

# Sumadhur Intervention

Improving women's status and health among newly married households in Nepal



## Poverty, Food Insecurity, and Gender Inequity in Nepal

Poverty, food insecurity, and gender inequity combine to threaten Maternal, Newborn, and Child Health (MNCH) in Nepal where more than two-thirds of children are malnourished and about half are stunted. The average age of marriage is 17, and over half of women experience a pregnancy within the first year of marriage. Pregnant women in Nepal have high rates of anemia and micro-nutrient deficiency, and about half of households are food insecure. Women's disempowerment is thought to be one of the primary causes of persistently poor child health indicators in Nepal.

Traditionally, Nepali women move into their husband's family home at the time of marriage. More than half of newly married couples want to delay pregnancy by two or more years, but over 70% became pregnant within that time frame.

Early marriage is an important area of focus in order to improve maternal nutrition before pregnancy, and many interventions only target already pregnant women.

Because households commonly make decisions about health, including antenatal care and birth preparedness, jointly, improving MNCH must involve women's husbands and mothers-in-law.

## About the Sumadhur Pilot Program

Believing that gender inequality and food insecurity intersect to compromise pre-conception health, worsening MNCH, (see [Figure 1](#)) the Center for Research on Environment Health and Population Activities (CREHPA), Vijaya Development Resource Centre (VDRC-Nepal), and the University of California San Francisco (UCSF) partnered to develop and pilot an intervention influencing these pathways to improve MNCH among newly married households in Nawalparasi District of Nepal.

We developed and piloted **Sumadhur** (meaning "Best relationship"), a **4-month, weekly group intervention for newly married husband, wife, and mother-in-law triads** covering contraception and fertility decision-making, prenatal health care and pregnancy, gender norms and inequality, and couple and household relationship dynamics. This educational intervention involved 16 sessions, each covering 1 to 3 topics using methods including interactive activities and games to help build relationships and break down social and gender hierarchies.

## Findings

While engaging with sensitive and stigmatized topics together was new for many households and groups, by the sixth session, the facilitators reported that comfort and engagement had increased across the participants who ultimately found Sumadhur to be acceptable and feasible:

- 100% of participants that attended at least one session said “Yes” they would recommend to a close friend and “Yes” they talked to someone about something they learned;
- 95% reported that it felt “good” to attend session with their in-law;
- 83% attended 80% of sessions or more.

As a result of the intervention:

- Nutritional norms and practices improved.
- Contraceptive use and acceptability increased.
- The number of women eating last all of the time fell from 42% to 3%.
- The proportion reporting that the family eats together all of the time/most of the time rose from 37% to 52%.
- More husbands and women reported contraceptive use after compared to before, increasing from 32 to 49%.

- There was an increase in the proportion of women reporting that they disagree or strongly disagree that it is wrong to use contraceptives or other means to avoid or delay pregnancy (68–94%).
- Women disagree or strongly disagree it is wrong to use contraceptives or other means to avoid or delay pregnancy before having had at least 1 birth (26–43%).

“I used to hear that to prevent unborn baby from gaining weight, pregnant mothers were prevented from eating nutritious food and iron tablets. But I came to know that all these weren’t true. We have to eat nutritious food, take adequate rest and consume iron tablets on time. I’ve been implementing these things in my life as well.”

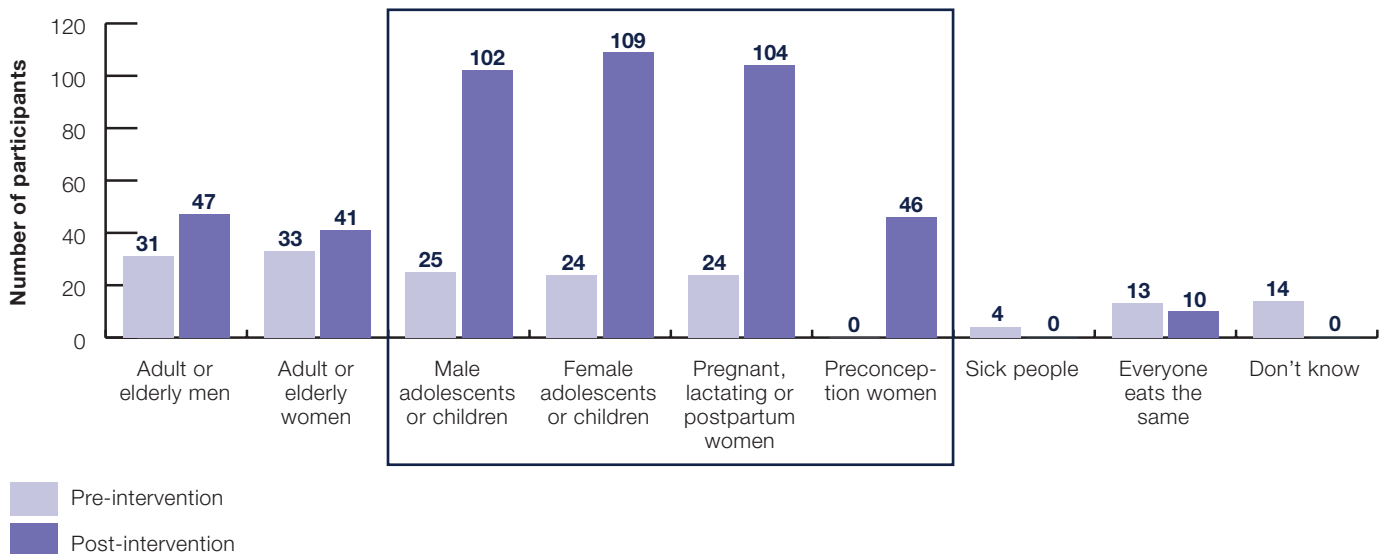
– *Wife*

“I wish my daughter in law to study more and their future be good. There is still time for them to bear a child. They are still young; they can do it a bit later. It is better that they study now and give birth to a child later.”

– *Mother-in-law*

**Figure 1: Nutritional needs**

Do you think that certain people need to eat more than other people in a household? If so, who?



## Looking Ahead

We are working to design studies that will further test the efficacy of this intervention. Specifically, we are planning research to see if those who participate in the intervention have lower rates of anemia, delay first birth, initiate early antenatal check-ups, reducing anemia, and achieve other widely established MNCH and nutrition outcomes. Young newly married households were specifically interested in food and vitamin supplements, as well as economic skills training, so we hope to explore combining Sumadhur with multiple micro-nutrient supplements, food baskets, or economic empowerment interventions. We are also interested in using this model to understand how to provide integrated family planning, MNCH, and nutrition information to young couples, while also empowering young women and engaging men.

“My wife is pregnant, she also learned things related to pregnancy and childbirth.... Now, both my mother and my wife are trying to establish a good relationship. She is eating nutritious food and also asks for my help. In earlier days, she didn't ask for my help in any work. I also have been helping her in household work. ...we all eat together now...My wife eats more nutritious food like green vegetables, egg, meat, cereals and lentil. We tell her to rest more and prevent her from doing any heavy work. If there's any important work, we take suggestion from other family members before doing it.”

—Husband



Cover photo of Nepalese woman and child by Bertosz Hadyniak. The woman is not a Sumadhur participant.

Above photo: Sumadhur participants attending their weekly group meeting.

कृपा  
CREHPA



UCSF Institute for Global Health Sciences

The work described here has already been published in peer-reviewed journals:

Diamond-Smith, N., Plaza, N., Puri, M., Dahal, M., Weiser, S. D., & Harper, C. C. (2020). Perceived Conflicting Desires to Delay the First Birth: A Household-Level Exploration in Nepal. *International perspectives on sexual and reproductive health*, 46, 125.

Diamond-Smith, N. G., Dahal, M., Puri, M., & Weiser, S. D. (2020). Semi-arranged marriages and dowry ambivalence: Tensions in the changing landscape of marriage formation in South Asia. *Culture, health & sexuality*, 22(9), 971-986.

Diamond-Smith N, Shieh J, Puri M, Weiser S. Food insecurity and low access

to high-quality food for preconception women in Nepal: the importance of household relationships- *Public Health Nutr.* 2020 10; 23(15):2737-2745. PMID: 32468970. PMCID: PMC747736

Raifman, S., Puri, M., Arcara, J., & Diamond-Smith, N. (2021). Is there an association between fertility and domestic violence in Nepal?. *AJOG Global Reports*, 1(2), 100011.

Nadia Diamond-Smith, Mahesh Puri, Sheri Weiser, John Neuhaus. The Impact of Changes In Women's Status on Eating Patterns Among Newly Married Women In Nepal. *Current Developments in Nutrition.* 2020 Jun 1; 4(Supplement\_2):973-973.