

Role of Resources for Care in Improving Care Behaviors, Children's Nutritional Status and Early Childhood Development in Low- and Middle-Income Countries

Dissertation Abstract

Poor child growth and suboptimal early childhood development are global health problems. Provision of appropriate care may help to achieve optimum child growth and development. Maternal resources for care such as education, knowledge, health, autonomy, reasonable workload, and social support may be needed to provide appropriate care behaviors, and improve children's nutritional status, and early childhood development. The overall goal of this research was to understand the role of resources for care in improving care behaviors, child nutritional status, and early childhood development. The baseline Alive & Thrive household surveys from Bangladesh, Vietnam, and Ethiopia were used. We examined the structures and equivalence of resources for care measures using factor analysis. Multiple regression analysis was used to examine whether maternal resources for care influence care behaviors. Path analysis was used to determine the paths through which maternal resources for care are associated with height-for-age z score and motor and language development.

The factor analysis demonstrated that a three-factor solution best explained the structure of resources for care in Bangladesh and a two-factor solution best explained the structure in Vietnam and Ethiopia. The structure of resources for care were similar in some instances but differences also existed across settings. For the measures of resources for care that were scales, the patterns of affirmative responses for some items were parallel across settings but a few differences were also found. All measures of resources for care were

associated with the care behaviors of exclusive breastfeeding, minimum meal frequency, dietary diversity, improved drinking water source, improved sanitation, cleanliness, child immunization, psychosocial stimulation, and adequate care. The associations differed by the types of resources for care, care behaviors, and study settings. Resources for care were associated with children's height-for-age z score, motor development, and language development through direct and indirect paths. Care behaviors mediated the associations of resources for care with child outcomes. Children's physical growth also partially explained the associations between resources for care and child development. Findings suggest that strengthening resources for care among mothers will be beneficial in improving care behaviors, children's nutritional status, and early childhood development.