

FUSAM project: evaluation of a brief psychosocial support for mothers and their severely acute malnourished children in Nepal and its effect on maternal mental health



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Our partners

- District Public Health Office in Saptari
- Child Health Division (MoH)



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Rationale

A sustainable recovery from an episode of severe acute malnutrition depends not only on health care for the child, but also on the **mother's mental health** and the family support.



The link between child malnutrition and maternal mental health is a substantial one:

- Poor maternal mental health, in particular **maternal depression**, is a serious risk factor for early childhood underweight and stunting (Surkan, et al., 2011);
- Poor child growth increases the risk of **maternal depressive** symptomology (Samaroff, 2009);

Purpose of the FUSAM study

To assess the effectiveness a brief psychosocial intervention on child nutrition, & development and maternal mental health and child care practices

Hypothesis 1

The combined nutrition & psychosocial intervention might confer **a benefit on child growth and development**



Hypothesis 2

The psychosocial component might have an impact on the underlying determinants of severe acute malnutrition: **child care practices and stimulation, parent-child relationships and maternal mental health**

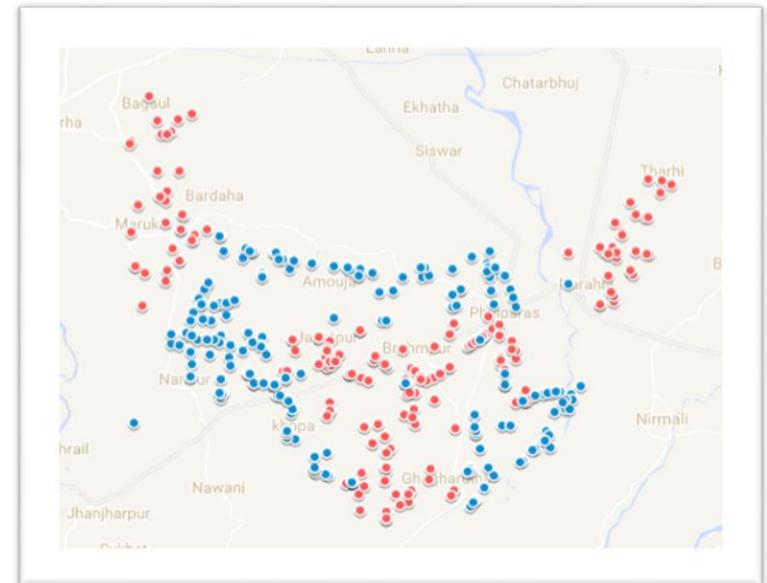
Area and conditions



Inclusion criteria

- Children aged 6-24 months and their mothers
- Uncomplicated SAM children
- Admitted into CMAM programme

Saptari district - South-East of Nepal



Study design: Two arms CRCT

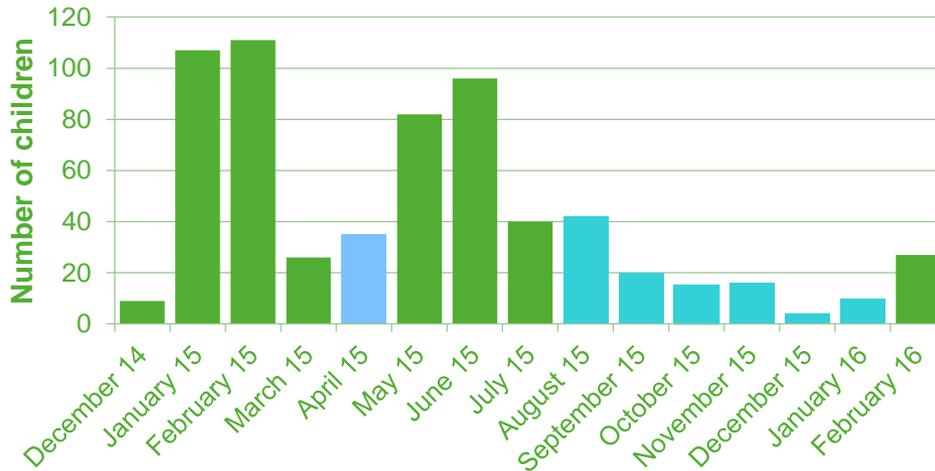
1 comparison group = 213 non-SAM children

12 OTPs

6 OTPs/ intervention
NUTPSY group
= 211 SAM children

6 OTPs/control
NUT group
= 216 SAM children

Randomization



Inclusion

Pre-test

Post-test (10 weeks)

Follow up 5

Follow up 11

Tests

Methodology



Methodology: the nutritional treatment

- About 2 months of nutritional treatment

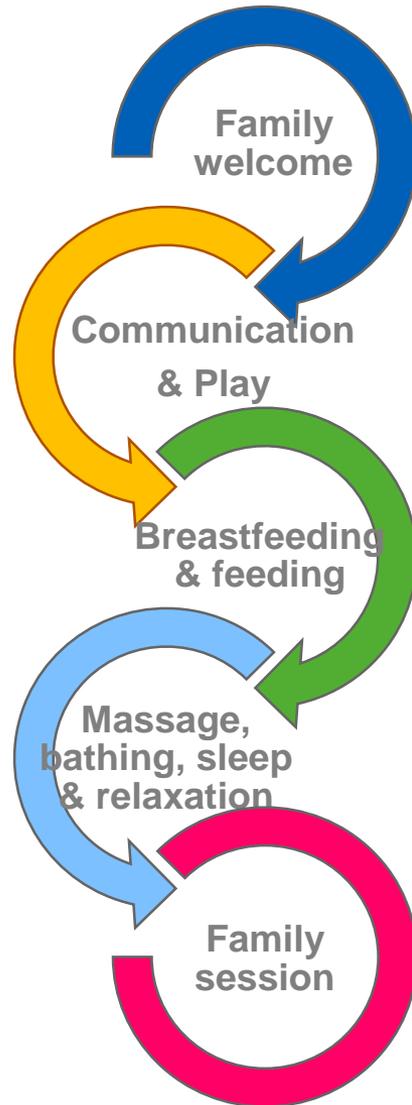


- till discharge from the nutritional programme and considered as cured



Methodology: the psychosocial sessions in OTPs

5
sessions
of 30 to
45
minutes



1 session: Communication & Play

Key messages: 'Communication is very important for the child's physical, mental, and social development'.

Review of previous session

Presentation of the objective of the session

Active listening	Mediation	Theory	Visual	Practice	Conclusion
<ul style="list-style-type: none">• PSW listens to the mother talking about her communication style with her child	<ul style="list-style-type: none">• PSW shows to the mother some photos of imitation in the baby of 2/3 weeks and parents/child interaction.	<ul style="list-style-type: none">• PSW links communication and play	<ul style="list-style-type: none">• PSW discusses with the mother about usual moments of play with her child at home	<ul style="list-style-type: none">• Playing Time! the mother tries to practice with the child.• PSW highlights good points	<ul style="list-style-type: none">• Feedback from the mother and suggest the exercise to be repeated at home

Evaluation of the session by the mother

Introduce topic next session

Give an appointment and say good bye to both the mother & the child



Baseline characteristics



Baseline characteristics for mothers

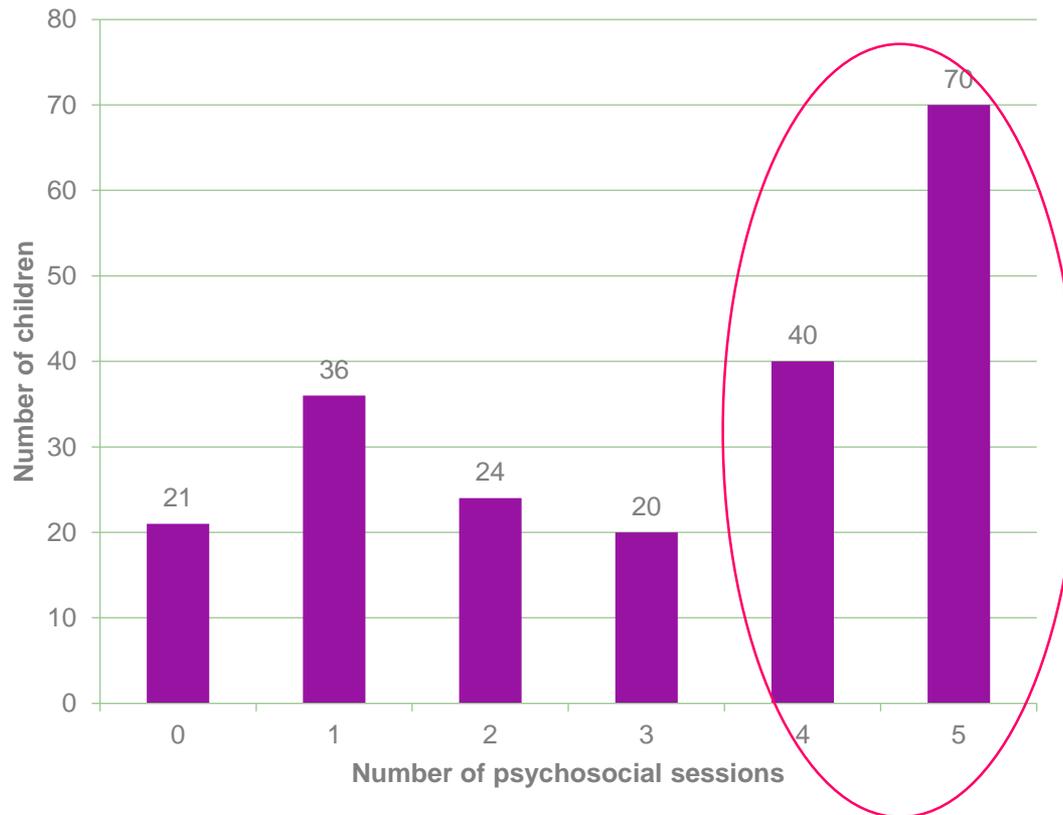
Variables	NUT (n=216)	NUTPSY (n=211)	<i>p- value</i>	Non SAM (n=213)
Socio-economic factors				
Mothers' age (in year)	25 ($\pm 5,4$)	24 ($\pm 4,5$)	NS	24.2 (± 4.1)
Mothers' education (<5y schooling)	63.4%	64.9%	NS	46.0%
Mothers work outside	9.7%	8.1%	NS	8.9%
More than 2 children	35.2%	28.9%	NS	23.5%
Housing (poor construction 1 or 2 part mud)	83.3%	79.1%	NS	69.0%
Socio-economic Status	4.31\pm2.7	5.39\pm3.2	<0.001	5.4 (3.2)
Income (<\$112/mo)	50.5%	57.3%	NS	48.8%
Father's presence	47.7%	46.7%	NS	57.3%

Attendance to psychosocial sessions



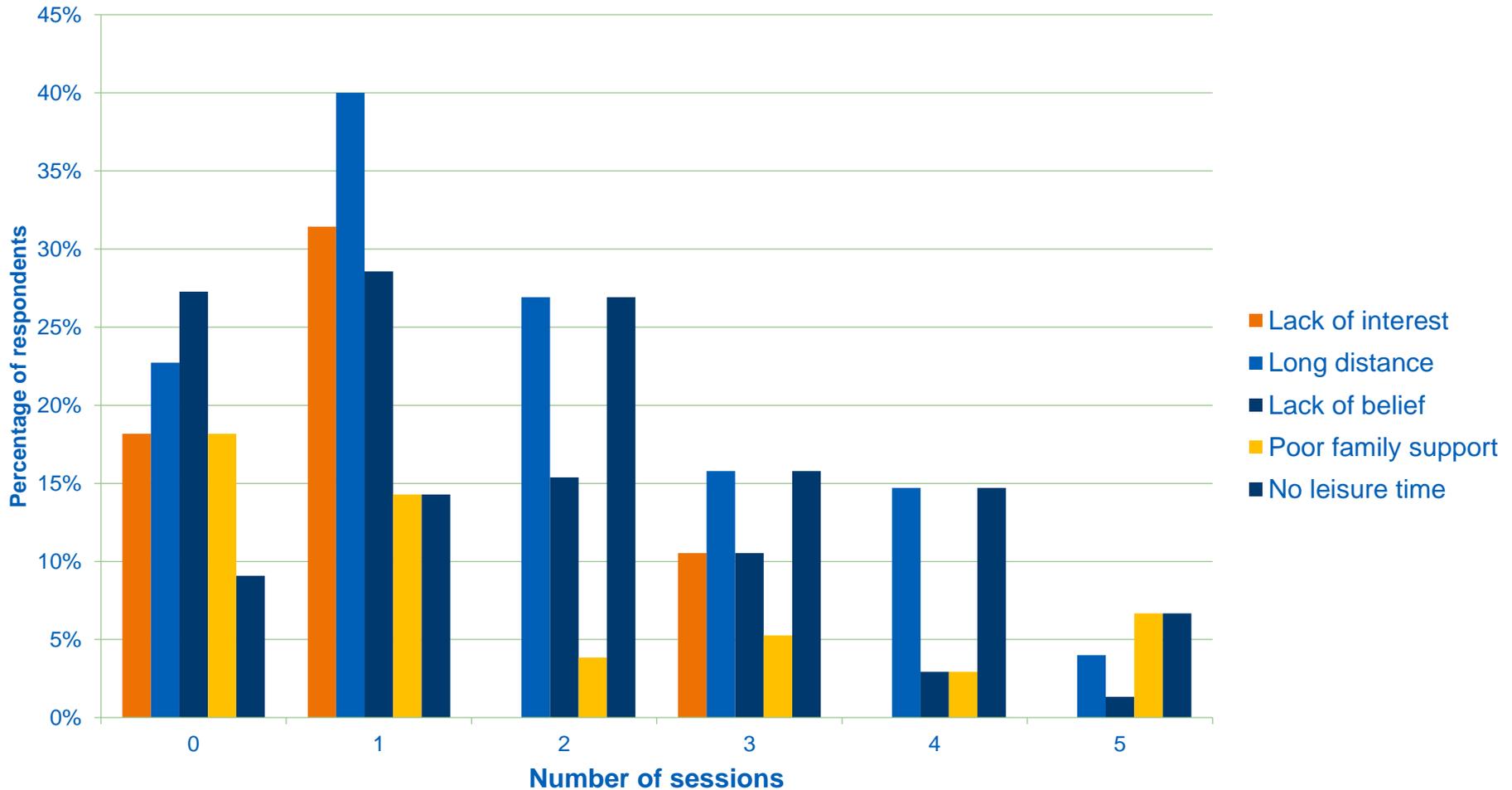
Attendance to psychosocial sessions

52% of the mothers & their children attended at least 4 or 5 sessions



Barriers to attendance to psychosocial sessions

Reasons given by mothers



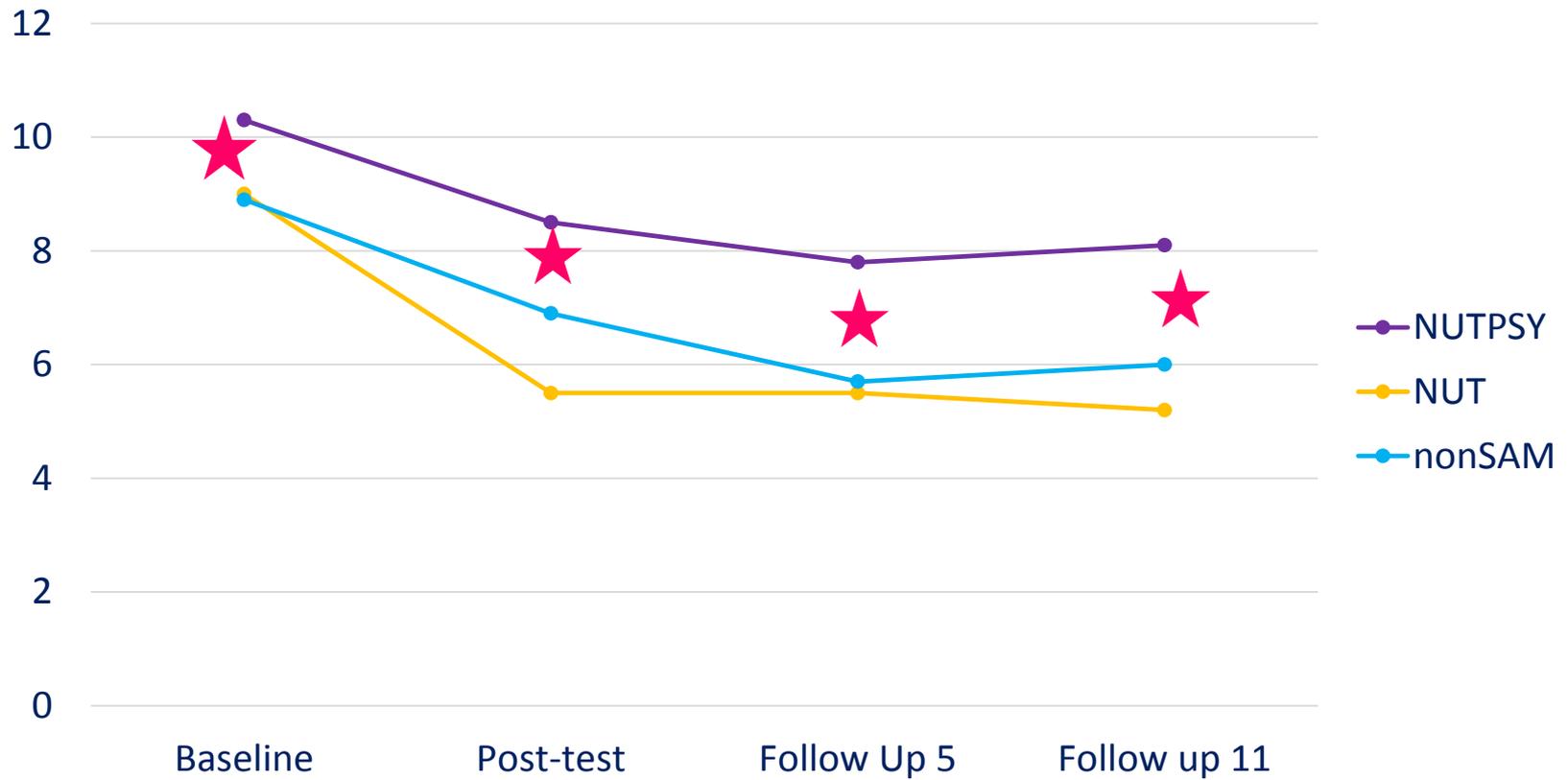
Maternal Mental Health



**ACTION
AGAINST
HUNGER**

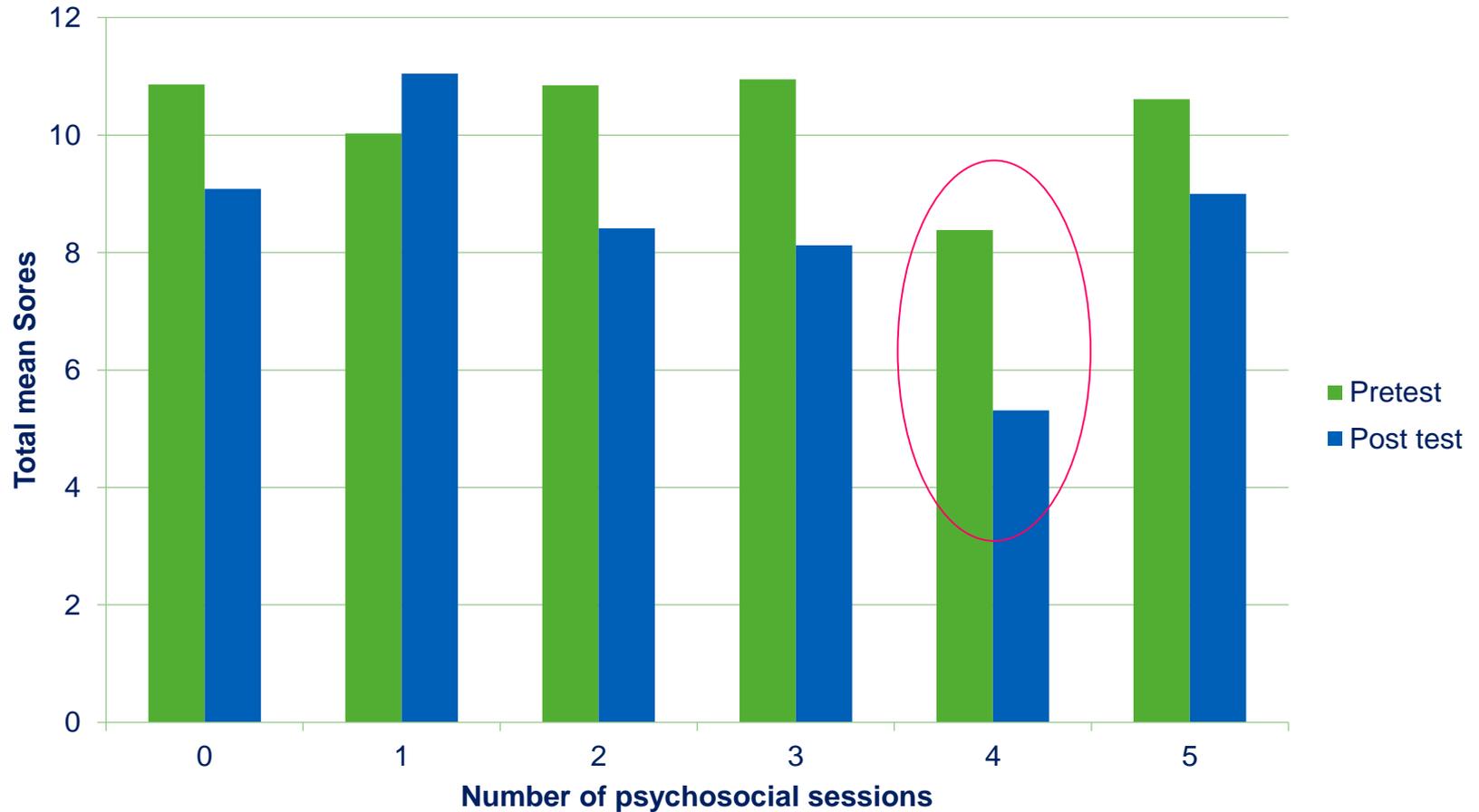
Maternal depression

EPDS mean scores



Maternal depression

EPDS at pre and post test by number of psychosocial session attended



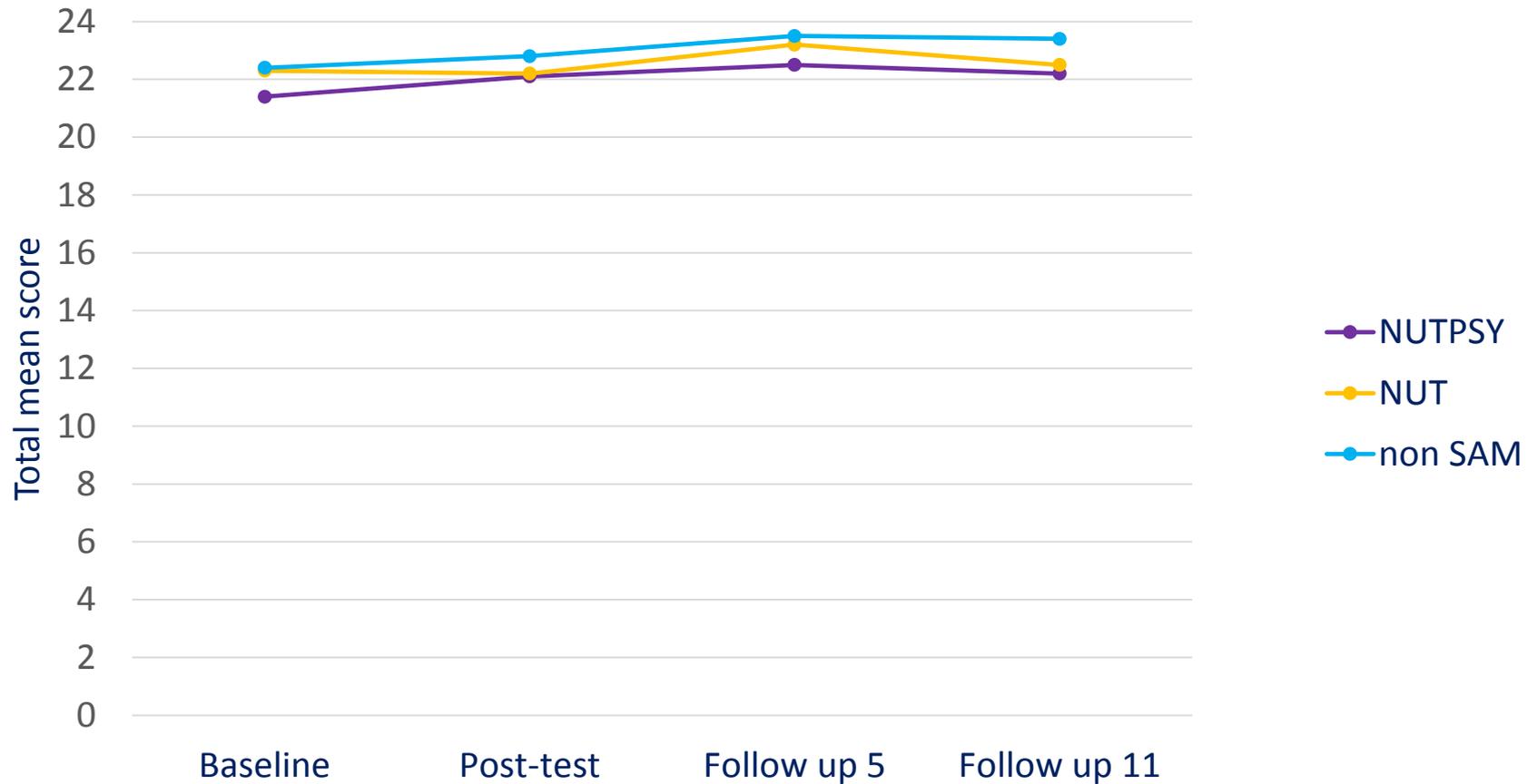
Influencial factors on maternal depression

		P value
Number of psychosocial sessions (mean)	3	0.476
Mother's education (<5 years schooling)	64.9%	0.906
Father's presence	46.7%	0.019
Siblings (more than 2 children)	28,9%	0.964
EPDS scores (mean score)	21,4	0.000

**Green t-test indicates a significant effect at 5%*

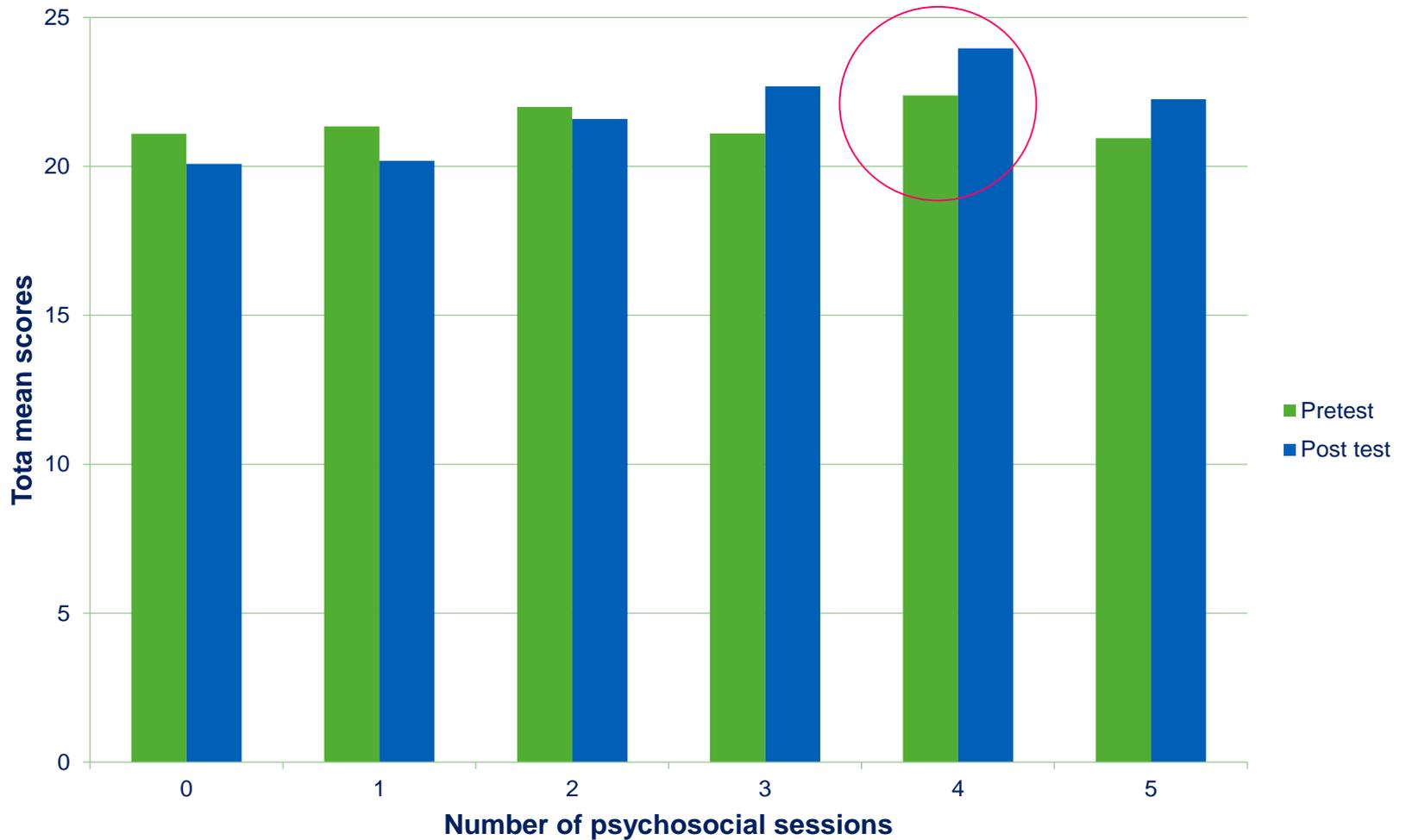
Maternal Self-esteem

Rosenberg self-esteem scores



Maternal Self esteem

Self esteem scores at pre and post test by number of psychosocial session attended



Influencial factors on maternal self esteem

		p value
Number of psychosocial sessions (mean)	3	0,077
Mother's education (<5 years schooling)	64.9%	0,925
Father's presence	46.7%	0,003
Siblings (more than 2 children)	28,9%	0,802
Self-esteem scores (mean)	21,4	0,000

**Green t-test indicates a significant effect at 5%*

Qualitative outcomes from the psychosocial sessions



- Mother and caregivers became **aware** of the importance of child care
- With the testing, mothers learned about **child development and about themselves**
- They are **happy** to see their children developing well

Thank you!

