Update from Dandora: A New Approach to Maternal Care

By Kellogg Faculty Fellow Terry Johnson

Newborn babies and their mothers are among the most precious and vulnerable members of society, in which the beauty and promise of life are the most evident. But for many women, particularly in developing countries, joy immediately confronts the harsh realities of poverty, disease, and violence, often even before they leave the hospital. Through our research, the Ford Program—in partnership with Visitation Maternity Ward at Brother Andre Medical Center at the Holy Cross Parish in the Dandora section of Nairobi, Kenya—is investigating a new approach to delivering care to newborns and their mothers.

Although it is early, our work has already provided a clearer understanding of the conditions and challenges these women and babies face. Our baseline survey asked women about their past pregnancies, and provided a number of sobering findings:

- Only 11% of the births were covered by any kind of insurance;
- 87% of women could not afford to deliver in higher-quality mission or private facilities;

As the year draws to a close, Ford Program researchers bring us up to date on their projects. One is well underway, another just launching, a third is in the design process—and the last rolls out its final report. Follow the links for more information, including a complete list of project partners and researchers.
To finance care, many women had to work for most of their pregnancies, with 57% stopping strenuous activity less than four weeks before their due dates;

Many women worked until the day of delivery, resulting in stressful pregnancies: 14% of newborns weighed less than 2.5 kilograms, the standard benchmark for a healthy baby.

17% of women reported abuse during delivery, with 6% saying they were struck by doctors or nurses, and 38% ignored for long periods of time and denied basic needs, such as requests for water.

While numbers cannot capture the true costs of this kind of adversity, they clarify how widespread the problems are and the necessity for intervention.

To better understand the benefits of the new health center and how best to further assist the community, the Ford Program research puts the welfare of participants first and aims to answer two important questions:

- First, how do women decide where to give birth and how can they best finance a delivery at a safe, high-quality institution?

- Second, what is the impact of the health center and financial assistance on maternal and child health?

To answer these questions, we are using tools from the economics and public health literatures to run an experiment. We offered women—both pregnant and not—the chance to buy delivery insurance at reduced prices, which were randomized. Women who receive larger discounts are more likely to use the new hospital, to take time off sooner from strenuous work, and to face less stress and conflict at home, since their pregnancy will ultimately be cheaper and safer.

By comparing the choices and average outcomes of women who have similar characteristics but received different discounts, we can see which gains in child and maternal health can be attributed to the hospital as well as to the financial assistance.

The research lets us help women participating in the study, open up this new and exciting facility to more members of the community, and learn what kinds of financial and institutional assistance will have the most impact, in Dandora and elsewhere in the developing world.

Working in solidarity with the people of Dandora, we are excited to help make life-changing care more accessible, as well as to contribute to our understanding of poverty and public health.
into host societies, Clemens Sedmak, Ilaria Schnyder von Wartensee, Fr. Dan Groody, CSC, and I have launched a new research project to address the following questions:

1. How do religious identities, beliefs, and practices affect the attitudes of European citizens towards migrants and refugees and the prospects for their integration?

2. How do the religious identities, beliefs, and practices of migrants and refugees affect their attitudes towards host societies and their interest in integration?

3. What are the characteristics of those efforts that are most effective at promoting this interaction? What are the best practices?

Because we want to ensure that our project is informed by the experiences of those who work directly with migrants and refugees, we hosted a workshop in Rome at Notre Dame’s Rome Global Gateway in October to launch the project. As Italy serves as the pilot study, the workshop focused primarily on Italian social service providers and the Italian Catholic Church.

The workshop was valuable, and it has affected the way we are thinking about the research project moving forward. Among other things, the workshop has reinforced our commitment to listening to migrants themselves—as well as those who work with them—and incorporating the experiences of both migrants and those who work with them into our efforts to identify best practices for integration.

The workshop also caused us to think more seriously about the information or lack of information and experience or lack of experience that affect Europeans’ attitudes toward migrants and the attitudes of migrants toward Europeans.

In January 2018, we will begin project fieldwork in Italy, which will include in-depth interviews and a survey of Italian citizens and migrants, as well as case studies of programming designed to integrate migrants and refugees.

**An Emerging Project in Lima: Empowerment of Pregnant Moms**

*By Kellogg Faculty Fellow Laura Miller-Graff*

In Lima, Peru, 51% of ever-partnered women report that they have experienced physical or sexual violence perpetrated by a romantic partner. The risk of women being victimized by a partner is highest when women are young, unmarried, unemployed, and economically disadvantaged, and many studies have identified pregnancy as a time of particularly high risk for victimization.

The experience of violence is associated with many negative effects on women’s health and well-being across their lives, and violence during pregnancy comes with significant health problems for both mothers and their developing children. They include pregnancy complications, poor maternal weight gain, low infant birth weight, and a higher risk for both maternal and infant mortality.

In conversations with the Ford Program, we decided to explore whether a program we run in South Bend could be adapted for implementation in Lima.
The Building Resilience Against Violence Exposure (BRAVE) Lab I direct has used our research on the effects of intimate partner violence during pregnancy and postpartum to inform a new intervention—the Pregnant Moms’ Empowerment Program.

This brief, 5-session group therapy effort addresses the common mental health effects of intimate partner violence and the specific unique effects of violence in pregnancy, with a particular focus on practices that promote intergenerational resilience. We are currently in the midst of a multi-site pilot evaluation of the program in the United States.

In October 2017, I visited Peru with a Ford team to explore if we could adapt, implement, and evaluate the Pregnant Moms’ Empowerment Program in Lima, where the Congregation of Holy Cross has an active presence.

First, we met with the leadership at the Instituto de Pastoral de la Familia (INFAM), the local Holy Cross social service center dedicated to promoting integral human development in the Canto Grande area of Lima. We also visited women’s emergency centers as part of our effort to determine whether such a program could contribute in a unique way to perinatal care for women in Lima.

Given a strong positive response, we met with faculty in the Department of Psychology at the Pontifical Catholic University of Peru (PUC) to discuss how a research project adapting and evaluating the program might capitalize on their significant scientific and contextual expertise.

This productive visit has made our next steps clear:

- In 2018, we plan for PUC psychology faculty and students to conduct a series of focus groups to provide insight into how the program should be adapted to be culturally appropriate and contextually relevant.

- Next, in collaboration with Holy Cross INFAM and BRAVE Lab, we will adapt the program and implement it with women at INFAM. To evaluate the program’s success, we plan a mixed-method study that includes a randomized controlled trial evaluating quantitative change in women’s physical and mental health as well as qualitative interviews aimed at better understanding women’s experience of the program.

We hope that this project will be one step in building sustainable and effective resources to support women and their young families in the face of one of the most serious threats to family life in our modern world.

Uganda Education Project Reports Out
By Kellogg Research Assistant Professor Ilaria Schnyder von Wartensee

Engaging with students, parents, teachers, and school leaders, Danice Brown of the Ford Program and I collaborated on a mixed-methods evaluation of an innovative intervention to improve rural Catholic schools in Uganda by training educators on a student-centered approach committed to dignity.

Click here for more on the project, including our report on insights about these interactions, conclusions about the effectiveness of the trainings, and recommendations for ways to evaluate the quality of education in the Ugandan context.

Video: “Fighting to End Poverty”
The innovative research of Kellogg Faculty Fellows Wyatt Brooks, Kevin Donovan, and Terry Johnson and Kellogg International Scholar Brian Mukhaya ’17, conducted under the auspices of the Ford Program, was featured in a Notre Dame “What would you fight for” video in fall 2017. Their randomized controlled trial, conducted in Dandora, Kenya, investigated how women could better support their families.

Click here to view video, and here for more on the project.