having problems with breastfeeding.

Just quickly, I want to talk about two studies that engage whoever was available at the clinic or during a home visit with the mother, and the one in China was quite extensive and had follow-up for several months, including home visits and phone follow-up and they saw a positive impacts on EBS knowledge and support. In contrast, the study in Uganda with HIV-positive women did not find an impact on EBS with engaged family members when compared to standard PMTCT services. So I think this is an example of maybe letting the mothers choose who they get the support from and also indicates that perhaps follow-up matters and the postnatal period is an important time for continuing the intervention.

So turning to other outcomes as you saw in the original tables, there's only one study for the remaining outcomes and it's hard to say really much about those, but I wanted to give these examples. So there is a project that engages grandmothers in Senegal in a very participatory community-based program that was associated with improvements across a range of nutrition outcomes related to maternal, infant and child feeding. And that often proved the quality of the advice the grandmothers were giving. Then in terms of maternal nutrition, there's the Alive and Thrive project in Bangladesh and they focused on fathers, and found that not only did the intervention that included husband forums and community mobilization increase support from fathers, but that support was actually linked to women consuming more of their micronutrients supplements and more different food groups. That was a pretty sophisticated analysis that allowed us a causal influence.

And the last topic is complementary feeding practices and I want to focus here on an example from Kenya. This study was interesting because it compared interaction with fathers to interventions with grandmothers, and it involved peer-mentored dialogue groups that lasted for 6 months, and in a given community it was either with fathers, either with mothers or no intervention. And beyond child feeding, we talk about social support, communication and gender to try and facilitate some transformational change in shifting norms. The interesting thing here is that they not only saw some positive impact on support that the mothers reported and on some, but not all, complementary feeding practices. But there were similar positive impacts, whether they were focused on fathers or grandmothers. And I think what we can get away from this study is the great model of how to really work directly with family members to tackle some of the sensitive issues around norms, and gender and family dynamics that may be barriers or facilitators. And if you're trying to choose between fathers and grandmothers, this indicates that either should be a positive influence, or maybe ideally, to do both, although they didn't test both.

Alright, so, to wrap up, my question was: "What are the impacts of engaging family members in behavioral interventions"? that I was supposed to talk about how the review addressed that. And the impacts were generally positive, we mostly have evidence for exclusive breastfeeding and related practices, but we should note that not all studies found differences in all of the outcomes. There was a pretty widespread impact on family member knowledge, awareness, and support practices, which are important for steps to improve nutrition practices. And there were the two studies that confirmed that the support was linked to improved nutrition practices. The studies on maternal nutrition, complementary feeding, and multiple outcomes are promising and positive, but they were too few to draw conclusions. And finally, we should add the caveat that there were, there was a range in the quality of the studies, and it is important to interpret them with caution, given that there was the potential for some bias and that makes the causal influence a little difficult. And also few studies measured process evaluation to know how well the intervention was implemented, leading us to be unsure whether it was the intervention or the implementation that was the problem. And so, one of the things we note on the quality, the research is concealing some of these gaps and help us understand how and why an intervention did or did not work, and so I'm happy to turn it over now to Dr. Dadi Fundira to talk about the quality of the results. Thank you Dadi.

Dadi Fundira

Thank you Kate for summarizing the quantitative results. I'm going to be talking about the qualitative synthesis that we did as part of the mix-methods review. As Kate mentioned, the qualitative synthesis was aimed at describing the experiences of mothers and other family members who participated in interventions to engage family members in MIYCN. And we included 13 studies which were conducted in sub-Saharan Africa. Mixed methods included quality of the results, and they used community and facility based activities to try and engage mothers and family members. And then they used a broad range of data collection methods, like in-depth interviews and focus group discussion, observation and other techniques to try and collect mothers and family members' experiences. So several things emerged from this analysis and we grouped them into two broad categories: those related to participants' experiences or changes that mothers or other family members attributed to participating in the intervention. And we also summarized insights for program implications for designing similar interventions to engage family members.

So most mothers, fathers, grandmothers and any other family member typically reported quality experiences, such as improved efficient knowledge, improved efficient behaviors around child nutrition, and nutrition-sensitive practices. They also reported providing instrumental support for things like helping mothers with the chores or emotional support such as

supporting mothers' decisions around maternal and child nutrition, and informational support such as providing reminders and other things. We also reported that interventions also strengthened communication between family members and strengthened relationships between family members. Most studies reported participant experiences with mothers reporting they actually appreciated the support they were getting from family members and family members reporting they enjoyed being involved in maternal and child nutrition. For example, this mother from a study in Senegal said that "before, each woman did her own work. Now, when a woman is pregnant, they ask other women in the family to help out.

Now, they, referring to grandmothers, understand us better, and that's why we feel closer to them. And a father from a recent study in Tanzania, said: "I support my wife by giving her more time to be with our baby. I do all the household chores. I am feeling happier."

And although most quality studies that we reviewed reported positive changes in relationships, there were 2 studies that found that one or two participants reported that fathers became overbearing and pressured mothers [inaudible]. For instance, a mother from a study in Turkey, said: "he learned it here, he's a know-it-all. I want to give the baby meatballs, he doesn't want me to. Sometimes, I wish that he hadn't gone to the course."

Other challenges were also identified along engaging fathers, such as fathers not wanting to participate in activities or receiving negative comments from the community. [inaudible].

In our qualitative analysis, we also identified considerations for interventions that engage family members and findings from almost all the qualitative studies use the right delivery approaches and some of them think that interventions that involve family members are acceptable and feasible. [inaudible] For example this mother in Malawi said: "I think it is a very good idea to let husbands get involved in this kind of activity because as a family, we are both supposed to be responsible for our child's health."

We also had two studies, one by Aubele in Senegal and one by Bezner Kerr in Malawi, that used stories to promote discussions and so by giving stories that engage family members participating in interventions. Very few studies however discussed issues around sustainability interventions to engage family members, but those that did acknowledged that it can be difficult to continue the interventions without support or supervision. An example from a woman in a study in Kenya who said: "When the curriculum ended, people became lazy to meet and continue with these gardens. If you could ask people to come you would get that attendance is very low, so even though we have knowledge and land, we still did not continue with this".

And I'm highlighting the study from Kenya. This study aimed to improve adherence to prenatal supplementation by engaging family members. And what they did in the study was that they talked to pregnant women and told them of the importance of supplementation during pregnancy. And they also counseled them to choose someone to act as an adherence partner to help them remember to take their supplements. And then they asked women if they wanted to choose someone, and most often women did, were willing to choose someone, and in most cases, they chose a spouse. About 50 per cent of the women in the study chose a spouse, and 25 per cent of the women chose grandmothers or other elderly women who are at age to act as adherence partner. And then the remaining 25 per cent were split between family members who included sisters, cousins and a few women chose school aged children to act as adherence partners. Those women who chose adherence partners actually reported they appreciated it. They received reminders, encouragement and they felt that the support they were getting from having an adherence partner actually helped them to adhere to taking the supplements during pregnancy, like this woman who said: "I want my husband to continue helping me. He reminds me if I have forgotten, he brings them to me, gives me heart, and when he sees I have

given up, he encourages me to continue. You know, if someone loves and cares, he will help remind you about something concerning your life”.

And just to round it up with a few key takeaways include results that Kate presented on the quantitative review and the qualitative results that I just summarized. So a key takeaway really was that the weight of evidence favors inclusion of family members in interventions. The evidence seems to suggest that this can have some positive impact on nutrition outcomes, on nutrition behavior, on nutrition knowledge, on nutrition practices, especially if these interventions pay attention to building family support in ways that fit each cultural context. We also noted a need for more rigorously designed and implemented research, should be useful to continue to build the evidence base. And not to forget, there was a lack of research on interventions that focus on maternal nutrition and complementary feeding. As Kate and Stephanie noted earlier that multiple studies that we found and included in this review focus on breastfeeding, particularly exclusive breastfeeding within the first 6 months of life, missing maternal nutrition as well as complementary feeding, which are both key fields within the 1000 first days of life. We need to move beyond breastfeeding behavior to promote support for other nutrition practices, and include nutrition-sensitive interventions, gender-transformative approaches and measurement of process indicators to assess implementations and explore impact pathways.

And with that, I’m going to hand over to Kate. We’re going to talk about program considerations.

Kate Litvin

I’m now going to take a few minutes just to speak about some different considerations for designing or implementing a program or intervention to engage family members. Based on our reviews of the peer-reviewed literature, described to you today. So here are four points in the program cycle that we feel are important to consider in engaging family members. The first, formative research. As I presented today, many studies in the scoping review did not report formative research or present the theoretical basis for their interventions. As we saw from examples, formative research is so essential to inform and design effective interventions, and as it allows us to understand the context for target behaviors and factors that prevent the support of practice. In formative research, we really recommend to explore key factors such as:

What support would mothers and other caregivers like?

From whom would caregivers like support?

What cultural and social norms may facilitate family involvement?

And what are the existing family dynamics in family systems?

The method of formative research really depends on the research question. In the peer-reviewed literature, we found a few different examples of formative research methods, including focus group discussions, in-depth interviews, childhood practices, and key informant interviews.

The second area for consideration is gender analysis. This is also an opportunity to analyze the role of family members and how the project activities will affect women and men within their family roles. The analysis is also a chance to consider gender norms and attitudes, and women’s and men’s roles and responsibilities. That program should address intervention design and implementation. With the information collected in the gender analysis, the intervention or activity we can build upon... (sound gone).

Kelly McDonald

Hi everyone, sorry for the delay, we lost Kate momentarily and I'm working to get her back.

Kate Dickin

Hi, this is Kate Dickin, the other Kate on the call, and I just wanted to thank you all for waiting while we figure out the sound, and to thank you for the suggestions, and experiences and the comments, and the questions that you're sharing on the chat I encourage others to continue to share their questions, and we'll work on those in a moment.

Lisa Sherburne

Alright, great. We'll move on to questions and answers while we try to get Kate Litvin back, and then we can have her pick up the implications when she's back on. Thank you so much to all of our presenters. I'm Lisa Sherburne from USAID Advancing Nutrition project. It's wonderful to see all the rich experiences being shared in the chat, and really good questions for presenters. Please continue to write any experiences so we can share and learn from each other and any question you may have. We'll try to get through as many of the questions as we can. Additionally, we have a second call coming up to ask you what kind of reports who be helpful for you or other programmers you know to engage family members in your work on women and children nutrition. We'd love to hear your thoughts about that and also feel great to chat to us.

So we'll go to our first question now which is for Stephanie about the scoping review. The question is: Did this scoping review include an analysis of interventions that are more likely to be scalable, for example community group meetings [inaudible] may not be scalable within the context of a typical program.

Stephanie Martin

Sure, thank you for that question. So unfortunately, with the data that we had from the studies that were included in the scoping review, it did not allow us to conduct an analysis to see which would be more likely to be scalable. One of the recommendations from the mixed methods systematic review is the need for more research looking at cost effectiveness and scale. But just to share a programmatic example, in a study that Kate and I and others were involved in, in Kenya and Ethiopia, that Dadi presented to the partners, the reason we were interested in trying that approach it that it a was very low cost intervention by training facility-based health workers to just help women as part of their routine antenatal care. There was someone at home who can provide support and encouragement for her, for adherence to take her micro-nutriments supplements, and for a behavior that was... a simple behavior that is a little bit more straightforward. And we found that it was a way to engage family members, encourage women to have more support, and it did have an impact on adherence to supplements, and was something that could be scaled out fairly easily compared to more cost and time intensive interventions like community discussion groups or other kind of activities. But thanks for that question. I don't know if others have something they wanted to add.

Kate Dickin

This is Kate Dickin, I think that's is a great answer. One of our conclusions is that people should be collecting cost-effectiveness data so we could make these decisions. I do feel that it depends a lot on the context. I hate to completely give up on the intensive interventions, because I think sometimes that's needed to shift norms and so I'm thinking that it might make sense that people have developed models where there's a fairly intensive investment early on, and you set up groups, and maybe create champions. And that then it could be a more

scalable, less expensive, less time consuming intervention that carries on to move things forward. Because hopefully, if you get fathers and grandmothers, and other family members supporting these behaviors early in pregnancy, the support can continue throughout the 1000 days and even for subsequent children. And so, I guess I'm just trying to distinguish between the issues of scaling up the program and keeping it going, sustaining it over the long term versus maybe there's an initial push and then a less intensive hire that could be scaled up once you have a core of people who have adopted the behavior.

Lisa Sherburne

Right, thank you. Kate Dickin I'd like to direct the question to you. It's about fathers, and there's a couple of questions around fathers. One is: what are the experiences of real engagement and support in a polygamous setup, and also, in that respect, are there types or ages of fathers that are more willing to support than others?

Kate Dickin

Great questions. This is the kind of information that we would love to see included when people report their findings. Just a reminder here that a lot of you have a more underground experience than we do because we have reviewed the studies, so we are limited to the information that was included in the papers, and there's very little breakdown of which fathers responded and how in the literature. And I think that is such valuable information, and probably some of that is in the grey literature or just the experience of people on this webinar. My personal experience on some work I did in Tanzania is that sometimes younger fathers are more open to these kinds of behaviors, and certainly in our experience in places like America, there has been a generational shift and the norms have changed in terms of how involved fathers are. We certainly have heard in some countries that fathers who do step up, and who go to the market or feed their children, or do some of these other activities are actually marked, and the community does not support that. So I think that's an issue that maybe varies by age. As I mentioned, there seems to be a better option among first time fathers, so they don't have the experience, and so that the one piece of information that was commented by the others that we reviewed was this focus on first-time fathers. The question about polygamy is really important, and we did not find any study, I should defer to Stephanie but in the mixed methods review, there was no study that looked at polygamous household. I think that would complicate the situation, certainly in the work I have done personally, that has made it more challenging. But then again, polygamy looks different in one culture to the next. So I think it would be a very specific issue to address, and we lost the chance to hear from Kate about the suggestions we have form moving forward that formative research and gender analysis is really key to designing an appropriate project. And I would think that would be particularly necessary in a situation where some households are polygamous. So great question. Sorry I don't have any answer for that one.

Lisa Sherburne

Thank you Kate, and that's a nice transition. We'd like to give the floor back to Kate Litvin and to take up right up from the research agenda presentation.

Kate Litvin

Thanks so much Lisa and apologies to everyone, my computer experienced some unexpected challenges. So I'm going to take right up to the second consideration around conducting gender analysis. And I'm so glad there have been questions about that, because this really is an opportunity to understand how the role of family members could affect men and women within their family roles, as well as the project activities. A gender analysis can be conducted

with formative research, there's no question around that. And the analysis looks specifically at changing norms and attitudes around men and women's roles and responsibilities that should be addressed during intervention design and implementation. And with this information, interventions or activities can build upon supported factors such as value and transformative approaches to become more gender-equitable when possible.

So we found some good examples in the literature, including grandmothers who have a traditional role as caregivers in supporting child nutrition by providing child feeding practices consistent with recommendations. And similarly, fathers who have been identified as being providers for the household can purchase or provide funds for nutrient-rich foods for complementary feeding. The gender analysis and formative research that is so important to explore possible negative effects as well and avoid them in program design. And I'll speak on unintended consequences in a moment.

But the third area is strategy design and implementation for program design and implementation. And this is an opportunity to consider which family members to engage, their needs and interests, and the type or level of support provided by caregivers. During the program design and implementation, we feel it is important to ensure the design encompasses the prioritized behavior, for example the method of support being offered to the mother, the entry point, and the appropriate format for the family members being engaged. So mothers may need different types of support and it is important to keep in mind what support mothers want and from whom. For example, do they want physical support, emotional support, or support such as information, guidance and advice. Each of these types of support will require different types of activities.

Depending on the program's research goals, we recommend a multilevel program component approach, as we found these tend to have a higher impact than interventions delivered to one population segment through a single channel. But ultimately the design should be appropriate and accessible to the socio-cultural context [inaudible] and these should be considered in intervention and program design and implementation.

So fourth, is measurement considerations. Many of us know evaluators face difficult decisions when developing their monitoring and evaluation plan. And what we see from the evidence review is that it is useful, even critical, to collect data from family members as well as mothers, and these data are shared from family members, not just the mothers and caregivers can tell you how the program is working, so adjustments can be made. It also tells us what approaches work. Few studies in the peer-reviewed literature collected process data to understand how well interventions engaging family members were implemented or how mothers and family members felt about the intervention. That's an area to address moving forward. Monitoring is also important for preventing unintended consequences from family engagement, and allowing a program to change its course when implementation is needed. Most of the studies reviewed did not reports measuring for unintended consequences or considering potential negative impacts. So these program implementers need to be mindful of how interventions may affect power dynamics in areas where women traditionally have influence on decision-making authority. We don't want to jeopardize that by engaging other family members. We also found that few studies in the peer-reviewed literature use rigorous research methods that allow us to see the impact of including family members, and to determine how much of a difference it makes to do so. It may be harder to convince decision makers of the value of adding interventions activities too include family members until we have strong evidence that makes programs more effective. So we are excited to see evidence from these reviews and from the comments in the chat about your program experiences of this growing trend towards including family members in nutrition interventions, and increasing their involvement and caregiving in supporting mothers. And we know clearly there are so many more efforts to implement these

types of program. A more systematic data collection and sharing of experiences will help us build a stronger evidence base on why and how we need to include family members in maternal and child nutrition.

So thank you, and with that, we can return to the questions and answers period, and looking forward to the discussion. Thank you.

Lisa Sherburne

Great, thank you for pushing on. There's a series of questions here about potential negative consequences of engaging family members, and there is also some powerful chat content going on around this. I'd like to start with Kate Dickin who could share the first question about it is: Did you find any evidence about negative effects undermining women's roles by having men engaged? And the following question is: Is there evidence on how to engage men in a way that is not gender-based?

Kate Dickin

Hi, I'm not sure I'm the best person to answer this question. I do think that one thing we noticed is that only a couple of studies actually tried to even measure whether there were negative impacts on women. And clearly, we don't want to take an area where women, even if they don't have a lot of support, have economy and decision making authority and interfere with that. And we certainly do not want to do anything in a way that promotes or somehow stimulates an increase in gender-based violence. So the studies that we looked at did not provide a lot of information beyond the information that Dadi presented on the qualitative research, and I think an important aspect is to plan how we can monitor any negative effects as programs go along, and you know, be able to respond to those shifts accordingly. I'm having a little trouble keeping track of the whole chat but I do think there's a lot of knowledge in the group here. And so for example, some person suggested that they had heard from men, if they had been reached earlier, they might not have taken on as many wives. That sticks to reaching them as boys and to try to shift this ideas early on. And I know that when we've done work around decision-making in the household, one of the suggestions is that you have some sort of referral system for any women who are experiencing gender-based violence and our concern is that in the setting that we work in, there really are not resources to whom we can refer women or core experience for these kinds of problems, and that's a different issue than this review and relevant to it, but I would say that engaging community leaders and religious leaders might be a way around that, but I wouldn't say that I'm an experienced person in this area, so I would welcome input from someone else.

Dadi Fundira

Thank you very much for that, I would like to add that we did not really get some good examples of engaging father and violence, but one way, I think that Kate mentioned in depth formative research to try and understand women and define how and when they want family members to be involved, and this will be critical in designing interventions that are informed by women's preferences and how women should be supported.

Stephanie Martin

And also just to add, and this is really highlights the importance of using gender transformative programs and interventions. There are many examples, one of the examples that was included in the scoping review was work from Rwanda that was done by the institute of Promundo and ICRW and others, that was engaging men in reproductive and maternal and child health more broadly, that included some nutrition outcomes as well, and I think both of those organizations have examples where they encouraged men to reflect on gender norms, and what it means to

be a partner, and what it means to be a parent, and sort do time and sense of work and discussion and reflection that result in more equitable gender norms. And so that kind of programs take more time, but I think it's an important way to engage fathers, and there are several examples of similar kinds of programs in the scoping review that we did.

Lisa Sherburne

Very nice, there's another series of questions about time, the time of asking other family members to participate either in doing efficient behaviors or in supporting behaviors. Did the scoping review or mixed methods review, Kate or Stephanie, find any ways to pay some of the costs for help fathers or grandmothers or was that not a concern when they were engaged?

Kate Dickin

This is Kate, I could comment on one or two studies. I agree that fathers' time, grandmothers' time is going to be an issue, just as mothers' time is, whenever we do an intervention. And this may be a reason to [inaudible] widely because every family is different and the person who is available may vary. I think it's going back to the issue of scalability and sustainability. Paying people for their time is just not going to be sustainable and not going to be affordable in a lot of contexts, so I would hesitate to recommend that. We did have one study in Turkey by Tran that looked at [inaudible] interventions by fathers to support breastfeeding and they had very poor attendance. So what they did was to shift to a community-based strategy where they actually held discussion groups for fathers at their workplaces after work. But at least, they did not have travel, it was in a convenient place, it was meant to be comparable, you know, something that fathers would want to participate in, and they did see better results with that. So with just like any intervention, I think considering how to make it as convenient as possible for the family members is essential, and again this issue of involving community leaders who could encourage this kind of things, or having peer fathers who are champions or grandmothers, or have groups that are engaging for rewarding people are the things that seem more sustainable than actually defraying costs of the time.

Stephanie Martin

And just to add onto that, in a study that was included from Kenya, they talked about having the peer fathers and peer grandmothers group decide where and when they wanted to meet. They found what worked well for them and really giving them the control about decisions. And that seemed to work well, and that's something they highlighted that worked well in that paper.

Lisa Sherburne

Stephanie, the next set of questions could be for you, I invite you to share. In the scoping review, were there studies that look at engaging family members in a humanitarian context or social safety net?

Stephanie Martin

Sorry Lisa, could you repeat or clarify?

Lisa Sherburne

Sure, some questions are about whether or not there are studies or experiences engaging family members in a humanitarian context or where the program has a social safety net in place?

Kate Dickin

OK, thank you. I don't think we had emergency or humanitarian papers on interventions in those settings. I think there was a paper that looked at social safety nets programs in conjunction with this. Is that true?

Stephanie Martin

Yes, there were a few papers that looked at cash transfers and engaging fathers and family members.

Kate Dickin

And I know the project has been quite successful, there's another example where they actually found that there was a reduction... in some cases, having support groups from mothers reduced gender-based violence because there was more support and more openness and also, I think having the additional income reduces stress. I think that this is a strategy that's promising, but there's still not a whole lot of research.

Lisa Sherburne

Ok, thank you. So we'll look to the experts on the chat to share experiences on the humanitarian context. Another set of questions is for you, Kate Dickin, about behaviors and the measures used by the studies in the mixed methods review. So one question is: Do these studies make it clear how they are measuring changes and behaviors above and beyond changes in knowledge? And then another question is: Were the behaviors included related to actually doing nutrition practices and/or support the caregivers?

Kate Dickin

What a great question. And we spent a lot of time to sort this all out from what was reported. The changes and behaviors were measured primarily by asking people what they did. So of course, there is a social desirability bias, but people were asked about knowledge, they were asked about attitudes, and things like that. But then they were specifically asked about practices. And we looked at the nutrition behaviors, but we also looked at the support practices that the studies reported. And most studies did some of each, at least the quantitative studies in the mixed methods review. And we were particularly pleased when... for example, one of the studies in Vietnam, they asked the fathers how much support they provided, and then they asked the mothers how much support they got. So they didn't take the fathers' words for it, and they found the mothers confirmed some of these statements, but not all. But they did find that regardless of who said there was more support, all of those were linked to better reported practices. So that was promising. But in general, people tended to ask the fathers about the support they provided or asked the grandmothers about the support that they provided, and I think this is really important that that be followed up by asking mothers how much support they're receiving and how they feel about that, because it has come up in other questions. It may be that they feel... the support is actually people bossing them around or actually overbearing or even punishing them for perceived infractions of the practices. So talking to both the family members and the mothers is key. Some studies did that, some did not. And the nutrition behaviors were primarily reported behaviors, which, as we all know, is an issue in any nutrition intervention that usually rely on what people tell us they are doing. Did that address the question?

Lisa Sherburne

That was very helpful thank you. We have a series of questions also about formative research and gender analysis. I think I'll invite Kate Litvin first, but I'm sure all the presenters can have a point around these. One question is: Are there examples of tools that you would recommend

to include as part of the formative research process? Another is: Would you do formative research in gender analysis together and how are community leaders included in a gender analysis?

Kate Litvin

Thank you Lisa. So many great questions, Can I ask you to remind me some? But the first one around tools and processes in a great question, and we have a video on participating today, and the grandmothers project is a great guide for formative research on participatory assessment. In terms of gender analysis, there is the gender analysis tool kit by the USAID Interagency Gender Working Group as well as Jhpiego gender analysis toolkit for health systems. So these are some great resources to consider, although I'm sure others can suggest many other resources in terms of formative research methods. Could you remind me the other questions?

Lisa Sherburne

There's a good question about engaging community leaders in formative research and gender analysis. Have you seen that happen?

Kate Litvin

I think community leaders and religious leaders are important members to engage in the formative research and gender analysis. We thought it was about decision making and power and how those influence practices in the household. I think that engaging with the community leaders and understanding the barriers that may be gender related or due to other cultural and traditional practices will be important to designing and implementing effective interventions. I'd like to hear in the chat about people's program experiences with engaging community leaders in their own work.

Lisa Sherburne

Thank you, in the chat, it think there's ... we should delve more into the issue about traditional male and female [inaudible] domains and the potential negative consequences of engaging families. And most importantly, how do we avoid these potential negative consequences. Kate Dickin, maybe if you could start. The questions is: How much of the studies you reviewed take into account traditional gender comfort domains and what areas do they support, and is there any danger in pushing support in areas there?

Kate Dickin

I was thinking of adding, in terms of formative research, it's important to have local key informants, community leaders and that sort of things, to guide the work. I just really want to stress that in addition to that, it is so key to have local researchers, local collaborators who help to design the formative research, and who also have to analyze the research because I think that, you know speaking as someone who is often doing this research in a country that is not my own country, it's so easy to misinterpret. So that's my biggest tip for doing formative research, and I think it also applies to this question. It is going to be really difficult to understand the gender norms and the domains unless you really completely engage with the local community, but also the people you are working with who have expertise in this area. Otherwise, we will make mistakes. [inaudible] I would say, the studies that we reviewed varied in how much attention they paid to this, and so, for example, some of those interventions around fathers and breastfeeding, all they did was include the [inaudible] in the regular antenatal campaign once or twice. And so they really didn't do a lot of formative research to try and make it appropriate. At the other end, we had studies that did formative research and

process evaluations that really tried to look at these impacts, and I think those interventions were stronger as a result. But I think in my personal experience, it's very hard to know how to move forward in this area, because it is so culturally defined. And we find that some families are willing to sort of compromise on some of the existing norms around gender or the role of the grandmother, and others, and it could be dangerous to do that. So the counseling and the types of information that are presented to be pretty nuanced in order to do this, and it has to be monitored really closely to identify when there is a problem. Because I guess the short answer to the question is yes, I think there is a danger in it, but I think there is a big danger in not addressing these inequalities, and so we need to move forward with as much information as possible, and be cautious on monitoring what happens, so we can keep track of it, and sharing that information so we all learn from each other on the best approaches to do this. It was for the most part not an area that was really covered in much details in the papers, in the majority of the papers that we reviewed, although certain mentioned it in the discussion, and some papers talked more about it.

Lisa Sherburne

Thank you so much Kate. I have another question that is very thought provoking to me, and I'd like to ask Dadi to reflect on the quality of evidence. Who do you see from the findings that you reviewed as more influential for nutrition behavior change of pregnant and lactating women between husbands, or grandmothers and grandfathers?

Dadi Fundira

I welcome to answer this. I think from most of the papers, it appears that grandmothers have the traditional role as caregivers. And in studies that tried to elevate or to build upon that caregiving experience that grandmothers had, they had certain [inaudible] to the intervention, but fathers are also a key [inaudible], more studies included or participants mentioned that it would be ideal to included them if they are part of the decision-making process, and they also have the decision power on what to buy or financial ... they control initial complementary feeding interventions and how to spend money in maternal and child nutrition. So I would say between grandmothers and fathers, that we have more influences [inaudible]

Lisa Sherburne

Kate and Stephanie, anything to add?

Kate Dickin

Just briefly. Sorry can you hear me now? Hopefully you can hear me. I'm getting some messages about that. I think it depends whether it is maternal versus paternal grandmother, and who people live. Sometimes, grandmothers are just reinforcing what her son has said. Sometimes there are actually working together. [inaudible] I did see a question about rural versus urban. We didn't see studies that broke that down. But this is a situation in which, as people become more urbanized, they may be changing how much contact they have with their mother and their mother-in-law as opposed to their husband, so again, I think it really is an issue that is part of what you need to do for every research in the area where you are to find out who has the most influence, and the best way to find that out would be to ask the mothers.

Lisa Sherburne

An excellent way to wrap up the Q&A. Thank you, thank you all to the presenters for the thoughtful insights and all the people in the chat room. We'll hand over to Laura Itzkowitz from USAID.

Laura Itzkowitz

I'm so sorry that we had to end such a great presentation. I know there are a lot of questions that we didn't have time to get to. I apologize for that. It was truly great that so many of you were engaged and interested and sharing work. I really want to say a huge thank you to our presenters for sharing their expertise today, and to all participants for joining us, with so many of you on here. So it was really great.

It's so exciting that everybody is interested on learning on effective interventions engaging family members in support of maternal and child nutrition.

For more details of what you saw today. You can see the publications here by Stephanie Martin, Kate Dickin, Dadi Fundera and the other co-authors. As we mentioned in the chat box earlier, the scoping review that she discussed is currently under peer-review, but will be shared.

We'll send out each of these articles as they are published as well as the recording session today that you're welcomed to share.

So thanks again and turning over to Kelly.

Kelly McDonald

Thank you Laura, and thanks again to our presenters. We definitely had a great discussion today.

I just wanted to let our participants know that in a few days, you should be receiving an email with a link to today's webinar recording. It will be available on our website on the USAID Advancing Nutrition website. I wanted to raise awareness about the web link, you should see a link that says Share your thoughts. If you have time to give us feedback about this presentation, that would be great so we can continuously to improve for the future. Thank you all once again and I hope you have a great day.



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