What is the effect of integrated economic and health interventions with women's groups on health-related knowledge, behaviours and outcomes in low-and middle-income countries?

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Review question

Our review will examine the following questions:

• What is the impact of integrated economic and health, nutrition and/or sanitation interventions delivered through women's groups on health outcomes in low and middle-income countries?

• What factors related to content, context and implementation processes are enablers or barriers to achieving health outcomes?

The review will focus on integrated economic and health/sanitation/nutrition interventions delivered through women' groups. Groups may be pre-existing in the study areas or may have been set up as part of the group intervention. Interventions can include combinations of health and/or nutrition and/or sanitation components. We will not examine (i) health effects of economic women's groups that do not have a health, sanitation or nutrition intervention component (defined below) (ii) solely health interventions (without economic interventions) delivered through women's groups, such as mothers' groups. However, economic women's groups without a health, sanitation, or nutrition intervention component or health groups without an economic component can serve as the comparison group. If the intervention is not described in sufficient detail to categorise the type of intervention, it will not be included.

Searches

• PubMed

• Web of Science

• POPLINE

• PsycINFO

• OpenGrey

• GreyNet

• Social Sciences Citation Index (SSCI)

• 3ie Database of Impact Evaluations

• Scoiological Abstracts

• Gender Watch

• PAIS

• Business Source Complete

• Evidence Consortium on Women's groups website

• Embase

• Scopus

These searches will be augmented by popular search engines such as Google Scholar as a supplementary source, particularly for grey literature. Reference lists of each chosen article as well as trial registries will be searched and key content experts will be consulted after preliminary searches are complete. While the review does not exclude non-English publications, we will consult experts with experience in Francophone Africa and Latin America to identify papers for inclusion that are only available in French or Spanish.

Types of study to be included

Inclusion Criteria:

1. All quantitative/mixed methods evaluations, Randomized Control Trials, quasi-experimental studies on integrated economic and health interventions through groups, that have a control or comparison group, in low-and middle-income countries.

2. Mixed-methods process evaluations, qualitative studies. costing and cost-effectiveness studies linked to an evaluation identified in the search.

3. Published between 1st Jan 2000 and 31st July 2020 in the peer-reviewed and grey literature

Exclusion Criteria:

1. Intervention did not take place in LMIC

2. No qualitative or quantitative data collected;

3. None of the groups' interventions are directly focussed on health, sanitation or nutrition

4. The treatment group only implements an economic or health intervention, but not both (is not an integrated approach)

5. No comparator group

6. No baseline measure of outcome of interest and or no method to reliably address selection bias

7. Independent qualitative research studies not linked to an impact evaluation included in the review.

Condition or domain being studied

Condition or domain being studied will include any health, nutrition or sanitation-related knowledge, behaviours and outcomes across all domains consistent with the WHO definition of health as 'a state of complete physical, mental and social wellbeing'. Domains will include (but are not limited to): maternal, newborn and child health; sexual and reproductive health; nutrition; infectious and vector-borne disease; non-communicable disease; mental health; violence against women; water, sanitation and hygiene; health services utilisation; and health expenditure. The domain of maternal health, for example, may include maternal mortality, anaemia, haemorrhage, antenatal care, delivery, knowledge of postnatal care, etc. For child health, examples could include neonatal, infant and child mortality, dry cord care, skin to skin care, immediate post-partum care, anthropomorphic measurement, pneumonia, diarrhoea, immediate and/or

exclusive breastfeeding, initiation of complementary feeding, etc.

Participants/population
All studies of integrated economic and health interventions in low and middle-income countries that measure health outcomes amongst adults or children will be considered. Low-and middle-income countries that will be included are listed in Appendix A, using the World Bank classification.

Intervention(s), exposure(s)
The interventions will include an economic component, such as livelihoods, microfinance or agriculture combined with a health, nutrition or sanitation intervention. Groups that will be included will have at least 51% female members.

Comparator(s)/control
We will include evaluations that compare the integrated intervention to either (i) no group or (ii) a singular model (economic or health).

Main outcome(s)
We will report effects on knowledge, behaviour and health outcomes amongst adults and children across all domains consistent with the WHO definition of health as 'a state of complete physical, mental and social wellbeing'. Domains will include: maternal, newborn and child health; sexual and reproductive health; nutrition; infectious and vector-borne disease; non-communicable disease; mental health; violence against women; water, sanitation and hygiene; health services utilisation; and health expenditure.

* Measures of effect

Effect measures for main outcome(s) may be Rates, Incidence, Prevalence, Odds ratios, Relative risks, Beta coefficients, Difference in Differences (in % points)

Additional outcome(s)
Not applicable

* Measures of effect

Not applicable

Data extraction (selection and coding)
Two reviewers will independently screen the list of articles generated by the database searches according to the exclusion criteria, based on reading the titles and abstracts. If the study is included, then the full text will be accessed and screened in the same way.

Reviewers will independently read each study which is included and extract the information into an extraction matrix which will include intervention characteristics, study context, group characteristics, approach to economic empowerment, health intervention, impact estimates for health outcomes, effect modifiers, hypotheses tested and theories of change, implementation processes and enablers and barriers (if available). After each reviewer has extracted the information independently from each article studied, the reviewers will discuss and compare the extracted information and develop a matrix of consensus for each article. Any disagreements in screening or coding will be resolved by discussion or, failing that, with an additional reviewer.

Risk of bias (quality) assessment
Two independent reviewers will examine risk of bias on outcomes for the quantitative studies. For experimental and quasi-experimental studies, we will use the Cochrane ROB-2(Higgins et al., 2019) for randomized controlled trials and the ROBINS tool (Sterne et al 2016) for non-randomized evaluations.Process evaluations will be appraised using guidance from the Cochrane Qualitative and Implementation Methods Group (Cargo et al, 2018). The CASP tool (Noyes et al, 2018) additionally will be utilised for qualitative studies conducted with an evaluation.

Strategy for data synthesis
Analysis and synthesis will be led by two researchers, with inputs on summaries by additional reviewers. Draft findings will be reviewed subsequently by additional team members. Analysis will include:

(a) A description of impact evaluations retrieved, the type of women's groups and implementation model, areas of focus of interventions and narrative synthesis of reported effects on health outcomes

(b) A sequential approach using a matrix method will be applied to identify enablers and barriers associated with intervention content, context, and implementation processes (Harden 2018).

Analysis of subgroups or subsets
We may undertake analysis for subgroups such as rural/urban populations, age, sex of children, vulnerable populations or other factors, based on available data from quantitative studies retrieved.

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Type and method of review
Systematic review

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India, Nigeria, United States of America

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Review Ongoing

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Subject indexing assigned by CRD

Subject index terms
MeSH headings have not been applied to this record

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04 September 2020

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Stage of review at time of this submission

Stage	Started	Completed
Preliminary searches	Yes	No
Piloting of the study selection process	Yes	No
Formal screening of search results against eligibility criteria	Yes	No
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

The record owner confirms that the information they have supplied for this submission is accurate and complete and they understand that deliberate provision of inaccurate information or omission of data may be construed as scientific misconduct.

The record owner confirms that they will update the status of the review when it is completed and will add publication details in due course.

Versions

04 September 2020