CONCERN ZAMBIA
RAIN+
STORIES OF CHANGE

LONGITUDINAL COHORT STUDY

2015 YEARLY REPORT

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Acknowledgments

Acronyms and Abbreviations

Bens: Beneficiaries

FGD: Focus Group Discussion

HH: Household

IYCF: Infant and Young Child Feeding

KII: Key Informant Interview

1 Introduction and background

Focusing on a reduction of stunting in children by targeting child and maternal under-nutrition during the critical conception through 23 months period (Most Critical 1000 Days), Concern's Realigning Agriculture to Improve Nutrition (RAIN) project was designed around a cluster of integrated agriculture and nutrition/health interventions which work together to promote and enable better nutrition practices during the critical period. RAIN+ builds on lessons learned throughout the implementation of the original RAIN project, but incorporates a stronger dimension of gender equality and women's empowerment, while increasing linkages of farmers with markets.

The overall objective of this research project is to deepen our understanding of how the interventions comprising the RAIN+ project are promoting change at the individual and household level, while also exploring how these changes occur over time. In particular, 'the stories of change will provide deep insights into how gender equality and women's empowerment interventions are effecting change in poverty, nutrition, wellbeing and other outcomes (both positive and negative) at the level of individuals, household, relations and structures, and how incremental changes occur over time.'[1] The principally qualitative orientation of the research speaks to the task of understanding how change is promoted, engaged and mediated at the individual and household level, while the longitudinal nature of the study will allow us to come to grips with the processual and diachronic qualities of project-promoted changes over time.

In addition to serving as a baseline for the longitudinal study, reporting from this initial data collection round will also be fed into the Zambia case study research being undertaken by the International Food Policy Research Institute (IFPRI). Two further data collection rounds are planned, in 2016 and 2017.

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[1] *Stories of Change* Terms of Reference, Concern Zambia.

2 Methodology

The overall orientation of this research is qualitative and longitudinal. Well-executed qualitative social research methods can offer a much more complete understanding of the views, experiences and perceptions of informants than survey-driven approaches, because they are based on data collection techniques which are designed to elicit in-depth information and which allow space for researchers to respond opportunistically to the research context, exploring issues in depth as they reveal themselves over the course of the interaction. By contrast, survey methods typically capture shallower information, because they are not normally designed to pursue questions and emerging issues in great depth. In qualitative research, some of the generalizability offered by survey approaches is exchanged for greater exploratory, explanatory and interpretive power. In survey-driven research collection, the informant-interviewer interaction takes the form of a formal and structured question-response sequence; in qualitative approaches such as this one, the interaction between informant and interviewer takes a more conversational and mutual form resulting in subtler, more complex data sets. The core of our data collection approach is the focus group discussion (FGD) method, applied here to a longitudinal cohort sample. In addition to the important ability to explore change over time, this approach benefits from repeated contact with a defined sample of households: the rapport which develops over the course of this contact in turn allows access to information which has higher validity than that which can be collected in a single interaction between researcher and informant.

2.1 Key research themes

These are the broader themes which form the core of the research and as such, are the main input for developing research instruments.[2] In this particular project, given that three data collection rounds will be carried out, we are holding a consultation exercise with key stakeholders prior to each data collection round. The main output of this exercise is a list of key themes to be explored in each upcoming data collection round. Following are the key research themes for the first, current, data collection round:

2.1.1 Area 1: Women's status, gender relations, and intra-household social dynamics

- What are the roles of women and men within the household?

- Who are the decision-makers in the household? Does this vary by domain?

- What does power mean and how is it exercised and experienced within the household?

- Who are the authority figures within the household? What roles do age and gender play in the exercise of authority and power?

- Have any of these gender roles and power structures changed over the lifetime of the group participants? In what ways? What has caused these changes?

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[2] The focus group discussion guide used for data collection is included as Annex 1.

- What do people understand by empowerment? Do women feel that they have agency and power in the household? Do they have confidence? If so, in what domains? If not, what are the social dynamics which stand in the way?

- What kinds of social or cultural changes would be needed to empower women more? Where can women get support in this area?

- What aspirations do women have for themselves, for their daughters and for their sons? Are there changes they would like to see in the area of gender relations and empowerment? What challenges might stand in the way?

2.1.2 Area 2: Mother, infant and young child nutrition and health

- Do women, as primary caregivers for young children, feel that they are supported by their husbands and other family members in IYCF? What kind of support do they receive (if they do)? What kinds of support do they feel they need?

- How are husbands involved in IYCF?

- Do women feel that they have the confidence and power to make decisions about nutrition and health within their households? Do they have the power to make decisions about food choices?

- Is access to food within the household gendered (note this applies to children too)?

- How do communities perceive and experience the issue of nutrition? What does 'good nutrition' imply and how is it achieved?

- Are communities aware that there are nutrition problems? How did they become aware? Has this changed any of their preferences or actions? Do they feel they can get information if they want it?

- Has the situation in nutrition and health in this community changed over the lifetime of the group participants? In what ways? How has this affected women and children?

- Do people feel they have power over their nutrition? Over the services they receive, or choose to engage with? Who do they feel has power (visible, invisible, hidden…) and do they think they are shut out, invited in, or claiming any power over their nutrition situation? What aspirations do people have for nutrition and what challenges are anticipated?

- What role does gender play in water, sanitation and hygiene? Are women the main household water collectors? Do women have decision-making power around these issues?

2.1.3 Area 3: Pathways: agriculture, markets and groups

- What do participants understand about the relationship between agriculture and nutrition?

- How do women's and men's agriculture time and work inputs compare? What tasks are traditionally carried out by men, and which by women?

- What kind of power and authority do women have or lack in agriculture (this could refer to decisions about cultivars, techniques, about selling vs. consuming,

and about what money earned from agriculture is spent on). How is power experienced in agriculture?

- Do women have the access to resources needed for participation in agriculture? Do they have access to markets? What are possible obstacles and challenges?

- How do women balance agricultural work with other domestic obligations, such as childcare, housework? Can women count on support from men in the households? If so, what kind of support?

- Overall, what changes in agriculture have taken place over the lifetime of the group participants? What has caused them? In what ways have women been part of these changes?

- What aspirations do people have for their agricultural activities? What kinds of challenges might be faced in achieving these?

2.2 Data collection: focus group discussions and key informant interviews

When facilitated with care and well-constructed with respect to participant selection, focus groups can be a powerful tool for qualitative data collection. It is critical that facilitation teams strive to create a social dynamic within each group in which all participants feel empowered and able to reflect on their experiences, articulate them verbally, and respond to points and discussion offered by others. This is especially important when exploring potentially sensitive issues around gender roles and social structure within households. This dynamic is much easier to achieve if the focus group participants are relatively homogenous with respect to age, socio-economic status and sex. In an optimal focus group discussion, social dynamics can be effectively leveraged by facilitators to create synergies, which in turn can prompt deeper and more meaningful exploration of study topics. Prior to commencing data collection, research team members received a week of in-depth orientation and practice, in which facilitation and data collection skills were taught and refined, and the researchers were trained in the overall study goals and data needs.

In addition to the focus group discussions which provided the core of the data, a smaller number of key informant interviews (KII) was carried out. Key informant interviews seek to leverage the special or expert knowledge held by important local actors: in this study, KIIs were carried out with headmen and headwomen in four villages (two in each study ward). These interviews explored issues similar to those discussed in focus groups, and offered a complementary perspective.

2.3 Site selection, sampling and recruitment

Sample size: Qualitative data should offer meaningful insights into how a phenomenon (such as a program or intervention) is experienced from the user's point of view. While qualitative data may include numerical figures indicative of general trends, it should be predominantly discursive and narrative. Assuming that the data collection itself is done well, these qualities should be achievable in a relatively small sample, purposively selected with regard to criteria of interest. Qualitative research is not designed to be

statistically representative or generalizable: if these features are required, then it is better to select a quantitative approach and a large enough randomized sample. It is not sensible to choose too large a sample in order to make a qualitative study 'more representative' because in this case, the added value of exploratory depth is traded away (given that qualitative approaches are time- and resource-intensive), without gaining any real benefits in terms of generalizability. Taking these factors into account, it was decided to recruit a cohort constituted from 14 focus groups, each of these being comprised of 10-12 participants. This is slightly larger than the normal ideal focus group size; some degree of oversampling was done in order to allow for possible sample attrition. The focus groups comprising the cohort were distributed as follows:

- Female beneficiaries: 8 groups
- Husbands of female beneficiaries: 4 groups
- Female youth in beneficiary households: 2 groups

Representation: purposive selection of sites and informants should ensure that a broad range of characteristics (personal, household, and community) is represented. If wards or villages differ significantly on some variable of interest, such as market proximity, then it is important to reflect this in the sample.

With these points in mind, the following selection process was carried out.

RAIN+ intervention wards: **Nangoma, Nakasaka, Chisalu, Shimbizhi**

Chisalu was ruled out because RAIN+ intervention roll-out was deferred. Shimbizhi and Nangoma were chosen because they are nearest and farthest respectively from Mumbwa, and hence subject to different factors related to market proximity.

Villages in Shimbizhi and Nangoma were then listed, and the top 50% in terms of number of households selected. This was done in order to ensure that the selected villages would be of sufficient size to select participant cohorts. From this top 50%, four villages were randomly selected in each ward. These were:

NANGOMA
V1: Shambana
V2: Mapulanga
V3: Ntembelwa
V4: Muyoyo

SHIMBIZHI
V5: Chintimba
V6: Kasondela
V7: Shiwezwa
V8: Katalo

Focus Groups were then defined by type of respondent, in line with the best practice of creating relatively homogenous groups. The following table shows FGDs and KIIs carried out for this study.

FGD or KII	Ward: Nangoma				Total
	V1: Shambana	**V2: Mapulanga**	**V3: Ntembelwa**	**V4: Muyoyo**	
Female Bens	1	1	1	1	4
Husbands of Bens	1	0	1	0	2
Female Youth in Ben HH	0	1	0	0	1
KII	headman	headman			
	Ward: Shimbizhi				
	V5: Chintimba	**V6: Kasondela**	**V7: Shiwezwa**	**V8: Katalo**	
Female Bens	1	1	1	1	4
Husbands of Bens	1	0	1	0	2
Female Youth in Ben HH	0	1	0	0	1
KII	headman	headwoman			
TOTAL FGD **TOTAL KII**					**14** **4**

2.4 Data handling

There are many possible approaches to qualitative data handling. In this project, we opted for the most labor-intensive, but also most robust, approach. This involved the use of digital recorders to record all focus group discussions. The recordings were then translated into English (principally from Tonga) and transcribed into MS Word documents. This process was carried out by a team of two translators/transcribers who participated in the training workshop prior to starting work: their participation involved a general orientation to the research themes, training in data handling procedures, and a technical discussion about vocabulary and translation. Recordings were supplemented by handwritten notes taken by secondary facilitators; these helped

to validate translations and transcriptions. Researchers were also instructed to take more detailed notes in the event of problems with the recorders.

The data handling and monitoring sequence was as follow:

- At the beginning of each FGD, a sound check was carried out, and an **FGD Record Sheet** completed (both of these actions after consent has been obtained). The FGD was then carried out and recorded.

- Back in the Mumbwa Concern office, the audio files from the day's work were immediately copied to the computers used by the translation/transcription team, as well as to one more computer for safety. These audio files were then renamed according to the following scheme:
  - WARDNAME.VILLAGENAME.FGDTYPE (for example, NANGOMA.NTEMBELWA.HUSBEN.02)

- Type codes:
  - FEMBEN = female beneficiaries (pregnant/lactating)
  - HUSBEN = husbands of female beneficiaries
  - FA = female youth from beneficiary HHs

- The translator/transcriber team then created MS Word documents, using the same naming system described above. These transcripts were based on a template provided to the translator/transcriber team.

- The translator/transcriber team then translated and transcribed the audio files.

- The following day, after returning from the field, the field team checked and validated each translation/transcription, supplementing it with notes where necessary.

- At each stage of the process, key progress monitoring information was recorded in Excel workbooks created for this purpose.

2.5 Data Analysis

A descriptive coding scheme with specific reference to themes of interest and key research domains in the study was developed by the lead researcher. Because of the open-ended nature of the focus group discussion topics, it was considered possible that new themes of interest could emerge from some of the lines of enquiry. In order to capture and code this data, we incorporated elements of a grounded theory approach into the coding process, permitting the creation of new codes in response to novel findings in the interview material.

After the transcription and translation process was complete, the codelist and the transcripts were loaded into the qualitative data analysis (QDA) software package NVivo. Coding in NVivo is a manual process based upon careful reading of each piece of data followed by selection of the appropriate code(s) to describe it. Once properly coded, the data can be analyzed in different ways, including:

- Basic code-based searches can be used to generate reports showing all the responses to which a given code or set of codes was applied. This is useful for identifying general thematic patterns in responses, and also selects appropriate material for quotations to be included in reporting;

- Boolean searches allow the researcher to construct code-based 'statements' which can then be tested against the data in order to explore possible or hypothesized relationships between different thematic areas;

- Framework analysis allows systematic scrutiny of stratified code-based outputs: a matrix is created, showing cases (households or FGD transcripts) in rows, and thematic code outputs in columns, allowing the material to be systematically summarized;

- Quantitative measures: if the codelist is appropriately defined and structured, it is possible to use NVivo to count particular kinds of responses, yielding a better understanding of prevalence and weighting.

Additionally, the datasets can be 'sliced' up in different ways according to selected characteristics (attributes) corresponding to sampling strata: by community, sex, household type, or other attribute. This allows comparative analysis between different sub-samples.

2.6 Ethical compliance

Compliance with ethical guidelines in the field was regarded as mandatory. In addition to following Concern's Code of Conduct, researchers were expected to follow the following protocol:

- Obtaining informed consent before beginning each FGD. This involved reading out a prepared Informed Consent text (or similar, in Tonga) and then completing one signed consent sheet per participant.

- Maintaining confidentiality of participants' data at all times. This includes, but is not restricted to, ensuring anonymity of participants in both data collection and reporting, and not sharing any information on social or other media.

3 Research findings

In the sections which follow we present the main findings of this first (baseline) component of the Stories of Change cohort study. In keeping with standard social science reporting, we incorporate some key discussion in the presentation of results; a fuller discussion is then presented in Section 4. Readers should note two points at the outset. Firstly, while the cohort is stratified according to the scheme described above, we do not always disaggregate findings by stratum. In cases where the a finding is described without association with a stratum, readers should assume that the finding was generalized across the study strata. Secondly, focus group discussion responses often include both majority and dissenting minority opinions. Wherever possible, and certainly where the dissent was significant, we have flagged this point.

3.1 Gender and women's empowerment

Gender is a central theme running through this study, and we begin this paper with a discussion of the 'gender context'. In particular, we explore in this section the ways in which gender norms relate to women's and men's work, to confidence and decision-making, and to power and authority. These are fundamental areas which will need to be addressed by a gender-oriented intervention.

3.1.1 Work, women, and men

Focus group participants were asked a series of questions about the traditional roles of women and men, in different spaces such as homes, farms and communities. Findings fell into two main categories: those activities which were unambiguously and almost unanimously assigned to either men or women; and those tasks carried out in a principally cooperative manner involving the labour of both men and women. While findings were on the whole very consistent on these topics, there was a certain amount of dissent and debate among focus group respondents (particularly comparing results from women's groups with those from men's), with some respondents suggesting that men did the bulk of these jobs, and others arguing that women provided the main source of labour. In one focus group discussion held in a Shimbizhi village, respondents suggested that gender training they had received was promoting change: "We have learnt gender, therefore it is expected of us that we work together by cooking and drawing water, when the wife is busy we help her with looking after the crying baby…the working together started after we gained knowledge in gender…women used to perform most of the chores in the past before the coming of gender in our area." This set of responses, we should note, was very much a minority opinion among both male and female respondents.

The majority of the work and tasks associated directly with the home and its environs are the responsibility of women. These include child care and feeding, cooking, sweeping and cleaning the house, washing clothes, as well as other chores such as fetching firewood and water. In the social sphere, women are also responsible for serving food and for receiving visitors to the home, as well as some dimensions of social and cultural reproduction: as one Nangoma female beneficiary noted, "At home the

woman is the one who guides and disciplines the children on how they need to live, teaching the children how to work, both boys and girls". The definitively gendered and female nature of these activities was articulated with widespread agreement across all focus group discussion sessions, and did not exhibit significant variation by ward, gender or age. Similarly, there exists a parallel range of activities which are unambiguously defined as men's work: again, these activities were defined in this way in FGDs largely irrespective of gender, residence or age. These include house construction and maintenance, brick-making, charcoal-making, animal husbandry, hunting, purchasing food, and heavier agricultural work such as tree-felling, field clearing, and the handling of draught animals for ploughing. Men also view themselves as occupying key leadership and knowledge roles in the home and in the farm; one Shimbizhi husband explained "Men spend most of their time in the fields because we are the ones who plan and see if things are done properly. We are the head of the family, a man is supposed to see that crops are growing well and thereby plan for the next day's work." This claim was echoed by a female respondent from the same ward, who stated "A man spends more time in the field because he is the head of the house." In another men's focus group, in Nangoma, one respondent flagged the structural role of men as leaders, providers and teachers: "As much as the man is the head of the house, his duty is to ensure that the family is well looked after and also disciplined (buys). Women see to it that daughters are well-behaved."

The agricultural sphere of production is the domain of both men and women insofar as both sexes carry out complementary agricultural tasks. Lying between the gendered poles described above are a range of tasks which involve cooperation between men and women. While men, as described above, carry out the heavier agricultural work, women do weeding, planting, harvesting, and fertilizer and herbicide application. Women are also responsible for preparing food and traditional drinks to take to the farms, and for leaving the fields earlier to go home and prepare meals for the family. One Shimbizhi female beneficiary explained that "Men spend more time [in the farm] because they release us to go and do some chores like cooking, washing plates, and [we] go back to the field after lunch." In addition to differences in the actual tasks done by men and women, there also exist complementarities between the cultivars traditionally planted by men and women. While maize is very much considered to be a male crop, 'relish' foods such as groundnuts and other legumes, leafy vegetables and tomatoes are considered to be the domain of women, who may also sell surplus production of these items in order to raise money for the household.

While on the whole, both women and men were keen to emphasize how hard both husbands and wives worked, it is important to note that in one of the Nangoma women's focus groups, a particularly critical discourse about men did emerge, casting some husbands as idle and lazy. Responses in this line included: "A woman is the one who spends more time in the field because men only work in the morning and never come back in the afternoon they say they are going to look for money for food / most men have a problem when it is time for weeding, mostly women will spend 90% of their

time in the field and the man will only show up when it is time to knock off / …when it is time to eat he shows up, some men don't do anything."

3.1.2 Women's confidence and decision-making

Women's confidence and decision-making are key intervention areas for gender programming. Because this first study component aims to collect baseline data on current realities, focus groups were asked to discuss these issues: do women feel confident in making decisions in their households? If not, why? What kinds of decisions are they empowered to make, and what decisions fall outside this zone?

Responses to this line of questions were mixed. The dominant position was that women do not feel very confident in decision-making. This view was expressed in both men's and women's focus groups in both of the study wards. It was widely accepted among both men and women that the man was the head of the house—indeed, this was explained with reference to the Bible: "What causes it is what is written in the Bible that a woman will only be led by a man, the man is the head of the house." Women's subordinate position was also explained with reference to residence patterns: in a virilocal system such as the one which is found in the study areas, women are 'imported' from their home villages to live in their husbands' villages after marriage. In terms of kinship (or social capital) this is a disempowering position because the immediate kin of the woman, her natural support network, have been left behind in her natal village. While some women spoke of their position with regard to their husbands in terms of obedience, respect and tradition, others mentioned violence, noting that their husbands beat them, and that their obedience and lack of confidence stemmed from fear: "Men do beat you if you take the lead," observed one participant in a Shimbizhi women's focus group. In the same focus group, another participant made the point that because men had paid bridewealth, they were entitled to dominate their wives: "Men paid for us, therefore we have no power." In another focus group in the same ward, a respondent made the point that men became more problematic when they had been drinking beer or smoking.

Women are 'partially empowered' to make decisions in the home, garden and farm. By this we mean that while, as noted above, women may at times lack the confidence (or be afraid) to make a given decision, there are in fact some contexts in which women do feel empowered to make decisions. As we explain in greater detail below, in the area of nutrition, food choices, and feeding, women feel significantly empowered to make their own decisions. In other areas, women may feel less so. An important point to bear in mind here is that while social structure may define gender roles quite rigidly, and while a normative culture may inform the ways in which actors in those roles are *supposed* to behave, there always exists some degree of individual or household-level interpretation and nuance. Thus while some women reported that they would never take a decision on their own without consulting with their husbands (unless the husbands were away), others suggested that in certain areas, they felt free to make their own decisions, or at least to have an open discussion with their husbands. One point which emerges from

the focus group transcripts is that while men tend to cleave to quite normative behavior, doing things in the 'right' way, women's behavior shows greater variation, with some women claiming a highly normative (and hence subservient) position, others claiming to enjoy far greater autonomy in decision-making, and a third group lying somewhere between these poles—taking decisions when possible, or negotiating. In a Nangoma women's focus group, one respondent made the point that while men were resting on their laurels, women were busy making decisions: "The women are the ones who make decisions, let's say if it is the right season we come with plans on how we can make gardens, plant some vegetables to sell, and that way we raise money, whereas our husbands just sit waiting for the farming season to begin."

3.1.3   Power and authority

> Life is changing everyday but starting from the past a person with power is a man but nowadays because of the high levels of knowledge, men's powers are being reduced and added to the powers of a woman; as a result we have reached a level where women and men are becoming equal.
> Men's FGD, Shimbizhi Ward

Focus group participants were asked to discuss a series of issues relating to the concepts of power, authority and gender relations within their households. What does power mean, who has it, and what are its characteristics?

Power is rendered visible by the way subordinates respond to and behave towards the holder of power; it has an important self-referential quality: holding power gives the holder the right to exert that power in certain ways, yet in focus groups, it is the visible exercise of power which is most often cited as a defining characteristic: those who are powerful are those who behave in the ways that the powerful behave. In our study communities, power is unambiguously male: both women and men report that they feel men have power and authority in the household. In part, this is simply a reflection of the subordinate role which wives occupy. It is also related to the issue of bridewealth: women and men agree that men have ultimate power because they have paid for their wives. There are of course nuances to this norm: some men may be more flexible with their wives, and there are also spaces within the household, such as the kitchen, where women possess more power. But in general, it is acknowledged that men exert power and to some degree ownership over women. It should also be noted that hierarchy exists as well among multiple wives in polgynous households: junior (more recent and usually younger) wives are subordinate to senior wives. This raises the issue of age vs. gender. While respondents in both wards noted that elders merited respect because of their great wisdom and experience, ultimately it is gender which trumps age in the power stakes.

Respondents in both wards spoke to the question of changes over time in power structures. Overall, there was a general consensus that change had occurred over time—in the past, women were said to be more subservient and men more dominant.

Education and gender training were seen as key factors in promoting these changes. Women are said to have more rights now than they used to, and to suffer less gender-based violence at the hands of their husbands. Two main strands emerge from the data. In the progressive strand, these changes are seen as a necessary part of modernization, and essentially a good thing: women have more power, autonomy, freedom and rights, and are less likely to suffer violence and repression. A more conservative discourse contends that these are negative developments, because it upsets the natural (and Biblical) order of things and breeds mutual disrespect. As one young women in Nangoma noted "With the coming of gender, gender has destroyed homes because women want to be equal with men." Responses from female beneficiaries in Nangoma were similarly conservative in orientation (interestingly, the more conservative viewpoints on this topic seemed to come from women): "Couples used to cooperate because women were more obedient and respectful, even when men were insulting / Modern life has made women more disrespectful / You can no longer discipline a child or they will go to the police / Children are not respectful, and girls are sexually active too young / Mobile phones have contributed to these problems." It is worth noting here that the contention is that 'modernization' of gender and power relations affects not only relations between husbands and wives but also the behavior of children and young people.

This ideological fracture between tradition and modernity also informs the reception of proposed change through gender-oriented interventions. Focus group participants were asked to talk about ways of increasing women's power, and to identify what some of the obstacles might be. First of all, we should note that the 'conservative' responses were by no means restricted to men: many women expressed great ambivalence at the prospect of such changes, often on the grounds that change was in itself a bad thing; contrary to the proper form of household and society. Many respondents also welcomed the prospect of change, but this was by no means either universal or gender-mapped. Secondly, it is worth identifying the two main obstacles. These were access to money (seen as a way of gaining freedom by investing in business and achieving some degree of economic autonomy), and fear of husbands' wrath. These are issues which should certainly be borne in mind when gender programming is designed.

3.2 Nutrition and health

In this section we focus on nutrition and health; in particular, we are interested in exploring local understandings of nutrition and health among children and pregnant women, how patterns may have changed over time, and what kind of knowledge people in our study cohort possess. We are also interested here in understanding how gender and nutrition are related.

3.2.1 Understandings of nutrition: good and bad

Focus group discussants were asked to discuss what they understood by 'good nutrition', and by 'bad nutrition'. Responses to the former question revealed a strong understanding of the need for dietary diversity, and of eating balanced meals; in Shimbizhi ward, a young female respondent stated that "Nutrition is eating different types of food like vegetables, kapenta, fish, meat and beans," while in Nangoma ward, another young woman explained that "good nutrition is eating porridge with groundnuts and also cooking porridge with cooking oil and adding a bit of salt and sugar." In Shimbizhi, one respondent also made the important point that a family does not need 'luxury' foods in order to eat well: "Others say they eat well just because there is cooking oil, beef and chicken, but it [eating well] can be [achieved by] adding groundnuts and cooking food without oil, so long as you put tomatoes, that is also eating well." Emphasis was often placed on the particular needs of young children and pregnant women, as demonstrated by these responses from a female focus group discussion in Nangoma ward: "Nutrition is giving the child food which contains vitamins and that can build and protect the body from diseases / Nutrition is to do with eating from the time a woman is pregnant up to the time she delivers, that is what we teach."

A particularly interesting point here is that while a majority of respondents stressed the importance of eating and feeding children a wide range of foodstuffs in order to achieve high levels of dietary diversity, far less (indeed minimal) emphasis was placed upon the consumption of energy-dense staple foods: nshima, rice, potatoes, bread and other carbohydrate foods are barely mentioned in focus group transcripts. This is true of both male and female focus groups, and the emphasis is not gender-biased and does not map onto the gendered distinction of men/women :: staples/relish which dominates agricultural production. But there is clearly a conceptual (and correct) association between eating or feeding a good variety of relish foods and achieving good nutrition outcomes.[3]

A second class of responses which was very strongly articulated was the connection between achieving good nutrition and agriculture. Women and men in the study wards have a solid understanding of the relationship between best practices in agriculture and

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[3] The responses to this line of question are very striking insofar as they appear to indicate that focus group participants had received some orientation and training in nutrition. It would be interesting to know more about the intervention(s) which supplied this knowledge. Unfortunately, by the time the pattern became visible to the analysis, data collection was long over. We suggest incorporating questions on this topic in the next data collection round in 2016.

achieving better nutrition outcomes. Two responses from a Nangoma ward female focus group discussion illustrate this well: "Through farming and gardening that's where you can find food to give our children like rape and *chibwabwa* (pumpkin leaves) / "When we do our gardening we sell vegetables that enable us to generate income to buy other foods that cannot be grown." In Shimbizhi, a respondent from a female focus group observed: "For us to have good nutrition we need to plant a wide variety of food, for example when it is rainy season, we plant rape, *chibwabwa*, tomatoes, pumpkins and maize. From that we will have good nutrition." These responses not only illustrate the participants' understanding of the relationship between agriculture and nutrition; they illustrate two dimensions of that relationship. The first is the awareness that a more nutrition-sensitive agriculture offers the possibility of increasing dietary diversity through the cultivation of a range of relish crops. The second flags the possibility of selling agricultural produce in order to raise cash to buy foodstuffs such as cooking oil which are not produced at home. It is also important to note that among the many responses which speak to the agriculture-nutrition connection, only one mentions maize. This seems to be in keeping with the focus on relish as the 'nutritious' part of the meal. Also falling into the relish category are animal protein foods, whose connection with good nutrition was noted by male participants in a focus group discussion in Shimbizhi: we can also get it [good nutrition] from the animals we keep like goats and chickens. We need to keep them properly so that they can help us in the future, for example, eggs from a chicken and milk from a goat."

In addition to these series of questions about good nutrition and how to achieve it, focus group discussants were also asked about bad nutrition and specifically under-nutrition. What, in their view, caused these problems? Interestingly, while the discussions around producing good nutritional outcomes tended to centre on the need for dietary diversity and the role of agriculture in providing it, the responses offered to these latter questions were much broader and more complete. Many respondents did emphasize that a lack of dietary diversity would produce non-optimal nutritional outcomes ("Bad nutrition is eating the same type of relish every day, e.g. okra and pumpkin leaves—there is a need to have different types of relish, such as meat, beans, rape" and "[bad nutrition] is when you wake up and just cook porridge without adding anything and when it comes to relish you just add salt and stay hungry" being illustrative examples) and noted that poor or lazy farming practices would result in this situation ("Laziness also leads to malnutrition"), but in addition to such responses which constituted an opposite pole to the identified enablers of 'good' nutrition, discussants also emphasized other issues, such as the importance of hygiene and food safety in preparation. Responses in one of the women's focus groups in Nangoma ward included: "Bad nutrition is giving the child nshima which has slept overnight or giving the child uncovered food / Bad nutrition is giving the child raw or uncooked porridge / Bad nutrition is breastfeeding the child without washing your hands after using the toilet." Men were also aware of these problems—in one of the Nangoma men's focus groups, a respondent stated: "Food that does not build the body or eating food that is not

prepared properly [causes poor nutrition]. That can't build the body—only good food builds a healthy body." In Shimbizhi, a respondent from a focus group of younger women observed that poor nutrition can result if you "Eat food which is rotten and drink water which is unclean or not safe for human consumption." Another point which was made in response to this question was the connection between under-nutrition and poverty: as a respondent from a young women's focus group pointed out, "Bad nutrition comes as the result of lacking money to buy food; at times you can only have one meal a day which consists of nshima with wild okra." Finally we note that many respondents in both wards stated that eating too much wild okra with soda would result in under-nutrition.

3.2.2   Nutrition problems and responses

Do participants perceive nutrition problems in their communities? Has this situation evolved or changed over time? How do people respond to nutrition problems? Discussion around these questions revealed a number of issues. First, we should note that in all 8 villages across the two wards comprising the study sample, respondents in all types of focus group—women, men, younger women—identified nutrition problems in their communities. While in some focus group discussions—particularly men's groups, some respondents argued that nutrition problems faced nowadays were much less severe, there was nonetheless broad agreement on the observation that childhood malnutrition is a problem in all study communities. Respondents also had a very thorough and consistent understanding of how a malnourished child could be identified—through growth monitoring, but in more severe cases, via a range of visible clues such as swollen bellies, skinny arms and legs, and hair loss. Some respondents also mentioned lethargy and developmental or cognitive problems. Even younger women were aware of these symptoms, as these responses from a younger women's FGD in Nangoma suggest: "Malnutrition is still in our homes; children have potbellies, big heads and low birth weight / You will see the body of the child being swollen and when you take the child to the under-5 clinic you will be advised about the health of the child and what can be done to improve the child's condition / The child does not fit in or play with friends, s/he prefers to be alone." In Shimbizhi ward, one woman explained "Yes, nutrition problems are there because I once saw a child who was swollen in both legs and belly. After being taken to hospital it was discovered that she had kwashiorkor." Other discussants in this focus group added the following cues and indicators:

- We are able to tell just by looking because they look swollen, the belly and the legs;

- One can easily tell because when the child is among friends, you would find that the child will be inactive, the legs are swollen and the cheeks;

- When the child is malnourished we are able to tell by looking they are inactive, very swollen and very light hair, they even fail to run.

Asked where they had acquired this knowledge, respondents cited a range of sources, including under-5 clinics, hospitals, schools, CSO-SUN-trained councilors, and

Concern/RAIN. Under-5 clinics and hospitals were also reported as the first port of call in the event of cases of acute malnutrition.

Looking to the past, respondents expressed a variety of views on the question of nutrition in their communities. There was little consensus on the issue of whether malnutrition had increased or decreased over time in the study communities. Some participants felt that access to food had improved because local economies were doing better than in the past, and furthermore because intra-household distribution had become more equitable as society had modernized: "In the past respect use to be given to our fathers, they are the ones who use to eat all the good food, for instance when they slaughtered a chicken the man used to be given the whole pot of relish. Meaning the children where being denied good food. They use to prepare us water and salt with nshima. But nowadays things have changed we all eat equally. Hence children are being taken care of very well. What we eat leaves a mark on the plate." Others attributed what they perceived as a reduction in malnutrition to the activities of NGOs and to an associated increase in knowledge and awareness (this last suggestion certainly fits with the points on nutrition knowledge presented above). Respondents who held the opposite opinion, namely that malnutrition had increased over time, suggested that this was due to increases in food prices relative to income, excessive dependency upon chemical fertilizers (which must be bought) and poorer crop yields due to changes in rainfall patterns.

With few exceptions, respondents felt that the diets of pregnant women had improved over the course of time. "There is no change on the nutritional part of a pregnant woman, because people are poor and they are failing to grow the required crops and also their husbands are not taking good care of their wives," was one of the few responses arguing that pregnant women's diets had become worse. By contrast, there were many responses favouring the argument that pregnant women's diets had improved, such as this one from a younger women's FGD in Shimbizhi: "Pregnant women's diets are better because they are more diverse: long ago pregnant mothers use to eat the same type of food like wild okra but unlike nowadays where pregnant mothers eat all kinds of food."

Several explanations were offered to explain this improvement; these can be conveniently grouped into categories as follows:

Effects of more regular antenatal clinic visits and institutional births: Antenatal clinic checkups and visits are more frequent than in the past, not least because there are more clinics and more staff than in the past. Moreover, respondents unanimously reported that institutional births had become much more normative; indeed, in some communities, headmen/headwomen monitor any pregnant women and encourage them towards clinic births attended by trained personnel, sometimes even imposing fines on women who give birth at home. In clinics, pregnant women receive information about the importance of dietary diversity and good diets in general, while new mothers receive information about best practices in breastfeeding, including special measures to

be taken by HIV-positive mothers. Clinics also constitute a key space for bringing men into the discussion as active and cooperative partners, as this response from a Shimbizhi ward men's focus group suggests: : "Mostly we go there [to the clinic] as a couple. In the past a woman used to go alone. They would advise a pregnant woman to be eating fish, fruits, potatoes but when she comes to tell the man, the man used to refuse but this time, it's good because even us men go there and we are able to learn and follow the teachings concerning the diet of a pregnant women, and you would find that when she delivers, she gives birth to a healthy baby and the mother remains good health." Clinics thus provide both knowledge and the possibility of enabling social change.

Greater knowledge: In part at least because of the increase in clinic visits, pregnant women are more aware of the recommended dietary guidelines. A response from a women's FGD in Nangoma ward: "Long ago women never used to care about how a pregnant mother should eat unlike nowadays when pregnant know what they should eat so that the child in the womb can develop health." In a focus group comprised of younger women in Shimbizhi ward, a respondent noted: "Long ago women used to eat whatever was found at home but nowadays men know that wives need to eat different kinds of food like milk, eggs and apples."

Sociocultural changes: It is not clear exactly what lies behind them (it is likely to be a cluster of factors) but there is clear evidence of change in both social structure and culture in households and communities. As noted above for children's diets, pregnant women's diets have improved in part because intra-household distribution has become less biased in favour of men. In a Nangoma women's focus group, the point was made that "Long ago, more food was given to husbands, now pregnant women can eat more. Pregnant women were not allowed to eat eggs. Now they can. Pregnant women now demand tinned fish." This culture shift away from tabooing eggs was also expressed in other communities; in Shimbizhi ward, one woman observed that "In the past, they had a lot of myths, like a pregnant women is not supposed to eat eggs, but these days it's different for a pregnant women—they even eat eggs." Other key responses in this category noted that because women now cultivate their own plots, achieving greater dietary diversity is easier, and the observation that "The best food now goes to pregnant women".

3.2.3 Gender, empowerment and nutrition

> – I have the power to decide what I want to buy for my family.
>
> – I have the power to choose what I feel is suitable for them.
>
> – I have the power because it's my job to feed them…
>
> (Female beneficiary FGD, Nangoma Ward)

How might nutritional practices and women's capabilities be mediated and refracted by structural gender norms? This is a key question which has very direct implications for the outcomes achievable by nutrition interventions. We approached this topic first via the issue of women's decision-making in the areas of nutrition and health. We have already seen that in general, women are 'partially empowered' with regard to taking decisions in the home. Is this situation the same or different when we focus the discussion more tightly on decisions related to nutrition and health?

Discussions around decisions in the area of nutrition (particularly food and preparation choices) revealed a much greater, more salient, and more widely articulated sense of women's empowerment than we found when we discussed confidence and decision-making in general (see above). Women participants in all wards expressed strong opinions about their ability to make decisions within the particular 'kitchen sphere' of the home, in other words, decisions related to food choices, meal preparation, and hygiene practices. In one women's focus group in Nangoma, the following responses were offered: "As a woman, I am the one who takes charge on programmes that are related to choices of food to eat, my husband only finds the food already served on the table; / I'm the one in charge of the nutrition programmes in the kitchen; the role of the husband is to provide financial support for the family." In another Nangoma focus group, a respondent observed "Women are the ones who look at how the children should eat and ensure that they are fed with good, nutritious food." These responses are fairly typical for this topic. It is important to understand that on this particular topic, there was little or no divergence of opinion by sex: men's focus group discussions were very largely in agreement with women's as this response from a men's focus group in Nangoma ward indicates: "Yes, they [women] have the power, because they are the ones who know what happens in the kitchen. Us men, even if we go there, there is nothing we can do because they are the ones with the budget and they know the food that is enough for the whole family."

Women's power in the area of nutrition in fact begins outside the space of the home, in the garden. Women's garden plots are important for a number of reasons. First, they constitute a space where women can make decisions about the kinds of vegetables they want to grow. So, exploiting their knowledge of the links between agriculture, increasing dietary diversity, and positive nutrition outcomes, women can plant a range of vegetables. These vegetables may be consumed at home, but part of the harvest may also be diverted to the market for sale. This provides women with money, which enhances their ability to choose what foods the family eats. This point was made in a Nangoma women's focus group discussion "There are so many choices we make as women…this year I want to plant vegetables…at times we think of coming up with gardens so that we are able to generate income from our backyard gardens. Women have power if they are working and are able to find money, hence making it easy to choose what food to eat." This last point is a critical one: access to money is in itself empowering for women, and the converse is also true: a lack of money disempowers women. As one respondent from a Shimbizhi women's focus group noted, "Yes we have

power but we lack the money to buy the foods we have chosen." In another FGD in the same ward, a respondent stated "We have power because they leave it to us to look for food; we look for mealie meal, relish and cooking oil. Him, his job is just to waste money on beer drinking. That is what forces us to deny them [men] food. In turn, men flag their wives' dependency: "Women buy everything like relish from the money we give them." While several women made the point raised above—that they sell garden produce to raise money for other foods—the more widespread scenario seems to be one in which men issue cash allowances to their wives so that the women can purchase foodstuffs and other household necessities. This point was made in both male and female focus groups across the study communities. We should note that, in the data collected for this study, this financial support constituted the primary *referenced* area in which men supported women in the project of improving household nutrition outcomes. That is to say, when asked what kind of help and support for infant and child feeding women received from men, respondents did not generally mention 'provision of staple crops' or anything else. The main contribution is considered to be financial.

According to tradition and culture, intra-household food distribution should favour men. Husbands are supposed to receive the most and best share of food, especially 'prestige' foods such as meat. While this situation still obtains to a degree in many homes, women and girls point out that in fact they often have superior access to food because they are the only household members in the kitchen when the food is being prepared, and are thus able to subvert the norm in their favour. Many respondents however argued that this norm was changing and was less common that it was in the past. Men also made the point that they were more progressive than they had been in the past, as shown in this response from a Shimbizhi men's focus group: "In the past there where cases where they slaughtered a chicken and you have it for lunch and supper, then you discover that the relish is not enough for the whole family. Instead of her giving me that I would prefer I allow the children to eat. This time the children are the ones that are supposed to enjoy. If I choose to eat vegetables there will be no loss."

3.3 Women and agriculture

How do gender and power relations affect women's participation in agriculture? This is an important area to explore, given the explicit linkages between agriculture and nutrition which lie at the heart of the RAIN/RAIN+ programmes. Women are active participants in agriculture, and, as described above, have a keen understanding of the relationship between agriculture and nutrition outcomes. In addition to producing vegetables for household consumption, women also want to be able to sell their produce. We should note here that such sales are much more viable in areas where women have good market access. Of our study wards, Shimbizhi is much more accessible to extra-local markets, while in Nangoma, sellers are restricted by the expense of transportation to selling produce locally.

3.3.1 Access to land and other resources

While women participate in working on the family farms, and also work on garden plots where they cultivate vegetables, land ownership remains a contentious issue. In common with other 'zones of disempowerment' discussed in this paper, the question of land ownership in effect boils down to kinship: in the virilocal system which is dominant in the study communities, women have access to land in their husbands' villages (with their husbands' permission) but no land which they can call their own. This is because women are perennial outsiders in their husbands' villages. All access and use of land and other resources must be approved by the husbands. This point was widely made by both women and men. In one Nangoma men's FGD, the discussion included the following contributions, which are illustrative of the overall structural orientation:

"They [women] don't have those powers [of land ownership] because they were just brought and I am the one who obtained that land. It can't happen where a woman obtains land and a man just comes to join and settle with that woman. Unless it is at your in-laws and there you have agree to be controlled by them. They are the ones who give you boundaries as to where you are suppose to end but in a case where you are the one who looked for that land there is nothing like that"

"As for me, what I can say is that she doesn't have the power to decide where she wants to grow whatever she wants, I am the one to give her the land. If she happens to have those powers then she is in control of my family. If there comes a time if future when you have a marital dispute meaning if she decides to go back to her parents she will go with everything that I sweated for and I as a man, how do you expect yourself to survive with the children."

Women are limited and disempowered by this situation, in which their husbands act as gatekeepers for access to land and other agricultural needs. The point is not that women lack access to land: they do not. But in a real sense, they lack power and true domination over the land, because it is not, and never will be, theirs. Access to fertilizer and other agricultural inputs is also policed by men. As one woman from Shimbizhi noted, "Me, I have access to get fertilizer from the cooperative, but after I bring it home

the man becomes in charge." In another Shimbizhi FGD, responses were as follows: "Men are the ones who give land / Women don't have access to seeds, fertilizers, animal power, rakes, ploughs, planters / The woman has no access to resources and to participate in agriculture." Fertilizer is often obtained from clubs and cooperatives, but in some households, even access to these institutions may be controlled by men: "Yes they have [access to resources] but first we need to talk; she is not supposed to stand up to join a club without telling me, she is suppose to ask me if I can allow her to join. And also before allowing her I first need to assess that club and if I find it profitable then I can authorize her to go ahead and join the club. They [women] don't have the power to decide to join a club" (men's FGD, Nangoma ward). While it might be argued that these issues of ownership and usufruct are not important given that women are not really denied access to land, we would argue that their importance derives from their relationship to other questions and problems: the gatekeeping of women's access to resources and ownership of land makes women feel less confident and empowered. It is not difficult to see that this in turn has potential knock-on effects in other areas.

4 Discussion and recommendations for action and research

4.1 Discussion

In this paper, we have focused on three main thematic areas, in particular as they relate to women: gender, nutrition and health, and agriculture. The aim was to collect data on these key areas which will then serve as a baseline to assess changes over time, once the RAIN+ interventions have been rolled out and established. The findings from this first data collection round are not always very positive: there are some areas which give good cause for worry. But there are certainly optimistic notes as well, both in terms of existing knowledge of good practices, and in terms of open spaces which offer the possibility of successful intervention.

Findings on gender were very mixed and ambivalent. It is clear that there is a very strong normative tendency which positions women as subordinates to men. This filters through to other areas which are also related to nutrition, such as women's participation in agriculture, women's confidence and decision-making, and indeed to the very receptiveness to the idea of change or modernization. That said, we would contend that women are in fact 'partially' or 'contextually' empowered. By which we mean that there are spaces and cultural materials for gender interventions to work with: such interventions can exploit and develop these areas, where women are already making some challenging decisions and are ambitious to make more. As RAIN+ moves forward, it will be important to grapple with tougher issues such as the tension between tradition and modernity, and women's access to resources, as well as less nuanced and more obvious problems such as gender based violence within the home.

The nutrition topics produced some surprising results, particularly in terms of nutrition knowledge. While there were certainly areas of greater and lesser nutrition knowledge, the overall level of understanding of nutrition-related issues was quite high. Women feel empowered to take decisions related to nutrition and feeding, and are supported in this by men. This in itself is an important and positive result. Another positive finding was the awareness of the connection between nutrition-sensitive agricultural practices and optimal or improved nutrition outcomes.

For the agriculture component of this data collection round, we focused particularly on questions of gender in agriculture, rather than collecting more traditional data on agricultural practices, cultivars, constraints and approaches. Findings in this area were sociologically interesting, insofar as they clearly demonstrated the power of social structure, but less positive in terms of gender: while women generally have enough access to land and resources to carry out 'their' farming and gardening activities, this access is heavily policed by men who control these resources. This has negative implications for women's empowerment and agency, but is probably resistant to change by community-based gender programming.

In many ways, stories and accounts such as those presented here paint a picture of women living an intractable, systemic, and multi-dimensional disempowerment,

anchored hard within the traditional household and kinship structures. While in large part this does reflect the lived realities of women in our cohort, it is equally important to understand that these realities are also contextual, nuanced, and potentially responsive to change.

4.2 Messages for Programme Implementation

Here we offer some suggestions, based on the key findings of this research, for possible areas of special emphasis as programme implementation is rolled out and refined.

Areas for action

Research revealed a number of highly structural, deeply held traditions which systematically disempower women, such as bridewealth, virilocal residence patterns, and traditional land ownership patterns, as well pervasive concepts of inequality. These underlie a range of areas in which women experience inequality and disempowerment, including:

- Women's confidence and decision-making, especially in agriculture, but also in other contexts;

- Women's access to money;

- Women's ownership of land and resources;

- Acceptability of gender-based violence.

There are good reasons *not* to try to completely eliminate tradition through gender programming—the most obvious of which are related to impracticality and unfeasibility. However, there is potentially space for challenging the ways in which tradition is played out in the lived experience of women and men through a process of constructive reinterpretation: bridewealth signaling the importance of women rather than their status as chattels; virilocal residence offering women a new social network rather than simply dislocating them from their old one; differences between women and men being an accepted fact, but never leading to violence. Space also needs to be found in the tight matrix of tradition for providing women with better access to land and resources (and hence money). These are serious challenges, but important ones which will need to be engaged by RAIN+.

Areas for consolidation, reinforcement, and support

In certain thematic areas, findings were very encouraging. We would encourage that as RAIN+ is implemented, care is taken to consolidate, reinforce, support and where necessary, strengthen, the following areas:

- Nutrition knowledge: women in our study cohort demonstrated a surprisingly good degree of nutrition knowledge, both in terms of identifying symptoms of undernutrition and in understanding the root causes of undernutrition, as well as the importance of dietary diversity. The importance of clean water, and good

sanitation and hygiene was also mentioned. This nutrition and health knowledge may have been acquired from increased visits to clinics, or other sources, but it is certainly an area which deserves attention from the programme;

- Understanding of the relationship between nutrition and agriculture: women clearly articulated an understanding of the crucial relationship between nutrition and agriculture, on the axes of dietary diversity and income generation through marketing of food crops (interestingly, food security was a less salient point). This should be supported and ideally, a synergy created with increasing women's control over land and other resources. This would allow women to more freely cultivate for household nutrition and income.

4.3 Themes for further exploration in future data collection

In coming data collection rounds, we will build on and consolidate many of the themes explored in this first round, exploring congruent themes as they unfold over time in order to understand how RAIN+ is affecting processes of change. Additionally, we hope to explore and deepen our understanding of a range of issues which emerged in the current round. These include:

- What spaces exist for balancing the need for change with local desires to maintain tradition? How is gender programming perceived, especially by men?

- Women and the domestic economy: how reliant are women on the 'allowances' they are given by men to purchase food items? Is this money sufficient? How much is it supplemented by income from women's agriculture?

- To what degree is the relatively strong nutrition knowledge described in this report being translated into good practices in IYCF?

- What are the key drivers of good nutrition practices?

- Can we reach a deeper understanding of the nature of men's contribution to the provision of nutritious foods in the household? How much is through staple crops, financial support or other kinds of support?

- What are the practical implications of restrictions on women's land ownership, use-rights, and decision-making for crop cultivation, either for home consumption or sale?

Annex 1

Stories of Change: Focus Group Discussion Guide

Introduction

The first step is to introduce yourselves and explain what you are doing. The following script provides guidance, but you can adapt this and put it in your own words:

Thank you all for coming. My name is _____ and my colleague is _____.

We are working with a team of researchers from Concern, in Mumbwa. We are working on a project related to the RAIN project, looking at women, nutrition and agriculture in Mumbwa wards.

The answers and information you give in this focus group discussion will be completely confidential. We will explain what people in this community and others think in a report but we will not mention any names. We will be recording this discussion because we want to be sure that we note what you say correctly. But no one else will listen to this tape except me and my colleague here. Your personal contributions and views will not be shared with anyone else in a way that can identify you.

We are very interested in hearing different viewpoints. There are no right and wrong answers. We are just interested in what you really think. It is very important that you speak one at a time, as otherwise we will not be able to hear or understand you.

I will be asking the questions and my colleague will be writing down your answers. The discussion will take about 2 hours to complete and we will have some refreshments later. Do you have anything you want to ask me?

KEY (if no code, then a question is for all the different groups)

PARTICIPANT CATEGORY	CODE
FEMALE BENEFICIARY	FB
MALE, BENFICIARY HH	MB
FEMALE ADOLESCENT, BENEFICIARY HH	FA
MALE ADOLESCENT, BENEFICIARY HH	MA

Area A: Women's status, gender relations, and intra-household social dynamics

1) **Ask the participants to discuss the roles of men and women in their households**
   - **What work and chores do women and men perform in their homes?**
   - **What agricultural work do women and men perform in farms? Who spends more time in the farms?**
   - **Are some decisions in the home taken by women? Which ones?**
   - **Are some agriculture decisions taken by women? Which ones?**
   - **Do women feel confident in taking actions and making decisions on their own? If so, in what areas?**
   - **If they don't feel confident, what are some of the reasons why not?**

2) **Ask the participants to discuss who has power and authority in the household**
   - **How do we know someone has power or authority?**
   - **Is age important?**
   - **What power and authority do men have?**
   - **What kind of power and authority do women have?**

3) **Ask the participants to discuss whether any of these roles, power and authority have changed over their lifetime**
   - **What do they think has caused these changes?**

4) **Ask the participants whether they think it is possible to increase women's power and authority in the household**
   - **What kinds of changes do participants think would be needed to increase women's power and authority in the household?**
   - **How could these changes happen? Where could they come from?**

5) **Ask the participants to discuss their future hopes for themselves, for their daughters and for their sons (if they have children)**
   - **Are there changes they would like to see in terms of making women more equal? Which ones?**
   - **What kinds of obstacles might there be?**

Area B: Mother, infant and young child nutrition and health

1) **Ask the participants to discuss what 'nutrition' means**
   - **What is 'good nutrition'? How can it be achieved?**
   - **What is 'bad nutrition' (undernutrition)?**
   - **What causes undernutrition?**
   - **Do participants think that there is more or less or the same undernutrition in the community than there was a long time ago? Are there more skinny or short or sick children in the community? Or the same, or fewer?**

2) **Ask the participants if they are aware there are nutrition problems (some children have bad nutrition or are undernourished—skinny, short, unwell) in their communities**
   - **If so, how did they find out? Are there places or people to get information from?**
   - **Have they taken any kind of action?**

3) **Ask the participants to discuss what role (if any) their husbands or other family members play in supporting their feeding of young children and infants [FB]**
   - **What kind of support or help do they need?**

4) **Ask the participants to discuss whether women have the confidence and power to make decisions about nutrition and health within their households**
   - **Do they have the power to make decisions about food choices?**
   - **Do men and women, and boys and girls, have different access to food in the household? Who eats the 'best' and 'most' food?**

5) **Ask the participants to discuss changes in nutrition and health, in their community, over their lifetimes especially in pregnancy and childcare**
   - **Do participants think that diets for pregnant women have changed over the years (comparing their own diets in pregnancy with that of an older sister or other relative who was pregnant some time ago)?**
   - **How has access to health care during pregnancy changed? Did pregnant women used to have more or less access to health care?**
   - **What about where babies are born? Who helps women give birth? Have there been changes?**

- **Do the participants think that breastfeeding practices have changed over the years? Again, they should be encouraged to think of an older sister or other relative.**

- **Have immunization services changed?**

- **Has care for childhood illness changed? [Probe: cough, diarrhea, fever]**

- **How have programs for maternal and child health and nutrition changed [Probe: government programs, NGO programs]**

- **What do participants think caused these changes?**

6) **Ask the participants to talk about whether they have control over their (and their children's) nutrition [FB]**
   - **Do people have control over the kinds of nutrition and health services they receive or attend? Who has this control or power?**
   - **What hopes do participants have for their families' nutrition in the future? What challenges might be there?**

Area C: Pathways: agriculture and markets

1) **Ask the participants to discuss how agriculture and nutrition are connected**

2) **Ask the participants to discuss women's access to resources, including land [FB]**
   - **Do they have enough access to resources to participate in agriculture?**
   - **Do women have access to markets where they can sell their produce?**
   - **What challenges exist?**

3) **Ask participants to explain how they balance agricultural work with other duties in the home, like childcare and housework [FB]**
   - **Do women receive support from men in the household? What kind?**

4) **Ask the participants to discuss changes in agriculture, in their community, over their lifetimes?**
   - **What has caused these changes?**
   - **Have women been a part of the changes?**

5) **Ask the participants to discuss their future hopes for their agricultural activities**
   - **What kinds of obstacles might there be?**