Delivering for Nutrition in South Asia

Equity and Inclusion

Child growth capabilities are multidimensional
A participatory approach in haor areas of
Bangladesh

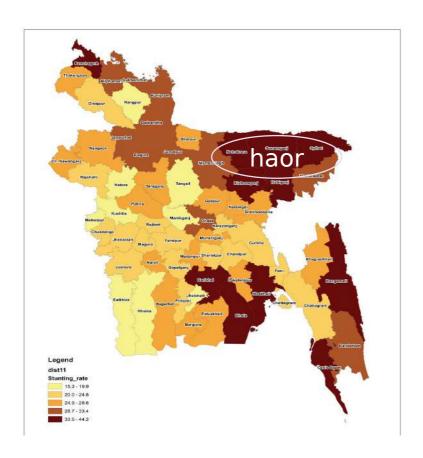
Barnali Chakraborty, PhD, MPH, MSc Associate Scientist BRAC James P Grant School of Public Health, BRAC University





Rationale/Objective

Understand the multidimensional aspects of child growth in climate-zone *haor* areas of Bangladesh that are geographically vulnerable due to long term flood





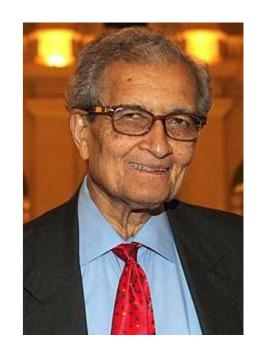


Capability Approach

Development of countries can not be measured just by comparing their GDP, but also by applying non-monetary indicators (such as being healthy, being educated, or having control over resources)

Countries may have high levels of GDP but lower levels of achievement in terms quality of life, such as premature mortality, avoidable morbidity, and illiteracy (Sen, 2003)

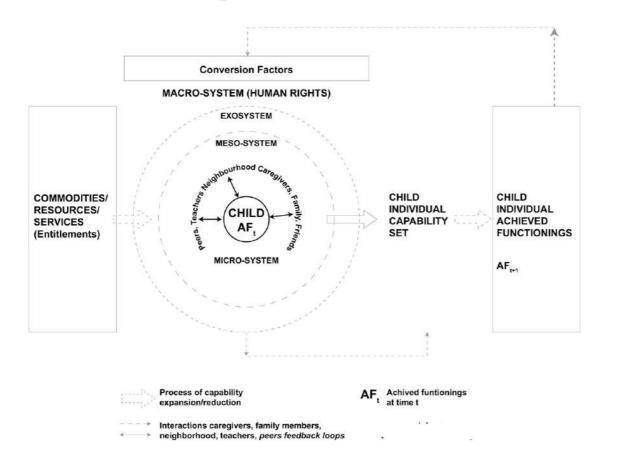
Inspired by this concept, UNDP developed HDI, that include health, education, living standards beyond monetary indicators



Amartya Sen



Methods: Conceptual Framework



- Modelled on Amartya Sen's capability approach (CA)
- Child growth is defined as the achievement of a multidimensional set of capabilities
- It describes child growth as the aggregated outcome of physical and non-physical dimensions
- The CFCG illustrates how children's relationships across micro, meso, exo, and macro systems shape healthy child growth outcomes.

Capability Framework to Child Growth (CFCG). Yousefzadeh et al. 2018

Methods-Community level Data collection

- 1st Round: Eight FGDs (4 with mothers, 4 with fathers), each FGD contained 6-8 participants (in total 33 Mothers and 23 fathers)
- Eight IDIs (4 with mothers, 4 with fathers)
- A doxastic interviewing method
- A primary list of capabilities built on the emic perspectives of the communities, for example love and care: domestic violence in relation to parental care; mobility: interferes with access to health care





2nd Round: Ten FGDs with mothers and 7 with fathers using epistemic interviewing method Each group contained 6-8 participants,-in total, 74 mothers and 46 fathers participated





Example of drawings used in facilitating the participatory research



Findings: A list of capabilities for child growth in context of *Haor*

Children	Mothers	Fathers	Household
Being able to stay away from disease and eat well	Being able to stay healthy and eat well	Being able to earn in all seasons and provide the family with the things they need	
Being able to be born with God's blessings and the hereditary traits needed to grow in size	Being able to stay away from domestic violence	Being able to save the future and the one who creates the future	Being able to overcome struggles with the earth and to keep the children neat and clean
have regular naps or sleeps	Being able to allocate time for child care as desired	mohabbat to the children by bringing them toys or items they need	seasons
Being able to express through crying, saying new words or imitated words from others such as parents and siblings		Being able to be educated in order to get a job, educate the children, control anger, and have fewer children	_
	Being able to express love (maya- mohabbat) and take care of the children	and stay free from tensions	
	Being able to be educated in order to take responsibility for oneself and to provide the children with good care	_	
	Being able to avoid heavy work during pregnancy		
	Being able to have a normal delivery Being able to space child births		



Findings: Father's capability to save the future and the one who creates the future

Resources

Lack of availability of a nearby hospital/equipped health facility

Lack of money

Lack of transportation

Lack of skilled health care services



Poor communication between spouses about a mother's health

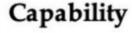
Inadequate advice by local doctors

Fear of having a hospitalised delivery

Reliance on God's mercy

Poor transportation due to flooding or receding water

Gender roles



Fathers are able to save the lives of mothers and children





Implications

- Involvement of stakeholders, including experts and communities to draw up a list of capabilities for child growth is needed
- Process of co-creating knowledge by the participants and the researchers is instrumental to draw up
 - 1) an emic list of capabilities
 - 2) a complete and validated list of capabilities
- Child growth monitoring programme and policy instruments should embrace a multidimensional concept of child growth and the capabilities of the parents
- Interventions need to expand the focus beyond the resources, e.g., in haor, address socially constructed gendered differences in improving women's autonomy
- Need to understand the contextual differences of child growth to respond to the inequalities and to develop a contextspecific multidimensional child growth index