



Discussion Paper BRIEFS

Food Consumption and Nutrition Division of the International Food Policy Research Institute

Discussion Paper 119

Assessing Care: Progress Towards the Measurement of Selected Childcare and Feeding Practices, and Implications for Programs

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The role of care as a critical influence on child nutrition, health, and development has received increasing attention in the last decade. While the role of care has been well elaborated at a conceptual level, we still lack simple, valid, and reliable measurement tools to measure many aspects of care. In this review, experience with the measurement of selected childcare and feeding practices is summarized and implications for programs are discussed.

Hygiene Practices

The use of interviews and recall methods is discouraged for the measurement of hygiene practices because research has shown that responses tend to be biased towards overreporting of “good” practices. Observational methods are therefore the method of choice, but they are subject to problems of *reactivity*, i.e., that people behave differently in the presence of an observer. Reactivity has been shown to decrease substantially after one day of observation, which has led researchers to recommend discarding a first day’s data, or standardizing based on subsequent observations. Repeated observations also help address the well-documented problem of day-to-day variability in hygiene behaviors. These recommendations apply when precise estimates are needed for assessments made at the individual level (as when linking behaviors [risk] to outcomes). For population-level estimates, however (as when documenting the prevalence of specific behaviors), repeated observations are not essential.

Spot-check observations (observation of a pre-determined list of aspects and conditions at one point in time during a home visit) are an increasingly popular alternative to structured observations. Spot-check observations are much less time consuming

and costly and appear to be less reactive. Additional research is needed to validate these methods.

Feeding Practices

Most feeding practice research has focused on the dietary aspects of feeding, primarily on breastfeeding and complementary feeding. Feeding practices are usually measured by maternal recall, but little evidence exists to document the reliability and validity of maternal recall of these practices. Recall *errors* may be particularly problematic when long recall periods are involved and when recall periods vary widely between respondents (e.g., when mothers of all children under 5 years of age are asked to recall early breastfeeding practices). This can be avoided by restricting the sample to mothers of children within a shorter age range (< 12 months, for example). Another approach is to use longitudinal studies, although these are not always feasible. Recall *bias* also may occur, especially following education interventions, when individuals are aware of what the “correct” answer is. Such bias can be minimized through careful questionnaire design and by dissociating the survey (evaluation) process from program implementation. The latter can be achieved by using different teams of fieldworkers.

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Caregiver-Child Interactions During Feeding

The new focus on care in nutrition research has led to recognition of the importance of additional, nondietary aspects of child feeding, which include a variety of caregiver-child interactions. The importance of the role of poor appetite has also been highlighted. Interactions include responsive feeding, encouragement to eat, response to poor appetite, and adaptation of feeding to the child’s development stage. Structured observations

have been the method of choice for measuring these interactions, and various measurement scales have been developed, though most of them have not yet been validated. There is very limited experience with survey approaches, and it is probable that many aspects of these interactions will never be amenable to survey approaches. Attempts to operationalize and measure child appetite have been successful, however, and it appears that maternal perceptions of infant and young child appetite are valid and useful. Experience with simple visual appetite analogue scales has been successful and seems promising.

Additional Considerations for Programming and Research

A recurrent theme in our review of the literature was that good (or bad) practices tend to cluster, both within dimensions of care such as hygiene or feeding, and across dimensions. Also, research suggests that there may be a threshold or a minimum number of good practices necessary for health benefits to be obtained. For these reasons, composite indices or summary measures that combine various practices in one index seem promising. Limited experience suggests that hygiene indices from spot-check observations, and feeding indices using feeding information measured through recall, can be constructed and are useful to study associations with child outcomes. Additional research is needed to validate these indices.

Program planning and design should be preceded by qualitative work in order to provide well-grounded and specific knowledge of practices, relevant norms, and potential constraints to adoption of

optimal practices. In addition to guiding program design, this information should be used to inform the selection of indicators and methods for monitoring and evaluation.

The use of mixed methods (combining qualitative and quantitative approaches) is also recommended both at the planning stage, and in monitoring and evaluation stages, in order to maximize opportunities for triangulation of findings.

Keywords: childcare practices, hygiene, feeding practices, methods

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