Understanding intervention uptake and scale-up though the perspective of maternal capabilities

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There is a growing awareness of heterogeneity in intervention impact across contexts.

“Demand shaping” describes the goal of creating a need for essential interventions.

A major roadblock to shaping the demand for and adoption of child health and nutrition interventions is lack of attention to how maternal capabilities influence response to interventions.
Growing discourse about women’s empowerment and caring capabilities, but accounts for only 11% of nutrition sensitive aid

### Nutrition Specific
- $347.7 million*
  - $87.6 million (25%)
  - $204 million (59%)
  - $56.1 million (16%)

### Nutrition Sensitive
- $1,626 million*
  - $581 million (36%)
  - $862 million (53%)
  - $183 million (11%)

#### Categories
- Increasing Food Availability, Food Accessibility, and Food Security
- Improving the Care Environment, Including Gender Roles and Women’s Empowerment
- Improving Public Health, Water, and Sanitation

Key Messages

1. Maternal factors may shape intervention demand and update and are necessary to understand for maximum scale up.
A THEORETICAL FRAMEWORK OF CHILD CARING CAPABILITIES
Material Resources

Interventions

Technologies, Strengthened Delivery Systems, Mass Communication

Child Care Behaviors

Child Health
Key Messages

1. Maternal factors may shape intervention demand and update and are necessary to understand for maximum scale up.

2. These factors need to be understood in context as scaling up of interventions and programs is conducted.
Study 1: What is the influence of maternal agency on child feeding practices and nutrition status in low-income countries?

- Pooled data from 12 low-income countries from 4 regions: Africa, Latin America/Caribbean, Southeast Asia, and Asia
- Modeled associations with measures of maternal agency and child feeding, anthropometry
- n= 42,677 mother-child dyads
- Stunting prevalence: 34%
Study 1: What is the influence of maternal agency on child feeding practices and nutrition status in low-income countries?
Is constrained maternal agency associated with worse feeding practices and poorer growth?

Is enabled maternal agency associated with better feeding practices and growth?
Mothers in low-income countries face substantial capability constraints

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets - Physical</strong></td>
<td>Mother is underweight</td>
<td>24.5</td>
</tr>
<tr>
<td><strong>Capabilities - Social</strong></td>
<td>Access to Media</td>
<td>57.9</td>
</tr>
<tr>
<td><strong>Autonomy and Decision-making</strong></td>
<td><em>Physical</em>: Believe wife beating is justified</td>
<td>49.3</td>
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<tr>
<td></td>
<td><em>Financial</em>: Involved in decisions re: use of own money</td>
<td>21.6</td>
</tr>
<tr>
<td></td>
<td><em>Sexual</em>: Involved in decisions regarding contraception</td>
<td>92.2</td>
</tr>
<tr>
<td></td>
<td><em>Decision-making</em>: Involved in any household decisions</td>
<td>78.9</td>
</tr>
<tr>
<td></td>
<td><em>Financial Assets</em>: Employed</td>
<td>41.2</td>
</tr>
</tbody>
</table>

n= 42,677 mothers
Children’s diets are poor in these contexts; 34% are stunted.

Percent of Children fed according to WHO recommended practices

- Fed minimum acceptable diet
- Fed iron-rich or iron-fortified foods
- Fed minimum dietary diversity
- Fed minimum meal frequency
- Exclusive breastfeeding to six months
- Early initiation of breastfeeding
Enabled agency is associated with **poorer breastfeeding**, constraints with **better breastfeeding**.

Odds of exclusive breastfeeding among children 0 to 5 months (n=9,652)

- **Mother is employed in the last 12 months**
- **Involved in any household decision making**
- **Decision Regarding Contraception Use**
- **Decision regarding use of her money**
- **Mother has access to media**
- **Mother has traveled away from home in last 12 months**
- **Believe that wife beating is justified**
- **Mother is underweight**

Models control for child gender, maternal education, and household income.
Agency constraints associated with lower dietary diversity, enablers with greater diversity.

Odds of being fed 4 or more food groups among children 6 to 23 months (n=33,025)

Enabled agency associated with better dietary diversity

- Employed in the last 12 months
- Household decision making
- Decision regarding Contraception Use
- Decision regarding use of her money
- Mother has access to media
- Mother has traveled away from home in last 12 months

Disabled agency associated with worse dietary diversity

- Believe that wife beating is justified
- Mother is underweight

Models control for child gender, maternal education, and household income.
Agency constraints associated with lower dietary quality, enablers with greater quality.

Odds of being fed a "minimally acceptable diet" among children 6 to 23 months (n=33,025)

Models control for child gender, maternal education, and household income.
Agency constraints associated with greater stunting, enablers with less.

Odds of Stunting (HAZ < - 2)

- Involved in any household decisions
- Can make decisions re: use of her money
- Believe that wife beating is justified
- Has Acess to Media

Associations vary by region; Southeast Asia show stronger associations, attenuated in Sub-Saharan Africa and Latin America.
The Maternal Opportunity for Making Change (MOM-C) Tool


• A rapid screening assessment developed in western Uganda for use with a C-MAM program

• Assesses 4 domains of capabilities:
  – general decision-making
  – social support
  – psychological health
  – health-related decision-making
Key Messages

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2. These factors need to be understood in context as scaling up of interventions and programs is conducted.

3. Technical assistance should focus on strengthening the capacities of delivery staff, since the quality of implementation and adherence to the fidelity of interventions will substantially influence impact.
Key messages

1. Maternal factors may shape intervention demand and update and are necessary to understand for maximum scale up.

2. These factors need to be understood in context as scaling up of interventions and programs is conducted.

3. Technical assistance should focus on strengthening the capacities of delivery staff, since the quality of implementation and adherence to the fidelity of interventions will substantially influence impact.
The collective and individual capacities of mothers around the world shape women’s abilities to care for their children.

How will future nutrition interventions understand and address them?