



### Interaction Between Training and Supervisor Support on Reproductive Health Knowledge in India

- Training increased disagreement with the belief that there is no harm in getting pregnant again soon after giving birth.
- Training increased the belief that breast milk is good for babies.
- Training remediated the averse effects of unsupportive supervisors.

These graphs are the treatment effects of regressions using “I think there is no harm in getting pregnant again soon after giving birth” and “I think that breast milk is good for babies” as the dependent variables and training, supervisor support, and demographics as the independent variables.

“I think there is no harm in getting pregnant again soon after giving birth” is measured on a 5-point scale of strongly agree to strongly disagree. The variable is coded such that a higher number, and a positive regression coefficient, means a desirable outcome. In this case, a desirable outcome is a shift toward understanding that getting pregnant right after giving birth is unhealthy.

“I think that breast milk is good for babies” is measured on a 5-point scale of strongly disagree to strongly agree. The variable is coded such that a higher number, and a positive regression coefficient, means a desirable outcome. In this case, a desirable outcome is a shift toward understanding that breastmilk is healthy for babies.

Training has the most significant long-term impact on “I think there is no harm in getting pregnant again soon after giving birth” for worker both with and without supportive supervisors.

Training has a large long-term impact on “I think that breast milk is good for babies” for workers with unsupportive supervisors. Training has a small short-term impact for workers with supportive supervisors, but this drops back down to baseline knowledge in the months after training.

Supervisor attitudes toward training are an important mediator of training. Supervisor support is a measure of how supportive the supervisors are of their workers participating in training, based on a question asked on the survey given to supervisors.

One interesting finding is that supervisor support can be a predictor of treatment effect for workers. In some cases, the largest gain from the training goes to people who don't have supportive supervisors. In most cases, this outcome emerges because workers with supportive supervisors start off with a higher baseline of reproductive health knowledge. That is, training remediates the adverse effects of weak supervisors.

