The Perspectives of Global Leaders Situated Within the Aga Khan Development Network on the Role of Nurses in Early Childhood Development: An Interpretive Descriptive Study

by

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Abstract

Background: The role of early life experiences in life-long human development is distinct. Early life experiences are a strong indicator among the determinants of health, and they are instrumental in addressing vulnerabilities and enhancing human capabilities. Global agencies have invested substantial resources and strategies in advocating for early childhood development (ECD). Nurses have a pivotal role to play in the realization of ECD in practice, teaching, and research. However, understanding of nurses' roles in the context of ECD from a theoretical and empirical perspective is limited. This research was guided by the capabilities approach framework developed by Martha Nussbaum.

Purpose: The purpose of this research was to explore the perspectives of global leaders who are situated within the Aga Khan Development Network regarding their perspectives on ECD and nurses' involvement in addressing ECD in health. In particular, barriers and facilitators were explored in relation to nurses' participation in supporting ECD in countries that receive services through the Aga Khan Development Network.

Methodology: An interpretive descriptive design was employed to examine and interpret the perspectives of global leaders. Ethical approval was obtained prior to data collection. Interviews of 45 to 60 minutes duration were held with eleven participants who were working within AKDN institutions in Pakistan, Tanzania, and Uganda. The conversations were held with individuals virtually using Zoom utilizing a semi-structured interview guide. NVivo was used to manage the data. Reflexive thematic analysis was employed to look for emerging themes and subthemes.

Finding analysis: Eight major themes emerged around the significance of ECD, the role of nurses across various health settings, and related barriers and facilitators for nurses' involvement in addressing ECD. Participants' perspectives on the significance of ECD from the lens of health

equity and social justice were unique. They brought philosophical perspectives to connect ECD and global targets in the context of the health and well-being of children, families, and the community as a whole. The diverse roles of nurses positioned in various settings in supporting ECD integration were explored. Participants also indicated the barriers and enablers for integrating ECD in health led by nurses in various settings. The implications of this research uncovered new avenues to strengthen nurses' involvement in ECD that hold the potential to enhance the health and well-being of children and young families.

Conclusion: This study's findings present a unique perspective of ECD and nurses' involvement from a global perspective. Finding signify that the boundaries and impact of ECD are multiple. It is a life spectrum approach that provides a strong foundation for children's and families' wellbeing. ECD is viewed as a natural platform for nurses to work for health equity and social justice. The results also propose that ECD is a strong bridge that nurses can utilize to develop human capacity from the early years of life and work towards the salutogenesis for the wellbeing of children and their families. Participants' multifaceted leadership experiences depicted the confidence that nurses should take a leading role in integrating ECD not only in nursing but in health and other sectors through their leadership role and collaborating attributes. Moreover, findings indicate potential ways to overcome the challenges on the road to ECD integration by bringing changes in nursing education, practice, research, and policies.

Preface

This thesis is an original work by Muneerah Vastani. The research project received ethics approval from the University of Alberta Research Ethics Board (Pro 00104471). The research study title, “The perspectives of global leaders situated within the Aga Khan Development Network on the role of nurses in early childhood development: An interpretive descriptive study.” The study was approved in October 2020.

Dr. Dianne Tapp acted as the primary supervisor in the current supervisory team, while committee members Dr. Solina Richter and Dr. Salima Meherali played instrumental roles by offering key guidance, sharing their expertise, and facilitating the culmination of this doctoral endeavor. The prior guidance of Dr. Vera Caine, who served as the primary supervisor previously, significantly contributed to the inception and methodological framework of this doctoral research. Additionally, Dr. Aniela Dela Cruz, a former supervisory committee member, provided invaluable direction and support.

Dedication

I dedicate the culmination of my dissertation journey to my lovely mother, whose boundless affection, unwavering inspiration, and unconditional support have been my guiding lights through even the toughest times. Her constant encouragement propelled me to push beyond my limits, infusing me with strength, hope, and passion to turn the impossible into reality.

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My gratitude extends to the participants who generously shared their experiences in my research. Listening to their narratives and gleaning insights has been an honour.

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Acronyms

AKDN:	Aga Khan Development Network
AKF:	Aga Khan Foundation
AKES:	Aga Khan Education Services
AKHS:	Aga Khan Health Services
AKU:	Aga Khan University
AKU-IED:	Aga Khan University Institute of Education Development
AKU-IHD:	Aga Khan University Institute of Human Development
AKU-SONM:	Aga Khan University of School of Nursing and Midwifery
CRC:	Convention on the Rights of the Child
CSDH:	Commission on Social and Development Health
ECD:	Early Child Development
ECE:	Early Childhood Education
ECCD:	Early Childhood Care and Development
ECCE:	Early Childhood Care and Education
ECEC	Early Childhood Education and Care
EFA:	Education for All
GDP:	Gross Domestic Product
ID:	Interpretive Description
MDGs	Millennium Development Goals
MNCH:	Maternal Neonatal Child Health
NICU:	Neonatal Intensive Care Unit
NRC:	National Research Council
SDGs:	Sustainable Development Goals
SECD:	Science of Early Child Development
UN:	United Nations
UNDP:	United Nations Development programme
UNESCO:	United Nations Educational Scientific Cultural Organization

UNICEF: United Nations Children's Fund

WHO: World Health Organization

Chapter One: Introduction

The world's children are the future of the global community and investing in children can have long-lasting impacts. In this research, I explored the perspectives of global leaders[1] about nurses' involvement in current global strategies to support the health and wellbeing of children under eight years of age. The focus was on early child development (ECD) and enhancing nurses' involvement in ECD globally. I was particularly interested in global leadership roles and nurses' contributions to global policy in relation to ECD. My research was guided by the philosophy of creating capabilities as a human development approach. This approach was developed by Nussbaum (2011) and is well-known in research related to child well-being and new social childhood studies (Fegter & Richter, 2014). In this chapter, I will share who I am and why ECD is of concern to me. I situate myself as a community health nurse and nurse educator with a longstanding interest and practice in ECD.

Turning to my Story as Background to this Research

In my life, I have encountered challenges that have allowed me the opportunity to learn and move forward with positive energyn and determination. I was born in Karachi, a highly populated metropolitan city in Pakistan. I am the eleventh generation of my maternal ancestors who were born, lived, and died in the same city. Pakistan is one of the developing countries in

[1] Global leaders has been defined in various ways. Caligiuri and Tarique (2009) viewed global leaders as high-level professionals such as executives, vice presidents, directors and managers who are in jobs with some global leadership activities, including global integration responsibilities. Mendenhall et al. (2018) described global leaders as "individuals who effect significant positive change in organizations by building communities through the development of trust and the arrangement of organizational structures and processes in a context involving multiple cross-boundary stakeholders, multiple sources of external cross-boundary authority, and multiple cultures under conditions of temporal, geographical, and cultural complexity" (p. 20). In the context of this study, a global leader is defined as an individual situated in a leadership position who is engaged in leadership work and activities and has experience in more than one region of the world. These positions could include Dean, Director, Head of Department, faculty member, manager, and researcher.

the South Asian region and is listed among the next eleven countries with a high potential of becoming one of the world's largest economies in the 21st century (O'Neill, 2018; World Bank, 2019). However, in terms of social and economic parameters, including education and health, Pakistan ranks low within the geographical region of South Asia.

Gender inequities mark the era in which I was born. Families in our neighborhood did not appreciate and celebrate the birth of a girl in their families. A woman's role was most often confined to giving birth and rearing children and caring for the family. In some parts of the country, especially in rural areas, this view of girls has not changed. Up to date, in this patriarchal society, women's contributions are poorly understood, and their potential is undermined.

While this was the context of my upbringing, as a child, I was fortunate to be born into a family where both of my parents believed in women's education and considered education a life-long experience. As the second-born and only girl in a family with two brothers, my parents gave me much attention. My father's vision was to improve the quality of life of the people. He was an active volunteer and his leadership focused on the welfare of community members. He advocated for children to have opportunities that allowed them to flourish. for those who were disadvantaged. He focused on helping people enhance their skills, improve their physical environment, and achieve the best they could be in their lives. As I think about my father, I am also reminded of Nussbaum's (2000; 2011) work, whose focus on capabilities resonates with the focus of my father's volunteer work. Nussbaum believes that capabilities are not isolated concepts but are a set of opportunities that interact and inform one another. So, opportunities grow other opportunities (Wolff & DeShalit, 2007). Moreover, Nussbaum points to our social responsibility of creating accountability in each individual to work not only for themselves but to

support and create enabling environments where others can also materialize their abilities to progress and flourish. Nussbaum's way of thinking was reflected in my father's work.

Looking much further ahead, my entry into nursing was not an easy path. Though my family was a strong advocate for women's education, nursing was not a choice my father supported. In Pakistan, nursing is not considered an honorable profession. Nursing is not well portrayed, and safety and security issues are often raised. My father was reluctant to encourage me to pursue nursing as a future career until the birth of the Aga Khan University (AKU) in Karachi in 1981. The AKU impacted many people's thinking about nursing as a vibrant and respectful profession. The school of nursing was established as the first entity at the university and set international standards of nursing education. The possibility of studying nursing at the university helped call forth support from my father to pursue a degree in nursing. During my nursing education, I learned about community health nursing. Even now, I am amazed by how much of what I learned resonates with my early childhood experience of seeing my father's involvement with the community. I loved the experiences I gained from working in community health nursing and focused on practices that sustain health and well-being for families.

After completing my diploma in nursing, I worked in the neonatal intensive care unit (NICU). It was demanding work, not just in terms of physical and mental efforts, but I was also emotionally challenged. Caring for tiny bodies on ventilators was demanding and I often asked: why are these children here, what went wrong? What could have been done to avoid neonatal mortalities and morbidities? These questions raised many curiosities for me about where I wanted to work. I was called in many ways to support families, parents, pregnant mothers, and all the women of childbearing age in the communities so that their children would not need NICU care.

As I began my community health nursing, I encountered challenges. There were many safety and security related issues; it required travelling to remote areas, and there were few designated positions and career paths in the government health system for community health nurses. However, the community health science department at AKU was working in several communities focusing on primary health care and community development. Often these projects were funded by international and national organizations. After completing my Bachelor of Science Nursing degree, I worked as a community health nurse at a grassroots level in urban, rural, and remote areas. I was part of a team that provided consultancy for World Bank-funded projects. This included training to government health officials, observing and supervising health staff, and evaluating services at government-operated primary and secondary health care facilities.

All these experiences were building blocks in my career as a nurse. After some time, I joined the school of nursing as a faculty member. My intention was not only to teach and share community health nursing-related experiences with students but also to motivate them to work in communities. A large need existed to have nurses work in community settings. Eventually, I finished my master's degree, which looked at the role of nurses in health promotion. AKU Karachi supported my secondment to the AKU campuses in East Africa. From 2008 to 2016, I worked in Uganda and Tanzania, teaching undergraduate nurses and taking them into far remote villages for community health nursing experiences. I realized then that the sources of health, social, and economic problems are similar in Pakistan, Tanzania, and Uganda. The communities and families experienced problems associated with poverty, illiteracy, and illnesses. It also became clear that there was no single tangible, comprehensive solution to overcome these major problems until I encountered an online course called "Science of Early Child Development"

(SECD)[2]. This course introduced me to the ECD approach. This approach offered me a new way to think about community health.

I began to see ECD as a possible strategy that can be employed to achieve equity in health. ECD gave me the vision to think about the role of nurses in maternal neonatal child health (MNCH) not just as care providers but also as advocates and ambassadors for ECD. I recognized that nurses are in a crucial position to address social justice issues and work to bring equity through working toward ECD. I realized that addressing inequities and injustices is only possible when nurses consider a development approach along with curative, preventive, and promotive approaches toward child health. Memories of my father surfaced. I wonder if he also understood his work as contributing to social justice and addressing disparities.

My working and teaching experience in community health nursing brought me direct contact with diverse communities across four countries (Canada, Pakistan, Uganda, and Tanzania) on three continents. Across all these experiences, I noticed a lack of equity in almost all affairs of life. Over time I was affirmed in my belief that if one's early years of life are planned wisely and timely investments are made by parents, families, communities, institutions, and government, lives can change. Looking at the world of ECD from a capability approach proposed by Nussbaum (2011), who firmly believed that the actual development is in the form of human development, and would require different quantities of various resources to mitigate people's different social positions. While teaching at the university, I have worked on numerous projects focused on health and social issues in urban and rural communities. I realized that as

[2] SECD is an online course designed as an initiative for knowledge translation and mobilization to make current research accessible to anyone interested in learning more about the impact of early experience on lifelong health and well-being. SECD has been developed at the Red River College in Canada in partnership with the University of Toronto and the Aga Khan Development Network. https://www.scienceofecd.com/.

nurses, we contribute towards uplifting people. Nurses focus on physical health, as well as social, emotional, environmental, and spiritual issues that impact people's wellbeing. I have observed that nurses' focus is often reflective of a deficit approach, including a focus on things such as nutritional deficiencies, reproductive and maternal health problems, infectious and chronic diseases, mental health issues, substance use, domestic violence, road accidents, and environmental disasters. During my community nursing and teaching experience, I have witnessed nurses raise awareness about these identified problems, mobilize resources, and implement action, but the situations often do not change much; positive outcomes are too often not sustained for long. It was sometimes frustrating to see that after investing significant amounts of resources and time, the communities I worked with struggled to overcome the same problems years later. I realized that enhancing the health of the communities is demanding and poses multi-factorial challenges. My thinking shifted when I learned and recognized that the root causes of several major issues are closely related to equity and social justice issues. I started to wonder if the possible solutions to major issues in community health are nested in an ECD approach. While reading the scientific literature, I found ECD is instrumental in limiting health problems and achieving Sustainable Development Goals (SDGs)[3] (Woodhead, 2016b). At the same time, ECD is considered a strong starting point for any attempt to improve overall health outcomes and address health inequities (Commission on Social Determinants of Health [CSDH], 2008; Pillas et al., 2014). I recognized that ECD is a long-term investment that directly impacts children's physical, emotional, behavioral, intellectual, and spiritual outcomes. All of these

[3] Sustainable Development Goals (SDGs) include 17 targets adopted by all United Nations Member States in 2015. The set goals are "an urgent call for action by all countries - developed and developing - in a global partnership. They recognize that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, and spur economic growth – all while tackling climate change and working to preserve our oceans and forests" (United Nations, 2015; https://sustainabledevelopment.un.org/sdgs).

dimensions of ECD were considered in this dissertation project. Although all the outcomes of ECD are not immediately tangible in terms of social and economic development, its impact is durable and long-lasting.

During one of my days in the community, I was with my undergraduate nursing students in a semi-urban setting of Dar-es-Salaam. During our home visit, we entered one of the houses where we found a three-month-old baby lying on the bed alone in a dark room staring at the blank roof and dark clay walls. The baby was in an isolated and unstimulating environment. Reflecting on my knowledge of ECD, I knew that stimulating and colorful surroundings have a huge impact on a baby's brain development. While we were talking, the child realized our presence and started moving his hands and legs, and when his eyes struck us, he gave a pleasant smile as if he was welcoming us. We interviewed the mother, who was a single parent with three children. She usually worked from home and had no family or financial support. During the daytime, this mother placed her child in a dark room while working in the house courtyard. From afar, she kept her eyes on him. The child stayed alone, and she attended to him only when he cried. We checked his growth, which showed that his weight was appropriate for his height and age. However, I wondered if assessing only the child's physical growth indicators was enough. Is it not also important to assess the child's mental wellbeing? What if this child has access to an environment and nutrition which are conducive to brain development? Is this child exposed to factors that stimulate his cognitive, social, emotional, and spiritual development? What efforts have been made to build resilience[4] in him? What possible support can be given to the child's family? These questions may be not only important from a development perspective but also imperative from a holistic health perspective and a nursing leadership perspective. This scenario

[4] Resilience refers to positive adaptation, or the ability to maintain or regain mental health, despite experiencing adversity (Herrman et al., 2011).

made me wonder if nurses are doing enough and if their work was effective in supporting children's wellbeing. If not, then what else can nurses do to promote children's wellness and build resilience to help them prepare for future challenges? ECD is a strong indicator in determining the health of individuals during their life course. Within the social determinants of health,[5] ECD is considered a key concept and a highly compatible area to work on equity from the start of a child's life (CSDH, 2008; Hertzman, 2013; Mustard, 2009). ECD also provides a strong platform to advocate for social justice and equity in health; it can be a powerful equalizer among societies (Li et al., 2009; Siddiqi et al., 2011).

If we believe that ECD is one of the strong tools to reduce the gap in health inequity, I wonder what role nurses play in facilitating and mobilizing knowledge of ECD? How are nurses extending our support in promoting ECD? The questions I asked regarding ECD and its lifelong impact are already well answered. However, the role nurses play in ECD is rarely explicitly discussed. Since ECD can be a potent vehicle for moving toward social and economic justice, how can nurses pay more attention and directly target the wellness, resilience, and prosperity indicators in children and families while practicing in communities and institutions? Do nurses tend to take a deficit approach by focusing mostly on illnesses, illiteracy, and poverty? I feel that as a community health nurse, I have this unique opportunity to support families of young children by bringing awareness to the importance of ECD. My motivation for this research was to create knowledge and to advocate for greater attention to nurses' role in ECD[6].

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[5] "The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries" (World Health Organization, 2019).

[6] Later in my dissertation work I discuss a nursing model that builds on a strength-based approach. While such models exist, it is my experience that in the countries in which my proposed study takes place, countries I have worked in, the primary focus of nurses is on addressing illnesses and deficits in the early years.

Neuroscience research has advanced understanding of the tremendous potential of human brain development in the early years of life and the life-long impact of early care and interventions (Black et al., 2017; Osher et al., 2020; Nelson, & Gabard-Durnam, 2020; Shonkoff & Phillips, 2000; Teicher, 2003; Weaver et al., 2004). However, the translation of this knowledge and its related implications has not caught much attention from the policymakers and political leaders in many countries. Millei and Joronen (2016) highlighted that "neuroscience never appears in purified form in societal and political processes" (p. 390). They gave an example of early childhood education, which is proven to enhance human capacities if it is embraced in policies and implemented by governments around the world. One of the possible reasons could be that government leaders and policymakers are not well informed about how ECD can be instrumental to the preservation and promotion of human health and in achieving equity in health. Though there is a huge potential for the integration of knowledge about human development, neuroscience, and developmental health[7] in many fields, especially in the health sector. Also, there is a great need for global leaders in health to act on what is known about the importance of ECD and its potential for impacting life's adversities. In particular, nurses who are already placed in global leadership positions can ensure greater attention to ECD and influence the integration of ECD in nursing practice.

Turning to a Philosophical Approach

Turning from my background and experiences, I now focus on the selected philosophical approach to this research. In this section, I will introduce the philosophical perspective of human

[7] Developmental health is a theory, which explains the influences of early experience and environment on early years of human life from a developmental psychology and population health perspective. It advocates for organizing physical and social resources to support optimal early development, which leads to create successful societies (Hertzman, 1999).

development, Nussbaum's (2000) capabilities approach, and linkages to ECD and nursing to outline the foundation of this research.

Human development plays a critical role in the progress of communities, nations, and countries. It has promising domains of hope and wisdom and offers empirical solutions to many aspects of life. Conceptually human development has been defined from various perspectives in different disciplines. The United Nations Development Programme (UNDP) views human development as concerning human freedom to make choices, widening opportunities, and building human capabilities (Human Development Report [HDR], 2018, 1990). A Pakistani economist Mahbub ul Haq (as cited in HDR, 2018), defined development as people's progress. He said, "People are the real wealth of a nation. The basic objective of development is to create an enabling environment for people to enjoy long, healthy, and creative lives" (p. 9). The UNDP focuses on human progress beyond economic growth and considers human well-being and quality of life as key to human development.

Capabilities Approach[8]

Human development is viewed as an approach in a theoretical and policy context. From the economic perspective, it is also named as 'Capability Approach' or a 'Capabilities Approach'. The capabilities approach was developed by Nussbaum (2011), which builds on Sen's (1999) work. Both of their works are based on a human development paradigm and are closely linked to a human rights approach. Sen (1999) referred to capabilities as a set of valuable functions. Capabilities are what each person is able to do and be or become. In Sen's view, a

[8] While I turn at several points in my thesis to the SDOH, my primary theoretical framework is the capabilities approach developed by Nussbaum and Sen. Health is a necessary aspect of the capabilities approach developed by Nussbaum, yet it is only one aspect of functioning. Capabilities, such as affiliation (see Table 1, p. 25), also make visible the political and social aspects that are critical to human development.

person's capabilities represent the effective freedom of an individual to choose between different functions to perform or combine them in various circumstances of life (Sen, 1985). In the context of development, Sen considered the possibility for humans to select capabilities and opportunities. The term capabilities is also used as a moral evaluation of social arguments such as gender equality (Sen, 2009).

Sen (1999) approached human development in the context of opportunities available to ordinary persons in society. He also considered the individual freedom to choose from available opportunities. He created a conceptual space to view well-being and quality of life from people's perspectives (Alkire, 2016). Sen (2009) applied a lens of justice he calls the "freedom-based capability approach" (p. 231). This lens depends on people's choices based upon the moral significance attributed to an individual's capabilities and the achievement of a particular life.

Nussbaum (2000) further developed Sen's theoretical work by considering women's development within the Indian context. She attended to women's development concerning global human rights and drew connections between social, political, and economic development. Her stance toward women's progress through the capabilities approach is a unique way of looking at determinants of social health, including gender equality and ECD. She felt that widely shared human values such as respect for equality and dignity had not been reflected in dominant theories that guided policy decisions. She claimed that self-sufficiency could not be achieved without self-respect and freedom. Nussbaum presented the capabilities approach as a counter-theory to the gross domestic product (GDP) approach of development to address urgent human problems and unjustifiable social inequalities. These challenges are not just limited to less economically developed countries but are also instrumental to all nations as they contain struggles for lives worthy of human dignity.

Nussbaum (2011) tried to operationalize Sen's (1999) vision to show the application of the philosophy of human capabilities. She explained that the capabilities approach can be applied universally and is sensitive to pluralism and cultural differences. The capabilities approach raises important questions for every citizen, including children and women. Nussbaum emphasized the role of government in maintaining the human dignity of all. She advocated for the adoption of the capabilities approach in policy making and integrating its importance in political action.

Human Central Capabilities. Nussbaum (2011) expanded Sen's capability approach and proposed ten central human capabilities (see Table 1, p. 24). She believed that these central capabilities shape real opportunities for people. She recommended that these ten listed capabilities are the grounds for human dignity and political liberalism. Nussbaum differentiates the capabilities approach by focusing on the quality of life indicators and their related measurement challenges. She also introduced the concept of the threshold for individuals in respect of each defined capability.

The Concepts of Functioning and Capabilities. Nussbaum (2011) has drawn clear boundaries between functioning and capabilities. Functioning enables a person to work, but their work may not be considered a valuable contribution. Capabilities give power and wisdom to choose. She saw a moral difference between a policy that promotes health and one that promotes health capabilities and honors a person's lifestyle choices. She strongly felt that people have the capability to reason and choose lives that are worthy of human dignity. Consequently, it is worth considering the listed central capabilities (Table 1) while setting political targets for development and not just focusing on human functioning. She emphasized that a political goal should be to create possibilities for citizens to determine their own choices. There is a great difference between a preferred life and a life constrained by certain forces. For example, many parents can

not afford to send their children to school or support their education though they know the importance of education for their children's future.

Table 1: List of Ten Central Capabilities under Capabilities Approach. (Nussbaum, 2011, pp. 33-34)

1. Life Being able to live a complete and satisfying life into old age. Not having life cut short or being made such that it hardly seems worth living. Not everyone has a good life. People scrape by in humdrum and dismal situations. They may be regularly threatened and may have their life cut short unnecessarily.
2. Bodily Health Living with good health, and not in a state where ill health seriously affects the quality of life. Having access to medical help as needed. To have good food and be able to exercise in ways that sustain health.
3. Bodily Integrity Being able to go where you want to go. Being free from attack and abuse of any kind. Being able to satisfy healthy bodily needs.
4. Sense, Imagination, and Thought Being able to use all of one's senses. Being free to imagine, think, and reason. Having the education that enables this to be done in a civilized, human way. Having access to cultural experiences. Literature, art, and so on and being able to produce one/s own expressive work. Having the freedom of expression, including political and religious freedom.
5. Emotion Being able to become attached to other things and people outside of ourselves and be loving and caring towards them. Experiencing grief, longing, gratitude, and justified anger. Not being subject to fear and anxiety or blighted by trauma or neglect.
6. **Practical Reason** Being able to consider and develop an understanding of good and evil, and to think critically about the world and one's own place in it. Being able to live with one's conscience.
7. Affiliation Being able to associate with others, living with them, and acting for them. Showing concern for people in general and interacting with others. Having sympathy and compassion, acting to help people. Seeking justice and marking things right. Protecting others and the rights of people, including freedom of speech and freedom from fear.
8. Other Species Being able to live with the full range of creatures and plants that inhabit the world around us. To be able to enjoy nature and appreciate its beauty.
9. Play Being able to laugh, play games, and generally have fun. Not having one's enjoyment and recreation criticized or prevented.

10. Control Over one's Environment
Being able to participate in political activities, making a free choice, and joining with others to promote political views. Being able to own property and goods on the same basis that others do so. Being able to seek and accept work and to be treated reasonably at work. Being free from unwarranted search and seizure.

Similarities and Differences Between Sen's and Nussbaum's Approaches. Nussbaum (2011) differentiated between Sen's and her own contribution to the capabilities approach. Sen (1999) developed the capability approach and raised questions about social inequalities. Nussbaum worked on a capability approach based on fundamental political principles and a theory of justice, which opened the door for the further development of this approach. Nussbaum's unique contribution is the notion of a threshold. She explained how the threshold level of each capability works and how governments can support individuals as per their threshold level of capability. From a political perspective, Nussbaum brought clear evidence of women suffering in domestic, political, and social arenas. She indicated that women receive attention in religious and family affairs but are ignored when it comes to property rights and education (2011).

Nussbaum's (2011) capabilities approach closely connects to her ideas of political liberty. She claimed that capabilities are fundamental, and she considered these as means as well as ends. Sen primarily focused on capabilities as an end. Moreover, Nussbaum specifically named vital capabilities which were never explicitly defined by Sen. Nussbaum clarified that this list of capabilities gives the basis for determining a decent social minimum required to maintain human dignity. Nussbaum (2011) categorized the types of capabilities as basic, internal, and combined. She referred to basic capabilities as 'innate equipment' of individuals that are necessary for developing and advancing in life, such as education, health, nutrition, and shelter up to minimally adequate levels. She pointed out that most healthy children have the basic capabilities

of reasoning and imagining. However, without constant support in the areas of education, health, and nutrition, children cannot enhance those capabilities. Internal capabilities refer to the state of a person, which is dynamic in terms of personality traits, intelligence, emotions, health, skills of perception, and internalizing learning. The internal capabilities build on pre-existing basic capabilities in the presence of strong education, health, and economic support, including family harmony and love. Many internal capabilities require a more structured educational and peaceful social environment.

These combined capabilities are called substantial freedom by Sen (1999) and consist of internal capabilities residing inside a person and external conditions that refer to the freedom of opportunities created by the political, social, and economic environment. These classified capabilities give a clear and concise understanding of various human capabilities and their associated complexities.

Nussbaum's Capabilities Approach and Early Child Development

The early years of life play a significant role in the development of capabilities. This is influenced by a given environment and context, which shape the physical, mental, emotional, and social health across the lifespan. Nussbaum (2000) recognized the importance of attending to ECD when she stated:

> If we aim to produce adults who have all the capabilities on the list, this will frequently mean requiring certain types of functioning in children ... exercising a function in childhood is frequently necessary to produce a mature adult capability. Thus, it seems perfectly legitimate to require primary and secondary education... health, emotional well-being, bodily integrity, and dignity of children in a way that does not take their choices into account; some of this insisting will be done by parents, but the state has a legitimate role in preventing abuse and neglect. Again: functioning in childhood is necessary for

> capability in adulthood. [Therefore], the state's interest in adult capabilities gives it a very strong interest in any treatment of children that has a long-term impact on these capabilities (pp. 89-90).

Nussbaum's (2000) concern about children's capabilities was explicit and included the involvement of individuals, families, communities, and institutions. She believed that society needs to be proactive in preventing social issues. Nussbaum (2011) appreciated Heckman's (2006) empirical work and ideas on human capabilities concerning early childhood development. Heckman (2006) considered capabilities as having human potential and saw them as necessary for flourishing and achievements. He worked with multidisciplinary teams, including psychologists, neuroscience experts, and family specialists (Heckman, 2007). He developed his argument based on psychological and empirical research, which shows that human capabilities are developed and shaped extensively in individuals' early years of life (Heckman & Corbin, 2016). Different environments can influence capabilities from conception onward, but particularly the first eight years of life have a great impact. Heckman (2006) focused particularly on cognitive and affective skills. He supported the notion that establishing early intervention programs for preschool children in partnership with families can be a strong vehicle to reduce inequities.

Role of the Family. Nussbaum (2011) has looked critically upon the role of family and highlighted its significance in relation to capabilities. She supported the idea of Aristotle and Marx that full human functioning requires affiliation and reciprocity with others. She highlighted various forms of affiliation as an important part of human capabilities. The affiliative needs of each person help to build an attachment with a family. These attachments are built in the presence of love and care provided at home. Women play a vital role in providing love and care,

as in many cultures, women's traditional roles involve the rearing of children and caring for the home and family. Women's health and social status have a direct impact on ECD and its related programs and institutions. Nussbaum (2000) looked closely at the different roles and choices women have in two different cultures: India and America. The marital relationship and intimacy of love are viewed very differently in these cultures. The laws, rights, and privileges related to family structure and its members are generally constituted by the state. Moreover, states stipulate the terms of marriage, divorce, related legitimacy, and parental responsibilities. In some countries, religion defines these processes, but states still play a major role in constituting and implementing the basic structure of laws and institutions in society. This is important when addressing gender issues and family relations.

Nussbaum (2011) brought to our attention four global enemies, which were named by Indian leader Jawaharlal Nehru. Nehru believed that the global society is facing huge suffering in the form of poverty, illiteracy, illnesses, and inequality of opportunities. These challenging issues, to some extent, are rooted in cultural and gender differences within societies. Nussbaum (2000) firmly believed that functioning in childhood is essential for capability in adulthood and that advocating for women was closely linked to human development. Nussbaum (2011) concluded that for human beings, love is considered essential to the individual's capabilities. Human capabilities provide the necessary support and love for a person to develop. She also clarified that marital relationships and family harmony are key factors in the success of ECD[9].

Turning to the Research

Globally, the well-being of children is a great concern for parents, families, communities, and countries. The role of early life experiences in life-long human development is distinct and

[9] Nussbaum's work mainly focused on normative family and gender norms. This is one of the limitations of her work.

greatly influences the later stages of human development (Richter et al., 2017). Given the intensity of neuroscience research over the past 15 years, it is clearly articulated that 80% of the human brain's capacity develops in the first five years of life and the fastest growth happens in the first two to three years of life (Brown & Jernigan, 2012; Shah, 2019; UNICEF, 2019a); Zimanyl, 2007). Creating a stimulating and protective physical and social environment for infants and young children helps them achieve their full potential and develop the resilience required to face challenges later in life. ECD is strongly viewed as a long-term investment for the betterment of human beings and their communities (Grunewald, 2019; Cavallera et al., 2019; Irwin et al., 2007; Kumari et al., 2019; Marope & Kaga, 2015). The period of ECD from age zero to eight is also considered a strong indicator of the determinants of health and it is instrumental in eradicating poverty, enhancing human capabilities, and reducing the burden of diseases. Global health[10] and education agencies have recognized the need to address ECD and strongly advocate for adopting policies and strategies to strengthen ECD in communities (Shawar & Shiffman, 2016; Siddiqi et al., 2007; United Nations Educational, Scientific and Cultural Organization [UNESCO], 2006).

Nurses have a pivotal role to play in the enhancement of ECD. They have always worked for and with children in various settings from a promotive, preventive, curative, and rehabilitation perspective under a population approach. Nurses play a significant role in connecting the community, education, health, and social development with an enhanced understanding of health promotion (Iriarte-Roteta et al., 2020; Silva et al., 2020). They can perform dynamic roles in capacity building ranging from the grassroots level to the consultancy

[10] Global Health is referred to as "an area for study, research, and practice that places a priority on improving health and achieving health equity for all people worldwide" (Koplan, et al., 2009, p. 1995). Global health can also involve collaborative trans-national research and action that aims to promote health for all (Beaglehole & Bonita, 2010).

level (Vastani et al., 2016). In developing countries, the role of child and family health nurses is prominent. Wightman et al. (2022) found through a scoping review that nurses have started taking a salutogenic approach focusing on wellbeing and flourishing aspects while caring for young children and their families. Therefore, considering the complexity of the work, which not only demands monitoring and surveillance of children's growth but it also requires the provision of safe, equitable, and quality services along with enhancement of parents' capacity to meet the social, mental, and emotional development needs of the children. In Pakistan, Tanzania, and Uganda, I have observed that nursing education and practice in child health are predominantly focused on curative care. Nurses' roles and work are not distinguishable in these countries from developmental health, equity, and social justice perspectives. Moreover, nurses' role in supporting ECD is not explicitly addressed in the nursing literature.

Under the population approach, Canadian public health nurses mainly focus on mothers and try to promote confidence in new mothers, especially during pre and postnatal periods (Aston et al., 2016). Nurses often do not take an ECD perspective while caring for young children considering their coping, competencies, early learning, literacy, language, and communication. Moreover, the literature shows that in the context of ECD, community nursing practice and nursing scholars' attention focuses mainly on maternal and child well-being from the perspectives of social and health problems and coping with and adjusting to acute and chronic conditions along with their families and caregivers (Chartier et al., 2015; Cicutto et al., 2013; Cohen & Reutter, 2007; Christian, 2012; Glasser et al., 2016; Hanafin, 2013; Johnson-Shelton et al., 2015; Kayama et al., 2014; Kirk et al., 2013; Law et al., 2011; Mahoney, 2010; Walker et al., 2015). Very few research studies focus on shifting nursing knowledge and

practices to support ECD, reducing the gap of health disparities, and improving the well-being of children and their families in the long run.

Nurses and Early Child Development

Advancements in neuroscience have shown that the human brain is fragile and immature at birth compared to other social animals (Dennis & Thompson, 2014; Gilles & Nelson, 2012; Jamieson et al., 2016; Millei & Joronen, 2016). During the early period of development, especially from zero to eight years of life, brain development is crucial, and fostering it has a long-lasting impact (Black et al., 2017; Masten & Barnes, 2018; Mustard, 2010; Shonkoff & Richmond, 2009; Schwarzenberg & Georgieff, 2018; Uchitel et al., 2019). This opportunity raises important questions about the roles that nurses can and/or should play in ECD.

In the context of ECD and nursing, the following questions emerge: how can nurses help create sound, protective, supportive, and enabling environments within the community for the youngest age group of our society? How can nurses strengthen their advocacy role for ECD? Furthermore, how can nurses integrate collaborative community partnerships and a multi-sectoral approach to bringing effective and appropriate change for children and women in society? How can nurses create platforms for community engagement to support the potential of ECD? Having so many questions regarding the role of nurses and ECD calls me to wonder what roles nurses can play in the field of ECD globally. In particular, I contemplate what leaders embedded in the Aga Khan Development Network (AKDN) - institutions that have a global involvement with ECD - think about nurses' role concerning ECD. What are their perspectives on nurses' roles, and how do they prioritize ECD among other global health issues?

In light of my past experiences and gaps in the current literature, I wanted to gain more knowledge about nurses' roles in the field of ECD. The silence in the published literature regarding the role of nurses in the health care system in the context of ECD called me to conduct

this research study to understand the perspectives of global leaders regarding the role of nurses in ECD. The purpose of this study was to understand, by examining and interpreting global leadership[11] perspectives, the role of nurses in supporting the care of young children (age 0-8 years) and their families. This study engaged nursing leaders within AKDN to explore their perspectives on these important issues.

[11]Global leadership is the process of influencing individuals, groups, and organizations (inside and outside the boundaries of the global organization) representing diverse cultural/political/ institutional systems to contribute towards the achievement of the global organization's goals (Beechler & Javidan, 2007).

Chapter Two: Literature Review

In this chapter, I present a deeper understanding of ECD and its related terms used in the literature. It also includes conceptual and empirical evidence of ECD from various dimensions. I will focus mainly on the significance of ECD from a social justice and health equity lens. First, I will discuss ECD in the context of the social determinants of health and the capabilities approach by Nussbaum. Second, I will address global leadership contributions in terms of the work put forward by international institutions and the set strategies for creating enabling environments to support ECD. Finally, I will look at nurses' involvement in supporting ECD.

Terms Related to ECD

ECD is an ever-growing field of science as it continues to unfold. There are numerous terms and acronyms which relate to ECD. According to Kamerman (2006), the Education for All (EFA) global monitoring report team uses “ECCE” for early childhood care and education. The economic cooperation and development organization uses “ECEC” for early childhood education and care. The United Nations Children's Fund (UNICEF) uses “ECCD” for early childhood care and development. UNICEF (2019a) also uses “ECE” for early childhood education and “ECD” for early childhood development (UNICEF, 2019c), while the World Bank uses “ECD” for early child development. The other terms related to ECD commonly found in the literature are child well-being, child health, child survival, child welfare, child protection, and child rights. For this research, ECD is employed throughout the paper as an umbrella term that comprises all aspects of a child's development, including physical, mental, psychological, behavioral, social, economic, and environmental. It is also essential to consider the multi-dimensional facets of ECD, including health, protection, welfare, and education. I have considered all domains of ECD and their interactions in this research.

Early Child Development

ECD is defined as "the period of human development from conception to eight years of life" (Irwin et al., 2007, p. 7). Similarly, Siddiqi and colleagues (2007) defined it as the "period from prenatal development to eight years of age" (p.11). In other literature, ECD is also understood as early childhood, or the period below the age of 8 (Britto et al., 2011; Convention on the Rights of the Child [CRC], 2006; Vogler et al., 2008). ECD is conceptualized as the early years of life, which are vital and influence a range of health and social outcomes across the lifespan. Research indicates that many health and social problems in adulthood are rooted in early childhood (Irwin et al., 2007; Shawar & Shiffman, 2016; Siddiqi et al., 2007; Zimanyl, 2007). It is a fact that early experiences shape ECD in the physical, social, emotional, language, and cognitive domains of development; ECD contributes to health, learning, and behavior throughout life (Irwin et al., 2007; Black et al., 2017). ECD focuses on many fields of study, such as education, developmental psychology, neuroscience, social science, population health, and economics. ECD has been a core theoretical or conceptual approach within numerous disciplines that address research, relationship, and understanding of the developing body of young children and their environment (Young, 2010). However, ECD has not been clearly articulated within the nursing literature.

Brain Development in Early Years of Life

Human brain formation begins soon after conception and continues after birth as a life-long process. The neurons (brain cells) and genes (the basic physical unit of heredity) are critical to brain development. Experiences and genes interact to establish neural circuits and shape the brain's architecture. Billions of neurons, all with the same genetic coding, make trillions of connections with each other to build the neural pathways of the human brain and nervous system. Some neural pathways are built before birth, but interestingly most of them are constructed after

birth. Neurons, their connections (synapses), and neural pathways are supported or removed, all depending on the exposure of the child's experiences. The brain increases the efficiency of its functions by removing the least used pathways and reinforcing useful ones. The process of connecting and refining the synapses is known as brain "sculpting" or wiring, and it continues through childhood and adolescence (Ackerman, 1992; Center on the Developing Child, [CDC], 2020, para 1-3; Mustard, 2006). Therefore, the caregivers of children must consider the social aspect of brain development.

Experience-Based Brain Development

Neuroscience research has progressed and uncovered the potential of the human brain, especially in the early years of life (Shonkoff & Phillips, 2000; Weinhold, 2006; Zelazo et al., 2008) and the impact of early care and interventions (Teicher, 2003; Weaver et al., 2004). Mustard (2006, 2010) showed that there is significant evidence that chronic diseases such as cardiovascular diseases, type 2 diabetes, immune disorders, obesity, psychiatric disorders, mental health issues and other problems are connected to early brain development in utero and early life. The brain's biological pathways related to risk factors, unhealthy behaviors, and non-communicable diseases are now becoming better understood (Nist, 2017). Moreover, from a cognitive perspective, language and literacy assessment is a viable measure of overall brain development in the early years. The sounds that infants are exposed to influence the child's auditory neuron function development. In addition, the coping and competencies including mental, social and emotional health development of a child are all rooted in experience-based brain development.

Empirical Evidence of ECD Regarding Equity and Social Justice

For many decades, international, national, and local health agencies have worked to reduce health and social disparities. Among other global agencies, those in the health and

education sectors recognized the need to address ECD. These sectors showed leadership and strongly advocated for adopting policies and strategies to strengthen ECD in communities (Shawar & Shiffman, 2016; Siddiqi et al., 2007; UNESCO, 2006). In the past ten to twelve years, many global strategic frameworks, programs, and policies have been employed to address the health needs of childbearing women and the well-being of children under five. UNESCO promoted many policies and programs to support ECD, and the World Health Organization (WHO) offered programs for maternal, newborn, child, adolescent, and mental health, mainly focused on ECD (UNESCO, 2006; WHO, 2016, 2020). In the context of ECD, the Convention of the Rights of the Child (CRC), the Millennium Development Goals (MDGs), and Education for All (EFA) were initiatives that have played prominent roles in trying to eliminate disparities among children and their families in many countries (Britto et al., 2011). The United Nations (UN) established the SDGs covering the period from 2016 through 2030 through global consultation. They set an agenda that comprised 17 goals and 169 targets with equity as a core principle (UNICEF, 2019b).

The current SDG targets one to four to address the need to focus resources on ECD (UN, 2015; Woodhead, 2016b). As SDG number 4.2 states: “By 2030, countries should ensure that all girls and boys have access to quality early childhood development, care, and pre-primary education” (UN, 2015). Woodhead (2016a) emphasized that the quality of efforts in achieving this goal is vital. He highlighted that the scope of ECD extends beyond education and school readiness. ECD is also evident in addressing seven other SDGs, including SDG 1) no poverty, SDG 2) zero hunger, SDG 3) good health and well-being, SDG 4) quality education, SDG 5) gender equality, SDG 6) clean water and sanitation, and SDG 10) reducing inequalities. Poverty, malnutrition, ineffective parenting, unsafe environments, and other unfavorable social and

political conditions challenge children's current and future well-being (Woodhead, 2016b). The knowledge gained from the advances in neuroscience and knowledge about brain development in the critical period (0-3 years) calls for a strengthening of ECD and demands more investment in areas such as children's health, education, nutrition, stimulation, and protection (Black et al., 2017; Britto et al., 2017).

Britto, Yoshikawa, and Boller (2011) provided a historical overview of ECD programs[12]. They mentioned that ECD programs originated in the 19th century in developed and industrialized countries to take care of sick and neglected young children. In the 1960s, early education and care programs became common for middle-class families, who sent their children for socialization to early learning programs. As the trend of working women emerged in the labour force, the institutional care of young children also became important. Kamerman (2006) described that the demand and provision of ECD programs increased throughout the world. As a result, ECD programs gradually increased globally with variations in terms of the types of programs offered.

Well-being, Health, and Social Determinants of Health

From the developmental health perspective, Jamieson et al. (2016) suggest that child well-being is an 'umbrella' term that encompasses learning, behaviors, and health. It is more than the absence of problems and illnesses. A child well-being perspective emphasizes positive aspects of life, which nurture children's abilities to thrive in all dimensions of development: physical, emotional, social, and cognitive (Hertzman, 1999; Ben-Arieh et al., 2014). There is

[12] Early child development programs are focused on improving the survival, growth, and development of young children. They focus to prevent risks and restore the negative effects of risks. Most are directed toward underprivileged children and work directly with children, parents, and community to improve their skills and resources (Engle et al., 2007).

substantial research linking child well-being with future outcomes for children regarding health, education, and socioeconomic development (Irwin et al., 2007; Siddiqi et al., 2007). However, Wallander and Koot (2016) argue that child well-being cannot just be viewed as an investment in the future, as children experience life in the present. Vuori and Stedt-Kurki (2009) recognized well-being as a complex and multidimensional phenomenon encompassing various dimensions of life experiences related to the family's daily life and circumstances.

Now the question arises, how is a child's well-being related to a child's health? Health is viewed from different perspectives, and there is no consensus regarding the definition of health (Saracci, 1997; Van De Belt et al., 2012). Bircher (2005) attempted to define health as a "dynamic state of well-being characterized by a physical, mental and social potential, which satisfies the demands of life commensurate with age, culture, and personal responsibility" (p 336). Moreover, Stokes et al., (1982) viewed health from a broader perspective:

> A state characterized by anatomic, physiologic, and psychologic integrity; ability to perform personally valued family, work, and community roles; ability to deal with physical, biological, psychologic, and social stress, a feeling of well-being; and freedom from the risk of disease and untimely death (p. 34).

The concept of health is embedded within the concept of well-being. Both concepts are dynamic, multifactorial, complex, and subjective to the individual, family, and community perceptions. Health is one of the four core concepts of the nursing meta paradigm. Iwamoto (2023) described health from the perspective of community health, supportive and promotive nursing processes that enhance a caring community. She considered health as the characteristic of individuals and the community. She believed that individual and community health are reciprocal and that every member's health contributes to a healthy community. She states, "A

healthy community is one that does not exclude the socially vulnerable and in which each individual helps one another. The health of a community affects the health of its members. A caring community is a form of a healthy community" (pg. 12). In the context of ECD, a healthy community mirrors healthy children and plays a crucial role in the development of the children. Therefore, concepts of well-being, health, and community health are vital to understanding the concept of ECD.

Apart from these concepts, social determinants of health (SDOH) are also widely recognized as influencing children's health. The SDOH is considered to have a powerful influence on the well-being and health of the people. However, these variables are also recognized as contributors to health disparity among populations and communities, significantly impacting young children and their families worldwide. The WHO Commission on Social and Development Health (CSDH) defined the SDOH as a framework that can address health equity. The CSDH (2008) described the SDOH as:

> The conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries (p.1).

The above description of the SDOH clearly shows the hope of achieving social justice by decreasing the gap of inequalities in health. To focus on the SDOH and work towards bridging the gaps, CSDH (2008) has identified nine key concepts. Metzler (2007) asserts that the SDOH indicators are critical in eliminating health disparities, and the selected key themes are primarily

grounded in the concepts of resources, partnership, empowerment, and equity. Among those key themes, ECD is one of the strong determinants of health (CSDH, 2008; Raphael, 2016).

For Navarro (2009), within the context of global health inequities, morbidity, and mortality are not 'randomly distributed'; therefore, they can be prevented through clearly established pathways. CSDH recognized that not only illnesses and diseases lead to death but also inequities in societies that kill people and impact their capabilities to reach their potential. Marmot (2018) cautions that disrupted childhood is a tangible source of adversity in life. Blas and colleagues (2008) indicated that in the process of closing the gap on inequities along with international agencies, national government and civil societies have a significant role to play. Therefore, attention has to be paid to ECD to achieve the targeted SDGs and create social justice and health equity. Venkatapuram (2018) considered the SDOH as a framework to build and enhance human development and capabilities within the philosophy of Nussbaum's (2000) capabilities approach. Marmot (2018) viewed the capabilities approach as a means to understand how social organizations work, including families, communities, and institutions. Moreover, these organizations are central to achieving and enhancing the health and well-being of individuals.

In 2008, CSDH recognized the critical role of ECD and called it a 'powerful equalizer' (CSDH, 2008, p.51). This equalizer contributes to reducing inequity in adult populations and prevents problems such as school failure, teen pregnancy, criminality, obesity, chronic diseases, mental health problems, and premature aging (Boyce, 2014; Britto et al., 2017; Lu et al., 2016). However, Vandenbroeck (2015) noted that there are still many gaps to fill before relying on ECD to help achieve equity. He mentioned,

> First, [we] need to acknowledge that it is precisely the poorest that are less enrolled in high-quality ECD programs in many countries. Second, all studies concur that only high quality can yield the expected positive results. Third, labeling ECD as the greatest of equalizers may cast a shadow over other essential aspects of policies to combat child poverty. (p. 106)

From the above literature, it is clear that well-being, health, and SDOH are vital elements and their quality is paramount in providing ECD-related care and services. There is strong empirical evidence that ECD has a driving force to achieve social justice and health equity in any society if the investments are made in a timely and quality manner (Britto et al., 2017; CSDH, 2008; Siddiqi et al., 2011; Vandenbroeck, 2015).

Ecology of Early Child Development: Situating ECD in Families and Communities

The Convention of the Rights of the Child (CRC) has been considered the most powerful human rights mechanism for promoting healthy ECD (CRC, 2006). It focuses on the rights of a child from an ecological development perspective, which covers a wide range of a child's environment and directly or indirectly impacts child development, such as education, health, love and belonging, safety, and protection, to name a few. For instance, 'Education for All' supports the notion that 'learning begins at birth,' which leads to the development of programs for infants and toddlers (UNESCO, 2006). There was a recognition of the importance of families and communities in the early years of a child (Kagan & Kauerz, 2012).

In the context of ECD, Tran et al. (2016) utilized the human development index to analyze ECD using four domains: language-cognitive, physical, social-emotional, and approaches to learning. They concluded that children are a highly disadvantaged and vulnerable group in society. To achieve children's full potential, it is important to optimize care for child

development in their early years of life. Britto and colleagues (2017) advocated for support for caregivers and families in providing nurturing care and protection for young children to thrive in their lives. The single most powerful context for nurturing care is young children's immediate home and care setting. Care is often provided by mothers, but also by fathers and other family members, as well as by child-care services. Nurturing care is defined as "a stable environment that is sensitive to children's health and nutritional needs, with protection from threats, opportunities for early learning, and interactions that are responsive, emotionally supportive, and developmentally stimulating" (Britto et al., 2017, p. 1). Nurturing care consists of a core set of interrelated components, including behaviors, attitudes, and knowledge regarding caregiving, cognitive and emotional stimulation, responsiveness, and safety (Britto & Engle, 2015). Shonkoff and Phillips (2000) indicated that nurturing care required not only parents' attention but the support from the community at large. An African proverb says, "It takes a village to raise a child" (p. 328). There is a lot of emphasis on collaboration among institutions and organizations to strengthen the nurturing care to support ECD (Wertlieb, 2019; WHO, 2018). Britto and colleagues (2017) recommended utilizing the health sector as an entry point to integrate nurturing care in ECD.

The National Research Council (NRC) of the United States of America speaks about a huge gap in today's science that must be addressed to generate new ideas about how to structure and motivate interventions to promote ECD. They urge that scientific findings need to push people's thinking and their commitment to change and adopt best practices (NRC, 2012). Shonkoff (2012) promoted the idea of ECD, which has somewhat reached the consciousness of parents and policymakers. Nevertheless, globally, the translation of scientific information on ECD into policy and systems change has not been sufficiently done. Besides, large disparities

among population groups continue to exist and are multiplying. Identifying effective interventions for children ages zero to three is challenging because of the different infrastructure of organizations, programs, and policies for young children. Again, the translation of ECD science to action is limited (Sims & Brettig, 2018; Mustard. 2008, 2011). To bridge the gap, the NRC (2012) recommended four overarching themes of ECD that must be understood as equalizers that require focused attention by global leaders. Moreover, various sectors should also consider the following themes to ensure ECD integration:

> 1) All children are born wired for feelings and ready to learn; 2) early environments matter and nurturing relationships are essential; 3) society is changing, and the needs of young children are not being addressed; 4) interactions among early childhood science, policy, and practice are problematic and demand dramatic rethinking (p. 8).

Young (2012) gave three key recommendations to integrate and support ECD action in various disciplines. First, global understanding and awareness of the importance of ECD must be rigorously fostered. Second, there is a need to promote a transdisciplinary science of human development that combines knowledge from the natural and social sciences. Third, it is important to enhance access to ECD programs and ensure the quality of these programs through professional development. Fourth, an assessment of the outcomes of effective ECD programs using scientific data collection is needed. The impact of these calls to action is mainly observed first in Latin America, focusing on young children as a strategy to reduce poverty. The three strategies were; 1) start at the beginning-involving prenatal, early child health, and parents' capacity building through ECD awareness, 2) prepare for success - provide access to responsive care, brain stimulation, and early learning before the child enters formal schooling, 3) integrate the ECD policy plan in all national policies across sectors. Cuba became a success story of

achievement by investing and integrating ECD into their services (Kirk & Walker, 2020; UNICEF, 2016). However, in many developing and developed countries, the science of ECD still needs to be adopted and integrated with quality services for young children and their families.

Shonkoff (2012) and Young (2012) strongly recommended strengthening the political will to address ECD. Policymakers must invest in early childhood education now to get benefits later. Most children and oppressed groups do not have a strong political voice to be included in advocacy efforts. Consequently, there is a greater likelihood that their needs are neglected compared to other groups. The complexity of early childhood development demands an integrated approach encompassing all levels of various sectors. Therefore, the health, education, and social protection sectors must work across their silos and collaboratively develop and implement action-based strategies for ECD. Young's (2012) third recommendation was to build the necessary infrastructure for ECD from the bottom up. There is a need to establish many micro-projects within the community to support ECD with an emphasis on quality services. It is important to find leaders who can critically reflect on the use of power to ensure ECD is a positive force for equitable change (Shields, 2012).

The European Commission (2011) recommended that children and their families need to socialize as early as possible within society to get a sense of the diversity among people and their cultural practices which helps in early brain stimulation. They believed that ECD is about both individual achievements and how people interact and live harmoniously. Most importantly, Vandenbroeck (2015) recommended creating a space for children and parents to dialogue, share their concerns, and acknowledge their strengths and weaknesses. This will strengthen children's holistic development, social coherence and solidarity across generations. Couchenour and

Chrisman (2008) emphasized interdisciplinary and interprofessional collaboration. Shonkoff and Phillips (2000) suggested working in collaboration to learn the wisdom and judgment of people who work with children in various institutions and advance the capacity to promote competence, prevent disorders, and correct maladaptive patterns in children. ECD is equally important in low, middle, and high-income countries because it deals with the future of human development.

Britto et al. (2011) summarized that various agencies provide ECD services globally under the auspice of government, non-government, and private for-profit organizations. In most countries, government agencies implement some ECD-related services, for example, immunization or nutrition programs. However, in many countries, ECD programs are often largely supported by non-government organizations, including development agencies, international NGOs (Save the Children, Plan International, Child Fund International, and World Vision), various national NGOs, international social foundations (Aga Khan Foundations, Bernard van Leer Foundation, and Open Society Institute) and private for-profit agencies. Engle and colleagues (2007; 2009; 2011) criticized that despite the scientific evidence emphasizing a holistic approach in ECD having a positive and significant impact on the health and learning of children, most ECD programs focus on child survival and physical health rather than on the wellbeing of children, including cognitive stimulation and support for socio-emotional development. The gap between evidence and practice across programs and sectors significantly impacts children's poor health outcomes (UNESCO, 2007).

Global Leadership in ECD

Over the past two decades, people's health has improved in low- and middle-income countries. However, health disparities, particularly equity in access to quality care, are of great concern (Kruk et al., 2018). Khanal and Bhattarai (2016) have drawn attention to the fact that

health goes beyond what government health agencies and the WHO describe. Health is shaped by broader economic, political, and cultural contexts. Therefore, it requires global leadership to develop resources and skills to assess the impact of global policies, engage in capacity building for intersectoral coordination, and develop effective policies and supportive government structures.

Global leadership, particularly in health and education, has a pivotal role in enhancing ECD. Health and equity are concepts that have been critically viewed over the past decades. The strategies have been laid out to overcome inequities around the world. It has been nearly four decades since the strategy to achieve "Health for All" was articulated globally (Hall & Taylor, 2003; Mahler, 2016; WHO, 1981). Nevertheless, this goal has not yet materialized in many countries. Worldwide, people remain challenged by the triple burden of diseases, including communicable, non-communicable, and new diseases resulting from social and environmental disruption (Guerrant et al., 2013; Hayden, 2012).

There are insufficient material and human resources to address all existing health issues. Many contributing factors to this dilemma include inadequate access to basic health care and education and a range of socio-political conflicts. Whether one looks at poverty, literacy, colonialism, diversity, or productivity, there is a long way to go to achieve health for all (Vastani, et al., 2016). ECD is a strategic imperative to combat health inequities and to look at global leadership from a social justice perspective.

Vandenbroeck (2015) highlighted that well-being is closely related to a feeling of belonging and being welcomed; without a feeling of well-being or inclusion, even children in a rich environment will not learn. He pointed out two barriers to implementing ECD: denial of diversity and essentialism, which promote conventionally rearing and caring for children,

focusing on the notions and techniques deemed crucial within the prevailing practices. Another challenge in the public health system is that children's health and well-being are commonly measured by adverse outcomes such as diseases, deaths, or low birth weight. Young (2012) observed that in public health systems, children's health and well-being are commonly measured by adverse outcomes such as diseases, deaths, or low birth weight instead of positive outcomes such as well-being or competencies. Therefore, attention from global leaders is required to rethink how we view children.

Moreover, measurements in the education sector focus on children's access to school, enrollment rates, or educational failures that come near the end of compulsory education. Again, there is a failure to represent the issues in the early years, which are crucial to determining the trajectory for future learning and performance. Shields (2012) points out that to use power as a positive force; it is critical to understand the dynamic of the culture of power. It is essential to pay attention to the appropriate use of the power of culture in the context of privileged societies; it is unwritten but present in the systemic and institutional realities of the organization. Shields further emphasized the importance of each child receiving an equitable and high-quality education. There is a need to deconstruct and reconstruct knowledge frameworks that promote inequity and injustice. There is also a need for transformative leadership, which fosters emancipation, democracy, equity, and justice by creating an environment of caring and supportive personal relationships at all levels. One way of doing this is to replace the culture of deficit thinking and victim-blaming with empowerment, partnership, and trusting children's capabilities, opening spaces for dialogues in social interaction to create inclusiveness in all affairs of life (Ghosh & Abdi, 2004; Shields, 2012).

Global leadership plays a major role in shifting dominant influencing narratives. Therefore, ECD demands attention to strong leadership, political will, and a comprehensive approach to understanding effective ECD interventions (Li et al., 2009). With the advancement of science and the body of knowledge in health, sociology, psychology, and the environment, new models and frameworks of ECD have been developed to enhance the understanding of interventions from the individual to the policy level (Coles et al., 2015). The WHO recognized that domestic action alone is insufficient to ensure the local people's health and that collective action is required to address cross-border risks and improve health outcomes (Dodgson et al., 2002).

The NRC (2012) of the United States of America recognized that it is more challenging to identify effective interventions for children ages 0 to 3 than for older age groups. One of the reasons is that the infrastructure of programs and policies for young children globally is highly variable. Therefore, the translation of the science of ECD into action is not occurring at an expected level (Woodhead, 2008). Moreover, a focus on relationships is significant for effective interventions which exist between parents/or care providers and children. Shonkoff (2016) emphasized that effective interventions enhance resilience and create a transformational opportunity for healthcare providers to support children, their families, and communities.

Bryans et al. (2009) stressed that for global leaders to focus on the redistribution and mobilization of resources for promoting ECD requires a multidisciplinary and multi-sectoral approach. They recommend that to translate the current policy, which emphasizes a focus on public health and SDOH, there is a need to enhance the understanding of how practitioners/community nurses work effectively with families and individuals in a sensitive and context-specific manner. Nicholson and Maniates (2016) recognized that the complexity of

concepts and practices of leadership in the context of ECD will require an approach that is relational, multidisciplinary, family-focused, and culturally, linguistically, and economically diverse. They explore various leadership models in ECD, including the "Distributed Leadership" model by Waniganayake (2002), who theorized leadership in ECD as participatory, decentralized, collaborative, and situated within multiple spheres of activities. His approach empowers parents, educators, early childhood professionals, and other caregivers in an engaged and collaborative process. They concluded that ECD requires leadership with dynamic, relational, negotiated, emotional and cognitive capabilities. Also, leaders must be open to incorporating emancipated possibilities for thought, reflection, and action (Nicholson et al., 2018).

Nursing Leadership and Nurses' Role in ECD

Perry and Colleagues (2017) acknowledged that nursing has an enduring social contract with society. However, the role of nurses in social justice is restricted by their historical and contemporary roles within an institutionalized medical paradigm. Walter (2017) revealed that nursing's professional codes and educational directives indicate that social justice is considered central to the profession, but it remains poorly understood and practiced globally. As health care professionals, nurses must be concerned about the inequities within society, and social justice actions should be firmly rooted in nursing's ontological, epistemological, and ethical foundations (Perry et al., 2017). To achieve health equity, nurses need to work with other sectors and professionals to influence power, mobilize resources and find new ideas. As Walter (2017) strongly suggested, to fully engage nurses in social justice, nursing scholars need to theorize, develop, and test a theoretical framework of social justice that is specific to nursing actions. He further emphasized that the role of nurses as advocates should expand to include the role of an

ally. Nurses can adopt the ally role as they work in many settings within health and corporate sectors where they can utilize the opportunity to raise awareness and voice out the significant impact of ECD. Mustard (2012) indicated it is not that people are entirely unaware of the significance of ECD. However, with other priorities and pressures in life, many have forgotten the significance of ECD and its timely investment in the early years of human life. Reducing health disparities and inequities is not only a critical component of improving the quality of healthcare but also integral to fulfilling nursing's social contract to protect and promote the health and well-being of the public.

Turning to Equity and Social Justice

Leaders worldwide, including nursing leaders, work together to improve the health of people and societies. Nurses' responses to the different needs of people and communities worldwide make an enormous contribution, but sometimes it is difficult to identify (Fraser et al., 2014; McElmurry & Gasseer, 2000). From the perspective of health inequities, Edmonson and colleagues (2017) indicated that nurses can play various roles across health systems and community settings. They mentioned that nurses are well-positioned to assess individuals, communities, and populations. They can also advocate for justice and equality and partner with legislators and inter-professional leaders to identify, implement, and evaluate. They indicated that by utilizing a strengths-based approach, nurses can engage communities in addressing local, national, and global health issues.

Gottlieb (2012), a Canadian nursing scientist, proposed Strengths-Based Nursing (SBN) as a new paradigm for nursing care and leadership while focusing on individuals, families, and communities. SBN reflects the concepts of health, healing, empowerment, and relational care (Gottlieb & Gottlieb, 2017). The strengths-based nursing care model (SBC) focuses on the

strengths of individuals and families by mobilizing, capitalizing, and developing in-hand resources and existing capabilities to promote health and healing. They offer a vision of health promotion, primary care, and community-based care alongside a notion of empowerment where people and communities assume greater control and responsibility for their health and its related decisions. SBN provides an alternative to the traditional deficit approach in nursing; however, it is still not the most common approach in nursing practice. SBN demands strong nursing leadership at various levels, from grassroots to consultancy, to create enabling environments in the presence of an inter-sectoral and collaborative partnership approach (Gottlieb et al., 2012; Gottlieb & Feeley, 2005).

From a public health perspective, Navarro (2009) purported that we need to act as political agents in the context of achieving health equity. This requires the extension of nurses' roles as social or political activists while balancing contemporary and conventional roles of supporting, protecting, or correcting mental, physical, socio-cultural, and spiritual environments (Falk Rafael, 2000; Cohen, & Reutter, 2007). Shaping the roles of nurses from the perspective of social justice, Perry et al. (2017) recommended that nurses need to be critically aware that public policy and its associated activities are sometimes not focused on social justice. When nurses begin to appreciate this perspective, it is more likely that they will engage and create healthcare delivery system activities that support the needs, desires, and circumstances of individuals, communities, and populations.

From the above literature review, it is clear that nurses have a leadership role to play in ECD. Yet, very few research studies focus on improving current nursing knowledge and practices in ECD, decreasing health disparities, and nursing leadership in improving the welfare of children and their families (Cohen & Reutter, 2007; Hanafin, 2013; Nist, 2017). In light of the

above literature, it is evident that ECD is a strong vehicle to achieve the SDGs, address the SDOH, and potentially decrease the gap of health inequities. Nussbaum's capabilities approach provides the framework of human development, which is critical in supporting ECD at various platforms from a range of institutions. ECD domains are multidimensional and require a multidiscipline and multisectoral approach. However, in the current scientific literature, the role of health personnel, especially nurses' roles, is not explicitly clear in the context of supporting and promoting ECD. Therefore, this study explores the perspective of global leaders on ECD within the realm of healthcare. It investigates how these leaders acknowledge the role of nurses in integrating the ECD into nursing practice, along with the possible facilitating and challenging factors that may influence the integration of ECD.

Chapter Three: Methodology

The purpose of this study is twofold: firstly, to understand the perspectives of global leaders within the AKDN regarding ECD, and secondly, to explore the factors that can influence the roles of nurses in ECD. Interpretive Description (ID) (Thorne, 2016) was employed as the qualitative research design. In this chapter, I will introduce the philosophical, epistemological, and ontological underpinnings of ID and illustrate the study's procedures, including the study setting, participants' selection criteria and recruitment process, and data collection and analysis. I will describe the steps used to ensure rigour in the research process and outline key ethical considerations.

Research Question

In this study, I explored the perspectives of health leaders within the AKDN about the role of nurses in supporting young children, their families, and communities. The specific research questions were:

1) What are the perceptions of health leaders regarding the significance of ECD and its relationship to health and well-being?
2) How do global leaders acknowledge nurses' role in the ECD field?
3) From the perspective of leaders, what are the barriers and facilitators for nurses' involvement in addressing ECD?

The desired outcomes of this study are to a) generate an understanding of the perceptions of global leaders in relation to ECD, health, and nursing specifically and b) uncover the factors influencing nurses' involvement in addressing ECD within a diverse AKDN context.

Study Design

The interpretive descriptive methodology (Thorne, 2016), a qualitative research design, was used to explore and interpret the perspectives of global leaders within the AKDN regarding

ECD. The interpretive description methodology provided a contextual understanding of the phenomenon of nursing roles in supporting and integrating ECD from the perception of experienced global leaders who work within AKDN institutions.

ID is commonly used to explore perspectives, experiences, contributing factors, and the impact of the action of a selected group within and beyond the health realm. Developed by a Canadian nurse leader and theorist, Dr. Sally Thorne, ID has been employed in many other disciplines (Clark et al., 2011; Garland et al., 2018; Ganann et al., 2020; Shea et al., 2019). Thorne (2016) explained that,

> Interpretive description is a strategy for excavating, illuminating, articulating, and disseminating the kind of knowledge that disciplines with an application mandate tend to need in order to enact their mandate - whether it be healing, educating, serving, or building something on behalf of society. (p.11)

ID is a practical method of inquiry for generating knowledge and research beyond conventional approaches (Thorne. 2016). ID is instrumental in facilitating the expansion of knowledge in applied and health sciences, including nursing, as they create logical and systematic new knowledge. In the discipline of nursing, ID has been utilized for over two decades to study various aspects of care and caregivers' perspectives. The research studies based on an ID approach have primarily focused on patients suffering from chronic diseases (Thorne et al., 2004) and caregiver experiences working in intensive and palliative care settings (Forozeiya et al., 2019). However, lately, ID has also been used to develop an in-depth understanding of the promotive and preventive aspects of care in various health disciplines (Atkinson & McElroy, 2016; Garnett et al., 2022; Strachan et al., 2018).

ID is an approach rooted in applied qualitative research that uses the inductive method of knowledge generation. It provides a thematic and integrative description of a selected applied phenomenon. Commonly known philosophical assumptions of ID are: ID studies are conducted within naturalistic contexts, and the focus is to gain subjective and experiential knowledge from practices. The ID approach acknowledges human experience as an indispensable element of socially constructed meaningful knowledge (Thorne, 2016). It is focused on identifying the knowable, articulating questions and developing theoretical grounding for particular practice issues. The researcher engages in modes of interpretation that move beyond self-evident facts, truths, and metaphors.

Philosophical, Epistemological, and Ontological Underpinning of ID

According to Thorne and colleagues (1997), the philosophical underpinnings of ID are associated with interpretivist and naturalistic orientations. They explain that "ID acknowledges the constructed and contextual nature of much of the health-illness experience, yet it also allows for shared realities" (p. 172). ID is centered on the essential axioms of naturalistic inquiry outlined by Lincoln and Guba (1985), comprising multiple constructed and holistically connected realities. These realities are complex and contextual, as well as subjectively built. The researcher and research phenomena are closely linked in a way that the knower and known are inseparable. In ID, multiple shared and constructed realities are acknowledged. From the perspective of interpretivism, the researcher knows through a transactional/subjectively to come up with an interpretation of shared knowledge and experience (Schwandt, 1998; Thorne, 2016). The theory is considered a tool for understanding multiple realities, but the aim of ID is not necessary to formulate theory (Hunt, 2009; Thorne et al., 2004). ID is based on different ways of knowing (epistemology), and it also possesses multiple ways of understanding the nature and relation of being (ontology). For Thorne (2016), ID considers human experience as an element of

social constructs that includes participants' perceptions, feelings, and experiences. Researchers who use ID accept that the relationship and interaction of the knower and the known are integral in a way that the inquirer and phenomena or object of inquiry impact one another in the process of scientific inquiry. This same underpinning philosophy of ID was found in other qualitative approaches, such as the community-based participatory research approach, focused ethnography, case study, and critical discourse analysis. However, ID uniquely encourages researchers to go beyond any methodological limitation. Moreover, ID provides enough space and solid ground to integrate various analysis methods and interpret the findings in relation to relevant literature as well as utilize the researcher's strengths and experiences to draw assertions and answer the research questions. As with any other qualitative research, ID studies typically have a limited sample size and do not claim the generalizability of findings. However, the conceptual links and commonality of the patterns generated in the study helped to generalize the findings within context and time (Thorne, 2016). The analysis of the findings and interpretation process will be described in detail later in this chapter.

Study Setting and Participants

The setting for this research was the AKDN institutions in Pakistan, Tanzania, and Uganda. Participants were health leaders recruited from the selected institutions of the AKDN. Many international organizations and institutions have supported and enhanced ECD in various countries and regions. Examples of those that are part of the ADKN include the Aga Khan University (AKU) and the Aga Khan Foundation (AKF), which have played a pivotal role in collaborating with international agencies and governments to promote ECD in some South-Asian and African regions of the world. I had the privilege to work for AKU for 16 years in the Faculty of Nursing across three different campuses in Pakistan, Tanzania, and Uganda. During my work

at AKU, I facilitated an online course entitled “Science of Early Child Development.” The course aimed to mobilize knowledge on ECD for professionals in leadership positions in the health, education, and social development field. After several course offerings, the course was modified and became accessible to professionals and leaders across countries in various regions. Collaboration and partnership with Red River College and the University of Toronto in Canada, as well as the AKF and AKU through the AKDN, further enhanced the course. While I no longer teach this course and have not taught this since beginning my graduate work, I am very interested in how current leaders in developing countries, such as Pakistan, Tanzania, and Uganda, understand the nurse’s role in ECD. Therefore, I conducted this research to explore the perspectives of leaders positioned in institutions that are part of AKDN.

The Aga Khan Development Network

AKDN is one of the largest networks of development agencies globally. They are located in over 30 countries and support institutions that offer well over 1,000 programs (AKDN, n.d.-a). Much of their work has a long history, as some of their programs are over 100 years old, with emphasis on health and education programs in Asian and African countries. AKDN employs approximately 96,000 people, most of whom are in developing countries. The institutions supported by AKDN focus on three major areas: economic development, social development, and culture (See Appendix A: AKDN Organizational chart). More specifically, institutional mandates include a focus on the environment, health, education, and human development (AKDN, n.d.-a). Besides, AKDN institutions also work for social development focusing on architecture, culture, microfinance, rural development, disaster reduction, the promotion of private-sector enterprise, and the revitalization of historical cities (Poor, 2014). The founder and chairman of the AKDN, His Highness the Aga Khan, sees the aim of AKDN’s work in the following way: “I established the Aga Khan Development Network, known as the AKDN. Its

cultural, social, and economic development agencies seek to improve opportunities and living conditions of the weakest in society, without regard to their origin, gender or faith" (AKDN, 2004, para 6).

To achieve these aims, AKDN has been building institutions and delivering essential services by creating schools and hospitals, newspapers, electricity generating plants, and social programs of various kinds. These institutions, programs, and services have helped improve the lives of hundreds of millions of people in multiple communities. As an AKU alumnus and former employee, I am one of the beneficiaries of the AKDN programs. Among many developmental, health, and educational programs, ECD is a core program that is offered at various institutions. I will describe these institutions, including AKF, AKU, AKES, and AKHS, below.

The Aga Khan Foundation

Under the AKDN institutions, the Aga Khan Foundation (AKF) operates in 18 different developed and developing countries (AKDN, n.d.-b). It works to ensure that children have a good beginning in life, which is influenced by their immediate surroundings and the overall environments in which they grow up. Globally, AKDN initiated ECD programs in Afghanistan, Egypt, India, Kenya, Kyrgyz Republic, Mozambique, Pakistan, Portugal, Russia, Syria, Tajikistan, Tanzania, and Uganda. It provides relevant care and learning opportunities to 750,000 children ages 0-8 years. (AKDN, n.d.-c).

The Aga Khan University

The AKU is an institution of academic excellence and an agent for social development. It is called a "unique hybrid." AKU is a leading source of medical, nursing and teacher education, research, and public service in the developing world. The focus of AKU is to enhance the human capability to lead change in society and to thrive within the global economy. AKU is

guided by the principles of impact, quality, relevance, and access. AKU has campuses and programs in Afghanistan, Pakistan, Kenya, Tanzania, Uganda, and United Kingdom (AKU, 2023a, para 2).

ECD-Related Programs at AKU. In 2003, AKU added a human development dimension to its work by establishing the Institute of Human Development (AKU-IHD). AKU-IHD offers three programs in the context of ECD: a Human Development Programme, a Science of Early Child Development Programme, and a research fellowship. All these programs aim to build the capacity of communities, provide strong foundations and learning opportunities, mobilize ECD knowledge, and prepare promising scholars in the field of ECD (AKU, 2023b). There also is the AKU Institute of Education Development (AKU-IED) and the School of Nursing and Midwifery (AKU-SONAM), both of which play a vital role in developing and implementing continuous education programs and research in ECD. (AKU, 2023c; 2023d).

The Aga Khan Health Services

The Aga Khan Health Services (AKHS) is one of the agencies of the AKDN that supports activities in health. AKHS works in collaboration with AKF and AKU. AKHS also works with the Aga Khan Education Services (AKES) and the Aga Khan Agency for Habitat to address health issues on specific projects. AKHS is organized into national service companies and exists in Afghanistan, India, Kenya, Kyrgyzstan, Pakistan, Syria, Tajikistan, Tanzania, and Uganda. AKHS has over 200 hospitals, medical centers, and clinics (Poor, 2014). AKHS's head office operates from Gouvieux, France, and Geneva, Switzerland, within the AKDN offices. AKHS is also associated with international network-wide strategies in Central Asia and East Africa. They focus on human resource development, hospital management, nursing development, and primary healthcare (AKDN, n.d.-d).

The Aga Khan Education Services

The Aga Khan Education Services (AKES) operates over 200 schools, ECD centers, and educational programs. AKES provides pre-school, primary, and secondary education services to students in Africa, Asia, and the Middle East. Currently, AKES schools and programs have over 85,000 students enrolled. AKES focuses on ECD in its various education programs and services and integrates a wide range of educational topics related to health and student life (AKDN, n.d.-e).

Study Sample and Sample Size

The AKDN and its related agencies play a crucial role in promoting ECD through establishing institutions, programs, and capacity-building initiatives worldwide. Therefore, selected AKDN agencies and their leaders can play a substantive role in contributing insights into the importance of ECD and the role nurses can and/or do play in ECD. Twenty leaders working within the AKDN in Pakistan, Tanzania, and Uganda were invited, and 11 agreed to participate. These countries were selected as AKDN has invested substantial resources to mobilize ECD-related knowledge and established ECD programs in many of their communities. Moreover, I have worked with some of the AKDN institutions in these three countries and am familiar with their organizations and work. As a qualitative researcher, this background provided me with contextual knowledge as I was engaged with them and as my research unfolded. Purposive sampling strategies were used to include participants who have experience making program and policy decisions and were willing to share their experiences (Marshall et al., 2013). Participant selection is influenced by the study's purpose, the participants' knowledge, and the intent to include diverse perspectives from participants at various institutions and across three countries (Thorne, 2016). Invited participants were from AKF, AKU, AKHS, and AKES in Pakistan, Tanzania, or Uganda, where these institutions are actively working.

After the initial set of interviews, I began to analyze the data. Thorne (2016) does not support the idea of saturation to conclude the data collection phase of the study. She encourages researchers to use their inherent reasoning and judgment to decide when to stop the data collection process. I referred to the emerging themes and patterns from the data construction process and consulted my supervisor on a regular base to determine the point when there was enough detailed and in-depth information on the selected study phenomenon and its related dimensions.

Inclusion criteria

Participants were selected based on the following inclusion criteria:

1. AKDN leaders who were currently working in the AKDN institutions in a leadership position for at least three years.
2. AKDN leaders who were positioned to have some influence in decision-making and connected with designing and implementing policies and programs of ECD at various levels within the institution and communities.
3. AKDN leaders with some exposure or experience in working and supporting ECD or child health or nursing-related initiatives within and outside the country of residence.
4. AKDN leaders who were willing to talk with me virtually for approximately 45 to 120 minutes.

Exclusion Criteria

1. AKDN leaders with no exposure or experience working on ECD, child health, or nursing-related programs outside the country of residence.
2. AKDN leaders who could not commit the time to participate in an interview minimum of 45 minutes.

Recruitment of Participants

After the required ethical approvals were received from the University of Alberta Human Research Ethics Board (HREB) I sent a request letter to each head of the entity and department of selected AKDN institutions in all three countries. With the request letter, I also shared my brief introduction, the information letter of the research, the consent form, and the ethical approval letter from the University of Alberta. After seeking the permission letter from the head of the entity or department, email invitations (see Appendix B) were sent to participants in the AKDN who were in leadership positions and identified on the institution's website. Some of these people were familiar to me through my previous work. The emails consisted of the invitation and research information circulated among people in diverse leadership positions within the organization. A consent form (Appendix C) described the purpose, duration, potential outcomes, and benefits of the research. The information letter and consent form were shared with potential participants. A permission letter from the participants' head of Department or Dean was shared, and written informed consent was obtained from those who voluntarily agreed to participate. All participants returned the signed consent form through email, with the exception of one participant who requested acceptance of verbal consent after reading the provided information letter and consent form in detail. The verbal consent was recorded at the beginning of the interview. Recruitment was completely voluntary, and participants were allowed to withdraw at any time during the study. Snowball sampling was used as a strategy to recruit interested participants. Snowball sampling is an approach where participants of the study recommend another potential participant based on their contacts, information, and experiences relevant to the objectives of the research study (Higginbottom, 2004; Naderifar et al., 2017).

During the recruitment process, study participants who expressed interest in this research took significant time to reply to the emails and set the interview date due to their demanding work. Most of the participants opted to give a one-time, more extended interview instead of multiple interviews. Six potential participants whom I approached with the help of snowballing sampling techniques responded positively and participated enthusiastically; however, a few potential participants showed interest in this research but did not participate as they were extremely busy with their work, travel, and changes due to the COVID-19 pandemic. There were a few potential participants who never replied to email contact.

Three potential participants who initially showed interest were withdrawn when they had not responded to three emails over eight to ten weeks. I was careful to respect that the participants knew they had control over their contribution and may not talk about specific issues due to sensitivities related to political and policy perspectives (Lancaster, 2017). Therefore, I also strived to maintain effective rapport and trusting relationships with them by having frequent and close email correspondence. In each of my interactions with the participants, I negotiated the consent and ensured their comfort, privacy, and confidentiality of the shared information (CIHR, 2019). Adopting these strategies and close communication with participants through email helped me acknowledge various ethical concerns and limitations of the study and formulate decisions accordingly throughout the research process.

Data Construction

Thorne (2016) names the process of collecting and managing the data as data construction. In ID, researchers use multiple data sources for data collection to gain an in-depth and diverse understanding of the phenomena under study (Thorne, 2016). In this study, data were collected through in-depth individual interviews. All the interviews were scheduled with AKDN

institutional leaders in Pakistan, Tanzania, and Uganda, who agreed to participate in the study. The conversations were held virtually using the software application “Zoom.” Mainly, the sharing of the research project description, consent form, Zoom link and negotiation related to interview day and time was done through identified participants at their institutional email addresses. Upon the request of a few participants, the negotiation for the day and time of the interviews was done on WhatsApp chat at their convenience.

All interviews were recorded on two separate devices with the participants' permission. One copy was the built-in audio recording features of the Zoom application, and the audio was downloaded immediately after each interview and saved under the password-protected MS Word document. The other device used was a back-up digital audio recorder, which was not connected to the internet. These arrangements were made in case one recorder malfunctioned or any unexpected technical problem occurred. The video option was used with the participants’ permission for the greeting purpose at the beginning and end of the interview only. A video option is preferred as it will be easier to read people’s emotions and build connections. However, the video recording was kept off throughout the interview as most participants only permitted the audio recording.

Paulus and Wise's (2019) framework and guidelines were adopted to conduct the online conversation with participants. They articulated that it is important to consider the questions related to who, what and how when approaching participants. Understanding the interpersonal dynamics when engaging in online conversations is also essential. I used their framework to establish interpersonal rapport with the participants so they could express their ideas and perceptions without any hesitation and to ensure that the data collected online were handled safely and ethically. In addition to being guided by Paulus and Wise’s (2019) framework, I also

relied on my previous experience in online teaching and academic-related workshops and meetings. I have taught both synchronous and asynchronous online courses and, over time, learned to attend to contextual factors and online interpersonal dynamics.

Interview Logistics

A semi-structured interview guide (see Appendix D) was developed and used to collect the data. It includes primary questions as well as probes to develop in-depth conversations and gain meaningful and relevant data. A pilot interview with a former AKDN employee was conducted to develop the clarity, organization, and flow of the listed questions in the interview guide. The pilot interview was analyzed to see the relevance and richness of the data. The participants' demographic information was collected to provide context (see Appendix E) and focused on the participants' educational background, current work, and positions held in the past.

All interviews were conducted online with the individual participant's voluntary involvement and informed consent. After the exchange of greetings and a brief introduction, I started the interview with an open-ended and broad question regarding their current job activities and past experiences. The conversation followed specific questions regarding their perceptions and thoughts on the significance of ECD in the field of health and social justice. Later, the discussion focused on nurses' roles and related factors influencing nurses' involvement in ECD. Participants were allowed to end the interview at any time and could decline to answer any question asked in the discussion. The interview guide was adjusted slightly as new categories or themes emerged from the ongoing concurrent data analysis.

I conducted all the interviews virtually in a close, quiet, and comfortable environment from home due to COVID-19 restrictions. Because of the nine to eleven hours time difference between participants' residential countries and my location in Canada, most interviews were conducted in the early morning or late at night, according to MST zone. Before each interview,

the laptop microphone and camera were checked for proper functioning. All the interviews were conducted in English. The duration of each interview was 45 to 120 minutes. A few of the discussions went beyond the set appointment; as a result, some participants gave a second slot to continue the discussion while others continued beyond the given time.

After each interview, field notes were documented about the interview process. Participants' non-verbal expressions, vocal tone, silence, pauses, and unexpected noises during the discussion were carefully recorded. I wrote reflexive notes to include my thoughts, ideas, opinions, and feelings regarding the interview process and other observations during the interview. Also, I considered all the records of participants' correspondence before and after the interview in my field and reflexive writing notes. As per Thorne (2016), both the field and reflexive notes add richness to the data.

Working Data (Data Analysis)

An ID approach constantly engages researchers in imagination and conceptual creativity throughout the analysis process. Therefore, it is called working data instead of using the traditional term of data analysis. Thorne and colleagues (2004) provide an ID framework for working with text and encourage researchers to use their innate analytic and conceptual capacities to achieve rigorous, credible, and meaningful findings. Teodoro and colleagues (2018) shared that in ID research, it is common to integrate a thematic analysis. A transparent analytical process guided possible interpretations in the selected study context. Thematic analysis was guided by Braun and Clarke (2022a, 2006) as it offered an accessible and theoretically flexible approach to analyzing qualitative data. Braun and colleagues (2018) look at thematic analysis as an approach that creates reliable coding and provides the basis for interpretively mapping the collected data. Braun and Clarke (2019) viewed thematic analysis as creative, reflexive, and

subjective, whereby a researcher's subjectivity is considered to be a resource rather than a potential threat to knowledge production. They recommend that the analysis is "a product of deep and prolonged data immersion, thoughtfulness and reflection, something that is active and generative … It required reflexivity, theoretical knowingness, and transparency" (pp. 591-592). Six phases of the analysis process were followed as guided by Braun and Clarke (2021; 2012). These phases included: 1) familiarization with the data, 2) generating initial codes, 3) generating themes, 4) reviewing potential themes, 5) defining and naming themes, and 6) producing the report. To generate and review the themes, I applied a reflexive thematic analysis approach, keeping this study's research questions, design and conceptual underpinnings close. Reflexive thematic analysis is an interpretive approach that requires reflexive conversations between the interpretation of produced themes' meaning and the research questions (Braun & Clarke, 2022b, 2021). Byrne (2022) described this approach as an "easily accessible and theoretically flexible interpretative approach to qualitative data analysis that facilitates the identification and analysis of pattern or themes in a given data set" (p.1392). Moreover, in the process, the researcher's subjectivity is considered a strength and a critical and integrative part of the data analysis (Campbell et al., 2021). Reflexive thematic analysis provided me with a sound ground for interpreting and describing the data creatively and constructively.

Thorne (2016) promotes an iterative research process whereby data collection and data analysis are conducted simultaneously. The working data phase starts at the initial stages of data construction immediately after the first interview. Moreover, there is a constant comparative analysis of the data with the available literature; this helped me to develop potential research questions or topics further. NVivo 1.6.1 (a computer-based qualitative software analysis package) was used for organizing and managing different data sets. Through NVivo software

coding and labelling, finding the emerging themes, subthemes, and patterns from the collected data made the analysis process manageable.

After each interview, the audio files were uploaded to Temi, an online automated speech recognition engine that rapidly transcribes audio to text. It is securely stored and transmitted using Transport Layer Security 1.2 encryption, which is a widely accepted standard for the security of the data used by computer devices. After the text was transcribed in the MS Word document, I listened to the audio recording twice and ensured accurate transcription of the data. I took field notes as I listened to the audiotape to enhance my ability to interpret the data. I read each transcript multiple times to deeply immerse myself in the data. Thorne (2016) suggests spending significant time in data immersion to make sense of what lies beyond the immediate impression of the data. She encourages repeated immersion in the data before beginning coding, classifying, or creating linkages. After being deeply involved in the data, I looked for various categories, patterns, and themes produced from the data using the RTA approach (Braun and Clarke 2022b, 2021). I highlighted the essential pieces of data throughout the process of analysis. I also discussed it with my research supervisor and had guidance to look at the data from a holistic view, keeping my thoughts and pre-developed understanding of the literature and past experiences at a distance. As a result, I started looking at the working data from the eagle-eye view and with a worm-eye view simultaneously (Bloom, 1992; Carmy, 1994; Pareek & Satapathy, 2020; Wood, 2011). After several interviews, I looked at the whole data set rather than individual conversations. Simultaneously, I looked for similarities as well as differences emerging from the data to search beyond what was self-evident. I also paid attention and explored developing relationships and linkages within the data, which further enhanced the clarity of my understanding of the data. As Thorne (2016) suggested, I continuously explored the

following questions: ‘What am I seeing’? ‘Why do I see that’? ‘What is happening here’? ‘Why is this here’? ‘Why not something else’? ‘What does it mean’? These questions drove me to explore using alternative angles and perspectives embedded in the data.

Moreover, the answers to the above-raised questions facilitated new insight and an in-depth understanding of the perceptions and experiences of participants (Thorne et al., 2004). Initially, the steps of thematic analysis described by Braun and Clarke (2006) were followed: familiarizing myself with data, generating initial codes, searching for themes, reviewing themes and producing the report with interpretative analysis beyond the description of the data. The emerging text was constantly considered in relation to the selected research question. I wrote analytic notes on evolving patterns and codes during the data analysis. The emerging patterns and linkages were tracked through analytical notes, similarities and differences were identified, and the main elements embedded in the collected data were gathered (Austin & Sutton, 2014; Thorne, 2016). A coding tree was developed based on the common themes and subthemes that emerged from the data.

Transforming Data

As new insights, ideas, and observations started to develop, new angles were uncovered, and discoveries were generated in the form of findings - this stage of analysis is called transforming data (Thorne, 2016). I looked for contemporary literature from other disciplines, such as human development, education development, and social work that might not have seemed important during my initial literature search. I searched for new similar or opposing ideas or perspectives that exist within the themes arising in my study (Braun & Clarke, 2006; Thorne, 2016). This strategy further extended my interpretations, capitalized on the existing data, and added new understandings to the current knowledge from various perspectives and

disciplines. I extended my findings beyond what was already known to see what else might be there, and thus, it added more value and authenticity to the research findings. The process of ongoing inductive reasoning, constant engagement, searching for new and opposing ideas from the literature, and continually challenging emergent theorizing assisted me in refining the theoretical linkages. It also brought conceptual creativity and empirical knowledge to the final product of analysis (Thorne, 2016).

Throughout the data analysis process, I wrote separate fieldnotes to record my observations, thoughts, and feelings and link the context of all data-gathering episodes to the phenomenon under study. Fieldnotes assisted me in retracing themes or abstractions developed in the findings and ensuring that the analytic directions were defensible (Speziale & Carpenter, 2011). Likewise, these notes helped me gain new insights and an in-depth understanding of participants' experiences in a contextual manner that can apply in similar practice settings. Concurrently, I wrote reflexive notes to reflect on my own opinions, feelings, intuitions, and biases during the process of data collection and data analysis, to give further richness to the data as well as to enhance the credibility of the study (Braun & Clarke, 2006; Tracy, 2010).

Writing Findings

After transforming the data, the stage was set to start writing in the form of themes and subthemes and highlighting the significant emerging patterns. To present the interpretive description findings, Thorne (2016) described a process of structuring the finding in a sequenced organizing framework. The decision was made on the balance of description and interpretation of selected phenomena which was achieved from the data construction. After reviewing, defining and naming the themes as per the fourth and fifth phases of thematic analysis, the road map of writing the findings was structured and presented under headings and subheadings, sequence and

syntax of various headings, and overall organization to communicate and articulate the perceptions of the participants reflexively and conceptually.

Interpreting Meanings

The discussion was developed on the extracted findings, which Thorne (2016) referred to as interpreting the meanings of the findings. I used analytical processes such as constant engagement, ongoing critical questioning, continuous reflection, and coherent reasoning while interpreting the findings. These efforts decreased the risk of falling into certain traps, as Thorne (2016) indicated, such as premature closure, over-determination of patterns, misinterpreting frequency, and over-inscription of self. Furthermore, ongoing consultation, input, and feedback from my supervisor guided me in minimizing the possible errors in my research findings. The final interpretive account is a result of using rigorous analytic techniques, which created a rich experiential knowledge of the experience of global leaders supporting ECD, nurses' roles, and their involvement in addressing ECD at a global level. The results of this study potentially set the direction for health leaders at AKDN and be of wider interest to the global health community.

Ensuring Rigour

Demonstrating rigour is essential in any inquiry, as it supports methodological soundness and adequacy (Thomas & Magilvy, 2011). The steps to maintaining rigour vary somewhat in the ID design compared to other qualitative approaches. I employed the following four principles to ensure rigour in my study, as recommended by Thorne (2016). These include epistemological integrity, representative credibility, analytic logic, and interpretive authority.

Epistemological integrity creates a secure line of reasoning between assumptions and the methodological decision of the study. The credibility of the research findings depends on the congruency between the research objectives, epistemological perspective, interpretation of data

sources, and interpretative strategies (Thorne, 2016). For epistemological integrity, I explicitly described my epistemological position in the study. I kept a reflective journal to examine my values and beliefs, feelings, biases, and opinions regarding the phenomenon and context under study. I ensured a logical flow in my research questions, assumptions, and decisions made while conducting data collection, data analysis, and the final interpretive account. These all aligned with my epistemological position (Thorne, 2008).

Representative credibility was achieved through prolonged engagement, data triangulation including interviews and reflective journals, and a broader interpretation of the findings. I guaranteed the representative credibility through my longstanding professional engagement with the selected phenomena of study, and the in-depth literature review, including research-based studies on ECD concerning health, human capabilities, social justice, and nurses' engagement in the ECD process. Also, my previous involvement in teaching and working towards ECD in community health contributed to representative credibility. In the process of this research study, my intense involvement in the data collection and analysis process enhanced my in-depth understanding. The other strategy to enhance representative credibility was the recruitment of participants from different institutions of AKDN. I examined the collected data from various perspectives and went beyond a single angle of vision to enrich the credibility of the research findings (Throne, 2016).

The third principle of analytic logic refers to the trustworthiness and transparency of the study. To ensure the analytic logic throughout the study process, I maintained an audit trail of all the methodological and analytic decisions made during the study. The audit trail kept me focused on my collected data, and I found it instrumental in minimizing or avoiding errors described by Thorne (2016), including premature closure, over-determination of patterns, misinterpreting

frequency, and over-inscription of self. These errors were avoided by using appropriate analytical processes and integrated reasoning throughout the research process. I regularly consulted my supervisory committee and get their ongoing feedback regarding data analysis and interpretation of the study findings. I maintained a log of all my research activities, field notes, and analytic notes, kept a reflective and reflexive journal, and documented all data collection and analysis procedures throughout the study (Morse, 2015). The thick description of the collected data revealed the context, richness of data, interpretation, and knowledge claims made in this study.

In the ID approach, taking the raw data back to the participant is not considered a valuable check to maintain the study's credibility. Instead, researchers are encouraged to present and contextualize analytic decisions logically and coherently to ensure the study's credibility (Thorne, 2016). Additionally, analytical logic promotes moral defensibility. Therefore, I ensured that the knowledge generated from this study is logical, in-depth, and understandable for the people in their related practice disciplines and thus can apply in the global context.

The fourth principle of interpretive authority refers to the researcher’s interpretations of perspectival knowledge in a trustworthy manner that can reveal some truth external to the researcher’s bias or experience. The ID research report captures not only the participants’ interpretation but also the reactivity and researcher’s interpretations (Thorne, 2016; Paterson, 1994; Hutchinson & Wilson, 1992). Therefore, as a researcher, I utilized the given interpretive authority accountable for generating knowledge through this research process (Thorne, 2008). Considering all four principles of rigour in the ID approach determined the research quality, ensured trustworthiness and established the study's credibility.

Ethical Considerations

Before approaching participants, I obtained ethical approval and institutional approvals from the selected AKDN institutions. The following key areas were addressed in the ethics application: informed consent, privacy and confidentiality and risks and benefits to participants. An information letter and written informed consent form (Appendix C) was developed for study participants.

Privacy and confidentiality are essential ethical considerations in any research study. Maintaining privacy and confidentiality shows respect and dignity toward study participants and their information (Canadian Institutes of Health Research, [CIHR] 2019). A qualitative study tends to produce thick descriptions of data, including detailed fieldnotes, which can pose unique concerns regarding participants' privacy and confidentiality. Some participants may be concerned that fieldnotes and other findings will become public, which might cause harm to them in their social or professional roles (Peter, 2015). I used rigorous strategies to maintain the participants' anonymity and the data's confidentiality. However, a few research participants chose to mention their names and identity in the contributed data, and their choices were respected accordingly.

Another area of attention in this study was power relations and power differential, as I interviewed experienced leaders. Participants held senior positions of influence in the institution and had vast experience in working on various projects and programs across countries. The term 'elite' generally refers to individuals or groups who presumably have closer attention to power or particular professional expertise (Morris, 2009). Various challenges are documented in the literature related to researching elites. For example, elite participants may pose demanding suggestions that would exercise too much control over research and dissemination processes

(Lancaster, 2017). I was aware that the possibility of a power imbalance may arise at any time in this qualitative research process. I maintained open and free dialogues, continuous reflexivity, and a partnership approach in constructing the knowledge that helped me to potentially minimize any power relations and power differentials during the recruitment process and throughout the data collection, analysis and reporting of the research findings (Ben-Ari & Enosh, 2012; Gibson et al., 2014).

I experienced ID as a valuable approach for studying AKDN health leaders' perspectives and exploring the role of nurses in ECD through their views. The in-depth interpretive approach using ongoing coherent reasoning, reflective thinking, and questioning techniques at every step of the research process enabled me to imagine, clarify, interpret, and develop an enriched understanding of the complex phenomena of ECD and its related nurses' roles. An intersubjective experiential, contextual, credible, and defensible knowledge around ECD generated data that is relevant, meaningful, and applicable in practice settings (Thorne, 2008). The analysis of results of this research study informed leaders and healthcare professionals about how leaders in health, education and development segments perceived the ECD approach and ways in which nurses can be involved in supporting and promoting ECD in the care and development of children, families, and communities globally.

Chapter Four: Analysis of Findings

ECD: A 'Natural Platform' for Nurses to Bring Health Equity and Social Justice

This study generated knowledge from the perspectives of global AKDN leaders about the role of nurses in ECD and factors that can impact nurses' role and their involvement in addressing ECD within a diverse global health context. Exploration of the perspectives of global AKDN leaders led to the development of an understanding of nurses' roles in supporting ECD in community and healthcare settings. The participants had wide-ranging experience and knowledge in ECD; their perspectives on ECD in relation to health equity and social justice were unique. The following research questions guided my study:

1) What are the perceptions of health leaders regarding the significance of ECD and its relationship to health and wellbeing?
2) How do global leaders acknowledge nurses' role in the ECD field?
3) What are the barriers and facilitators for nurses' involvement in addressing ECD?

The study findings are divided into six sections. Each section has themes and subthemes that were created by following the six phases of reflexive thematic analysis (Braun & Clarke, 2022b; Byrne, 2022). Section one includes demographic information about the study participants, including their position, area of work and the number of years of working experience in the field of ECD and nursing. Section two describes the themes around the participants' personal and professional experiences related to ECD. The themes in section three depict the participants' understanding of ECD. In section four, themes focus on participants' philosophical perspectives in the context of ECD and nursing. Section five presents themes on empirical perspectives of ECD integration into practice focusing on key players, settings and leadership roles. Section six, the last section explores themes related to the impact of ECD integration in nursing. The themes centered around the barriers and enablers in integrating ECD-

oriented care in nursing. And unfold the critical future nursing implications concerning education, practice, research and policies.

Section 1: Demographic Characteristics and Working Background of Participants

A total of 11 AKDN global leaders participated in the study. Participants' ages were 35 or older, with half of the participants being between 35 and 45 years old at the time of the study. Ten of them were female. All participants held graduate degrees; four had a doctorate, and one had a post-doctoral fellowship. Nine participants had ECD-related education and training, including one with a doctorate in the field of ECD. The average years of participants' professional experience ranged from 14 to 50 years, and all had experience working for ECD in various capacities. The participants were geographically spread across various countries and affiliated with AKDN institutions within Pakistan, Tanzania and Uganda, including AKF, AKU, AKHS and AKES. They were simultaneously working with other international organizations, including the Asian Development Bank, UN entities and WHO. They had far-reaching experience working in various leadership positions, including the dean, professor, assistant professor, researcher, faculty advisor, ECD advisor, program manager, international consultant for ECD, and lead for education and ECD. The demographic characteristics of participants are shown below in Table 2.

Table 2: Demographic Characteristics of the AKDN Global Leaders Participants

Characteristics		Number (N=11)
Names of the participants	Pseudonyms are used to report the findings, except for three participants who opted to mention the data with their actual names.	
Age of Interview (years)	35-45 45-55	03 07

	>55	01
Gender	Female Male	10 01
Number of years of professional Experience	14-24 24-34 34-44 44-54 54-64	08 01 01 00 01
Number of participants having exclusive ECD and nursing-related experience	Nursing ECD Both Nursing and ECD	02 06 03
Participants' current positions/job titles (Multiple positions held by a few participants)	1. Dean and Professor 2. Professor Emeritus 3. Assistant Professor 3. Lactation Consultant 4. Health and Nutrition Consultant 5. Special Advisor to Nursing 6. International Consultant for ECD 7. Global Lead Education & ECD 8. Program Manager Health 9. ECD Regional Advisor 10. Leadership positions in a voluntary capacity): - Interim CEO, AKES, TZ - Chairperson ECD portfolio - Lead ECD training	02 01 02 01 01 01 01 01 01 01 03
Participants' educational background	Nursing Education Public Health Sociology ECD Clinical psychology	05 02 02 01 04 01
Participants' formal ECD training	ECD-related education and training No ECD education or training SECD course (6-7 weeks)	09 02 07

ECD-related working experience	Directly Indirectly	10 01
Participants' current affiliation with the international institutions	1. Aga Khan University School of Nursing and Midwifery, Pakistan 2. Aga Khan University Institute of Education, Pakistan 3. Aga Khan University Institute of Education, East Africa. 4. Aga Khan Health Board, ECD portfolio, Pakistan 5. Asian Development Bank 6. World Health Organization 7. Aga Khan Foundation, Geneva 8. Aga Khan Foundation, East Africa 9. Aga Khan Foundation, Tanzania	

Participants' Working Background

The participants possessed diverse professional experiences in the field of nursing, education, ECD, lactation, health, nutrition, community health and development. They have worked for various programs and projects related to ECD at local, national, and international levels, including care for child development, SECD, parenting education, child protection, and ECD learning programs. Many participants had rich and distinct backgrounds. The following excerpts will showcase their current and past experiences related to ECD. One of the participants, Rana, who has experience in nursing education and currently works as a consultant in an international organization and in a voluntary capacity for the ECD portfolio at an Aga Khan institution, shared that,

> Currently, I am working as a freelance consultant in Health and Nutrition. I have worked on many projects focused on mothers' and children's health and nutrition. Another project I worked as a consultant to design social protection projects for the poorest communities and look into health and nutrition conditions. This work is under Asian Development Bank. … In my voluntary capacity, I have been chairperson…, and we have a huge portfolio for ECD and multiple related programs. And ECD is a very integral part of the education move.

Participant Zohra shared her nursing education background and ECD-related work experience. She said,

> It is now 25 years that I have been in the nursing profession. I did my RN diploma in nursing… and Post-RN BScN from Aga Khan University. Between them [that period], I joined the pediatric ward for my clinical practice and built my interest in early child development and breastfeeding. At that time, I was also helping around in the public health sector in the community setting. Then, I also worked, not for a long period, with an early child development center. As a nurse manager, I looked after all the infants' growth and monitored their overall environment in terms of ECD. That experience also gave me the vision to bring something unique to the country. From there, with my pediatric experience, ECD experience, and personal experience, the hindrance and challenges I faced during my breastfeeding journey being a mother, I decided to go for the professional certification. I became the country's first IBCLC [International Board of Certified Lactation Consultant]. So, from there, my journey to work began!

Shelina works at the administrative and leadership level and currently holds an interim CEO position for the Aga Khan Education Services in Tanzania (AKES, T). She shared, “I lead three levels of programs, nursery, primary, and secondary schools with multiple curriculums… I also teach at the university in a master's program at IED. Apart from that, I have a list of volunteering engagements”. Another participant, Minhaz, who is also from an education background, shared here current experience,

> I am a faculty at a reputable institution in Pakistan. I have been involved in early child development work for the past 18 years or so. It's been a long time. I started in this field more from the perspective of early childhood education, and over time, I think, with global recognition of ECD emerging research, showing the importance of a multidisciplinary approach to ECD. I think my work also has taken that perspective now, where I am engaging with early child development more from a multidisciplinary approach.

Another participant Laila who has broad experience working with international organizations, including AKDN on the agenda of ECD, shared,

> I am based in Geneva. I have been here since 2009. I was with the Aga Khan Foundation for eight years, initially working on early childhood development initiatives in education space. Over time, I worked more and more across different sectors, including the health sector. And so that's when I first started getting interested in thinking about early childhood and health. I left the Aga Khan Foundation in 2017. And since then, I have been an international consultant working with different organizations. And I have worked with

> foundations, continued to work with AKDN in different capacities, and the partnership between maternal newborn and child health. And now, I am working this year; my current work is with the world health organization and the Ministry of preschool education in Uzbekistan. I would say that probably 70 to 80% of my time now is really thinking about health, but I still work with the other sectors and try to keep myself engaged by thinking about how we can link better across the different sectors.

A Participant, Nafisa, who works in a leadership position at AKDN, shared her work engagement.

> I co-lead education portfolio globally, and now the lead for early childhood development with Aga Khan Foundation (AKF), based in Geneva, Switzerland. So, my role is to provide strategic direction and technical support to our AKF country units wherever we have our programs. And I also help with some of the resource mobilization and fundraising. We work very closely with all the AKDN other agencies as well. I work very closely with Aga Khan University, Aga Khan Health Services (AKHS), and Aga Khan Education Services (AKES). So currently, we have several programs across the globe.

The Participant Danil, who works for community-based health and ECD programs, informed me about his current work as he mentioned,

> I am with the Aga Khan Foundation. I work in Tanzania as the programs manager for health and nutrition but also hold the responsibility for the ECD portfolio. …, we deliver the interventions with fidelity. We basically work in two sittings and use various approaches. On the one hand, we monitor and treat children at the facilities; on the other hand, we deliver care for child development [CCD] through community structures.

The involvement mentioned above of participants depicts the diversity of their current work experience. Their leadership roles in the context of ECD positioned them to share their profound perspective regarding the significance of ECD and nurses' involvement in supporting ECD within healthcare settings.

The Major Themes of the Study

The two to six sections will present the eight themes: (I) participants' multifaceted professional and personal experiences related to ECD; (II) participants' broad and focused views on ECD; (III) ECD an arrow for many global targets; (IV) achieving social justice through ECD; (V) the leadership role of stakeholders and professionals in promoting ECD; (VI) the major role

of nurses in supporting ECD; (VII) strengths and challenges integrating ECD into nursing; (VIII) nursing implications for ECD integration in education, practice and policies.

Section 2: Participants' Experience-Based ECD Perspective

Participants shared perspectives on ECD based on their personal and professional experiences of working in relation to ECD in various capacities. All participants had direct or indirect involvement in ECD education, nursing and community-based programs while holding leadership positions. They spoke about their experiences from the multifaceted aspects of their day-to-day work. Some participants expressed their experiences of rearing and caring for their children while reflecting on their professional experiences and identifying gaps.

Theme I: Participants' Multifaceted Professional and Personal Experiences

Participants reflected upon their day-to-day professional work experiences in relation to ECD. They held leadership positions in various organizations within AKDN and worked as practitioners, educationalists, nurses, consultants, researchers, advisors, and managers. Following is a glimpse of their scope of work in their respective fields. As an ECD educationalist, Minhaz shared her valuable work experience in assessing ECD and children's early language and literacy. Recently she collaborated with faculty members in nursing to implement integrated ECD programming. Minhaz shared,

> I have been working very closely with the nursing faculty at my institution, where we have been so on two dimensions; one is to train midwives to support their work, particularly being frontline workers for families, especially in those very early days of the first thousand days of life in the prenatal period and postnatal, till child up to about two years old.

On the other hand, Rana, who has a nursing background, works as a consultant in an international organization and holds a leadership position in a voluntary capacity, shared her involvement in ECD programs at a community level.

> One of the programs we currently implement is the PARWAZ (ability to fly), a parental awareness program to bring ECD awareness among parents and children six months to three years of age. It is a community-based 13 weeks program where we invite all the parents and grandparents and share ECD knowledge with them. So, there are 13 thematic areas, including positive development, early brain development and the role of the family in nurturing care. Basically, it [Parwaz program] is based on the nurturing care framework.

Shelina, a vibrant leader playing multiple roles in various leadership positions, shared her ECD-related work. She currently works with the university as an assistant professor. Her area of specialization is early childhood, teacher education and research methods. She is actively involved in developing professional development programs and courses for schoolteachers and health care providers. Most recently, she created a course at the master's level to bring health and education professionals together in the same course offered on early childhood development.

> I have just created and piloted a course that is prepared at a master's level within the university with faculty from the School of Nursing and Midwifery and the IED, the Institute of Education Development. Apart from that, I am running a small seed project on advocacy for health and education to be part of integrated early childhood development.

As a program manager, Danil works for East African communities under the AKF. Danil is involved in designing the ECD projects and interventions in the region. He also worked closely with UNICEF as a part of Tanzania's early child development network (TECDEN). Recently, as part of advocacy work, he met with members of the parliament of Tanzania to create awareness of ECD among policymakers to influence them to allocate resources for ECD-related work within the country. Danil also shared his previous experience of working with nutrition programs within AKF.

Nora is an ECD expert and advisor working for AKF in East Africa as the regional early childhood development advisor. She has worked as the program director with the Madrasa Early Childhood Development Programme (MECDP) under AKF. Nora works across East Africa on

country-specific projects around early childhood programs in Uganda, Kenya and Tanzania, including Zanzibar.

> Currently, we have many active programs, mainly centring around the professional development of pre-primary educators, who are preschool teachers across East Africa. Other than that, we have a small project around COVID-19, mainly focusing on support to parents and teachers to support children.

Nafisa, an expert ECD educator and global leader, brought her international experience working for ECD in the health and education sectors.

> We currently have programs, for example, Cool Foundation (https://www.cool-foundation.com/) for children; part of the partnership is with the Canadian government, which is looking at advancing early childhood development in Asian countries. So it is in Pakistan, Afghanistan, Tajikistan, and Kyrgyzstan. And we are looking at how we can really integrate the importance of early childhood development across all, but more specifically within the health and education services.

Many participants of this study worked exclusively in the ECD field and had unique international experiences. At the same time, participants have shared their research-based experience, which is linked to the integration of ECD to health. For example, Zohra, a senior faculty member in nursing who works as a certified International Board of Lactation Consultant, mentioned, “As a member of nursing, I am engaged in research related to nursing education and neonatal lactation practices. My interest is to develop the capacity of a lactation consultant to support the mothers and families of young children”. Zeina, who has vast research experience around maternal, child, and adolescent health, explained the connection of ECD across the various age groups and its strong impact on the lifespan of individuals' mental, physical and social health. She explained the thread she found in her research career directly linked to ECD. She revealed from her research experience that the adverse effects on birth outcomes are related to women's mental health, empowerment of women, gender-based violence and issues related to

children and adolescents' health. She concluded that a more effective way to prevent health and social issues is to address them right from the beginning, which is ECD (See Figure: 1, p. 74).

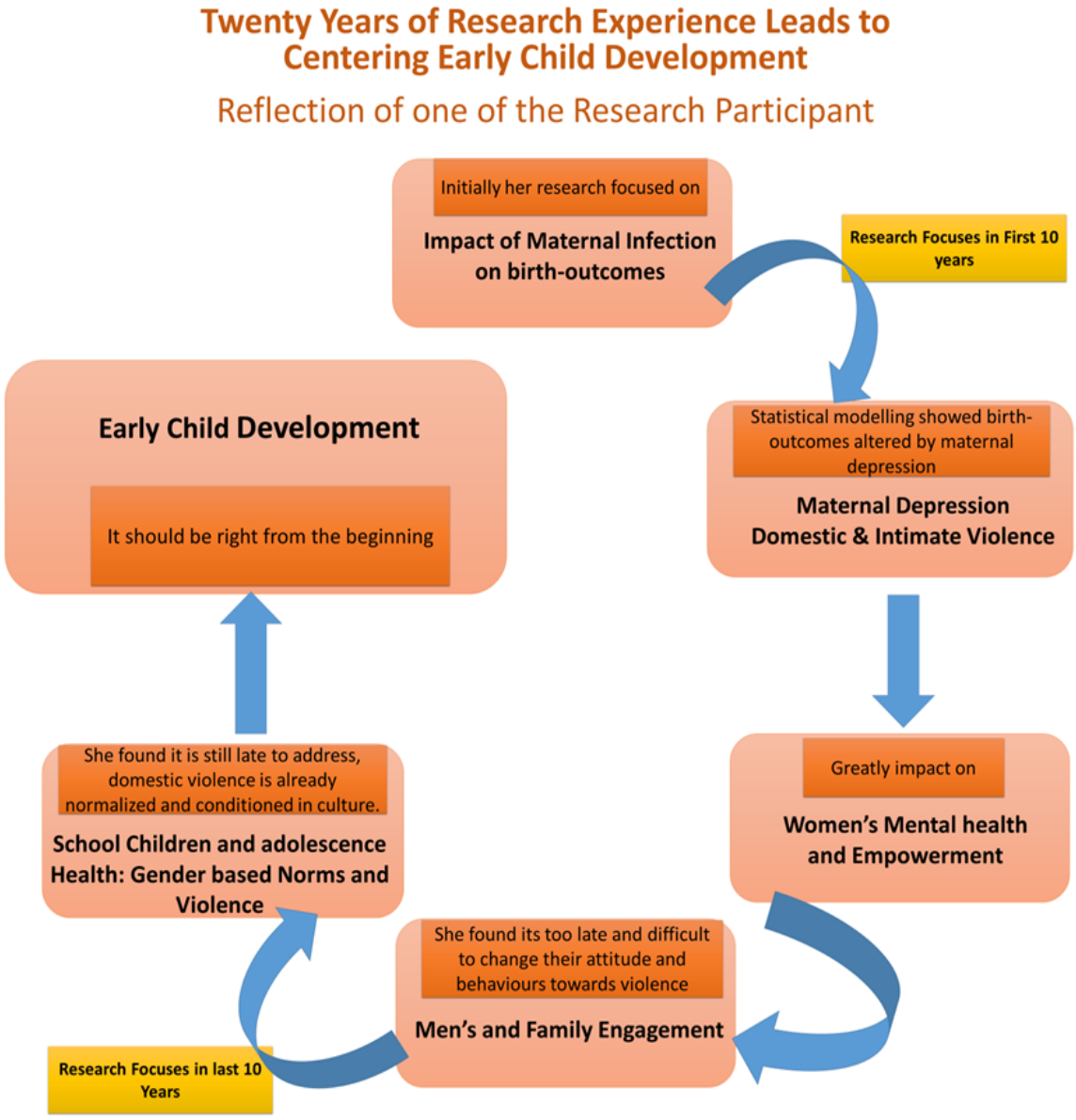

Figure 1: Reflection of Twenty Years of Research Experience Led to ECD

Participants' personal experiences as a parent and caregivers explicitly came up during the interviews. Some participants expressed their regrets about not knowing about ECD and the gap related to ECD awareness while their children were young. Yami reflected, “I would have

had a better hearing of my children when I was a young mother if I had an awareness of ECD and its impact". They viewed ECD as a 'natural platform' for parents of young children to learn how to support them in achieving their developmental milestones and, at the same time, enhance their potential in a way that they become a resilient human in their later life. Many participants considered the role of family, especially parents and caregivers of a young child, a crucial and natural way of supporting ECD. Participants mentioned that healthcare providers could use ECD as a "natural platform" to educate parents. Zeina said,

> In my personal experience as a mom, when my children were young, I felt that we addressed physical health much faster than the other aspects of health. As a parent, I wish, I had training from a healthcare provider on ECD… Somebody would have given me ideas about ECD, like how to be with my children. That opportunity, the parent's presence in a health facility, could be considered a point of natural entry. And those health facilities and well-baby clinics can be a natural platform for parents to learn about ECD while they are already there to access healthcare services on a routine basis. Similarly, it provides a genuine platform for healthcare providers to promote ECD awareness and integration into their care.

Another participant, Nora, found ECD as the right field for her career and personal development while her children were young. She recalled,

> I am able to get it right when it comes to early childhood development, the interaction with the communities, frontline health workers and other educators. It was really my first experience which stimulated my curiosity to be able to learn more. And at that particular time, I was also starting my own family. So, whatever I was learning was also very relevant at home because when I learned about child development, I could see all those characteristics and milestones in my children.

Participants Zohra, Minhaz, Shelina and Rana also shared similar thoughts regarding the potential role of healthcare providers in supporting parents, caregivers and families of young children within the current healthcare system. They perceived that those facilities which offer maternal neonatal child health (MNCH) services can be an excellent and natural platform to promote ECD awareness and related care.

Section 3: Participants' Perspectives on ECD

Theme II: A Broader and Focused Views of ECD

Participants shared perceptions, definitions and understanding of ECD from various broader perspectives and considered its significant impact on multiple disciplines, communities and, overall, on global society. At the same time, other participants described ECD from a close-up view focusing on its distinct features, implications on various service sectors and in relation to achieving SDGs.

Subtheme: ECD from a Broader Perspective. A few participants perceived ECD as a foundation of society or looked at ECD across the life spectrum. Some viewed ECD as a concept, while others said it is the outcome of many factors and interactions. One participant regarded ECD as a holistic approach, which covers a vast range of age groups, activities and issues related to pregnancy, gender, family and the community at large. Others described ECD as an independent field of science. Nora described ECD as a foundation of life. She elaborated,

> I look at ECD as the foundation for everything. And for me, I usually like to bring an analogy of when you are building your own house…, it is the foundation that matters. So, if we are talking about success in education, having healthy citizens, a healthy nation, healthy country, it all goes back to the investment we made in the children at that early point.

Nora highlighted the significance of ECD from the perspective of investment. She illustrated that the research around human capital investment shows that for every dollar invested in early child development, the rate of return is up to 17 times. "So, why do we not invest today in this ECD and see the results in 20 years?" She is convinced that through investing in ECD, we can address poverty levels, support more families and communities to become economically stable, enable more children to go to school and reduce the crime rate in society. Shelina viewed

the significance of ECD in terms of investment sustainability and a platform that provides access to reach out to the whole community. She expressed that,

> if you want to make anything sustainable, ... [it] has to have roots. And I think early childhood allows you the roots to build and contribute to life. And, if you are able to engage with the early childhood community, the family and children become your catchment and you have access to the cross-section of the community, where the father, mother, and grandparents listen to you. And I feel that is the platform to contribute and consider ECD a valuable opportunity.

Nora and Shelina's perspectives were similar regarding the ECD as a ground for future development, setting a solid foundation, investing the resources and strengthening roots through ECD. Zeina brought another broader perspective of ECD. She viewed ECD as an integral part of the life spectrum. She said, “I do not see ECD as a period from zero to three or eight [years of age]; I see ECD as a spectrum, starting from birth and goes to the entire period of fertility, within the spectrum of parenthood, either you are pre-parents, parent, or grandparent.” Zeina recognized ECD as an opportunity of learning and to support human life from birth to old age.

On the same line, Rana also contemplates that “ECD is not … a very single, specific, narrow field. It is a broad spectrum. It covers a huge range of age groups, activities and issues related to pregnancy, gender, and so on.” Zohra also considered ECD as a holistic approach to health. She associated health with the agenda of ECD as she believes that it is a holistic approach and that all the health components as defined by the WHO physical, mental, social, and spiritual well-being are integrated into ECD.

Within the holistic approach, Shelina brought attention to the spiritual aspect of human life and connected it with ECD. She believed spiritual belonging and well-being directly impact children's social and mental development. And it is very closely connected to moral and ethical values that need to be inculcated in children early in life. She expressed that,

> This is my perspective. I know it is widely debated, but I think spiritual belonging is an essential part of moral values to be developed from the early years of life. The morality the values, you don't have a recipe to teach; these kinds of things are hidden, and there is no curriculum to teach your child about belonging, trust and faith. And I think that these are not necessarily a religious inclination, but the whole set of spiritual values is vital, … it grounds the child, … and the parent, it allows the family to break the bread together, and you learn to live together. So, I think the spiritual aspect is crucial to consider in ECD.

Participants discussed a critical look at ECD from a social perspective; many participants mentioned the significance of ECD in society. Yami talked about ECD in the context of Asian and African societies; she said, “First, I think we need to look at how important this whole aspect of the early development of children is, and its effect on societies …and the country’s future and its effect on humanity as a whole”. Yami's thoughts were also reflected in Shelina's words; she said,

> ECD plays a huge, huge role in the well-being of children and families. And if you have a catchment of ECD, it means you have touched the whole family; you have access to approach the parents, the grandparents, the siblings, the neighbourhood, and the entire community. The well-being of family, community, and society all starts with a child's well-being, who is happy and stable.

In connection to the well-being of young children and their families, Zohra viewed the significance of ECD as the “outcome of many factors and interactions” and a leading enterprise to achieve health-related targets. Looking at various points of view of the participants, ECD is seen multi-dimensionally: as a foundation of human beings, the right time for the investment of resources, linked to the roots of sustainability, a life spectrum and holistic approach in health, and related to gender norms and spiritual aspects of development. Moreover, ECD is viewed as instrumental in the well-being of families and society. These participants’ perspectives show a clear connection between ECD and establishing the proper foundation to achieve health equity and social justice from the beginning in almost all human life affairs. There was a critical

discourse among participants on the significance of ECD from the perspective of the future development of human society.

Subtheme: ECD from a Focused Perspective. While discussing the significance of ECD, participants also gave a close-up view that critically focused on the defined period of ECD and identified gaps in conceptualizing the timeframe. Laila clearly stated, “Actually, early childhood does not begin when a child goes to school; early childhood begins in pregnancy. Yeah. And maybe even earlier” (08:41). Shelina also stated, “I believe that children learn from the womb. I believe that nutrition and health begin in the womb. So, the fact that we are saying the early child development is from zero to eight and zero is really way before the child comes to the world”.

Nafisa defined ECD within an age range. She considered, “It is a period of a child's development. So, it is basically looking from prenatal to age eight, which is a very critical period”. For Minhaz, it matters how the ECD period is defined; she is concerned about what has been considered zero to eight.

> A crucial area being identified regarding human development is the period of ECD, which needs global attention. The ECD period is from the prenatal to two years old, moving up to eight years old. So, when we talk about zero, I think we are sort of at a point now in our understanding of the significance of the prenatal period. So, when we count the first thousand days of life, we talk about from conception onwards.

The period of ECD was discussed from a very close perspective among research participants. Rana elaborated that some schools of thought considered periods of ECD from zero to eight, and others look at it from pregnancy to five years. All participants indicate that the period of ECD does not start from the birth of the child; it starts long before a child is conceived in the prenatal period. And there is a range of services and resources required to support ECD.

While discussing the time period to consider for ECD, thoughts arose about where to situate ECD in terms of service sectors and why. Daniel paused briefly before expressing his views. He stated that there is a tendency to look at ECD only from an educational perspective. There is always ambiguity among organizations, government sectors and parliaments about where the ECD agenda falls. Is it under the Ministry of Health or Education? This is important when considering ECD regarding life's trajectories concerning relationships between early brain development, language, and environment. He mentioned that "it is a complex matter."

When Laila spoke about ECD, she brought a historical perspective. She mentioned that since ECD has been conceptualized and is viewed as the mandate of the education sector, and it is structured particularly concerning formal learning spaces for children, like early childhood education. As people learned about the science of ECD and understood children's holistic developmental needs, they thought about the services sectors in contact with families from the beginning, such as health, social and financial services, housing, child protection and others.

While discussing which sector is primarily responsible for ECD, Nafisa acknowledged that the health sector and healthcare providers play a crucial role in supporting ECD, which is sometimes overlooked. She expressed,

> First of all, I believe we need to recognize that health has and will continue to play a very important role in children's growth and development. We are only saying that they can do more because of their ability to access those children and pregnant mothers, which other services do not have. And that is what I indicate: they can play a much bigger role than what they are doing in current practice.

Like Nafisa, Mira is also more inclined toward viewing the health sector as central; she discussed exactly where ECD belongs as she expressed, “I feel that we cannot separate out the early child development concepts from health’. However, she stated that “ECD is also concerned about child safety and protection. And for the overall development of children to thrive in all

domains of life, it is crucial to have education and economic and structural support to give children a healthy community life".

From the conversations with participants, it was evident that the health sector has more opportunities to support ECD right from the beginning. However, most participants also acknowledged that ECD is not about health. Rana thinks that ECD cuts across all service sectors but is very closely connected to education and health, especially maternal health. She shared her experience of developing an ECD curriculum with her team for a community program, where she learned that "health and education both integrate and interplay critical roles in supporting ECD". She observed that there are ten to twelve main areas in ECD and out of those most of the areas are connected to health, especially the mothers' health. As she explained,

> The mother plays a critical role in ECD, especially in her physical aspects of health, vaccination, nutrition, and antenatal care, including morbidities. Not only that, but also the environment she lives in and the support system she has within the family and community; this all leads to the early childhood development of a child who will be born to that mother. And the process does not stop here. After the child's birth, the child's feeding and brain stimulation also depends on the mother's physical, nutritional and mental status. So, if the mother is healthy in her nutrition and free from high-risk conditions, the birth outcome will definitely be better.

Nora acknowledged health as a critical element in promoting and supporting ECD based on her experience with the MECD program; she said, "I think health comes first. How do you even go to school to learn if you are not healthy? …, so health comes first and could help promote development in all areas. So, I will consider health as a critical element" (10:10). Nafisa's comments aligned with Nora. She explained that ECD as a whole relies on many sectors, but in her view, people who work in the health sector come in contact with families, expectant parents and young children first. She reasoned, "If you look at the nurturing care framework, for example, they very much focus on the first thousand days. And that is where the health sector plays and can play a more important role from the beginning of children's life".

During the discussion, participants often accepted that the health sector has a significant role in ECD. However, they also believe that the education sector has a substantial role, and both sectors are responsible for supporting ECD. Laila proposed that at some point in early childhood, health becomes more critical, and on another point, education plays a leading role. For example, "From conception to the age of three, the health sector is the one that is the most present. Education's not usually doing as much in terms of services at that age group, but then it flips and then education becomes much more critical as the child gets older". Surprisingly, when the discussion took a turn toward which sector plays its role first in supporting ECD, Shelina, affirmed that there is no such competition between sectors regarding which comes first in providing the services. She believed that children grow and learn at the same time, as she expounded,

> I do not think we can put the finger on what comes first, health or education. (Because) we cannot say, let the child grow up first, and then we will make that child learn or let the child learn and grow later. It just cannot happen! I think development is an enhancement to growth and learning and must occur simultaneously.

Laila also agreed that we can not isolate ECD within one sector. “There is a role for each sector to play. Child protection, social services, and even planning departments like urban planning, transport, environment, and finance; are important too. And in the work I do, we talk about every sector's importance in ECD". Shalina, Laila, Rana and Nafisa strongly expressed that ECD cannot be solely one sector's responsibility. As Shalina warned, "ECD should not be compartmentalized. We need to bring various development and services sectors together; otherwise, we may lose out on one at the expense of the other". The participants agreed that ECD calls for a multi-sectoral and multi-disciplinary approach. At the same time, some participants noted that among all other sectors, the health sector has a leading opportunity to play from the initial period of the first three months of life in promoting ECD.

While focusing on the ECD definition, significance, time frame and the supportive sectors involved, conversations also explored the indicators that can measure ECD outcomes regarding overall child well-being, progress, and development. Laila explained that the challenge of having ECD-exclusive indicators is that they do not belong to one specific sector's mandate. She said,

> I think it depends on how you view ECD. If you consider it a sub-sector, that would merit its own indicators and ministry. And if people view ECD as a sub-sector and say it is a cross-cutting issue or theme that goes across sectors… in that case, the indicators are there. And you just need to leverage those, figure out which ones are missing, and fill in the gaps. For me, it is more than the ladder. It is not that you need the list of ECD indicators. People tried to do this a bit when the nurturing care framework was released.

According to the participants' experiences and perceptions described above, ECD is a dynamic concept beyond any defined timeframe, single sector and set outcome indicators.

Theme III: ECD an Arrow for Many Global Targets

There was a critical discussion on the significance of ECD in achieving targets by national and international organizations. Almost all participants expressed a clear connection between ECD and a set of global goals articulated by various organizations, approaches and frameworks: SDGs and the Nurturing Care Framework were the most explicitly discussed. The following subthemes will uncover participants' perspectives regarding ECD in the context of achieving global goals.

Subtheme: SDGs Drive ECD. From the participants' perspectives, the significance of the SDGs in the context of ECD was paramount. Participants drew a clear linkage between SDGs and ECD. SDGs are not very explicitly mentioned in regards to ECD among the set of 17 goals; however, each goal has some aspect that links to ECD, as Nafisa indicated,

> SDGs have not specifically mentioned ECD as a broader goal, but it is inclusive in lifelong learning; even though SDGs focus very much on pre-primary, which includes ECD, it is still there. Then there is the whole target around peace and stability; I think there is one

> around violence against children, like physical punishment, safety and security, all of that ending and connecting to ECD.

On the same note, Mira also saw a strong link between SDGs and ECD. In her opinion, SDGs are the driving force behind ECD. She considered that all those human resources, expertise and programs that work behind SDGs have a potential role to play in ECD. As she described,

> Health and education are the two major sectors always considered crucial in early child development. But I believe that all the components and targets focused on sustainable development goals are somehow directly or indirectly linked to ECD. Everybody who is working towards SDGs is somehow contributing to early child development. Somebody working on climate change and the environment must consider building safe infrastructures for children and minimizing the chances of chemical poisoning, falls, and injuries. The environment should be taken care of, keeping in mind the safety of children, their needs for play, and considering the needs of mothers of young children or those who are pregnant - providing places to conduct childbirth in a safe, hygienic environment.

Mira is convinced that a focus on SDGs drives ECD. Rana viewed a common thread of ECD across each SDGs, “All SDGs are very, very critical when you look at child development... they all play an important role in child health scenario and development. Because… there are a number of SDGs, which focus on health, education, zero hunger,… every aspect of ECD” (10:50). Minhaz also expressed the same understanding that “there is a whole very explicit goal, which states that it is very important to have quality care and learning opportunities for children to support them as they move into their pre-primary and primary (grades)…”. She also thinks that ECD has been implicitly identified in each SDGs. Without investment in the very early years of a child, it will be challenging to reach some of the global SDGs targets. From the perspectives of Mira, Rana and Minhaz, SDGs are a prominent force in driving ECD. However, the other participants viewed it differently and perceived ECD as the driving force for SDGs.

Subtheme: ECD Pushes us to Achieve the SDGs. From a few participants' perspectives, the role of ECD in attaining SDGs was evident. Shelina expressed,

> I really feel that the key to SDGs is a strategic, contextually owned, and very relevant and structured approach to the implementation of some programs which lead to future sustainable development. I think ECD just drives the SDGs. Suppose we can develop programs focusing on ECD for poverty elimination, equal access, or some nutrition aspects of early childhood programs, then definitely, in the future, it will impact SDGs. It depends on how we plan, strategize, and relate ECD to SDGs, as all the SDG goals are interrelated.

The finding analysis showed reciprocity between ECD and SDGs. Participants viewed that ECD and SDGs are intimately linked. Shelina visualizes ECD as a backbone of SDGs. However, Laila viewed ECD as an arrow to achieve multiple targets simultaneously. She illustrated,

> It depends on how you see it. Suppose you put children at the center, make all the necessary inputs, and consider that early childhood development is the lever that could help attain all the sustainable development goals. Currently, the way the sustainable development goals are framed, there is the target 4.2.1. That is the so-called ECD target. When the SDGs were developed, it was such a big deal to have something that was ECD-specific in these global goals. …, when you say ECD, some people will just focus on that particular target as one target. But…, we say, well, the health goal contributes to ECD, the nutrition goal contributes to ECD and economic empowerment, and all other SDGs contribute to ECD.

In Laila's perspective, if services and policies in all sectors ensure ECD provision of services at a community level, then we can achieve many other targets listed in SDGs. She also comprehended ECD as a thread that can cut across and impact all the SDGs directly and indirectly. She gave the background of introducing the ECD approach; she recalled,

> When they first came out of the international step-by-step association, I remember they had mapped how ECD was relevant for all of the SDGs. And I would see something more recently, too. That also tried to show how the ECD agenda contributes to meeting multiple SDG goals. But not many people are talking about it that way. And so I do not know how much it resonates with people or how people think about it. My personal view is that if you are addressing all the different policies and service needs at the community levels to ensure early childhood development, then you would actually be ticking the boxes for a lot of other things that are in those (sustainable development) goals.

Looking at Laila's understanding of ECD as a catalyst to achieve SDGs, Mira also viewed ECD in the same direction as she linked, "SDGs implicitly target ECD from many different development angles…, such as immunization, women empowerment, social inclusion,

safety, and being away from war concept. I think every concept [targets] ~~of~~ sustainable development goal directly, or indirectly impacts child development". Participants discussed the impact of ECD on SDGs; they explicitly recognized that both work with a systemic approach, supplement each other and are supportive of achieving the set targets. Minhaz explained,

> This is the first time early child development is identified in each sustainable development goal. And I think that the sustainable development goals have been very explicit that without that investment in the very early years, reaching some of those targets will be very difficult. And I mean, there is a whole very explicit goal, which states that it is very important to have quality care and learning opportunities for children to support them as they move into their pre-primary and primary (grades). So, I think the sustainable development goals have been very important for us globally to highlight the importance of ECD.

It was interesting to notice from the participants' conversation that both SDGs and ECD targets supplement each other; no matter if ECD drives the SDGs or SDGs leads the ECD, they are both sides of a coin.

Subtheme: Leaning into the Nurturing Care Framework. Apart from SDGs, the underpinning frameworks that participants emphasized to enhance the ECD agenda and integrate into practice were the nurturing care framework (NCF) (Britto et al., 2017; Uchitel et al., 2019; WHO, 2018) and care for child development (CCD) (Lucas, 2018; WHO, 2012). Regarding the NCF, Nafisa believed that it provides a practical approach to ECD as it talks about an enabling environment and emphasizes the importance of working closely with parents and caregivers of young children. She also gave some background of the nurturing care framework origin and demonstrated its close link with health-related services.

> I think with the science of ECD, we know that health has a significant role in early childhood development. …, if you look at the nurturing care framework WHO and UNICEF developed. And we [AKF] also contributed to it, talking about five critical components for child development: health, nutrition, an opportunity for early learning, safety and security and early responsive caregiving.

Taking the discussion on the NCF further, Minhaz highlighted the significance of it within the multiple service sectors and over time; she shared,

> I understand that the multidisciplinary approach is very much grounded in the current framework of nurturing care. This framework ….recognizes children's healthy development, whether they are a boy or a girl, they need five key things. ….and for me, health becomes one dimension among all those other things that children need. So, health starts with the health and well-being of the expectant mother, even before she becomes pregnant. The key thing in the nurturing care framework is it really recognizes a life cycle approach so that the health of that mother very early on in her life influences the conditions for the baby that she will soon bring into the world.

The above thoughts connect maternal and child health with ECD. As Rana indicated, "antenatal, natal, and postnatal care, lactation, early childcare, nutrition, vaccination, growth monitoring – all these are very much an integral part of the nurturing care framework". Participants viewed the NCF as affirming a life cycle approach and significantly associated it with health. Laila explained the evolution of ECD programs in the context of Pakistan. She recalled,

> Initially, the research trial was called PEDS-Trial (The Pakistan Early Childhood Development Scale Up Trial). Later, we started to think about ECD programs; I was involved from the beginning … training in multiple countries. And then also the implementation, thinking through how to incorporate the ECD approach into our work. And that is when we really thought about health programs and started involving the health sector. Because in the past, WHO was one of the authors alongside UNICEF on the Care for Child Development approach [focused on early learning and responsive care giving]. Now, as I was in this work [ECD] thinking along with the team, what have we learned from all these years of trying to use this [ECD] approach in different places? How does it inform our thinking as we go forward, and how does it help us, especially with the nurturing care framework? …That conversation showed those linkages which connect us with health, education, nutrition and child protection. Our focus is to make ECD approach accessible and usable for people in different countries.

Nafisa also shared her perspective on CCD integration through healthcare providers. She mentioned that in Pakistan, the health workers and the lady health visitors have great potential to address ECD through NCF and CCD when they visit families with pregnant and young children under five years of age or interact with the parents of young children when they come for

immunization at health facilities. She explained, “when they [health care providers] are talking to a mother about the importance of breastfeeding, they can also inform them about the importance of play and talk to the child and to be responsive rather than being on the phone.” Nafisa, Minhaz, Rana and Laila pointed out that NCF is a critical tool in supporting ECD and determining human healthcare resources to achieve the set targets by integrating ECD into their practice.

Section 4: Philosophical Perspectives of ECD Impact

As participants talked about ECD, they connected many philosophical perspectives and frameworks related to health and wellbeing. Among those philosophical perspectives, social justice in the context of health and gender equity has been made visible. They also discussed structural and social changes through ECD to bring social justice.

Theme IV: Social Justice Through ECD

While discussing the ECD under the umbrella of a social justice perspective, participants articulated their understanding of social justice, particularly in the context of health and gender equity. They also considered the environmental and social-structural views. They understood ECD as an effective way to achieve social justice in society. While talking to Yami, she said, “Social justice is the question of treating everyone fairly in society… marginalized people should not be left out. Everybody should get equal rights to health and education. And one has to work towards this; as it just does not happen without putting efforts”. As Yami indicated, social justice is not achieved automatically but requires thoughtful planning. On the other hand, Laila viewed social justice in terms of equality and "giving everybody an equal start in life and equal opportunities to survive and thrive, …no one should be left behind, everyone must get an opportunity to have the best life that they want for their children". Minhaz expressed her

understanding from the environmental perspective. She elaborated on how children develop their worldview based on human interactions and how it impacts society.

> Children…, even before birth, take in everything around them in the environment. They depend on the environment for their brain, language, and cognitive development. Children hear conversations of their caregivers and observe interactions between them, and if children see people showing…, little tolerance for each other or hear something which is not appropriate; for example, when we see gender inequities and related experiences, the language, the interaction all begins to shape children's thinking about the world. Those perceptions get established early on. And so, if we are looking at a social justice world, the environment around children needs to facilitate them to think about the world…, [to be] better prepared to grab the opportunities that come their way. And make them resilient.

Mira viewed social justice from another angle in the context of ECD. She feels that social justice should not be considered only in terms of monetary resources and should also be regarded as parents' and caregivers' involvement. Equally, resources for children in terms of time and attention to maintain their well-being need to be considered. She explained,

> I want to give my example; when I was young, my Nani (maternal grandmother) gave my brother and me a few stones and asked us to throw them as far as possible. And then, she used to ask us to measure the distance and how far the stone went. And we used to get busy measuring the distance using various items like a wooden stick or rope or sometimes using our footsteps. It looks like a competition. The one who throws the pebbles far gets to win. Playing and learning the mental and physical skills of measuring and throwing was fun. The grandma used to engage us positively, utilizing the surroundings, time, space, and available resources. In her [grandma] perspective, whatever material or resources we have must be utilized in the children's favour; children should not be left deprived. This thinking is basically from the justice perspective.

Laila strongly suggested that early childhood development and pre-primary programs should be considered equalizers. She rationalized,

> Because research has proved that even children from disadvantaged populations, those who are displaced, in poverty or have lower health outcomes when they have access to a formal learning program, tend to catch up with children from more privileged circumstances in terms of their development. And sometimes, they even surpassed them. Though their beginning of life has started from disadvantaged circumstances and they have faced various pressure and stressors, early childhood programs can mitigate that and help get children back on the right trajectory.

However, Danil thought critically about whether ECD is a genuine way of addressing social justice and a way to create and establish support systems to promote ECD and daycare centers. He cautioned,

> There is more to understand and consider [than]the standards for having ECD or daycare programs and follow them strictly. I have seen daycare centers, especially in formal settlements, where our children were being kept; they were in dangerous situations, in houses that were not well-led. The kids had hardly anywhere to play; they were mostly condemned to chairs or beds; the meals were basically white and the children were not well nourished. These issues need to be focused broadly on social, economic and governance structures and bring in parliament to discuss.)

Subtheme: ECD is a Tool to Address Health Equity. From a social justice perspective, participants expressed their thoughts on ECD in the context of achieving health equity. Minhaz elaborated,

> ECD is critical for equity in all aspects of life. I think every child deserves the opportunity for and has the right to quality healthcare. Quality of healthcare is significant over children's entire life course because we know from research that poor health outcomes early on put children at risk across the life span for their adulthood in terms of heart disease, diabetes, and mental health issues… ECD is a key time to begin investing because that is when so much early brain development and growth is happening so rapidly.

Rana shared her understanding of equity and the challenge faced to achieve equity in health through the ECD program. She explained, “But there is no preschool; even though we are doing advocacy and we are coordinating with service-providing agencies, but providing the infrastructure like schools, health centers, transport and all other services are beyond our scope and mandate.” Shelina also agreed that ECD is a powerful equalizer but needs resources. While focusing on ways of achieving health equity, Zeina talked about bridging the health equity gap through ECD. She also brought forward concern about its implementation in remote and underprivileged areas.

> But we have to look for deliberate attempts to find ways and mechanisms of rolling out the program, to give the equity, just based on the principle of equity is fine, but how do

> you roll it out, in urban slums, in rural areas or mountainous regions, how you roll it out, that it actually provides equity.

Participants viewed ECD as a vehicle to enhance the quality of services and access to information. Nafisa mentioned that access does not guarantee the quality of the services. She believes equity and equality are both substantial to consider with the quality of services for ECD. Zohra also felt confident that we can strive for equity through ECD. However, in her view, it demands the investment of time and all sorts of resources. She indicated one way to achieve equity is by enhancing access to ECD-related information among adolescent and child-bearing age women. Zohra explained,

> It is the right of each mother to know ECD-related education and have timely information. …. Also, our [health care providers'] social and professional responsibility is to educate parents about all the aspects of nurturing care. If it is not happening, it means we are not doing justice to them and depriving the infant's rights. If a mother cannot provide holistic development care to the child because of unknowingness, that is [unfair] to that infant. And respecting the right to know, I believe ECD-related information must be given earlier when they are adolescents and youths…, about how future parents will take care of children's physical, emotional and social needs. So, I think that is the social justice we can attain through ECD.

Rana also expressed her thoughts from a health perspective, “It is very, very important that [a] mother who has come for antenatal, natal or postnatal care, she must receive proper and accurate information.” Participants believe that access to ECD information is critical. Once mothers know, they can make informed decisions and provide better care for their children and family. Participants viewed ECD as a strategy to improve MNCH services, reduce poverty and enhance the awareness of the significance of ECD among the population, ultimately reducing the gap of health equity.

ECD and Maternal Newborn Child Health Services. Participants also viewed a close connection between ECD and the maternal newborn child health (MNCH) program. There is a well-articulated link between early child development and the set goal of MNCH. As Zohra

recognized, “maternal health and infant health is also one of the major roles to play in ECD”. Rana found that ECD significantly impacts the MNCH indicators. She indicated, “Many mothers who come to the health facility to deliver their babies do not start breastfeeding in the first hour of delivery, which is considered a critical indicator to set the right start for the child” (37:57). Rana admitted ECD could provide a platform to encourage breastfeeding practices. In her view, “ECD not only focuses on the child’s physical health but also emphasizes child play, brain stimulation, safety, and a positive environment without child abuse. All these things are critical in child development and connect with MNCH too”. Minhaz also looked at ECD as a connecting point along with MNCH quality care. She described,

> “ECD really starts with the health of the mother …and continues in the antenatal, natal and postnatal period. The opportunities mother comes across to connect with her baby, the bonding, attachment, feeding, and the proper nutrients support the mother to breastfeed. And then the kind of nutrition the baby gets when it's time to move into complementary feed, immunizations, and growth monitoring. It has to be connected to everything else where the baby feels safe and secure; it is all part of healthy development.

The participants’ perspectives clearly linked ECD and MNCH care as they both addressed the health of the mother and child. Danil also shared his experience from the scope of ECD and MNCH work. He explained, “All the work we do with communities to create the need for positive health-seeking behaviours, preventive health, and …reproductive, maternal, newborn, and child health are closely linked with ECD”. In Danil’s perspective, the training they provide to healthcare providers on BEmONC (Basic emergency obstetric and newborn care), CEmONC (Comprehensive Emergency Obstetric and Newborn Care), social protection care, family planning and other community health training, can provide the best opportunity to integrate ECD-related knowledge and its life-long impact.

ECD as a Poverty Reduction Strategy. Participants articulated that ECD is decisive in economic development, poverty reduction, and elimination. From the financial standpoint, both

Zohra and Mira spoke about the "economic inclusion of children". Mira believed that to have a tangible impact, economists must pay attention to project the budget spent on the health and education of children and the impact of its return on the overall progress of the country. She also mentioned the fair distribution of resources to children and their families and the long-term impact of the facilities and resources which could be offered free of cost for children under five years of age. From a poverty reduction perspective, participants connected ECD as an effective and practical approach.

In the context of achieving equity, Danil and Zohra acknowledged that the vicious cycle of poverty can be broken through ECD. Danil reflected on his community program experience in some informal settlements, where he witnessed how organizational programs work with small children and their families. Those programs proved that poverty can be addressed. Zohra believes that if the target is to break the vicious cycle of poverty and be ready to invest a reasonable amount of time and resources, then the human's early years of life are the best avenue, focusing on mothers, babies and families. She anticipated, “Once the poverty vicious cycle breaks successfully, then the education component will definitely improve among women, which will lead to a positive impact on reducing gender discrimination". From Rana's perspective, poverty is a complicated and multifaceted phenomenon; however, it can be tackled through the ECD approach only when essential and affordable quality services and infrastructures exist. The participants discussed pathways for eliminating poverty with the ECD approach, given the necessary conditions and services; one of the most critical components of ECD they mentioned is education.

ECD-Related Education is a way to Reduce the Unpredictability of life. Participants thought education and awareness regarding ECD among parents and caregivers significantly

impacted human society. Yami considered education as one of the indispensable components of ECD. She elaborated, “Number one, education about ECD is really needed…, and it is not only the content that helps, it is the process which helps to acquire skills to think critically, rationalize, solve problems, make better decisions and bring change in behaviours". She acknowledged that human life is full of unpredictability and it cannot be eliminated completely but can be dealt with and reduced by getting an education. She articulated, “those people who are privileged and have a better upbringing and broader vision and thinking, they can understand the situation the world is in and [are] able to help out. That is my firm belief”.

Looking at the children in the low social income group, Yami considered ECD a way to develop resilience. She confidently said, “no matter how poor they are, if they get good care at home and have an education, they can do something for themselves to progress.… Through ECD we can create opportunities, so they do not remain deprived, which is an important part of ECD”. Zohra also projected that ECD-related education will positively impact poverty alleviation and accelerate the process of advocacy for children. She considered education one of the strong pillars to support ECD in knowledge mobilization and advocacy. Rana thought SDGs also focused on bringing equity in many aspects of human life. She echoed,

> I think when you look at child development, a child from a low-income family is more vulnerable to health, nutrition and social problems. So if we want to have proper ECD, the first and primary thing to work on is to improve equity, the equitable distribution of resources, be it health, education or availability of food, water, a clean environment, or poverty eradication…; these are all SDGs as well.

The discussion with the participants around ECD as a tool to achieve equity in health revealed their firm belief that health equity and ECD are closely connected to achieving SDGs. ECD can be crucial in mobilizing resources and acting as a strategic vehicle to attain SDGs.

Subtheme: Gender Equity Through ECD. Many of the participants were convinced that ECD provides an avenue to reduce gender inequity. Participants considered women's empowerment explicitly and social determinants of health implicitly progressive with ECD. In Zohra's view, ECD provides an excellent opportunity to advance gender equity by enhancing fathers' involvement in supporting ECD-related care, such as breastfeeding. She shared that nurses primarily work on breastfeeding agendas with women only. She witnessed that, in most cases, fathers are not provided with a conducive environment to participate in ECD fully. She shared,

> The gender biases are there, and ECD can provide the platform to bridge the gap of gender equity. In my lactation clinics, when fathers come, I, as a patient consultant, talk about their role and responsibility… These lactation clinics are important in terms of infant development and the engagement of the father in the process of ECD… [for example] they can provide kangaroo father care, which will enhance the feeding cues and help their babies in the development process and give them reasonable satisfaction as a father.

Mira strongly believes that women's empowerment has a direct link with ECD. She explained that ECD could be an effective strategy for attending to women's rights in a patriarchal society. She mentioned,

> Women's empowerment can play a crucial role in promoting ECD care and practices, especially in societies where people are educated and agree that women should be empowered. However, there are male-dominant communities, and women are still not getting their rights. For example, in some families, women are not even allowed to talk about family planning methods. I think ECD awareness around the significance of mother-child interaction in relation to early brain development can bring social change, and the fathers' and grandparents' can become more supportive of women in the family. I believe ECD is a way to empower women in society and will directly impact child development.

Zeina concluded from her research experience in the area of women's empowerment that "Maternal mental and social health problems like depression and domestic violence can be tackled well with the help of ECD. On the other hand, considering the financial perspective of

ECD and the role of women in economic development, Zohra identified the gap in supporting the mothers of young children because of the lack of affordability and availability of safe spaces where mothers can leave their children with confidence. She pointed,

> We all know that if women work and contribute financially, it will help uplift economic conditions, especially for families in poverty or under poverty. However, in order to work and support the families, when mothers or parents think about safe places like early childhood centers or quality daycare centers which provide safe and holistic care and where they can keep their young children confident and stress-free, they hardly have a choice.

Mira, Zeina, Zohra and other participants firmly believed that through ECD, we can enhance the status of women in society and strengthen their position in the community. They indicated that school education may not be the only way to achieve women's empowerment. ECD is also a viable route to educate and empower girls and women within the context of their society, especially in areas where access to formal school education for girls is challenging. Furthermore, in Zeina's perspective of controlling violence or bullying, gender norms play a very important role as a social determinant of health (SDOH). Considering gender norms in the context of ECD, Zeina explained,

> …gender norms shape an individual in terms of their nutrition, self-care, and mental health. And I think if parents are well informed and children are strong from the ECD care perspective, …then they will be much better off as a men or women in their adulthood. And that is where I felt that health has a very important role to play in the ECD... I am not talking about health as physical health, but health as holistic health.

During the conversation with individual participants, a common thread of observation was implicitly found around SDOH. They brought to light all six components of SDoH; education, nutrition, health, environment, economic stability, and various community and social contexts central to ECD.

Subtheme: Powerful Structural and Social Changes Through ECD. The participants projected a whole range of impacts of ECD during the discussion. They highlighted numerous

possible impacts from structural and social perspectives in multiple settings. Those impacts fall mainly under the structural and social areas of development, including economic, educational, family, cultural, gender, health, environment and many more global targets.

ECD Strengthening Family and Culture. All participants considered family as a strong social structure and institution to support children throughout their childhood, especially in the early years of their lives. Minhaz believed that family and family relationships have a powerful impact on children's upbringing. She said,

> I think the first is the family. That's a very key human resource for a child. And the family needs to have the right support and services. [Because] …family is a very powerful unit; it gives a sense of meaning and connection. Parents and grandparents contribute to another human being's life. They create feelings of belonging, safety and security in children.

Participants also recognized that childbearing families and young children need the proper and timely support and services across the sectors, including health, nutrition, education, agriculture, water, sanitation, and infrastructure. Moreover, participants also talked about support groups for mothers, fathers, and even family members such as grandmothers and mothers-in-law, as they are great supporters and contributors during the ECD period. They all agreed that there is no other way to support ECD effectively but to provide timely structural support and services to the family. And at the same time ECD also brings an opportunity for families to learn, thrive and reduce the gap of inequities. Danil explored the indirect impact of ECD education on families in the context of African culture as he explained,

> As you work with the children, I think families also learn with them, whether it is about good nutrition, seeking timely medical services, or engaging them in learning, …, it impacts the family's culture as well. The family basically practices some of those we encourage in the communities through ECD-trained community health workers. Such as how to make toys using locally available materials or prepare a nutritious meal. Here in an African setting, when they are preparing a meal, it is a one-family meal. So, that impacts the rest of the family members as well. Because of what they learn about their child, they implement it within their families.

From the Pakistani cultural perspective, Mira contemplated the impact of ECD on the restructuring of men's role in society. She believes that ECD not only enhances women's empowerment but also creates an avenue for gender equality by providing enough opportunity for men to participate in care for their children and influence the cultural practices in a supportive role, especially in male-dominant communities and societies. On the other hand, looking at the impact of ECD on overall human resources, Yami firmly believed, "Children who have been looked after well and have been given the attention during early child development, they turn out to be better adults, and be more balanced human beings…". Yami viewed ECD's impact in terms of developing healthy human resources supporting SDGs and their implementation.

ECD and Environmental Impact. Minhaz recognized that it is vital to consider the home and working environment a mother is exposed to after conceiving. She indicated that the quality of prenatal care, food, water, air, atmosphere, and housing significantly impact an unborn child's ECD experience. Later, when a mother delivers the baby, the quality of safe delivery opportunities, space, and trained health professionals play a significant role in the outcome of her pregnancy. The part of the environment play continues after the delivery; during the postnatal period, how mothers connect with the baby, the bonding, feeding, and supportive environment within and outside the family significantly impact the early years of a child's life.

Mira viewed the environmental impact of ECD from the child health perspective and climate change. She believes safe water, sanitation, and housing significantly impact children's lives and overall development. She pointed out, "There are places where growth is stunted; the only food they grow is potatoes or corn. So, they have enough food but not enough variety and affordability is a challenge. This adversely impacts a child's nutrition and brain development".

She also voiced the effects of global warming on children's growth and development. She cautioned that

> We must focus on the climate conditions to save from global warming as it dramatically impacts child health. Areas where weather conditions are harsh, with extreme hot or cold, where children may be unable to access schools and health facilities…, they are not drinking enough water, and in those areas where nothing is there to grow.

Zohra spoke about ECD's role in environmental sustainability. She gave an example from a child-feeding perspective, as she mentioned the direct impact of reducing bottle feeding and promoting human milk on ecological sustainability. She said, “If we are not encouraging formula milk, we reduce non-biodegradable material and protect our environment. I think environmental consumption and production both are interconnected with early child development”. All the participants shared their perspectives on the impact of ECD from a very specific to the general context. They also linked the processes and outcomes of investing in ECD with the support of examples from their work experiences. Additionally, they all have looked critically at the powerful future impact of ECD integration into various sectors and disciplines.

Bringing Service Sectors and Disciplines Closer. Participants viewed ECD from various perspectives, including enhancing collaboration between service sectors and disciplines. Participants understood the multifaceted nature of ECD, as Nafisa noted, “ECD is multi-sectoral… it is a combination of different people that are contributing to a child’s life.” Minhaz shared the significance of bringing people together with a sector and from various sectors “to work as a multidisciplinary team” as critical. Nora strongly suggested,

> Instead of working in silos, and duplication of efforts, measuring different outcomes and indicators differently, we need to think about how we bring in even other sectors, water, agriculture, and so on, to ensure that we can have robust programs that are multisectoral targeting holistic development of the child..., I see many players coming in; we need coordination and motivation.

Laila also believes that ECD is the agenda of each sector, including health, nutrition, education, safety and child protection, agriculture, and structural, environmental and economic development. Therefore, it needs strong collaboration between them. She conceded, "After mapping the needs of the community, the policy set at the level of each sector, and those ECD multisectoral policies reflect every sector's role to play, and it tends to be four main sectors. Usually health, nutrition, child protection and education". She also indicated that multisectoral collaboration brings the "opportunity for cross-profession training across different sectors. And those professional development opportunities that bring these different professionals together become a strong collaborative effort to start moving things forward". Shelina shared the learning she gained from the ECD-related vast community engagement projects where she found multiple players, including midwives, medical practitioners and education practitioners. She recommended,

> We need to create a seamless line between the two [health and education sectors]. Because we cannot split ECD, this part is health, and this part is education. The program should not be focused entirely on health or education in the context of ECD, and it must combine with the collaboration of both sectors.

On the other hand, Danil perceived the ECD should not be situated in education or health. It must consider the human development sector. He justified,

> I do not think having ECD in education or health will help. I think we are still going to end up with a silo.… I would instead use the word development, which ideally makes more sense. I do not place ECD under health or education. Because these two are still viewed among stakeholders as a separate agenda. Health sector people will say it is an education issue, we are not involved, or education people say it is a health-related issue; therefore, we are not involved. The more sustainable way is to get all these people around the same table and say it is a human development issue. Thus, let us all come together. However, it is a kind of complex approach. However, I think providing them with a forum for both sectors to come and work together is more sustainable and better. It is better.

Nafisa mentioned the alarming situation in some communities where she observed an unacceptable environment for children to stay in. She thinks the involvement of nurses and health care workers in the community can positively impact. She described,

> …And a lot of the poor urban areas are being left with untrained childcare providers. Moreover, those kids are spending nine or ten hours at someone's home where they are not getting enough nutrition or nutrients in their food or responsive caregiving care and early learning stimulation. So, for me, parents and caregivers are the critical pots in ECD. Then, it is the health, health workers, education workers, and social protection.

Participants expressed the need for multisectoral collaboration and believed that ECD could bring various sectors closer and provide a platform to work together.

Section 5: Key Leadership Supporting Global Agenda of ECD

The global agenda of ECD brought an in-depth and thoughtful discussion with participants around leadership to support ECD. They conferred stakeholders of the community institutions and professional care providers such as healthcare providers, educators, policymakers and politicians as the key players in supporting and enhancing ECD from various perspectives and in many fields.

Theme V: Leadership Role of Stakeholders and Professionals in Promoting ECD

The extensive global experience of the participants working in diverse settings brought forth exciting perspectives. They viewed stakeholders of organizations and institutions as a key in promoting ECD at local, national and international levels. Participants considered the role of organizations across the globe, and they expressed the importance of the association and partnership between them. Nora shared her successful experience of local collaboration to achieve the goals of a community-based organization named Madrasa Early Childhood Development Program (MECD) in East African countries. She narrated,

> We started [a project] with education but were not getting the outcomes we wanted. We had children who frequently fell sick. So, they were not coming to school as regularly. And if they were coming, they were not actively participating in the learning activities.

> As a result, we re-assessed the children's needs and found most of the identified problems were health-related. So, we decided to start early [years of life] and follow the children when they were still home before they reached pre-school age. By utilizing those community health structures, we collaborated with the health facilities, incorporating the existing community health strategies with the help of community health volunteers…, And we started health and nutrition interventions to mitigate the problems, and as a result, we successfully achieved our set learning outcomes. And that's why health, nutrition, parental education…, and working with the Ministry of Health and frontline workers have become critical components of our program to date.

Nora's experience spoke to the benefits of local collaboration in supporting ECD. Zeina talked about enhancing the provision of ECD at national institutions. She emphasized that educational institutions like schools and colleges take the initiative to incorporate ECD-related information and knowledge so that high school and college-going students will be better prepared for their future parental roles.

Apart from the national organizations, participants believed that collaboration among international professional organizations is critical to promote ECD awareness and integration in various professional practices. Minhaz contemplates, “I think globally, the nurses' organization ICN and Midwifery Associations are the platforms where through deliberations, forming thinking groups and task forces can act as … pathways forward that can spring from fourth SDG and from the nurturing care framework”.

Discussing the role of stakeholders of various organizations in promoting and supporting the agenda of ECD, Nafisa shared the example of the AKDN. Many AKDN institutions have significantly contributed to making ECD a global priority, enhancing its knowledge among leadership and focusing on resource mobilization in the last 15 years. Not only that, Nafisa mentioned, the AKDN also contributed to developing the nurturing care framework. She gave some background on AKDN’s uptake of ECD as a priority in 2007. She reflected that "The AKDN Board requested all AKDN agencies to prioritize ECD within their institutions". She

shared about the AKF's first initiative to conceptualize how AKDN board members understand ECD and designed a course in partnership with Red River College in Canada. They worked together to build capacity and raise awareness of ECD among institutional leadership and staff.

Participants strongly expressed that ECD demands multi-sectoral and multi-disciplinary attention and contribution. Laila viewed the role of caregivers in ECD from a holistic point of view. She said, “Every single person that interacts with the family has a role to play in ECD”. Rana emphasized that “Every professional and every profession, every sector has to play their role in improving and addressing this global agenda”. Minhaz also thought that the role of professional caregivers is central in ECD. She explained,

> After family as care providers, healthcare professionals, nurses, and doctors have a very, very key role. Moreover, teachers and community program providers, …, government institutions or community social organizations, and village organizations all need human resources across the board to ensure that the right kind of services are delivered timely to support and promote ECD.

As Laila and Minhaz indicated, human resources are required across institutions and organizations to promote ECD. Mira voiced the strong need to involve human resources in all affairs of life and not only in the health and education sectors for the provision of ECD. She expressed,

> Child development is a global matter, and it is a nationwide need of each community. [therefore] I think people from each sector of the nation should be involved. It should be a collaborative approach. A team should be working for children, including a schoolteacher, an ECD practitioner, a nurse from child health centers, an agricultural expert and an environmentalist.

Most participants agreed that human resources to support ECD must come from across sectors, disciplines and professions. Yami strongly believed that in the process of educating about "ECD to families, media, government, NGOs and private enterprises, anybody and everybody has a role to play because they are all part of society and children grow up in the same

society". Participants named many professionals and caregivers and their general and particular roles in supporting ECD, including parents, family members, preschool and school teachers, health care providers, doctors, nurses, and community health workers. Moreover, they mentioned social workers, social protection officers, ECD practitioners, babysitters, and childcare service providers. Community and organizational stakeholders, professionals such as nutritionists, economists, agricultural experts, and environmentalists, were also mentioned. However, the nurses' role was paramount among all the care providers.

Theme VI: Major Role of Nurses in Supporting ECD

Participants expressed their perspectives on the role of nurses in ECD. They showed confidence in nurses and acknowledged their significant role in promoting and supporting ECD. They believed that in health facilities, nurses and other health care providers are well situated to integrate ECD knowledge and skills compared to other care providers. Nafisa gave an example from her experience while budgeting with Aga Khan Health Services to integrate ECD services into a community-based project. She suggested that instead of hiring ECD facilitators, we can build the capacity of the existing facility staff so that they can become ECD promoters. She said, "ECD facilitator may not be a sustainable position in a health facility. Better to have family nurses who can integrate ECD knowledge in her practice and will remain in the system and sustain". This example clearly indicates that even people from a non-nursing background viewed nurses in the best position to integrate ECD within the health care setting. The following theme will present the participants' perceptions which describe why, when, where and how nurses can support promoting and integrating ECD in nursing care. Participants strongly rationalized why, when, where and how nurses can engage in ECD within current healthcare practices and a global context.

Participants from both nursing and non-nursing backgrounds were firmly convinced that nurses have a pivotal role in supporting and promoting ECD in their practice. Zohra rationalized that nurses are in the best position for ECD integration because they are key in providing care for pregnant mothers and newly born babies. Yami strongly believed that nurses' involvement in ECD is the right way to improve people's health because nurses work with many individuals, families, groups and communities. She emphasized, "This early child development and care is a very, very, very important aspect of nursing care". Minhaz, who has a non-nursing background, said, "Nurses have been identified globally as one of the key groups that families reach out to. They are a sort of an entry point to family caregivers to begin empowerment and awareness about ECD in their caregiving practice". Participants viewed nurses as a group who can integrate ECD into their caregiving practice in an efficient manner with a minimum investment of time and training. As Yami expressed, "Nurses, yes, they are in a better position and in a better role to promote early child development and care". According to Zohra, nurses who are well-prepared in ECD can take the lead in integrating ECD knowledge. Laila showed confidence that "nurses are always going to be important, and there is always a capacity and opportunity for them to contribute toward ECD. [However] we must think about when and where they interact and what role they play. In each of those different interactions, how will they integrate ECD?". Zeina elaborated,

> Nurses' role in ECD starts from the fertility period, even prior to conception, when nurses deal with adolescents in school as school health nurses, addressing their reproductive and sexual health. Once they enter marital life and conceive, [the] nurse midwife role become[s] prominent. She plays a crucial role during the antenatal and postnatal period and continues caring for children under five years in well-baby and vaccination clinics. So, for nurses, these are very natural mechanisms of connecting with the mother and child in the early three years of the child's life.

The participants noticed that nursing roles cut across all stages of life. They admitted that nurses' roles in supporting individuals and families during the ECD period start before a child's birth and continue throughout the lifespan. Zeina strongly viewed ECD as a natural platform which provides the opportunity to support individuals throughout life. In some cultures, nurses interact with grandparents to help them in caring for their grandchildren.

Along with Zeina, Yami also thought that nurses' involvement in ECD is crucial; participants recognized the importance of nurses' participation in ECD and its impact on the quality of life of the entire population. They perceived many roles of nurses in several capacities in the ECD context. Nora explains that nurses have many opportunities to promote ECD awareness and integrate ECD knowledge and skills while interacting with families of expectant parents and young children. She emphasized nurses' role in supporting children in their early life years in diagnosing and referring growth-related issues and delays. She indicated, "I am looking at nurses' role in assessing, supporting, guiding and directing parents who come to them saying that my baby has not started talking or walking".

Role of Midwives in ECD. Numerous participants from nursing, educational and community work backgrounds appreciated the midwives' role in supporting ECD. They believed that nurse midwives work very closely with childbearing-age women and can play a crucial role in giving ECD-related information and creating awareness when interacting with antenatal and postnatal mothers and families of young children. Minhaz clearly stated,

> In some parts of the world, nurses are usually the only ones who have the first interaction with a family long before a child even comes into school. So, I think midwives particularly have a very important role in understanding early child development and the kind of counselling and care they can give to a family or mother during delivery and postnatal care.

Danil also considered nurses as key personnel in promoting early child development. He reflected, “I see nurses as one of those groups who can positively impact people’s lives”. He shared his observation which is quite similar to the other participants who articulated that nurses have opportunities to get in touch with parents even before the babies are born. He justified that most nurses have access to medical records of children who come for vaccination and growth monitoring if nurses can cash that opportunity by observing the changes in child weight and other parameters, which gives an overall understanding of the child’s progress. He proposed,

> Nurses can do more assessments on how parents manage children at home, like what kind of food they eat, how they discipline them and how much time they spend with them. It is effective if every contact nurse can spend a couple of minutes addressing some of the ECD issues and use those as teachable moments to inform them about strategies and alternatives to support children’s well-being from the ECD perspective.

Zohra believed that nurse midwives could form support groups among mothers, fathers, and family members involving grandparents to provide ECD-related knowledge and awareness, discuss the problems and share the best practices with them to overcome challenges. Apart from the midwifery role, participants have identified various other current roles of nurses in integrating ECD into their practice. As Zeina sees the nurse's role beyond the nurse midwives, she said,

> I do not see the ECD role of nurses and midwives only during the antenatal and postnatal periods. On the spectrum of ECD, nurses’ role is significant from birth to the entire fertility age. Because in adulthood, mostly the role they play is either pre-parents, parents or as nanny and daddy (maternal and paternal grandmothers). As multiple parenting is common in our culture.

Along with Zeina, many participants viewed nurses’ and midwives’ involvement as prominent during the preconception, antenatal and postnatal periods and the first three years of children's life when they are not in school. They mentioned the role of nurses working at the health facility as family health nurses and in the community's catchment areas as community

health nurses and school health nurses. Not only that but also in acute care settings, nurses perform multiple roles to support ECD.

Role of Family Health Nurses. Zeina viewed the nurses' role in promoting positive parenting in the context of ECD. She believes nurses are involved with parents from the beginning of the family formation and the child's conception. She mentioned, "In the context of Pakistan, if there is a family health nurse, then she can get engaged with family much earlier. And then, during the family health practice, she can talk about positive parenting and positive disciplining young children". In the context of African countries, Danil also viewed nurses' decisive role in ECD from the perspective of parental engagement. He verbalized, "Nurses' role in engaging the children and their parents, even the faculty and staff, in positive parenting practices can help them advance the children socially". He thought parents spend time with their children, but sometimes they do not know better ways of interacting and supporting their early brain development. As Danil indicated, "parents need guidance to engage them [their infant] in activities that stimulate and support early brain development, language and social aspects. I think these aspects of care nurses and teachers can look at while interacting with parents and guardians". Participants viewed the social aspect of brain development as important as the physical. Furthermore, they acknowledged the nurses' role as family health nurses in supporting the parents for the children's early social development and well-being.

Role of Community Health Nurses. Zeina thinks that along with family health nurses, community nurses can also lead in ECD, especially in bringing change in parents disciplining children. She rationalized that community nurses deal with people who care for children, including teachers, parents and other healthcare providers. Zohra also articulated, "Public and community nurses can identify issues not only related to vaccination and growth monitoring but

also related to other domains like a child's brain development, communication, exposure to the immediate environment and other social aspects of childhood development". Both Danil and Shelina, with non-nursing backgrounds, agreed with Zeina and Zohra, who possess vast nursing experience, that nurses could contribute eloquently to parental engagement in the early years of child development. Shelina firmly believed that nurses could promote safe cultural practices among parents and families of young children during the ECD period. She stated, "Nurses can greatly guide families about safe cultural practices during ECD. And I think these things are extremely important in health as parenting varies in different cultures and environments".

Participants perceived the influential role of family and community nurses in supporting and promoting ECD. They expressed that nurses' role is crucial in facilitating integrating the ECD knowledge in practice to enhance the overall quality of life of the population. Participants viewed the institutional-based role of nurses, such as in schools and foster homes, as one of the practical ways to work and support children through ECD.

Role of School Health Nurses. Zeina indicated that the other way to bring ECD into nursing practice is through school health nurses, who have a crucial role in bringing awareness related to ECD elements among adolescents and preparing youth for their future role as parents. In the context of Pakistan, she considered students of grades ten to twelve as pre-parent and pre-married groups. She said, "Nurses can play their role, especially preparing the adolescent group who are pre-parents or pre-married groups. So, they get information on nutrition, guidance on gender norms, notion of cognitive and behavioural development, and mental health. So, when they become the parents, they have already learned the important components of ECD". Along with the school health nurse, Laila saw the role of nurses in foster homes and orphanages as most effective where most children are at high-risk. She thought nurses can play a significant role in

the context of ECD to educate and facilitate the administrative staff and employees in giving awareness and strategically plan with them to integrate ECD knowledge into their routine care.

Role of Pediatric and Acute Care Nurses. Apart from the community and institutional-based care, participants viewed nurses' roles as very powerful within the hospital settings to integrate ECD into nursing care. Zohra's experience indicated that the role of nurses in ECD is also impactful in acute care settings, especially where children and their parents visit and get admitted. Besides preventing chronic diseases, Mira saw nurses' ECD role from a curative and lifestyle modification perspective. She believed nurses can expand their current role while caring for patients with chronic diseases by integrating ECD into practice. She suggested that while teaching patients with chronic conditions, nurses can "address the ways of keeping children away from the sedentary lifestyle so that they will not suffer later in their lives—focusing on how to prevent or delay chronic diseases in the family from the beginning". Zohra and Mira clearly articulated the role of nurses in supporting ECD in acute care settings to reach out to the parents and families of young children, provide the enabling environment to adopt healthy lifestyles, and bring changes in the routine of the household. They agreed that nurses can work with families and guide them from the beginning when children start developing healthy habits in the early years of their lives.

Various Other Current Role of Nurses to Support ECD. Yami believed that "nurses can play a huge role as a health educator for parents and as they help and educate parents on how to do upbringing of their children using scientific knowledge and transformed that science of ECD into best practice". Yami agreed along with Shelina and Laila that nurses as health educators can be champions in mobilizing and synthesizing the scientific knowledge of ECD and its integration into practice. Apart from educating parents on ECD, Yami cautioned that nurses'

role should not be limited to giving ECD-related information only. Nurses should utilize the nursing process to integrate ECD using in-depth assessment of child and family needs, apply nursing diagnoses, set goals, and implement and evaluate timely. Moreover, she added that nurses could use the social media platform as ECD health educators to inform the public about the significance of ECD and its implication in the day-to-day care of children.

Discussing the role of nurses in the field of ECD, many participants substantially mentioned the advocacy role of nurses. Shelina thought the advocacy role of nurses in the context of ECD is essential to achieve global goals. Yami also brought up the idea of supporting the role of nurses in advocacy using the media platform; she questioned,

> I would think, have we informed the media? We cannot just work for ECD without disseminating the knowledge and information of ECD's impact on society to the public. If we want to be effective in our roles in promoting ECD, we should inform the media about why the early years of human lives matter. Have we ever had webinars or seminars for media people to say the importance of ECD?

Yami thought the nurses' role in media involvement to support ECD is critical. Also, Zohra perceived that nurses could perform advocacy roles well for ECD with media collaboration.

Participants significantly identified nurses' role as a counsellor in promoting ECD-related knowledge among groups and families to enhance wellbeing and ability to manage life. They mentioned that nurses as counsellors could bring effective change by providing enriching information on ECD, identifying the gaps and prescribing constructive ways of child rearing and caring to antenatal and postnatal mothers and families with young children. The participants stated the areas nurses could impact through ECD were enhancing positive parenting, preventing violence, and influencing gender norms. Apart from paying attention to safe parenting and the environment, Mira also discussed the nurses' involvement in sensitizing the parents and families

regarding the quality of time given to children at home. She mentioned, “Mothers’ role in providing routine care to children is significant. However, mothers in many households are overworked and may be unable to give their children quality time”.

Apart from the nurses’ role as care providers, educators, advocators, and counsellors, Yami mentioned some critical roles of nurses in the context of ECD, considering scientific advancements in health. She emphasized that nurses need to do scholarly research to see the impact of ECD care on health. She said, “Nurses can take the role of researchers because we need evidence on how nurses can bring impact through ECD. And maybe we could have nurse researchers collaborating with experts in early childhood development to see that ECD aspect of care and its outcomes”. Many participants showed confidence that nurses have many potential opportunities available to contribute towards ECD.

Future role of nurses in ECD. Yami expressed the great need for nurses ‘roles to develop in ECD. She expressed, “I feel that there are vast future avenues open for nurses” (40:45). She proposed a new role for nurses as ECD nurse practitioners. As she explained,

> We should have nurse practitioners as we have family nurse practitioners and other specialized roles such as cardiac and oncology nurses. Maybe we can name it early childhood development nurses or ECD nurse practitioners, who specialize and are experts in early childhood development. These nurses can form a team where they can focus on ECD-based nursing care and knowledge. Nurses can also expand their role in ECD research and advocacy. They have the potential to talk to media and policymakers and politicians.… And once there is a nurse practitioner, then it will be much easier to integrate ECD into nursing practice. As they will have their own clinics and communities where they will work. They have to work with various agencies…, get associated with birthing centers, maternity homes, and health centers. Also, they have to learn some of the genetic issues that can hinder early childhood development, like Down syndrome and other related issues.

Yami presented a unique dimension of nurses’ role as ECD nurse practitioners and indicated to develop it further. Considering the participants’ views about ECD in the nursing context, it reflects that there are many possibilities, opportunities and possibilities to contribute

towards ECD assuming nurses' current roles and responsibilities. Participants shared their perceptions concerning nurses' role in ECD from various dimensions. They also articulated nurses' roles from a global perspective in promoting ECD. Laila was very confident saying that,

> "I think there is an absolute recognition of nurses' role in supporting ECD globally. A hundred percent they [nurses] can, and they should, and they need to be an advocate for ECD from the global platform… Practitioners [nurses] could contribute to bringing ECD integration in that real-life reality check [suggesting] that this is going to or won't work. And they also bring in new ideas and solutions that have not even been considered at national and global levels… There are nursing associations in many countries they could do advocacy and probably develop linkages between the nursing and midwifery associations, pediatric associations, and other health professional-related associations as part of the workforce. And if there is any platform that brings all those associations together so that nurses can lobby together for something bigger.

Laila spoke about the current situation of ECD work in nursing practice from her work experience. She described, "At the moment, everything that we are doing relies on in-service training and the goodwill of nurses willing to put in that extra time…. I think the global community wants to hear those experiences and package them to advocate for pre-service education changes". She acknowledged that nurses who have already learnt about ECD and have been integrating it into practice, she called them "the nurse champions in ECD" who already exist in different parts of the world and need to share their experiences and challenges. They can guide what nurses do to support and enhance ECD in nursing care and what support mechanisms are needed. Laila stated that if those nurse champions indicate what needs to be incorporated into nursing curricula and how it should be integrated into practice, "I think we have the potential to shift things and make it easier for nurses to practice from ECD lens".

In addition, participants also highlighted the extended roles of nurses, which can be adapted at the national and global levels to mitigate the needs of society. It is evident from the participants' perspectives that nurses possess a wide range of capabilities and opportunities to extend their current roles as healthcare providers. However, nurses must participate in various

forums to voice their experiences of integrating ECD and related perspectives and ways forward. Moreover, participants also emphasized that nurses can learn new knowledge and adopt new skills to support ever-changing human societies globally through ECD. The following subtheme will display the vital knowledge, skills and attitudes suggested by the participants to adopt the promotion of ECD into nursing practice.

Subtheme: Knowledge, Skills and Readiness. To adapt to the role of nurses in supporting ECD, participants identified critical areas of required knowledge, skills and readiness that nurses need to be equipped with to integrate ECD into nursing practice. Yami suggested adopting the "framework of KAP: knowledge, attitude and practice if we were to integrate ECD in nursing". Participants identified that nurses must have an overall understanding of ECD and its domains, including early brain development, communication, coping and competencies, and developmental health. Zohra indicated that the knowledge nurses must learn includes the "kind of exposure to the immediate environment of the child and other social aspects of childhood development in the early years of life".

Moreover, participants often referred to the five components of the nurturing care framework: good health, adequate nutrition, safety and security, an opportunity for early learning and responsive caregiving. Nafisa clearly said, "They (nurses) need to have the overall understanding and knowledge of the child development, the brain development, the nurturing care framework like it is not just health and nutrition". Most of the participants agreed that nurses have the basic knowledge of childcare. To advance nurses' role in supporting families and communities with young children, Danil expressed the need to extend the nurses' knowledge in the context of ECD so that they appreciate the knowledge of ECD and recognize its importance in practice. He indicated, "It is critical that nurses develop some level of a broader understanding

and appreciation of the science of early child development". Danil stressed that nurses need to understand the significance of ECD and have a clear vision of its possible outcomes which impact children, families and overall society. He said, "If nurses understand the reason behind ECD integration, it becomes easier for them to realize how critical it is to incorporate in nursing. Therefore, getting to that level where nurses just appreciate ECD knowledge is essential". Danil was confident that once nurses develop the understanding and commit to ECD, it will be an ideal situation to bring ECD knowledge and practice in nursing.

The participants identified many critical skills required for nurses in advancing ECD. Above all, counselling skills, including active listening, positive relationship building with parents and caregivers, and critical observation, were commonly mentioned by participants. Laila also identified the same set of skills for nurses related to communication; she said, "The idea of having more of a conversation with the caregiver rather than telling the caregiver what to do. Being able to elicit trust [through] the dialogue, the problem solving, the observation, the listening, those skills nurses need to practice". Danil agreed that nurses have the capacity to play an influential role in teaching the science of ECD and the care of child development to healthcare personnel who work in the community and health facilities and are in a position to talk positively about ECD with parents and caregivers. Yami highlighted the broader skills nurses require to work for ECD. She indicated "how to educate, counsel, follow-up, negotiate…, and take care of all the aspects of development …starting from preconception to conception, to newborn, to school-going children". She mentioned the whole range of skills nurses need to transform the knowledge of ECD to stakeholders and the general population through media. Participants gave examples of opportunities that nurses leverage to integrate ECD into nursing practice, such as when parents bring children to a health center or hospital and nurses have an opportunity to

assess and address the ECD-related concerns. However, Laila reflected on her experience that nurses may miss these opportunities. Danil believed that nurses can turn those missing opportunities into “teachable opportunities”.

Participants also felt the need for strong motivation to integrate ECD into nursing practice. They talked about the passion and right attitude for ECD adoption. Yami warned that ECD integration “depends on many things and one of them is how you conduct yourself; you [nurses] have to have skills and right—attitude to be able to bring ECD interest to nursing care. So, if you do not have that, then that could end into a problem”. Nora also recognized that motivation is essential to integrate ECD in nursing.

> Children zero to eight years are dependent on their parents, families, and communities. I would look at one of the things that I feel is very critical for nurses to be able to do: try to influence parents on how best they can support their children. …Positive relationship building with parents and caregivers is a key component that I will really emphasize on. How do they present themselves to the parents? How do they nurture that relationship? If someone asks about my children and shows interest in my child welfare, it will captivate my heart < Laugh>. So, if you take an interest and advise me on anything, I will be happy to listen to you because I know you are concerned about my children[‘s] wellbeing. So, building working relationships with mothers or caregivers is a critical aspect that should really be emphasized.

Besides the motivation to integrate ECD into nursing practice, Rana highlighted the critical component of commitment and determination of healthcare providers towards supporting ECD. Nafisa got an exciting view of nurses’ attitudes regarding responsive caregiving. She explained that to integrate responsive care, a nurse becomes responsive to the needs of the parents of young children and becomes a responsive nurse, taking more responsibility, thinking more strategically and prioritizing instead of just providing routine care.

Nora suggested that the right attitude is also the key to ECD integration in the presence of proper knowledge and skills. She reflected on her experience of nurses working at primary healthcare facilities in an East African context:

> I am not sure whether the role of nurses is uniform across all countries, but I just reflected on my contextual experience here in Kenya, as well as in Uganda and Zanzibar (Tanzania)… I have seen nurses have the first contact with the mother, when she goes to the health facility, even to do a pregnancy test…, We have those pregnant mothers who come from low-income families, and there are many single mothers; many have nutritional issues, and social issues which lead to mental health problems and directly affecting the newborn. However, the attitude of the nurses towards those mothers who come with third, fourth, and fifth pregnancies is not so supportive. In many instances, the feedback they get might be very negative. ….The nurses are the people who are supposed to intervene, understand this mother's background and support them. Receiving these parents with a positive attitude or hope may also help their journey to begin very well" .

Nora acknowledged that nurses are busy and carry many responsibilities; however, if the readiness is there with the right attitude, nurses can make a big difference in supporting mothers of young children and their families. Participants acknowledged nurses' role in supporting ECD and shared the required knowledge, skills and readiness to address the agenda of ECD. In addition, they also talked extensively about various settings where nurses can perform their roles effectively.

Subtheme: Best Settings to Integrate ECD into Nursing Practice. In the view of participants, the crucial settings where structural and human support exists and can develop to integrate ECD into practice were lying within communities, hospitals and organizations. Zohra indicated, "ECD integration cut across in all the settings". Minhaz also considered ECD beyond health and education settings; she believed, "ECD is not just learning or just health, but it is in everything, … [from how] children are raised and taken care of in the family, to the community and school". Apart from Zohra and Minhaz's broader perspective, a few participants specified the settings from their experience and perspectives as conducive to the integration of ECD.

Nurses' Role in Promoting ECD Within Community Setting. Many of the participants viewed community setting as one of the best places for nurses to address ECD. They considered health-related facilities such as primary healthcare centers and family health, well-baby and

vaccination clinics as “natural platforms” (Zeina or “natural mechanisms” (Rana) where ECD-related initiatives can be adopted effectively. Nafisa found that primary health facilities in the community are the best place to bring the ECD component of care. Nafisa viewed home visits as the best venue to discuss ECD aspects of care. She shared that in some countries, nurses do home visits for pregnant and postnatal mothers or families with newborn babies to provide care and identify issues. She also brought attention to health campaigns in rural areas and villages where nurses visit for vaccinations; she considered those campaigns instrumental in incorporating ECD information and related valuable strategies. She shared her experience,

> I worked in Uganda, where our ECD partner invited health facilities staff to do immunization at the ECD center because people would not go to health centers to immunize their children. So, nurses go to the village, do the campaign, and do immunization in remote villages. They can also do other ECD messaging simultaneously; it should not just be on vaccination. It could also be on responsive caregiving, like using any opportunities.

Nora talked about nurses’ role in ECD from the dimension of empowering the community. She reflected, “Nurses are there to empower the communities on how to keep themselves healthy” (45:36). The other critical setting Zohra indicated within the community is children's daycare centers, where working parents mostly keep their young children who are not yet in the school-age group. Zohra shared her experience as a nurse manager in one of the early child development centers. She addressed the issues of quality care and providing safe spaces for children; Zohra believed that while working in the community, nurses can perform their unique role in supporting ECD at children’s daycare centers and make a significant holistic impact on the care of those children and their overall safety and protection.

Nurses’ Role in Promoting ECD Within the Acute Care Setting. The second most common platform participants mentioned to integrate ECD was the acute care setting, including obstetric and pediatric wards, maternity homes, outpatient clinics, and pediatric, antenatal and

postnatal clinics. Interestingly participants also identified chronic disease clinics focused on diabetes and hypertension, as possible settings to promote ECD awareness and prevent chronic diseases. Yami explained how nurses can use the opportunity to work with children and families admitted in acute care settings. She said,

> When a child is sick and comes to the hospital, it is an opportunity for you (nurses) to talk to parents about ECD aspects, like how to stimulate their brain, engage them in various activities, and make them learn while they are there in the hospital. Nurses can counsel parents about their children's upbringing and about some of the issues the child or children may be facing. And this is the integration. So that opportunity can come anywhere... If you have the ECD knowledge and integration skills, you can apply them wherever you are working, whatever the workplace.

Nora talked about engaging children in the hospital and providing them with play therapy and creative brain-stimulating activities. She emphasized that nurses can utilize the opportunities within the hospital and outside the community setting to engage parents and caregivers in ECD approaches. Both Zeina and Zohra described various wards and clinics within the hospital, such as obstetrics, pediatric, well-baby, neonatal intensive care unit and a few outpatient settings where nurses can take the initiative to integrate ECD and bring the best quality programming related to ECD education and counselling.

Nurses' role in promoting ECD in institutional settings.

The third setting participants talked about related to the advancement of the role of nurses is the institutionalized care setting. They thought nurses can reach out to institutions like schools, orphanages, and other community-based organizations to address ECD at the organizational or institutional level. Laila indicated that nurses can approach workplaces where parents of young children work and extend guidance and support to them. Other places participants mentioned where ECD-related care and concerns can be discussed were schools, daycare centers, playgroups, and places of worship.

In the school health setting, Nora mentioned the role of nurses and doctors from both promotive and curative health perspectives. She found the part of a health professional working in educational settings has two-fold benefits: giving awareness to preventable issues and diseases and helping in early diagnoses, which is sometimes overlooked. She explained,

> We have nurses in schools; we have nurses in NGOs. …. The role they play in the hospital or the communities, and issues around treating diseases. How can that be brought into ECD? I am looking at a scenario where there is a delayed diagnosis of a certain condition that might have been taken to the hospital in good time to be mitigated upon. But because of access or other cultural issues, children do not get timely attention and treatment; then, it becomes a chronic problem and burden on families and impacts the child's development. However, these things have not been addressed commonly.

Besides the school setting, Laila paid attention to nurses' role in institutionalized care settings such as foster homes and orphanages where children are at high-risk and usually come from marginalized groups. Laila indicated a tremendous potential of nurses' role in those institutionalized settings, which may enable them to provide robust and sustainable care using the ECD approach. On the other hand, Mira talked about nurses' role in supporting and creating the infrastructure of health facilities, daycare, and other children's facilities in a way that provides friendly and safe spaces for children to play and learn. From the leadership perspective, Yami talked about the nursing leadership role in promoting ECD-oriented professional education at nursing schools and universities.

Zohra believed that nurses are well prepared to take the lead in integrating ECD knowledge in various healthcare settings; she said, "I do not see any setting where nurses cannot play their role in ECD. Because all of the components ECD address, nurses can efficiently address those components wherever they interact with a child, mother, father and family". Minhaz also showed confidence in nurses that they can adopt ECD components and integrate

them into their practice in any setting given that they have enough support from the administration of the facilities and enabling environment.

Section 6: Strengths, Challenges and Implications of ECD Integration

In supporting the well-being of children and families, participants perceived that nurses play a prominent role in promoting the well-being of children and families. However, they discussed the potential obstacles and aids to nurses' involvement in addressing ECD. The following themes will unfold the participants' perspectives on the strengths and challenges of nurses' role in ECD and its future implications for nursing practice, education, research and policy development.

Theme VII: Strengths and Challenges Integrating ECD into Nursing

Participants talked about nurses in various roles, capacities and settings, and they also explained the implication of ECD integration in nursing. Moreover, participants mentioned the strengths and challenges of integrating ECD into the nursing profession. One of the strengths Zeina uncovered is the nurses' educational preparation which provides a solid ground for embedding ECD-related education. She verbalized, "As nurses, we already learned about neonatal, … pediatrics. Gynecology and obstetrics nursing, community and child health nursing, reproductive health nursing, MNCH and primary health care concepts. So, the nurses are well prepared to grasp ECD-related concepts and components and apply them into the practice". Another strength Zohra identified related to ECD programs that educators develop are primarily based on environment-related care, stimulation and taking care of babies when they come to the daycare or school (25:31). "But once our nurses get equipped with the ECD knowledge, then their role definitely begins. Because they have many ideas about newborns' nutritional needs, the stresses and challenges children go through before and after birth and they know better ways to meet their needs". Participants mentioned various strengths, including that nurses are the first

ones to encounter mothers when they get pregnant or sometimes even before they conceive. Secondly, nurses work with people across the lifespan from birth to seniors in various settings, and thirdly they work with families in both acute and community settings which provides opportunities to broaden the horizon of ECD integration into nursing practice.

Nevertheless, the challenges to adopting the ECD perspective of care in nursing were well articulated. Participants brought up many challenges from nursing education, practice and research perspectives. Zohar highlighted that nurses intend to provide holistic care, but it is impossible until nurses know about ECD. She gave an example from her experience: "I never knew about ECD in terms of coping and competencies, the social aspect of brain development, communication and learning abilities and developmental health from the ECD perspective and its impact on later consequences on human life. So, there is a huge gap in nursing education".

Laila raised concerns about the gaps in implementing the ECD policies and collaboration between institutions and service sectors that are directly involved in ECD, such as health, nutrition, child protection, or gender and education. She found them working in silos, particularly at the community level. She voiced,

> Those three and four sectors [health, nutrition, child protection and education] are in their own bubbles. Even though we would like to see them more active in working collaboratively with all sectors, all policies. But right now, those sectors have direct responsibility for children, albeit of different ages children, but they are responsible for children in different ways, the challenge that seems to happen is if, at a national level, you have these multisectoral policies for ECD, and you might even have a working group, a multisectoral or inter-ministerial working group, and it may be working really well nationally. But it falls apart as you go down the levels, from subnational to district down to the wards or the communities. Because those structures for cross-coordination and cross-electoral coordination do not exist all the way down.

Laila pointed out that there is a great need for mapping the resources and structures from various service sectors that are supportive and available at the community level, as all of these service platforms ultimately reach the same family. Therefore, Laila suggested that we need to

see what each service sector does and how they contribute. Laila indicated another gap at a policy development level is that policy inputs from grassroots health practitioners are often ignored.

As Laila talked about the gap in institutional collaboration and practitioner involvement at the policy level, Yami indicated another challenge of consistently integrating ECD in nursing practice. She described that once nurses gain the knowledge and skills to integrate the ECD into practice, it should be a feature of regular practice and caregiving. She explicitly mentioned,

> For me, ECD practices of integration in nursing should be a progressive, continuous process and not an unexpected or incidental event or action. It requires the professional development of nurses to ensure that early childhood development practices are implemented, and practices are carried out; and to ensure that parents, families, caregivers, and institutions are adopting and implementing those ECD-related strategies and plans.

Yami considered ECD integration a systematic process from the beginning to the end, requiring supervision, follow up and research to see the impact. She explicitly stated, “ECD integration is not one-time or incidental; it requires a whole process of planning. I am not saying ECD integration cannot be done, but it should not be limited to information giving only”. The other critical gap identified from the participants’ perspectives was related to nurses’ readiness to integrate the ECD component into nursing practice. Laila shared her observation of the situation where nurses are not well aware of the significance of ECD and are not prepared to make ECD part of routine care. Moreover, it is the issue that ECD is not consistently part of the health system. Therefore, it becomes more challenging to integrate. She explicated,

> If you are talking about the nurses who are convinced and trying to make changes and those who are yet to buy in, the idea of ECD in nursing care. Because I think there is a bit of a difference sometimes. So, the nurses that are not yet buying in, sometimes it has to do with the fact that this [ECD] is not seen as core business. It is not part of their core responsibilities; there is no accountability for it. It is not on the hospital records, facility records or anything. Thus, it is considered an extra or an add-on. And the workload is already quite high. And then, on top of that, you ask them for something they are not

> ready for… become hesitant or resistant. So, for me, that is what I see as the main barrier that nurses usually face.

Laila further explained that when nurses are ready and have bought into the idea of ECD integration, they might lack the skills they need to do it in a quality manner. Laila indicated the soft personal skills required to integrate the ECD into nursing care. Laila also recognized the gaps in communication and practice among care providers regarding ECD. Zohra and Mira brought up challenges linked to ECD-related infrastructures. In their perspectives, the availability and quality of infrastructure significantly matter in ECD. Zohra firmly believed that nurses can contribute meaningfully to bringing awareness and advocating for children's safe environments, including home and community settings. Also, Danil indicated the poor quality of food and spaces in those children's daycare centers, which are not conducive to mental, emotional and physical health. Zohra stressed the availability of quality and safe infrastructures for young children.

Danil addressed the challenge in terms of confusion among the health and education sectors regarding ownership and accountability for ECD. He mentioned,

> Within our government and senate, the policy and standards, there is confusion about where ECD should situate. And who should be at the lead to implement ECD, the educators or clinicians? It is still a challenge. Though we have planned for ECD projects and targeted health facilities where we have trained nurses… administrators on the district level to make sure that when mothers come with their children, we catch every possible opportunity and convert them into those teachable opportunities… Nurses can avail that opportunity to educate them and talk about ECD.

However, Danil recognized that keeping the responsibility of ECD on nurses' shoulders is not at all an easy task. He has observed the maternal and child health (MCH) and other outpatient department clinics where the nurse-to-patient ratio is too low and the interaction time between mother and nurses is too short. He admitted, "The challenge is the low staffing at our government facilities. There are only one or two nurses, and the influx of patients is too high in

MCH and OPD clinics. Nurses do not have time for the parents on ECD". Laila also pointed to the minimal number of staff in health facilities as a significant barrier to bringing up ECD-related concerns and information.

Another challenge mentioned was understanding the concept of health on a limited horizon of physical health only. As Laila elaborated,

> When you look at the WHO's definition of health, it encompasses a whole broad spectrum of health, not just physical health. And yet, unfortunately, what is happening in some parts of the world is just focusing on physical health. So sometimes we talk about healthy growth and development to try and push a little envelope a little bit more to say, okay, let us think about development. What would that mean? Because it is in the materials of ECD training. A lot of the child health booklets do give attention to children's development. However, those pages are not used in the booklets. It may not be understood, or they do not have time to look at it.

The overall finding on nurses' role in ECD depicted a considerable scope for nurses to support and promote ECD in nursing. As per the participants' perceptions, nurses are in the best position to take the leading role in integrating ECD into nursing and breaking the silos among service sectors. Along with current nurses' roles in the community and acute care settings, nurses can integrate ECD into their practice. They can mobilize resources and connect key players in healthcare for effective and successful integration of ECD knowledge and to extend timely support to young lives and their families. Participants explicitly indicated a vast range of opportunities which nurses can avail within their current roles and responsibilities.

Theme VIII: Nursing Implications for ECD Integration

The participants identified two significant areas of substantial implications: first, specific within the nursing profession, and second, within family, community, and organizational levels.

Subtheme: ECD Integration into Nursing Education. Eight participants discussed nursing education concerning ECD, examining strengths and gaps in the current curriculum and

suggesting improvements. Mira provided an overview of ECD in AKUSON's Bachelor of Science in nursing curriculum and suggested ways to enhance it. She explained,

> The BScN curriculum may not fully support ECD paradigms, so we started teaching [nurses] a very general aspect of ECD in terms of the Child Rights Convention. However, the child health course mainly focuses on milestones of growth and development, physical and biological domains, and disease-oriented care to strengthen the role of the pediatric health nurse... Play therapy is taught briefly as part of child health nursing, but the course content is largely centered around diseases and treatment. Nursing students have limited exposure to healthy children and are more inclined toward disease-oriented care.

Mira acknowledged that the nursing curriculum might not adequately prepare registered nurses and midwives to integrate ECD into practice but expressed confidence in their potential to learn and contribute. Rana suggested that additional ECD training would benefit undergraduate nurses. She elaborated, “Nursing education is an ideal platform for learning ECD-related knowledge and theories”. Zohra also emphasized the importance of equipping nurses with ECD knowledge and enabling them to become reflective learners to promote ECD in the healthcare system (29:30). Zeina suggested that pre-service education of nurses is the best platform for integrating ECD. She believed “we can easily integrate ECD components into university curricula, making it part of the normal training process, rather than offering separate diplomas in ECD”.

Rana indicated that nurses have a strong foundation in child development, child health, and child psychology, making ECD a natural career pathway for them. Nafisa emphasized the importance of developing nurses' understanding of the nurturing care framework and their competencies in knowledge, behaviour, and skills to effectively integrate ECD into their practice. Zeina acknowledged that “Nurses study MNCH, pediatrics and other courses related to child health but without ECD integration”. She noted that minimal training could bridge this gap.

In the context of Tanzania, Shelina proposed to offer training to nursing leaders and faculty members to enhance nurses' involvement in supporting ECD. Nafisa indicated that as ECD activities are going forward and the nurturing care framework unfolds, there might be a need to address the new arising needs in a health-related profession. She invited nursing stakeholders to consider how nursing and midwifery curricula can incorporate ECD knowledge and how higher education regulatory bodies can influence these changes. She highlighted, "It's imperative that some thinking happens globally at higher education levels and the nurses and midwifery international forums about the need for ECD integration into nursing practice".

Subtheme: ECD Integration into Nursing Practice. Participants believed that nurses have great potential to support ECD through their nursing practice. As Minhaz mentioned, "I think that the world recognizes those professionals who are engaging parents, families and communities in thinking about early child development, and nurses are one of them". Rana thought nurses are well prepared to promote early child development alongside other health professions effectively. Minhaz also recommended, “Nurses need to be empowered and receive appropriate support and training that help them to adopt comprehensive ECD approach in their counselling”. She indicated that midwives and nurses who conduct prenatal classes could utilize it as an opportunity to integrate ECD knowledge. Zohra also viewed nurses' interaction with mothers and their families during the prenatal and postnatal periods as an opening to integrate ECD into nursing care. She indicated that nurses also contribute by advocating for ECD among communities and expanding their role in future by integrating ECD into nursing practice. Zeina found the ECD integration in nursing practice as an opportunity to enhance the "visibility of nurses in public health". Zeina pointed out,

> we mostly follow our nurses to higher acuity centers, critical care, ICU, emergencies, and that is one of the major limitations. If we can enhance the role

> of nurses in a community health setting…, then there will be much more space to do ECD integration. I would add nurses and midwives because midwives are so close to the mothers, newborns and their families.

In the context of ECD in nursing practice and the role of advocacy for ECD in the community, Nafisa draws attention to the role of nursing leadership in bringing awareness about ECD among nurses through the help of professional development courses. She acknowledged, "ECD also brings leadership opportunities for nurses to take the ECD agenda forward and work for resource mobilization at the health facility and community level to bring people together to work towards ECD". From the participants' perspectives, the other essential area of nurses' leadership is support for ECD-oriented care by building infrastructure.

Danil spoke about nursing efforts in supporting ECD-friendly facilities and structuring a natural platform to create an opportunity for parents to learn about ECD when they visit health facilities with their children. Danil suggested,

> Through health networks, like health-related NGOs, partner organizations and other health institutions to ensure that they invest in developing health facilities as ECD-friendly places where families come and learn, admire, and reflect on their parenting skills and knowledge. They get some support and ideas in raising their children, and children get a stimulating environment while getting their turn to check by the health staff or doctor.

Overall, integrating ECD in nursing practice from the grassroots to leadership levels is strongly reflected in participants' perceptions. They believe that nurses have many opportunities in their work setting to integrate ECD-related knowledge and create an enabling environment to bring change using the lens of the ECD approach.

Besides the practice aspect of nursing care, participants also discussed research initiatives to support the ECD integration in nursing practice. Participants strongly suggested the need for scientific evidence and research to support the integration of ECD into nursing practice. Yami indicated, "to bring out the importance of ECD and its application in nursing practice requires

research which provides findings in the form of empirical data in a scientific manner to prove why we need to adopt the ECD approach in nursing care". She indicated that much work needs to be done by the nursing researcher to focus on the outcomes indicators that impact the individual child and overall community health and development. In the same area of thought, Zeina also identified the need for research and scholarly work to integrate ECD into nursing education and practice. She explained that the research process is vital for nurses interested in this field. She mentioned that it is a new dimension of nursing work, and it must be supported with an agenda at the policy level, and then nursing researchers will take the initiative to write grants and work in collaboration with the ECD discipline.

The participants from nursing and non-nursing backgrounds agreed that there is a profound need for research on how nurses can make a difference by integrating ECD into nursing practice by having solid outcomes and evidence.

Subtheme: Role of Nurses in Influencing the Policies for ECD Integration. Many participants recognized the gap in ECD integration at the national policy level. Nora shared her experience of working with government agencies in East Africa. At the policy level, participants highlighted the potential nurses' leadership and advocacy role for promoting ECD comprehensively at the local institutions, professional regulatory bodies and international organizational level. Laila saw that nurses could do much more compared to their current roles. She explained,

> We all know the work of AKU that has happened in Pakistan is about raising the profile of the nurses. And we are looking into the future role of nurses, which can enhance the nursing profile further so that formed lives in ways that go beyond what has been the norm to date. Therefore, it is really important to hear nurses' perspectives as much as global normative guidance, technical products, and whatever gets developed. I think it starts in the country. Nurses need more visibility in their own countries and more opportunities to share what they are doing. I guess figuring out the right platforms… It could be conferences or part of task forces or sectoral or working groups. So, whatever

> mechanisms are there, ministries, international NGOs, maybe local NGOs, they all sit there, but we rarely see practitioners from any sector participating in policy conversations.

Laila recommended creating a platform for conversation and dialogues between practitioners and policymakers to support ECD in health and other sectors. She viewed the process of connecting policymakers and practitioners as tricky; she explained, “People work in their boxes and prefer to talk to people of their level. It rarely happens that a policymaker talked to the practitioner at any forums”. Overall, participants recognized the nurses’ potential to play their role in influencing the policy by participating in policy forums and bringing their voices to advocate for supporting ECD and its related activities to impact the societies across the globe.

It was evident that there is no way to bring the ECD agenda forward without multiple sectoral and disciplines collaboration. The nurturing care framework provides a foundation to bring professional caregivers to one platform to explore ways and strategies to collaborate and work effectively instead of in silos. It was emphasized that political influences and engagement are critical in promoting ECD knowledge and practice at any level within any profession or service sector. Yami felt a massive gap in disseminating knowledge to policymakers and politicians. She expressed that without knowledge mobilization, the policies will not based on evidence, and leaders are not well informed about ECD's short and long-term impact. She cautioned that so many other economic and industrial priorities are dominating, pushing the ECD agenda aside. Therefore, ECD must tackle from several perspectives involving political, social and religious leaders. In order to do that, she recommended “The best thing is to have enough research disseminated and emphasize on the importance of ECD among stakeholders”. Zohra also voiced the need to educate leaders by having frequent advocacy campaigns to enhance the holistic understanding of ECD. She said ECD is not just a word but a whole concept! It is

essential to understand what sort of domains early child development focuses on by our representatives in society". The third area she discussed was media. She suggested that nurses can disseminate knowledge about the significance of ECD and its impact on society through media; She indicated that to involve media, it is essential that nurses first educate the media-related people on ECD so they can project out the accurate and necessary information in the society. Zohra outlined the reasons to involve politicians in promoting and supporting ECD. She said, "First, to enhance services and care for mothers, newborn babies, and young children and to support their families from the lens of ECD. to invest resources. Second, to provide safe spaces to children where parents can keep their young with trust and confidence while they are away for work.

Conclusion

Considering all the expressed feelings, thoughts, experiences, intuitions, insights, and perceptions of participants around ECD and nurses' roles, it is clear that the boundaries and impact of ECD are multiple. It was clear from the participants' multifaceted leadership experiences that nurses have an opportunity to take on many roles, including leadership and advocacy, to integrate ECD into nursing practice. And by doing that, they can strengthen access, systems and collaboration among many services and development-related sectors. The broad and close-up views of participants on ECD showcase their understanding and perspectives around ECD as a strong foundation for children and families' well-being and, at the same time, a life spectrum. The data from this study also indicated that ECD is instrumental in enhancing human capabilities, improving health equity and social justice, advancing the determinants of health, achieving the SDGs and strengthening the holistic approach in nursing care. From the Nussbaum capabilities approach, the study findings show ECD as a strong bridge which nurses can utilize to

develop human capacity from the early years of life and work towards the salutogenesis for the wellbeing of children and their families. The implications of this study invite collaborative work among services and development sectors. Moreover, findings indicate potential ways to overcome the challenges on the road to ECD integration in nursing by bringing changes in nursing education, practice, research, and policies.

Chapter Five: Discussion and Implications

This chapter presents a discussion of the findings for each of the three research questions based on the perspectives of selected global health leaders within AKDN. First, perspectives of the significance of early child development (ECD) concerning the health and well-being of the communities will be described. Second, perspectives on the nurses' role in supporting and promoting ECD-oriented care are explored. Third, the identified facilitators and barriers for nurses' involvement in addressing ECD will be discussed. The eight themes unfolded from this study reflected the unique perceptions and experiences of AKDN global leaders that led to a central theme: ECD is a multi-faceted natural platform for nurses to attain two imperative global goals. One of these goals focuses on the salutogenesis of the ECD community, including expectant parents, children from conception to eight years of age and their families and caregivers. The second goal focuses on narrowing the health equity gap and achieving SDGs to contribute to social justice globally.

This chapter examines pertinent scholarly works and literature to emphasize this study's distinctive nature while establishing its interconnectedness with other studies. The discussion will demonstrate the valuable and unique contribution this study makes to the existing body of knowledge in the fields of nursing and human development. By analyzing and interpreting the findings, the ensuing discussion will present thought-provoking perspectives on the integration of ECD into nursing field. This will consider the current strengths and challenges of nursing profession, as well as influencing factors that facilitate the adoption of ECD principles and practices. This chapter will encompass the implications and recommendations for nursing education, practice, research, and policy within a global context. The chapter will conclude by addressing the strengths and limitations of the study, as well as outlining potential future directions.

This study was the first of its kind in ECD and nursing research to explore the global leaders' perceptions around ECD, nurses' involvement and its overall impact on accelerating the efforts of achieving social justice across the globe. The findings represent the unique perceptions and confidence of global leaders in the nursing community using ECD as an arrow to target multiple goals to achieve SDGs and enhance SDOH, addressing disparities and advancing equity in health and gender through ECD. The findings also uncovered the key role of nurses among other healthcare providers, as they possess a unique position to support ECD-related care almost in all nursing practice settings. Moreover, findings indicate the factors influencing and hindering nurses' involvement in supporting ECD.

The participants included exceptional AKDN leaders across the continents with deep knowledge and experience of global health issues. These leaders were working for the AKDN in Pakistan, Tanzania and Uganda within the institutions of education, nursing, ECD and community development. Their perceptions and experiences represent leaders' hidden voices on the dynamic role of nurses around the integration of ECD as a conducive and natural platform for improving health, particularly in low-income and lower-middle-income countries and generally worldwide. Despite many barriers mentioned by the participants regarding nurses' involvement in ECD, they acknowledged the effective role of nurses in supporting ECD and expressed their confidence in the strengths possessed by the nurses and their involvement with expectant parents, young children and their families. This discussion is centred on eight themes that emerged from the analysis of the data, and it will be discussed in four parts as follows:

1) ECD from global leaders' perspectives from both a broad and focused angle;
2) Nurses' current and future roles in ECD in the context of SDOH;
3) Identified strengths and barriers regarding nurses' role in ECD;

4) Future implications concerning ECD and nursing, utilizing Gottlieb's strength-based nursing care model.

Part 1: ECD from the Global Leader's Perspective: Broader and Focused Views

The study findings reveal global AKDN leaders' perceptions of ECD from broad and focused perspectives. Broadly, they emphasized the impact of ECD on health equity and social justice, highlighting its potential to enhance children's health and well-being. Additionally, leaders provided focused insights on the timeframe, outcome measures, and key players involved in supporting ECD within the healthcare sector. They recognized ECD as 'a natural platform' to address health equity gaps, promote social justice, and contribute to various SDGs related to health, education, poverty, gender, and the environment. This discussion section will focus on the first four themes of the study, exploring participants' experience-based perspectives on ECD, its role in well-being, bridging health equity gaps, and contributing to targeted SDGs.

ECD 'A Natural Platform': From Eagles' View

The AKDN leader's multi-faceted outlook on ECD and its connection to health and well-being results in the conceptualization of ECD as a 'Natural Platform.' This perspective views the ECD period as inherently intuitive, possessing a distinctive quality that emerges effortlessly and offers an instinctive stage for nurturing young children. It involves shaping their abilities, fostering their capabilities, creating opportunities, and providing a healthy and enabling environment where they can not only survive but also flourish. From the leaders' eagle's view, ECD signifies a natural phase for fostering the development of young children, moulding their skills, fostering their potential, generating prospects, and furnishing a wholesome and empowering setting conducive to their well-being and growth. ECD is an exceptional period of human life which provides a natural platform for strengthening the foundation of human development, enhancing human capacities, promoting health and well-being, harnessing

sustainable investment, and reducing health and social disparities from the beginning of human life.

ECD 'A Natural Platform' for Setting a Strong Human Foundation. The global leaders voiced profound awareness of the power of ECD and its overall impact on society. They viewed ECD as a foundation of life that provides a strong platform for sustainable investment in terms of time and resources. Conceptually, this aligns with Nussbaum's philosophy of creating capabilities as a human development approach (2011) focusing on the quality of life and human flourishing. This view follows the Aristotelian tradition, which views well-being beyond life's material and economic aspects and concentrates on pre-conditions, possibilities and abilities (Fegter & Richter, 2014) on which people develop their capabilities. Nussbaum provided a list of fundamental pre-conditions and possibilities which health professionals can consider contributing towards developing a solid foundation and strengthening the roots of humanistic capabilities, which Nussbaum describes as "human flourishing" by targeting the ECD period from zero to eight years.

The ten capabilities Nussbaum (2011) listed were implicitly articulated from the participants' perspectives and found a clear link with ECD-oriented care. For example, participants discussed the role of nurturing care in ECD from a health and social care perspective, which demands a supportive and stable environment starting from home. Also, Nusbaum's listed capabilities were closely linked with parental efforts, childcare support and services availability, access to schooling, and connection with community and policy. They discussed five critical, emotionally supportive and developmentally stimulating components of the nurturing care framework: health, nutrition, safety and security, opportunities for early learning, and responsive caregiving. All these components act as a solid foundation for children

to thrive and are intertwined with Nussbaum's listed central capabilities. Another example of participants' understanding of ECD related to the capabilities approach was reflected in the view that the most effective way to prevent health and social issues related to children, adolescents, adults and even the problems that people face in old age is to address them right from the beginning of life. Nussbaum (2011) focused on the fundamental pre-conditions that a society has to provide, a premise that is consistent with ECD-related information and supportive services for children and their families so that every individual child can develop the capabilities and create possibilities in the future to shape their own lives as per their needs and desires.

ECD 'A Natural Platform' Focusing on Health, Well-being and SDOH. The global leaders' eagle views described the ECD perspective from the lens of health, well-being and SDOH. They strongly believed that ECD is paramount for children's and families well-being and viewed it as a vehicle to enhance the welfare and continued progress of families and communities in developed as well as in developing and less developed countries. Nussbaum (2011) viewed the role of the family as centring on the development of human capabilities in the presence of strong bonding, love and care. The concept of health and well-being are closely connected and widely recognized as influencing children's developmental health (Ben-Arieh et al., 2014; Hertzman, 1999; Irwin et al., 2007; Jamieson et al., 2016; Nussbaum, 2011; Siddiqi et al., 2011; Siddiqi et al., 2007). In addition, ECD has a powerful influence on the well-being and health of the people; therefore, it is considered one of the vital indicators of SDOH (CSDH, 2008; Raphael, 2016).

The participants viewed ECD as a 'natural platform' to enhance children's health and well-being from the ecological development perspective in three folds; as a life spectrum, a holistic approach to health, and a positive impact on SDOH globally. The participants uncovered

the first fold by describing ECD as a life spectrum that cuts across all age groups of human beings from conception to old age (Irwin et al., 2007; Mustard, 2006; Shawar & Shiffman, 2016). There is well established scientific evidence that the first eight years of the life of children from birth are crucial, and they impact and influence children's overall health, development and success later in life (Likhar et al., 2022; Siddiqi et al., 2007; Zimanyl, 2007).

Moreover, participants were fully aware of the long-term impact of ECD. They believe that ECD has much potential to prevent health and social problems which appear in adulthood. Nist (2017) stated that the brain's biological pathways related to risk factors, unhealthy behaviours, and chronic diseases are now better understood. It is well-established that adversities in pregnancy and the first few years of life, such as malnutrition, poverty, stress, violence, and exposure to toxins, can disrupt early brain development and have long-lasting effects (Fleming, 2018; Richter et al., 2019; Shonkoff, 2016). Mustard (2006, 2010) showed significant evidence that chronic diseases such as cardiovascular diseases, type 2 diabetes, immune disorders, obesity, psychiatric disorders and other social and mental health problems are connected to early brain development in utero and early years of life. However, early intervention particularly during the first three years of life is more effective and cost-efficient in addressing adversities and promoting human development than later efforts (Britto et al., 2017; Jeong et al., 2021; Richter et al., 2019). Therefore, participants recognized ECD as a unique opportunity to promote human well-being from birth to old age. They described ECD as a life spectrum and did not see it only as a period from zero to three or eight years of age; many of them viewed ECD as a continuum, starting from birth and going to the entire period of fertility, within the spectrum of parenthood as a pre-parents, parents, or grandparents. Participants emphasized that the ECD creates a great

impact and opportunity for early childhood health, well-being, and learning abilities and is all affected by development throughout life.

The second fold of the participants' perspective described ECD as a holistic approach to health. ECD creates the opportunity for health sectors and healthcare providers to adopt the holistic approach to providing essential health care, including the timely information, knowledge and skills which support caregivers and parents in bringing up their children in the best possible manner within their resources. Richter et al. (2017, 2019) acknowledged that ECD provides a holistic health approach and brings a unique opportunity to engage all age groups and diverse settings to work towards enhancement and support for ECD. The participants also considered ECD as a natural platform for healthcare providers to offer holistic care from the beginning of their interaction with expectant parents and families with young children. They believed that ECD creates opportunities to approach the whole community. The holistic approach described as "whole person care" includes body, mind and spirit (Frisch & Rabinowitsch, 2019). ECD is a period of "enormous biological and social development," with varying needs and capacities; for example, an infant's needs will differ from that of a six-year-old school-going child. Therefore, adopting a holistic care approach is required to meet children's needs and capacities as they grow (WHO, 2021, p. 9). WHO, UNICEF and World Bank proposed a nurturing care framework (NCF) for the holistic approach to families and children's well-being. NCF focuses on the protection perspective to help children survive and gives close and thoughtful attention to their mental health, nutrition and learning (Richter et al., 2018; WHO et al., 2018). NCF targets the holistic development of children from pregnancy up to age three in a unique way that addresses the needs of the youngest children and their families. The NCF holistic care approach addresses gender equity so that not a single child is left behind and demands multisectoral and

multidisciplinary collaboration among services supporting health, nutrition, education, labour, finance, water and sanitation, and social and child protection. Furthermore, the framework supports the creation of a platform to engage all the sectors of society at the local, national, regional and global levels. NCF theoretically targets from conception to three years of age but can be expanded to address the needs of children beyond three years and up to eight years to capture their growth and development from the holistic care approach.

The third fold of ECD that emerged from the participants' discussion was that ECD is imperative to positively impact SDOH globally. The participants acknowledged ECD's significant power to positively shape SDOH outcomes. Likhar et al. (2022) mentioned that the dynamic of health and related social problems can be influenced by the social determinants of a child's health. Children with compromised early development have fewer skills and struggle to benefit from schooling, limiting their future work opportunities and earnings. Jeong et al. (2021) explored parental intervention to support ECD in a global context, while Magnuson and Schindler (2019) globally focused on parental and non-parental caregivers' capabilities, including their knowledge and skills and professional development programs facilitating and creating an enabling environment to enhance early childhood experiences. In the same line of thought, Nussbaum's (2011) capabilities approach is seen in the roots of an individual's overall well-being, functioning and freedom in childhood. She believed that to turn a human into a mature and capable adult, it is necessary to employ strategies to strengthen the functioning in childhood, which gives them confidence, dignity, and capabilities to learn and stay healthy and strong in adversities. The participants' ecological perspectives on child health, care and development were congruent with the capabilities approach as they believed that ECD is a health determinant of

early childhood well-being, functioning capabilities and learning abilities throughout their lifetime.

ECD 'A Natural Platform': Bridging the Gap in Health Equity and Social Justice.

The eagle's view of AKDN leaders offered a broader perspective of ECD from health equity and social justice. Their perspectives on ECD from the social justice lens were powerful and wide. They viewed ECD as roots that nourish sustainability and support achieving health equity and social justice from the beginning in almost all the affairs of human life. They believed health equity can be achieved by enhancing access to ECD information and quality service. Barboza et al. (2022) also demonstrated improved health equity by targeting interventions around ECD and families with young children. The study participants were determined to employ ECD as a poverty reduction strategy which has been proven to be a successful approach (National Academies of Sciences, Engineering, and Medicine [NASEM], 2019). Moreover, they unwaveringly believed that early education and its quality have a radical influence on developing human capabilities and reducing the unpredictability of life. Studies have shown that quality programs supporting early childhood development, care and education have the potential to boost family income by enabling a mother to work, directly impacting poverty reduction in the long run (NASEM, 2019; Richter et al., 2018).

The participants were strong-minded about ECD as a crucial indicator of SDOH and believed it would be instrumental in narrowing the gap of gender equity through women's empowerment and enhancing men's involvement in childcare. These perspectives are highly congruent with the road map developed by NASEM, focusing on the neurobiological and socio-behavioural sciences, considering ECD a health equity approach (DeVoe et al., 2019; Perrin et al., 2020). Almost all of the participants were confident that ECD has a crucial role in

strengthening the social structures, including family and cultural practices, creating positive environmental impact and bringing service sectors and disciplines closer by enhancing multidisciplinary and multisectoral collaboration (NASEM, 2019; CDC, 2016). The study participants were convinced that by investing in ECD, we could address poverty levels, support more families and communities to become economically stable, enable more children to go to school (Richter et al., 2017) and reduce the crime rate in society (Nofziger & Rosen, 2017; Awiti & Scott., 2016). Participants believed that ECD also provides a platform to create opportunities for collaboration among many institutions, disciplines and service sectors. Hence, ECD and its associated supportive strategies were regarded among participants as a vital component of a life course approach. Nevertheless, given the intricate nature of ECD and its implications across diverse service sectors, it should not be viewed solely as a magical panacea for reducing health inequities and social disparities. Vandenbroeck (2015) also cautioned that before characterizing the ECD as the ultimate equalizer, there is a strong need to consider other critical facets of policies aimed at addressing child poverty, accessibility and quality of ECD programs.

Participants' philosophical perspectives of ECD in the context of health equity and social justice brought a clear connection to Nussbaum's capability approach. They indicated the need to bring structural and social changes to enhance the impact of ECD. For example, Hananel and Berechman (2016) demonstrated the evidence focused on one of the capabilities identified by Nussbaum (2011), "being able to move freely and safely from place to place" (p. 17), reflecting freedom of mobility and a core function served by the transportation system for the vulnerable population including children and their families. This illustrates an enabling environment for the community and supportive intervention toward bridging the social inequalities and justice gap. The concern of child health equity and providing the required care in a timely manner is not just

limited to one part of the world; it is a global issue that cuts across both high- and low-income countries (Rostami et al., 2022; Shahidullah et al., 2023). Participants recognized that the demand for care during the ECD period rapidly evolves, especially in the early years of human life. They noted that if healthcare providers are not able to meet their primary care requirements and share the ECD-related information promptly with the parents and caregivers, then it may be a question of unfairness and injustice for the children. Therefore, participants strongly agreed that healthcare providers could attempt to achieve equity through ECD initiatives. This study found that one way to achieve equity and social justice is by providing access to ECD-related information and care among expectant parents, families with young children and potential parents, including adolescent and childbearing-aged women.

ECD 'A Natural Platform' to Achieve Sustainable Development Goals. In connection to the well-being of young children and their families, participants viewed ECD as a leading force in achieving health-related targets. In the context of SDGs, participants felt that ECD is a strong arrow to achieve multiple global targets, including SDGs. They agreed that SDGs one to four (SDG 1: no poverty, SDG 2: zero hunger, SDG 3: good health and well-being, and SDG 4; quality education) have a direct role in supporting and promoting ECD. Target number 4.2 focuses directly on early child development, care and education quality. However, participants believed and explained with supportive examples that ECD pushes the efforts to achieve other SDGs and create a direct impact on gender equality (SDG #5), provision of clean water and sanitation (SDG #6) and reducing inequalities in societies (SDG #10). Not only that, but sustainable cities and communities (SDG #11), peace, justice and strong institutions (SDG #16) and partnership for the goals (SDG #17) also play a great role in the context of ECD.

Woodhead (2016a) assessed ECD in relation to SDGs and clarified that ECD is not limited to quality education programs, care and education, but it also cuts across all the SDGs, particularly evident in achieving SDGs five, six and ten. Unsafe environments, unfavourable social and political conditions, and long-standing issues related to poverty, malnutrition, and ineffective parenting greatly challenge the current and future well-being of young children aged zero to eight. Strengthening ECD not only demands more investment in areas such as children's health, education, nutrition, stimulation, and protection (Black et al., 2017; Britto et al., 2017) but also in structural planning of cities and places of human settlements which provide access to basic services, energy, housing, transportation and green public spaces for the children and their families. Target 11.6 states, "By 2030, reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management" (UN, n.d.-a, Para 6). As the number of urban residents grows by nearly 73 million every year, it is estimated that by 2050 two-thirds (7 out of 10 people) of the world population will be living in urban areas, especially in cities (UN, n.d.-b).

The other connection between SDGs and ECD is working toward peace, justice, and strong institutions indicated in SDG 16. Target 16.2 proposes to end all sorts of violence and torture against children (UN, n.d.-c). Participants discussed the root causes of violent behaviour in children, especially from a gender perspective, as they reflected in their own cultural context where boys get more harsh punishments at home, school, work and overall, in society, which may lead to aggressive and violent behaviour in adulthood towards women and children. This again reflects Nussbaum's capabilities approach, which indicates that the foundations for adulthood are premised upon appropriate childhood functioning, care and love within families and institutions. The final SDG, goal number 17, was seen among participants as a strong vehicle

to support ECD while recommending close partnerships and collaborations between international, national and local organizations (Early Childhood Peace Consortium, 2023). According to UNICEF (n.d.), for every child, the targets of SDG 17 are among the primary tools to work toward child well-being and health equity globally.

Participants proposed that organizations within healthcare sectors such as nursing, medicine, and other healthcare professionals can come forward to address the ECD and its related health promoting measures. They also suggested establishing a conversation within professional organizations such as the International Council of Nurses and other forums where nurses discuss how they can make a difference globally to support future generations with support from ECD. However, they indicated that more initiatives and interventions at national and local levels such as nursing associations, nursing examination boards, or nursing curriculum committees are needed to support ECD. They discussed possibilities where regulatory bodies for health professions come together, raise issues and concerns related to ECD in a supportive manner and look for viable solutions. It is well-accepted that ECD has the potential to strengthen coordination across sectors to achieve global common health, social, and economic targets and to bring together civil society and governmental partners (Leckman & Britto, 2018).

Critical Thoughts on ECD: From Snail's View

Participants talked about ECD from a focused and critical angle, like a snail's view considering when to start giving ECD-oriented care, where it should be situated in the service sectors, how to measure its outcomes and who should be the key players in leadership and implementation levels. The timeframe of ECD is defined from conception to eight years of life (Britto et al., 2011; Irwin et al., 2007; Vogler et al., 2008). The participants critically looked at the period of ECD from conception to eight years and advocated that ECD is relevant throughout the pre-conception period, that is, the beginning of childbearing age which starts from teens and

goes up to the end of the fertility age. They advocated extending beyond the traditionally defined period of ECD and believed that it is worth investing and focusing on children when they are in grade six and above, considering them as future parents. Soleimanpour et al. (2017) are convinced that supporting teens is the key intervention for their success in adulthood trajectories. This supportive stance brings awareness, learning skills, and developing confidence and understanding of all the critical components of ECD, which serves young adults well when they conceive and turn out as well-informed, motivated and responsible parents. Yet, the available literature does not strongly emphasize targeting the adolescent age group as a means of enhancing ECD. From the participants' perspectives, health providers can make a difference by targeting childbearing-aged women and young girls and boys in schools and colleges to establish awareness related to ECD.

Participants also examined ECD's placement across service sectors. They agreed that various sectors, such as health, education, finance, social services, protection, housing, urban planning, transport, and the environment, all play a vital role in supporting ECD. Notably, the education sector has historically held central roles in ECD development. They noted that while children continuously grow and learn, specific phases emphasize the significance of both health and education (Nores & Fernandez, 2018; Schiariti et al., 2021). For instance, during the period from conception to age three, the health sector predominantly cares for pregnant mothers, newborns, and infants, while the education sector's involvement in that period is limited. However, as children enter daycare, preschool or school, the education sector gains prominence and becomes crucial as the child progresses.

Participants talked about the challenges of measuring the outcomes of the quality of ECD care and related interventions as they saw ECD as cutting across all the service sectors, making it

difficult to measure ECD outcomes with a small set of indicators. Irwin et al. (2007) found a huge gap in measuring ECD-related outcomes. From deficit approaches, there are set indicators that can be measured. For example, infant mortality and morbidity rates provide a basis for goal setting for interventions supporting child survival. There are no comparable indicators for ECD, leaving a gap for measurement, data, and evidence that could demonstrate to global leaders the existing problems related to well-being or healthy child development. This gap in global monitoring has resulted in a lack of planning and action to preserve the health of children and their families. There was a great emphasis on the population-based measurement of ECD from a national perspective as a set of outcomes for 'future societal success' rather than a single outcome (Irwin et al., 2007, p. 61). For example, the level of parental ECD-related knowledge could be one indicator linked to children's current well-being in their early years, and it could also address society's future well-being. However, it was recognized that internationally comparable ECD indicators would not easily measure all the domains of ECD, such as language-cognitive, physical, socio-emotional and learning approaches (Tran et al., 2017) that influenced health, well-being, learning and behaviour across the life-course.

The last area of participants' critical reflection was around human resources, regarding who would be best positioned to support and promote ECD and implement ECD-oriented care within the healthcare sector. They showed confidence in organizational leadership in the health, education and development sectors. Participants considered the role of organizations across the globe, and they expressed the importance of the association and partnership between them (Milner et al., 2019; Richter et al., 2019; Uchitel et al., 2022). Most participants proposed that human resources to support ECD must come from across sectors, disciplines and professions. They addressed the roles of family, government and non-government organizations, private

enterprises, media and other important institutions. Participants named many professionals and caregivers and their general and particular roles in supporting ECD, including families of young children, community stakeholders, professionals such as nutritionists, economists, agricultural experts, environmentalists, health care providers, community health workers, preschool and schoolteachers, social workers, social protection officers, ECD practitioners, babysitters, and childcare service providers. However, the nurses' role remained significant among health care providers because of their positionality in the health care system from the health and well-being perspective.

Part 2: Nurses' Role in Supporting and Integrating ECD in Practice

The study participants emphasized the significant potential and opportunities for nurses to support ECD. They viewed ECD as a natural platform also for nurses to actively engage and take on leadership roles in promoting children's health and well-being within the acute and community settings. The participants strongly believed that nurses are well-situated to address health equity and social justice issues and able to contribute towards reducing health disparities. Using ECD as a catalyst, nurses can foster health equity and gender equality. In the second part of this discussion chapter, the focus will shift to the fifth and sixth major themes of the study, exploring the leadership role of health professionals, particularly nurses, in ECD. The participants described nurses' roles from two perspectives: expanding existing roles and developing new roles in the future, all aimed at effectively integrating ECD into nursing practice.

Current Role of Nurses in ECD

Nurses work in many roles in various healthcare settings. Participants believed that all nurses who work in hospitals, birth centers, family health centers, primary health care centers, communities and organizations have great potential to contribute to and support ECD. They articulated that nurses who work predominantly in an acute care setting in pediatric, maternity,

obstetric and outpatient units have great potential to provide ECD-oriented care, mobilize the science of ECD knowledge and integrate it into their nursing practice. They acknowledged that all nurses working as midwives, family health nurses, community/public health nurses, and primary health care nurses support children and their caregivers. However, in most situations, nursing care is limited to maternal, neonatal, and child health (MNCH) care from a survival approach. This intervention focuses on decreasing birth-related morbidity and mortality, assessing mother and child physical parameters such as growth monitoring, providing immunization, and early detection of physical growth delays or failures and nutrition-related problems (Lee et al., 2016).

Recent literature shows that nurses in high-income countries like Canada, Australia, Norway, the United States and Brazil are more engaged in focusing on the care of children and families from the salutogenic approach and bringing ECD as a platform to provide a new dimension of care including the physical-motor, cognitive-language, social-emotional, and mental health skills for learning (García-Moya & Morgan, 2017; McCoy et al., 2018; Tran et al., 2017). Moreover, they are monitoring child health from overall well-being and development perspectives (Richter et al., 2019). In low and lower-middle countries (LMIC), nurses have expertise in supporting parents, caregivers and families of young children within the current healthcare system. Participants perceived that those facilities which offer maternal, neonatal and child health (MNCH) services could be an excellent and natural platform for nurses to promote ECD awareness and related care.

In regard to women's status in LMIC societies, ECD can be leveraged to enhance the recognition of women's contribution towards ECD. Nurses provide great care and support to mothers who are prominently visible in caring for children. Still, mothers' roles in child well-

being, health promotion and development remain invisible and unrecognized among healthcare providers (MacKay, 2021). This brings up the issue of women's empowerment, which participants correlated with ECD. They considered ECD as a feasible platform to enhance women's empowerment, especially in patriarchal societies. ECD can make women's contributions as mothers tangible. It can give visibility to their determination and commitment towards childcare, strengthen their rights in the family and workplace, and ultimately lead to the rise in the overall status of women in society. In addition, the findings of this study supported that nurses can consider ECD a valuable opportunity to approach the whole community from the ECD platform. They can engage the ECD community, including children's parents, grandparents, caregivers, service providers, teachers, local leaders, media, policymakers and politicians who work for children and wish to see them happy, healthy, and prosperous. ECD allows nurses to care for the well-being of young children and families, not limiting their focus only on survival strategies but setting the stage for lifelong thriving (WHO et al., 2018).

Participants strongly believe in nurses' significant role in supporting ECD not only in community settings but also in acute care. They highlighted the potential of ECD interventions to delay or mitigate chronic diseases and intergenerational mortality, such as obesity, hypertension, and diabetes, mental health problems among future generations. Acknowledging the importance of caregiver awareness, participants identified outpatient clinics as valuable settings to promote ECD awareness and its impact in reducing intergenerational morbidities. By working with patients and families in these settings, nurses can mobilize the ECD knowledge and contribute to reducing health inequalities, addressing premature mortality and intergenerational morbidity. Ultimately, ECD-focused care can alleviate the burden of chronic diseases and related deaths across generations. Anker and colleagues (2022) study revealed a strong correlation between

educational attainment and premature mortality in adults, underscoring the significant impact of education and awareness on individuals' overall health and well-being. This finding also holds relevance for ECD-related education, as it has the potential to positively influence the health outcomes of numerous children, fostering a society populated by healthy and resilient individuals.

Nurses can play a great role in supporting the ECD community[13]. The participants believed that ECD provides a 'natural platform' for nurses to provide holistic nursing care to children and their families within the communities. For many decades nurses have recognized the significance of providing holistic care to individuals in the field of chronicity, such as critical care nursing (Marton & Thurman, 2023), medical and surgical nursing (Kaya et al., 2022; Zamanzadeh et al., 2015), and long-term care (Drugay, 1992; Gale, 2020; Ventegodt et al., 2016). In community settings, nurses have used a holistic approach to care in various ways. For example, integrating spirituality and religiosity in nursing care (Lalani & Chen, 2021; Sessanna et al., 2021; Page et al., 2020; Zamanzadeh et al., 2015). Transcultural nursing is another example of a holistic approach to nursing (Leininger, 1999; McFarland & Wehbe-Alamah, 2018;). However, holistic nursing care can be extended in the context of ECD and strive to integrate ECD-oriented care[14]. Though there is considerable overlap between holistic nursing and integrative nursing, holistic nursing defines a disciplinary specialty, while integrative care refers to the practice that includes two or more disciplines (Frisch & Rabinowitsch, 2019). Considering

[13] ECD community consists of children from conception to age eight, expectant parents, grandparents, their families, neighbours, institutions and communities which has the connection with children directly or indirectly.

[14]ECD-oriented nursing care is referred to as holistic care which is planned and provided to children age conception to eight years of age and their families, keeping the domains of ECD such as language-cognitive, physical, socio-emotional and learning (Tran et al., 2017) to provide the positive childhood experiences which influence health, well-being, and behaviour of children across the life-course.

the terms holistic and integrative, both approaches are applicable in providing ECD-oriented care in nursing practice. Moreover, adopting holistic and integrative approaches for ECD in nursing creates the opportunity to reflect, collaborate and develop new strategies, processes and roles to support the health and well-being of the ECD community.

ECD in Nursing from Holistic Approach. From a holistic approach, participants viewed ECD as the best period to foster the firm foundation of children's physical, mental, and social health and the greatest opportunity to inculcate the values of morality, spirituality, fidelity, and ethics. This grounding in values helps develop the child's sense of togetherness, belonging, trust, integrity, and faith. In the East African context, a recent survey report showed a crisis of integrity and a shift in thinking related to acceptable ways of working. A survey conducted among young adults aged 18-35 in Kenya, Uganda, and Tanzania unveiled intriguing insights. Out of the 1,854 surveyed youth, approximately 50-58% believed that the means of acquiring wealth were irrelevant as long as they avoided legal consequences. Additionally, 45% of the youth viewed corruption as a profitable endeavour, while 40% expressed a willingness to accept bribes in exchange for their votes during political elections (Awiti & Scott, 2016). ECD has the potential to counter these trends by influencing the values and norms formed during early life, instilling the courage to confront life's challenges and uncertainties. Mello et al. (2017) expanded the understanding of nurses' role in ECD from the human development promotion perspective, including three intersubjective dimensions. The first dimension is affection for children, which develops self-confidence and protect humanity. Secondly, the defence of children's rights serves to promote equity and social justice. Finally, social esteem plays an important role in establishing relationships, individuals' comprehensive development, preventing disrespect, enhancing community values and acceptance of diversity in the sociocultural context. These three

dimensions give a unique opening to extend nurses' current roles to support children and caregivers in building personal, cultural, ethical and moral values from a holistic approach during the ECD period.

ECD in Nursing from Integrative Approach. Another aspect of nurses' work in ECD was described as the integrative care approach. Participants acknowledged the current position of nurses in MNCH, nutrition and mental wellbeing, giving a great opportunity to contribute directly to support ECD. From the participants' perspective, nurses can play a bigger role than they currently do in providing children's health and well-being within the healthcare system. ECD is a field of science and its related knowledge and skills can integrate into nursing care because nurses work with parents and health-related agencies. The review conducted by Hurley et al. (2016) concluded that integrated interventions combining ECD and nutrition offer various benefits, including potential cost savings for the healthcare sector. These savings can be achieved through synchronized training, monitoring, and supervision and by utilizing the same personnel for both ECD and nutrition interventions.

In the field of mental health, ECD offers a pathway to address the significance of mental well-being from the early stages of life. Research conducted in various regions, including South Korea, the USA, and the UK, underscores that focusing on ECD interventions and programs can effectively tackle mental and emotional health issues among children and adolescents (Berry et al., 2021; Shin et al., 2016; von Hinke, 2022). The ECD phase is optimal for enhancing mental well-being, and nurturing caregiving forms a foundational element with lifelong impacts on a child's emotional and mental resilience. Various challenges like social and health factors including racism, peer relationships, maternal depression, food insecurity, and environmental influences like neighborhood and socioeconomic status directly affect ECD experiences,

encompassing socioemotional development and behavioral health of both children and families (Berry et al., 2021; Hoffman et al., 2016; Minh et al., 2017; Pedroso et al., 2020; Shin et al., 2016). Hence, recognizing the impact of early childhood experiences becomes vital for targeted intervention and prevention, given its association with adverse health outcomes in adolescence and adulthood (Berry et al., 2021). Therefore, health professionals and especially nurses are in the best position to work with parents and health-related agencies to achieve SDGs which focus not only on health, nutrition and education but also mental wellbeing, peace and stability, safety and security of children, including prevention of violence against children and physical corporal punishments (Wessells & Kostelny, 2021). Participants clearly viewed multiple outcomes and opportunities for connecting both the fields of nursing science and ECD through collaboration in leadership, education, research, policy and practice.

The Future Role of Nurses in ECD

This study showed the confidence among AKDN leaders regarding the current nursing leadership that can expand the existing roles to strengthen the future role of nurses in ECD, such as advocate, activist, collaborator and knowledge mobilizer, to bring impact in the field of ECD. Nurses can work from consultancy to grassroots levels to integrate ECD into nursing practice. Those nurses in leadership roles in health both in acute and community settings and education institutions can play a significant role in advocacy for ECD. They can work towards shaping the advanced future roles of nurses as ECD nurses, focusing on the well-being of children and their families. Reticena, et al. (2019) did a systematic scoping review to examine the role of nursing professionals in early childhood care and the development of parenting. They found nine dimensions of nurses' roles in supporting the parents of young children. The study concluded along the same line as the findings of this study that nurses are privileged to contribute significantly to parenting development in early childhood at different levels of care and play a

crucial role in influencing the family and society. However, to enhance the nursing practice and interventions in ECD, it is important to explore and improve nursing professionals' skills and identify gaps in practice. Another scoping review by Wightman et al. (2022) examined the role of child and family health nurses (CFHNs) in developed countries, including Australia, Canada, the United States, and Nordic countries. The review identified CFHNs' distinct and relational work, which prioritizes the well-being of families. CFHNs provide comprehensive care for children and support parents, taking a salutogenic approach that involves partnering with parents to address social and emotional needs, facilitate positive behavioral changes, and ensure children's needs are met. Operating within universal primary healthcare services, CFHNs promptly identify and intervene in children's physical, mental, and social well-being, making appropriate referrals when specialized support is required. However, the review indicated a need for further understanding of the distinctions between CFHNs and midwives and emphasized enhancement of the partnership between CFHNs and parents and using appropriate assessment tools to identify the health and well-being needs of infants and children requiring attention. Participants of this study idealized the role of ECD nurses who can work autonomously, like CFHN, towards the well-being of all the children, including the sick and well. They also proposed that nurses can develop partnerships not only with parents but the whole community, including the organizations, institutions and their stakeholders, to create a safe, healthy and enabling environment for children to survive well and also get all sorts of opportunities to thrive.

Participants suggested that another dream role of nurses would be advanced practice as ECD nurse practitioners. The scope of ECD nurse practitioner roles described by the participants were to promote interprofessional collaboration, strengthen multisectoral and multidisciplinary approaches, develop partnerships with health and other industries (including media, corporate

sectors, and other government and non-government private organizations). These efforts could leverage and mobilize ECD knowledge and create enabling environments to integrate ECD oriented care within families, communities and institutions.

At the local and national level, ECD nurse practitioners have the potential to educate politicians and sensitize them about the significance impact of investing and initiating programs for ECD. They also have great potential to take leadership role at large international health organizations such as AKDN, WHO, UNICEF and UN and work collaboratively to mobilize resources and establish supportive frameworks for implementing and integrating ECD principles. Participants envisioned the role of nurse practitioners in advocating for ECD at the policy level, influencing policymakers and implementers. Furthermore, ECD practitioners who are nurses can assume leadership roles in policy formulation and contribute to teams of individuals responsible for making policy decisions (Asuquo, 2019; Wood, 2021). Additionally, nurse practitioners can take the initiative to conduct research projects and collaborate with researchers and scholars to explore strategies for integrating ECD into nursing practice.

Nurses' roles and responsibilities to eliminate health inequalities and achieve equity and social justice have been discussed in nursing literature for more than two decades (Browne & Tarlier, 2008; Buettner-Schmidt & Lobo, 2012; Drevdahl et al., 2001). Nursing scholars have explored the conceptual models and factors that are influencing and effective in taking a holistic approach to nursing care concerning social justice (Zamanzadeh et al., 2015). They also promoted health equity by incorporating SDOH in evidence-based nursing using diagnosis, intervention and outcomes classification models (Wagner, 2023). However, Edmonson et al. (2017) elaborated on the nurses' role in the context of global health issues considering the impact of SDOH, particularly in maternal and newborn health. The first thousand days of life provide

the opportunities to eliminate all sorts of preventable morbidity and mortality and incorporate the strategies, actions and set policies that promote the functioning and well-being of children and support them to flourish and thrive in all affairs of life.

Within the same context, the study participants emphasized the importance of nurses recognizing ECD as a significant component of the SDOH. They highlighted those various factors, including genetics, biology, social dynamics, political and economic environments, physical surroundings, and the availability of quality education and healthcare services that directly influence ECD. Moreover, ECD is not only influenced by the accessibility and availability of food, transport, housing, playgrounds and other structures and facilities but also by caregivers' biological, mental, and behavioural responses and their level of awareness regarding the knowledge and long-lasting impact of ECD. They believed that nurses are well positioned to address health disparities and use ECD as a strong platform to address global health issues related to health equity and social justice. Apparently, "every nurse has a role to play in supporting ECD," as stated by one of the study participants. They clearly articulated the role of nurses in all sorts of settings and circumstances, from the health care facility to planetary health. However, there is a great need in nursing care to pay attention to the paradigm shift from a deficit approach to a strength-based approach (Gottlieb, 2013), from illness care to wellness care (Edmonson et al., 2017), and from pathogenesis to salutogenesis (Bauer et al., 2020), and work toward upstream approaches together with various sectors and disciplines (Naik et al., 2019; Bharmal et al., 2015).

The participants believed that ECD provides a perfect 'natural platform' for nurses to learn and focus on salutogenesis, which not only allows paying attention to disease prevention, health literacy and health promotion but also creating the space to work from the capabilities

approach (Nussbaum, 2011) for developmental health (Hertzman, 1999), health equity and social justice. This would require advancing the nurses' knowledge and skillset in the nursing specialty through certification programs and through continued professional education in nursing forums. This ultimately would lead to developing the nurses' future roles to support ECD integrated care through working towards salutogenesis. The nurse's role has to expand within and beyond the walls of secondary and tertiary healthcare facilities if nurses wish to successfully challenge inequalities and injustice.

This study supports the view that nurses are in the best position within the health care system, government and non-government organizations, public health, academia, and clinical care to integrate ECD. They can develop creative and effective networking using their knowledge, skills and leadership capabilities to respond to multi-faceted problems concerning children and their family well-being. There is a clear need to increase nurse awareness and education about ECD from the development perspective of care and not just limited to prevention and health promotion. Well-educated nurses in ECD can contribute globally and become change agent as global leaders, activists, advocators, educators and knowledge mobilizers using social media platforms, professional nursing organizations, policymaking and advocacy organizations, and their workplaces. Nurses who provide care to a wide range of populations, including all age groups across geographical areas, can pioneer the shift from a deficit approach to a strength-based approach working towards salutogenesis nursing starting from the ECD platform to positively impact health equity and social justice.

Part 3: Identified Strengths and Barriers to Nurses' Roles in ECD

Participants acknowledged that nurses significantly promote the well-being of children and families, thereby supporting their overall welfare. Nevertheless, they engaged in

conversations about the current challenges and facilitators that may affect nurses' ability to address ECD. Part three of the discussion chapter will focus on the last two themes unfolded from this research focusing on strengths and limitations nurses may face in the process of ECD integration into the practice.

Nurses' Strengths to Integrate ECD

Participants identified three major strengths of nurses in relation to nurses' role in ECD. In the first instance, nurses' educational foundation establishes a strong basis for incorporating ECD-related education. Secondly, nurses are the first ones to encounter mothers when they get pregnant or sometimes even before they conceive. They work with expectant mothers, children and families, especially in the first thousand days of life, and they are in a privileged position to integrate ECD based on nurturing care framework. However, to utilize the strength of nurses positioning in the health care system to support and integrate ECD into nursing practice, they need to know the ECD and its related domains of care, especially early brain development and environment-related care. Thirdly, nurses work with people across the lifespan from birth to older age and families in various healthcare settings, including acute and community settings—thus providing opportunities to broaden the horizon of care and integrate ECD into nursing practice. Participants emphasized the crucial role of nurses in institutionalized settings such as schools, orphanages, and foster homes. Nurses can educate teachers, parents, and caregivers on the importance of ECD, its long-term benefits, and strategies for integrating ECD into care plans. They can also identify gaps and create supportive environments to deliver ECD-focused care within homes, institutions, and the community.

Outside the acute care setting, scientific literature strongly supports nurses working toward children's early identification of problems related to health, behavioral, and social issues. Nurses provide curative, preventive and promotive health care wearing many hats, such as

school health nurse, family health nurse, community health nurse, public health nurse, midwife and nurse practitioner in primary health care setting (Evans-Agnew et al., 2017; Crisp et al., 2018; Cusack et al., 2018; Grant et al., 2017; Iriarte-Roteta et al., 2020; Kulbok et al., 2012; Salmond & Echevarria, 2017; WHO, 2017).

Nurses have used various frameworks, models and approaches to provide need-based care and address the children and their family issues in collaboration with health teams, parents, government and non-government organizations. In developed countries, nurses have worked in communities as partners with individuals, families and communities utilizing the strength-based approach considering their abilities, commitment, and contributions as a strength to address their problems and reaching out for solutions through them (Gottlieb. 2014; Silva et al., 2022; Swartz, 2017). However, the needs are much greater than the current resources, especially in LMICs where AKDN health, education and development institutions are established and operationalized. There is seemingly no beginning or ending to the challenges related to health, environment, social-cultural and economic conditions. In such situations, ECD is a ray of hope to minimize and prevent many undesirable conditions and potentially as a tool to curtail life's adversities. There are many successful stories of improving quality of life by focusing on ECD care (AKDN, 2023).

ECD demands a long-term and timely investment of resources to support young lives. Marope and Kaga (2015) advocated for a departure from the current trend of 'investing against evidence' solely for financial gain. Instead, they stressed the importance of allocating resources and supporting high-quality early childhood development care and education (ECCE) programs, which have demonstrated well-established benefits. Extensive research and global insights have unequivocally demonstrated that investing in ECD from various perspectives yields manifold

benefits, including a reduction in health disparities and persistent social inequalities (Marope and Kaga, 2015). Beyond considering ECCE programs as an investment for children in their early years, this research opens up additional avenues for investing in ECD. One such avenue involves establishing future nursing roles and enhancing the current role of nurses in ECD through a strength-based approach (Gottlieb et al., 2021). Additionally, directing nursing care towards fostering the salutogenesis of children and their families is another effective means of supporting ECD. (Bauer et al., 2021; Thentz, 2022; García-Moya & Morgan, 2017; Mittelmark & Bull, 2013; Mittelmark et al. 2022). These approaches are aligned with the developmental health approach which explains the influences of early experience and environment on the early years of human life in all dimensions of development: physical, emotional, social, and cognitive (Hertzman, 1999; Ben-Arieh et al., 2014). Cusack et al. (2018) stated that nurses working for the public must practice to the full scope of their competencies, especially in promoting health equity and early childhood development.

Challenges in Integrating ECD in Nursing

Participants brought up many challenges to integration of ECD-oriented care from nursing education, practice, and research perspectives. Participants identified a deficiency in fundamental nursing education concerning ECD. Nursing curricula in many schools vary in their emphasis on ECD content. Primarily, the focus lies on the structure and physiological function of the human brain. Regrettably, the social aspect of brain development, which is intricately linked to early human experiences, is often overlooked in these nursing programs. Therefore, to provide holistic nursing care, there is a great need for nurses to learn how ECD shapes children's physical, social, emotional, linguistic, and cognitive domains of development, which contributes to health, learning, and behaviour throughout life (Black et al., 2017; Irwin et al., 2010). Nurses are a great asset in supporting ECD once they become fully equipped with the ECD knowledge

and related experience based on early brain development, the ecological aspects of ECD and its strong impact on SDOH and other global health and social targets. Nurses can support parents and caregivers in articulating ways to stimulate learning, communication, coping and competencies in children's early years of life (Thentz et al., 2022).

The second critical gap participants identified was nurses' readiness to integrate ECD into nursing practice. Besides the knowledge gap regarding ECD, nurses are unprepared to incorporate ECD into their routines because they perceive ECD as an additional task and outside their core responsibilities rather than an integral part of their role. Furthermore, the integration of ECD into the healthcare system lacks consistency. For instance, the objectives of primary health care do not exclusively encompass the components of ECD. Additionally, providing ECD-oriented care requires dedicating time and effort to engage in meaningful conversations with parents and caregivers. Moreover, the shortage of human health resources makes integration even more challenging. Another reason proposed by participants was that nurses are hesitant and resistant to embracing ECD because there is no accountability and recognition within hospital and facility records. Moreover, the shortage of nurses and a heavy workload exacerbates their resistance (Drennan & Ross, 2019; Marć et al., 2018; Woo et al., 2020). In addition, the gaps in communication and practice among nurses make it more difficult to integrate ECD care from the development and promotive perspective in healthcare settings (Lau et al., 2015; Ruben, 2016).

The third crucial challenge was the limited understanding of health, focusing solely on physical health. The World Health Organization's definition of health encompasses many aspects beyond physical health (Van De Belt et al., 2012; Khanal & Bhattarai, 2016). However, in some parts of the world, the focus remains predominantly on children's physical health and adverse consequences of ECD as those problems are more tangible and easier to recognize than other

dimensions of health (Engle et al., 2011; Kalmakis & Chandler, 2015; Thornton & Persaud, 2018).

There is a great need to expand the scope of health by including healthy growth and development from the ECD perspective. Occasionally ECD related information in the form of leaflets and booklets are available at the health facility, and there is a flood of information on the internet. Unfortunately, sometimes these materials go unnoticed and unutilized because of a lack of understanding, lack of reinforcement from health care providers and insufficient time for review and discussion (Lander et al., 2021; Nutbeam et al., 2018; Sayakhot & Carolan-Olah, 2016). Mustard (2012) reminded us that people are not completely unaware of the importance of ECD. However, due to competing priorities and growing pressures in life, many caregivers have overlooked the significance of ECD and the critical need for timely investment in the early years of human life.

Participants highlighted the fourth challenge as the existence of discrepancies in implementing ECD policies and fostering collaboration between institutions and service sectors, particularly health, nutrition, child protection, gender, and education. They appreciated that many of these service sectors at the national scale are actively engaged in working collectively across all sectors and policies. They function effectively and assume direct responsibility for children, albeit at different stages of childhood (National Academies of Sciences, Engineering, and Medicine [NASEM], 2017). However, the challenge arises when national-level policies for ECD involve multisectoral or inter-ministerial working groups. As it moves down the hierarchy from subnational to district and further to the community level, the structures for cross-coordination and cooperation gradually disappear; they become independent, leading to fragmentation and a noticeable lack of institutional collaboration appears within local communities (Milman et al.,

2018; Roby et al., 2021; Yoshikawa et al., 2018). Also, in some developing countries, there is confusion among the ministries of health and education regarding ownership and accountability for ECD (Black et al., 2017).

The fifth significant challenge identified relates to the infrastructure and unavailability of ECD centres in many LMICs; particularly for poor and low-SES families. Inadequate facilities and substandard food in daycare centers negatively impact children's mental, emotional, and physical well-being. Participants emphasized the crucial role of high-quality and secure infrastructures for young children at home and in external settings. The availability of affordable and safe spaces with quality care is a pressing issue globally, particularly in low and middle-income countries. Horwood et al. (2018) similarly found that inadequate childcare facilities hindered mothers' ability to return to work and fulfill their responsibilities. The participants of this study also expressed the same concerns about the availability, affordability, and quality of childcare and daycare centers. They strongly advocated for children's rights, emphasizing the importance of a safe environment and access to early and quality education. Nurses working in community and institutionalized care settings can contribute significantly by raising awareness and advocating for safe environments in homes, institutions, and communities. Additionally, participants recognized the financial aspect of ECD and its impact on women's role in economic development. They noted a strong correlation between the quality of ECD care and supporting mothers of young children by providing affordable and safe childcare spaces, enabling mothers to work confidently. This process contributes to women's empowerment and families' economic development, ultimately leading to healthy and strong nations.

The overall findings regarding nurses' involvement in ECD indicate a significant potential for nurses to support and advance ECD within the nursing field. According to the

participants' perspectives, nurses are in a prime position to assume leadership in incorporating ECD into nursing and bridging the gaps between different service sectors. In addition, nurses within their current roles can integrate ECD principles into their practice across community and acute care settings. They can mobilize knowledge resources among patients and clients. Moreover, they can facilitate collaboration among key stakeholders in healthcare, ensuring the effective integration of ECD and delivering timely support to young individuals and their families. The participants explicitly identified numerous opportunities nurses can embrace within their current roles and responsibilities.

Part 4: Study Implications, Recommendations, Strengths and Limitations

This study generated experiential knowledge from the perspectives of global AKDN leaders on the significance of ECD in the context of health equity and social justice. It developed some understanding of nurses' roles in supporting ECD in community and healthcare settings. It uncovered new avenues to strengthen nurses' involvement in ECD that hold the potential to enhance the health and well-being of young families from the angle of salutogenesis. The identified hindering and influencing factors set the stage for the nursing leadership in education, research and practice to think through from a strength-based approach and develop nursing roles and involvement in addressing ECD within a diverse global health context. Moreover, this research indicated multiple opportunities to expand and connect two crucial fields of ECD and nursing. It describes opportunities to strengthen the nursing leadership at international, regional, national and local levels. Also, it indicates a great need for future research to understand the perspectives of nurses who work at grassroots levels and explore the possibilities of advancing the role of nurses in supporting and caring for ECD communities. The study recognized two

significant areas with considerable implications: first, in the nursing practice and second, within the realms of nursing professional organizations.

Study Implications in Nursing

The study highlights significant aspects that can contribute to a collaborative exploration to incorporate ECD into various facets of nursing, including education, practice, research, and policies. This study offers novel pathways to develop recommendations aimed at enhancing nurses' involvement in ECD at both local and global levels in order to support the well-being of growing and young families.

Implication in Nursing Education. Firstly, within the realm of nursing education, there is a pressing need to align the pre-service curriculum for registered nurses and midwives. This alignment should integrate ECD knowledge and skills into relevant courses focusing on child and family health, such as community health, reproductive health, cultural health, MNCH (Maternal, Newborn, and Child Health), pediatric nursing and other courses in nursing related to health, culture and society. Furthermore, it is highly recommended to incorporate the nurturing care framework and clinical experiences that expose students to providing care for healthy children across various institutional settings, including daycare centers, schools, foster homes, and orphanages. Integrating ECD into the nursing curriculum will equip nurses with both the passion and skills necessary to effectively apply their ECD knowledge in nursing practice, irrespective of the healthcare setting they find themselves in.

Implication in Nursing Practice. The second implication of this study indicates the need for changes in nursing practice shifting from a deficit approach to a salutogenesis approach. Nurses within their current scope of work as midwives, family health nurses, community health nurses, public health nurses and those who work in primary acute care settings in pediatric, maternity, obstetrics-gynecology and outpatient departments are in a strong position to provide

support and integrate ECD knowledge into their practice. Moreover, they should remain mindful of the impact of ECD and their unique role in supporting and contributing towards ECD in terms of enhancing human capabilities and decreasing the burden of diseases and other social problems related to gender and health disparities. According to Iriarte-Roteta et al. (2020), nurses have the potential to operate within a positive health framework that emphasizes health equity and addresses both structural and intermediary determinants of health.

The study highlights the role of nursing leadership in enhancing ECD-oriented care in nursing practice. Nurses in leadership positions in health and education institutions can play a significant role and work towards shaping the advanced future roles of nurses as 'ECD nurses.' The ECD nurses will work up-front with children and caregivers using a holistic and integrated approach to bring the science of ECD into the nursing practice. The current registered nurses and midwives can take up this role to enhance and create opportunities to educate parents and caregivers during the period of prenatal, natal and postnatal visits and by reaching out to the community through healthcare programs and campaigns. Also, they can broaden the horizon of the scope of health promotion programs by addressing the significant lifelong impact of ECD and ways to stimulate learning, communication, coping and competencies in the early years of life. The other advanced future role of nurses visualized in this study would support ECD from the scope of practice of 'ECD nurse 'practitioners' who will focus on the well-being of children and their families and are not limited to disseminating the ECD information. ECD nurse practitioners can map the whole process of implementing ECD care using the scientific nursing process. Also, they can ensure that parents, families, caregivers, and institutions adopt and implement those ECD-related strategies and plans. The other substantial responsibility of ECD nurse practitioners will be collaborating with other service sectors and community stakeholders

to create a supportive and enabling environment within the society for ECD-friendly infrastructure, including health centers, community spaces and quality ECD centers. Furthermore, nurses can collaborate with media and political leaders to disseminate the power of ECD knowledge to positively impact health equity and social justice.

Implications in Nursing Policy. The third implication of this study is a call for nursing leadership at local, national and international policy levels to advocate for enhancing ECD care. Such leadership could establish dialogues and nursing forums to bring attention to nursing roles based on salutogenesis and supporting the crucial period of human development from the early years of children's life. Such action could involve local nursing bodies, national and regional nursing associations, non-nursing health associations, and international nursing organizations such as the International Congress of Nursing, Sigma Theta Tau International and other international professional organizations. This research study recommends global nursing action to strengthen leadership roles and nurses' involvement at international policy levels concerning ECD and to set the future direction to achieve SDGs by supporting growing and young families within institutions and communities. Salmond and Echevarria (2017) indicated that nurses, with their unique role, education, and earned respect, found themselves in an advantageous position to actively contribute to and lead transformative changes taking place in healthcare. In order to play a significant role in shaping these changes, it is imperative for nurses to have a clear understanding of the driving forces behind them, the requirements for practice adaptation, and the essential competencies, including knowledge, skills, and attitudes necessary for both personal, professional and systemwide success.

This investigation is essential for taking the necessary steps to enhance the global role of nurses in supporting the well-being and success of young children in today's highly competitive

globalized society. Therefore, the study's key implications emphasize the need for nursing leadership and the involvement of private and government health and development sectors, community and institutional stakeholders, civil society, media, politicians, policymakers, parents, and caregivers. A broader and sustained global dialogue, debate, and action involving all relevant stakeholders, such as healthcare professionals, ECD specialists, educators, faith leaders, and political figures, is advocated. This aligns with the importance of integrating ECD into nursing practice as a means to achieve health equity and social justice.

Implication in Research and Policy within Health Care Sector. Finally, the study strongly emphasizes two areas where there is a great need to focus: research and policy. Future research should prioritize understanding the reasons why nurses need to lead and be actively involved in ECD care within the healthcare sector. It is crucial to investigate the role of current and upcoming generations of nurses in ECD and assess the impact of their involvement on the overall well-being of society in terms of health, gender, education, and social and economic outcomes. This presents a significant opportunity for collaboration among nursing, teaching, ECD, child and adolescent health, public health, and other scholars to initiate multidisciplinary research that combines nursing science and ECD expertise. There is also ample room for nurses and healthcare professionals to engage in policy discussions, leadership in policy making and collaborative efforts to strengthen ECD-oriented care within healthcare services. Whitehead (2018) accentuated that external factors play a great role in shaping individual responsibility toward health. Therefore, it becomes crucial to identify and acknowledge policy opportunities that can facilitate collective action. Iriarte-Roteta et al. (2020) also showed confidence in nurses that they have the potential to make valuable contributions to the creation of sound public policies and broader health policies in the area of well-being and ECD. Nurses need to be

proactive and participate in developing strong policies that can facilitate the changes in the living conditions of young children and families that impact health, including the healthcare system, social and community networks, and individual lifestyles.

Strengths and Limitations of the Study

The study possesses several strengths, particularly through the utilization of virtual interviews, enabling access to leaders who were geographically dispersed. This approach allowed for a wide reach and inclusion of diverse perspectives. However, a drawback of virtual interviews is the absence of in-person interaction, which could have provided a deeper level of interaction and engagement. Another strength of the study was the inclusion of participants from various professions, including nurses, educators, global consultants, regional program directors and managers, which provided a holistic perspective on the role of nurses in ECD. Nevertheless, this broad array of settings presented a limitation, as only a limited number of nursing leaders were able to participate. It is important to note that the study's setting was confined to AKDN institutions situated exclusively in developing countries. Despite this limitation, the institutions were located in three countries within the South Asian and East African regions, thus bringing forth a diverse range of perspectives, from a focused snail's view to a broader eagle's view. This geographical variation allowed for a richer understanding of the ECD from the health equity and social justice perspective and, at the same time, gave huge insights into the possibilities of nurses' current and future roles to support ECD globally.

Conclusion

This study presents a unique perspective of global ECD and nurses' involvement. It signifies that the boundaries and impact of ECD are multiple. It is a life spectrum approach and provides a strong foundation for children's and families' well-being. ECD is a natural platform for nurses to work for health equity and social justice. It also shows ECD as a strong bridge that

nurses can utilize to develop human capacity from the early years of life and work towards the salutogenesis for the well-being of children and their families. Participants' multi-faceted leadership experiences depicted the confidence that nurses should take a leading role in integrating ECD in nursing and health, and other sectors through their leadership role and collaborating attributes. As one of them said, "Every nurse has a role to play in supporting ECD," Moreover, findings indicate potential ways to overcome the challenges on the road to ECD integration by bringing changes in nursing education, practice, research, and policies. This study unequivocally demonstrated that ECD nurses can inspire hope within communities, enhance efforts towards promoting the well-being of children and families, and work toward securing a flourishing future for the next generation.

As Raffi Cavoukian said, "When you pay attention to the beginning of a story, you can change the whole story. For the better" (Bernard Van Leer, 2018).

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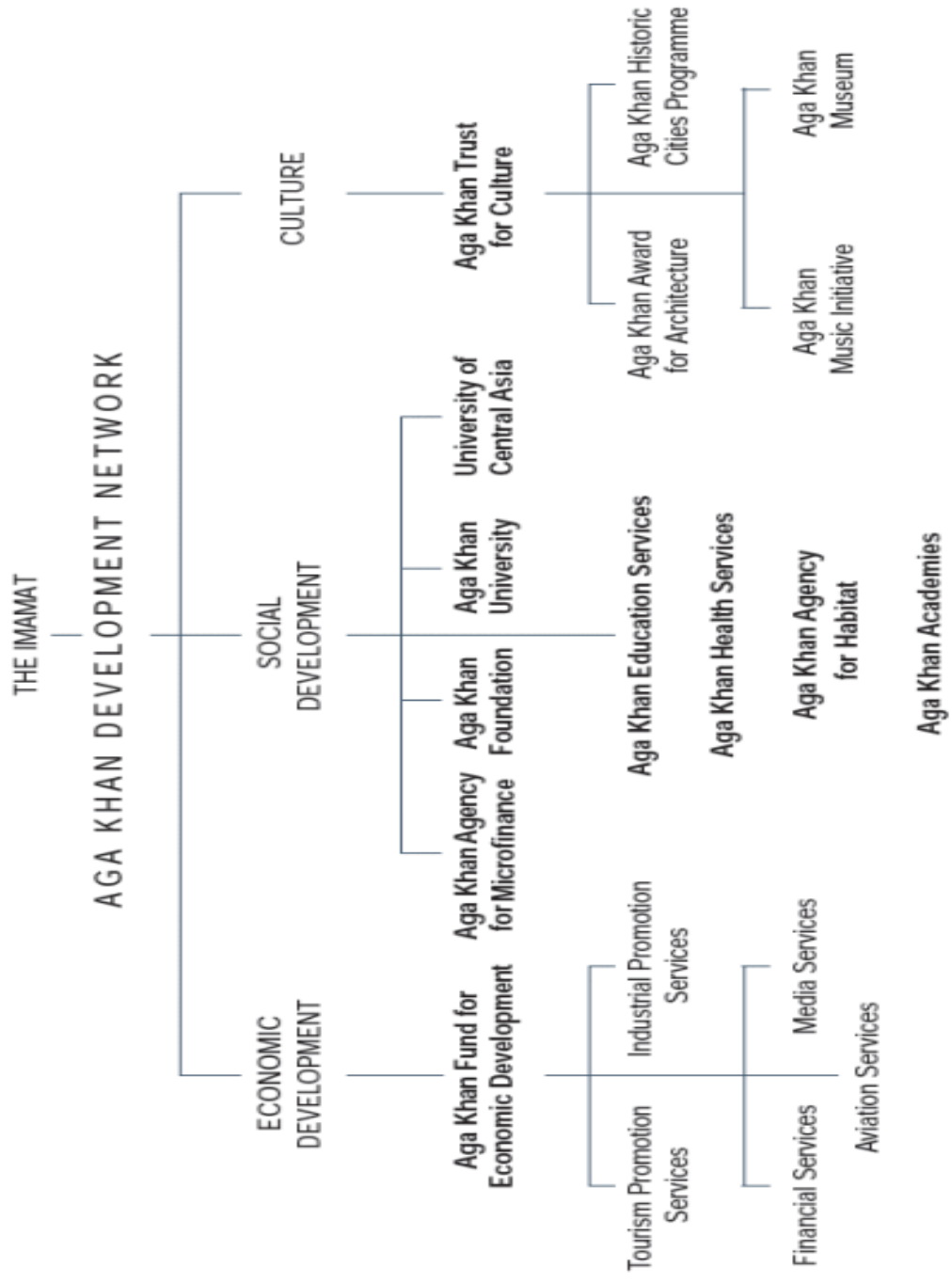
Appendix A: AKDN Organizational Chart



Appendix B: Sample Email Invitation for Research Participation

Subject: Invitation for research participation

Dear _____,

I, Muneerah Vastani, am an AKU alumni and former faculty member of AKUSONAM. I am currently enrolled in a doctoral program at the University of Alberta, Canada. I am conducting research for the fulfilment of a doctoral dissertation under the title *The Perspectives of Global Leaders' Situated Within the Aga Khan Development Network on the Role of Nurses in Early Childhood Development: An Interpretive Descriptive Study*.

The purpose of this study is to understand the perspectives of global leaders in regard to the significance of early child development (ECD) and the role of nurses in the field of ECD. Moreover, the study will explore the global leaders' perceptions regarding the influencing factors that can impact nurses' involvement in addressing ECD.

The study protocol will require in-depth individual interviews with AKDN institutions' leaders, faculty members, directors of programs, and project supervisors. There will be two to three interviews for the duration of 45-60 minutes each time. The study was approved by the University of Alberta**,** Human Research Ethics Board and AKDN concerned institutional approval.

I am excited to invite you to kindly participate in this research study. Furthermore, it is my humble request to please forward this invitation to senior faculty members who could be interested and willing to participate in this research. I am looking for at least 2 to 3 three participants. The interested faculty members must have a minimum of 3-5 years of experience and have some influence in decision making or be connected with designing and implementing policies and programs for ECD.

Your participation and support will be highly appreciated.

Sincerely
Muneerah Vastani
Ph.D. Student, University of Alberta

Appendix C: Information Letter and Consent Form

Study Title: The Perspective of Global Leaders' Situated Within the Aga Khan Development Network on the Role of Nurses in Early Childhood Development: An Interpretive Descriptive Study.

Research Investigator	**Supervisor**
Mrs. Muneerah Vastani	Dr. Vera Caine
5-021 11405– 87, Edmonton Clinic Health Academy Edmonton, AB, T6G 1C9.	5-021 11405– 87, Edmonton Clinic Health Academy Edmonton, AB, T6G 1C9.
University of Alberta	University of Alberta
Email: vastani@ualberta.ca	Email: vera.caine@ualberta.ca
Phone: + 1 780 200 3268	Phone: + 1 780 490 9174

Background

You are being asked to participate in a research study entitled *The Perspectives of Global Leaders' Situated Within the Aga Khan Development Network on the Role of Nurses in Early Child Development: An Interpretive Descriptive Study.* This study is conducted by doctoral candidate, Muneerah Vastani, and supervised by Dr. Vera Caine from the Faculty of Nursing at the University of Alberta. The results of this study will be used in support of doctoral student research.

Purpose

In this study, I am exploring the perceptions of global leaders who are affiliated with AKDN institutions and are positioned to have some influence on decision making. I am also interested in how leaders acknowledge nurses' role in the field of ECD and what the influencing factors are in their view, which can impact the role of nurses in the global context.

Study Procedures

If you choose to participate in this study, you will be responding to a semi-structured in-depth conversation/interview and complete a demographic datasheet. Also, you will be asked to have audio-recorded conversations with me for over 4 to 5 months. Each conversation is estimated to take 45 to 60 minutes. There will be a maximum of 3 conversations. We will meet online using Zoom or Skype applications or any other online tool or software in place that works best for you. In the case of unstable internet, I may approach you using a long-distance call on your cell or office line. I hope to meet you two to three times in a period of four to five months of data collection. The conditions for meetings will be negotiated between us.

As a participant, you are welcome to talk freely about your past and current professional experiences. All the conversations will be audio-recorded and transcribed. I will invite you to share your views, thoughts, feelings, and experiences about working with AKDN in the context of ECD and the role of health personnel, especially nurses. Your views, ideas, opinions, and experiences will help me better understand the scope of ECD and its related nurses' roles and functions.

You are eligible to participate in the study if you a) are a leader who is actively working in an AKDN associated institution and have been for least 3 years; b) have some influence on decision making and designing and implementing policies and programs of ECD; and c) speak English fluently; d) are willing to talk virtually in detail at least 2 or 3 times for approximately an hour each time.

Benefits and Remuneration

You will be given an opportunity to view your concepts, perceptions, and influencing factors related to ECD and its integration in the field of health, especially in nursing. It will give you a forum to express your feeling, thoughts, and experience with a critical lens through a safe and constructive conversation. The study could generate the themes and variables which will be useful in the formation of an integrated framework of ECD in nursing practice. The study would assist in examining the nursing activities towards ECD approaches, identifying the gaps between knowledge and identify the influencing facts which impact the integration of ECD in nursing practice. In addition to that, it may also guide the faculty members in the curriculum revision process.

There will be no immediate benefits for you. I hope that your shared perceptions and experience will help us better understand the scope of ECD and the role of nurses in regard to ECD, the possible ways to integrate ECD knowledge and practice in nursing.

Cost of Participation

It is not anticipated that this study will cost participants any substantial financial cost except potentially the cost of internet access.

Potential Risk

The study processes involve no known risks, harm or threats to you, your family, institution or to your profession**.**

Voluntary Participation

Your participation in this study is purely voluntary; you are under no obligation by the researcher, your institution, or the profession to participate in this study. You may choose not to answer any specific question or talk about particular experiences. You can request to stop the audio-recording anytime if you desire. Also, you have the choice to put the camera on or off

during our conversation. You may withdraw from the study at any time. This will not influence your employment or your affiliation with professional bodies.

Confidentiality & Anonymity

The information obtained in this study will be used in the writing of ay doctoral dissertation. Other forms of dissemination of this study include presentations and publications. Your permission is required for the disclosure of any information; otherwise, your information will remain confidential. If you desire, a pseudonym will be assigned to you. In order to avoid any personal identification of participants, the use of any particular names or places will be modified unless you wish to present your contribution with your name and position.

Please note, that for a minimum of five years after the completion of the study, all the data, such as audio-recordings and emerging texts, will be stored securely in a locked cabinet or in electronic devices that are protected by a password. Access to the data will only be permitted to my supervisors and me.

Future use of data

The information collected for this study will be used in presentations and publications. The data may be used for future research. Your name will never be used in any of these situations unless you opt to mention your contribution with your name. Please select the given option at the end of this form. Please feel free to ask for a copy of reports or publications on research findings at any time. If you are interested in receiving the summary of the study results, you can tick the options given at the end of this form.

Further Information

If you have any further questions regarding this study, please do not hesitate to contact Muneerah Vastani at 780 200 3268 or vastani@ualberta.ca.

The plan for this study will be reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta. If you have any concerns or questions regarding your right as a research participant, you may contact the University of Alberta Research Ethics Office at 1-780-492-2615.

Thank you for considering being part of this research. Your participation and help are much appreciated.

Consent Statement

I have read this form, and the research study has been explained to me. I have been allowed to ask questions, and my questions have been satisfactorily answered. If I have additional questions, I have been told whom to contact. I agree to participate in the research study described above and will receive a copy of this consent form. I will receive a copy of this consent form after I sign it.

I am interested in receiving a summary of the study result. Please tick any one option given below.

Yes ● No ●

As a participant, I wish my actual name to be used with my contribution in this research study instead of a pseudonym. Please, tick any one option given below.

Yes ● No ● Not sure ●

_____ _____

Participant's Name (printed) and Signature Date

_____ _____

Name (printed) and Signature of Person Obtaining Consent Date

Appendix D: Interview Guide

1. Please tell me about yourself. What position do you hold? What are the work projects you are currently involved in?
2. What is your background? What has prepared you for your current position?
3. What has your involvement (both past and current) been with early child development?
    a) Are there specific events or projects that have helped you gain knowledge in this area?
4. What is your thinking regarding ECD as an approach? in health?
5. How do you perceive ECD in context development and health?
6. What could be a practical approach to early child development?
7. How do you see ECD intersecting with the SDGs?
8. Please describe how you see ECD in the field of health. What do you see as the relationship between ECD and health and health equity?
9. What does social justice mean to you? How could ECD be a tool to achieve social justice?
10. How do you see ECD as an approach in achieving health equity? How do you see this happening?
11. What role does ECD play in the wellbeing of families and children? What is your relationship with health promotion and prevention? Can you give specific examples or projects that would speak to this, particularly projects or programs that you have been involved in.
12. Thinking about human health resources, who/what programs do you see as key personnel in ECD?
13. In your view, what role can nurses in particular play in promoting ECD
    a. Are there specific settings that you see as being important for nurses?
    b. Where can nurses have the most significant impact?
    c. What are the specific areas or aspects of ECD where nurses cannot play any significant role?
14. From your perspective, what limitation might nurses face in the integration of ECD in their daily practice.
15. What can be done to enhance nurses' involvement in supporting ECD? What skills to nurses need to address ECD from your perspective?
16. What role can nurses play to promote ECD? Or enhance nurses' involvement in addressing ECD from global perspective? (Probe in regard to Policy (national and global); Institutional Structures; Educational; Advocacy; Research)

Appendix E: Demographic Data Sheet for the Participants

Title: Global Leaders' Perspectives on the Role of Nurses in Early Child Development.

Please, provide me with some of your personal information. It will take five minutes to complete this datasheet. Thank you in advance for completing this datasheet.

1. Gender: *Male* ● *Female* ●
2. Age (years): 25-35 ● 35-45 ● 45-55 ● 55 or above ●
3. Academic qualification: *Diploma*● *Undergraduate/Bachelors*●

   Graduate(/Master/PhD)● *Post-graduate*● *Others*●_____
4. Name of institute where you are currently employed: _____
5. Name or title of your current position: _____
6. How long have you been working in this institution? _____
7. Total number of years of experience in professional field: _____
8. Do you have any previous experience of working with ECD? ● *Yes* ●*No*
9. If yes, please specify the duration and designation of your past position/s or experiences: _____
10. Do you have any specialized education/training, certificates, or degrees in the field of early child development? ● *Yes* ●*No*
11. If yes, what was the name and duration of the further education? _____
12. Any other specialized courses/degrees in the field of ECD? Please specify: _____

Appendix F: Budget

Budget[15] Category	Amount $CAD	Description
1. Communication cost		
Internet access or phone calls	100	The expense for each online conversation Zoom pro (14.99$ per month) x 6 months+ tax.
Phone calls/Prepaid calling cards ($10 for 120 min)	300	Phone calls in absence of internet access. $10 per conversation x 30
2. Material and supplies		
Laptop	1600	
Printer	200	
Toner X 2	100	
Voice recorder	80	For standby
Print papers (Photocopy and printing)	200	
Other stationary cost (letter, envelopes, postage, pens, batteries, notebooks)	100	
NVivo 12.0 (data Analysis software)	100	
Books or articles	100	
3. Dissemination of study findings Conference expenses (registration, travel, hotel, food)	2000	
4. Publication cost	3000	
5. Other expenses		
Institutional approval/ethical board approval fee	1,500	If required (500 x 3 countries)
Data transcription	1000	If required
6. Miscellaneous	100	
Total	**7,480**	

[15] This budget is calculated based on a presumption of a 6-month online data collection in three countries Pakistan, Tanzania and Uganda with 10-12 research participants. The budget may change depending on duration of data collection, numbers of participants, frequency of meetings or other conditions.

Appendix G: Proposed Timeline (Pre-Covid)

Year	**2020**					**2021**										
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Candidacy Exam																
Ethics Approval																
Data collection and transcription																
Data analysis																
Sharing emerging themes and subthemes with participants																
Writing discussion, limitations and conclusion																
Compose first draft of dissertation and Revisions																
Final Defense and writing manuscript for publication.																

Appendix H: Proposed Timeline (Revised)

Year	**2020**			**2021**				**2022**						**2023**		
	Aug	Nov	Dec	Jan to Dec				Feb - Sep			Oct	Nov	Dec	Jan to Aug		
Candidacy Exam																
Ethics Approval																
Data collection and transcription																
Data analysis																
Sharing data analysis findings																
Writing discussion, limitations and conclusion																
Compose first draft of dissertation and Revisions																
Final Defense and writing manuscript for publication.																