



PERGAMON

Social Science & Medicine 58 (2004) 863–877

SOCIAL
SCIENCE
&
MEDICINE

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Maternal literacy and health behavior: a Nepalese case study

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Abstract

This article addresses the question of whether literacy could be mediating the relationships of schooling to maternal health behavior in populations undergoing demographic transition. Recent studies in which literacy was directly assessed suggest a literacy pathway to demographic change. The literacy skills of 167 urban and rural mothers of school-aged children in Lalitpur District of the Kathmandu Valley of Nepal were assessed by tests of reading comprehension, academic language proficiency, health media skills and health narrative skill, as part of studies in the urban and rural communities that included a maternal interview and ethnographic fieldwork on the contexts of family life, health care and female schooling. Regression analysis of the data indicates the retention of literacy skills in adulthood and their influence on health behavior; ethnographic evidence shows that selective bias in school attainment does not account for the results. Further direct assessment studies are recommended.

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Keywords: Nepal; Women; Education; Literacy; Health behavior; Child survival

Introduction

Is literacy involved in the processes through which schooling alters maternal health behavior and reduces the risks to child survival? In this article we seek an answer among rural and urban women in the Kathmandu Valley of Nepal by directly assessing the literacy and language skills they acquired in school. There is a large body of evidence linking women's school attainment to birth and death rates and the utilization of health and contraceptive services in developing countries (Diamond, Newby, & Varle, 1999), raising questions about the relevance of literacy. The few demographic and health surveys seeking to answer these questions through the direct assessment of maternal literacy (as opposed to assessing it indirectly through self-reports or scores imputed from school attainment) have suggested

a potential literacy pathway from schooling to health and fertility outcomes.

In a national survey based on the World Bank's Living Standards Measurement Study, 1495 Moroccan mothers of children 5 years old or younger were given a battery of tests covering health knowledge, general knowledge (actually a functional literacy test), numeracy and literacy in French and Arabic. Each child's health was assessed through height for age (an inverse measure of "stunting" or chronic malnutrition, indicating ill health) (Glewwe, 1997, 1999). Mother's schooling predicted child height for age with other socioeconomic factors controlled, and so did functional literacy in Arabic. Glewwe (1999) also found that maternal health knowledge was the best predictor of height, concluding that "education improves child health primarily by increasing health knowledge," even though Moroccan schools do not teach such knowledge directly; instead, children acquire literacy and numeracy skills in school, which they then use to obtain health knowledge outside of school (Glewwe, 1999, p. 151). Thomas (1999)

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analyzed data from 778 black South African women aged 15–49 years who participated in the 1993 survey of the Project for Statistics for Living Standards and Development of South Africa, which covered 9000 households. These women were given a Literacy Assessment Module (LAM) testing three basic skills: reading comprehension, listening comprehension, practical mathematics and computational skill. Regression analysis showed schooling to be a strong predictor of children ever born (CEB), controlling for age and rural–urban residence: Each additional year of school attendance is associated with 0.12 fewer children. Reading comprehension was an apparent vehicle of this influence: The average woman who answered all six comprehension questions correctly had nearly half a child less than a woman who failed to answer any of the questions correctly, and controlling for income did not alter this finding. Thomas (1999) concludes, “Women with better comprehension skills may be better able to access and assimilate information in the community. They may thus be likely to be better informed than their peers and therefore better able to use community services effectively” (p. 172).

An analysis of Guatemalan data by Khandke, Pollitt, and Gorman (1999) involved 266 children and their mothers who were participants in a longitudinal supplementation study conducted by the Institute of Nutrition in Central America and Panama (INCAP) from 1969 to 1977 in four Spanish-speaking villages of rural eastern Guatemala. The children were monitored weekly for respiratory illness during the first 4 years of life; mothers took a literacy test based on local materials (Gorman & Pollitt, 1997). Maternal schooling ranged from 0 to 6 years, with a mean of 1.34 and a standard deviation of 1.39. Khandke, Pollitt and Gorman found that the children of mothers with 4–6 years of schooling had less respiratory illness than those whose mothers had 1–3 years of schooling (with socioeconomic variables controlled) and that a mother’s literacy score was a significant predictor of her child’s respiratory illness at 4 years of age, in a regression model that controlled for socioeconomic status and maternal school attainment.

Thus evidence from Morocco, South Africa and Guatemala has shown that when literacy testing was added to large-scale surveys or surveillance studies, the results suggested a pathway from women’s schooling to demographic or health outcomes through literacy and health information. These studies provide some initial plausibility for further consideration of how literacy might be mediating the influence of school experience on women’s reproductive and health behavior.

In the Project on Maternal Schooling at the Harvard Graduate School of Education, we have been investigating the links between women’s schooling and reproductive change in Mexico, Nepal, Zambia and Venezuela.

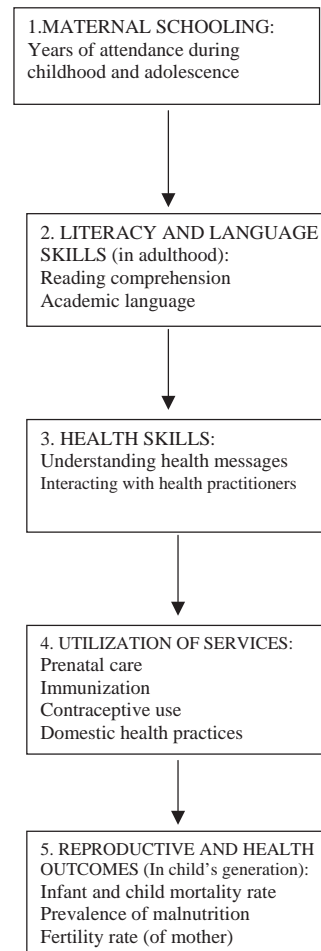


Fig. 1. Hypothetical influences of maternal literacy on health and child development.

We identified four plausible pathways (aspirations, skills, identity/empowerment and models of learning and teaching) through which the schooling of women in developing countries might affect demographic change (LeVine, LeVine, & Schnell, 2001). Although all four are probably implicated in the processes of school influence on maternal behavior, we have increasingly focused our research on the skill pathway, particularly proficiency in literacy and language skills acquired in school, as illustrated in Fig. 1.

Our field studies of urban and rural sites have combined ethnographic fieldwork with surveys and literacy testing in micro-communities located in sub-national regions (urban areas, provinces or districts) for which available evidence had previously shown associations between women’s schooling and changing levels of child survival and fertility. Six sites have been studied, including rural and urban sites in Mexico and Nepal and

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