NIP PILOT PROJECT ON

Nutrition & Parenting

Sponsored by UNICEF

(DRAFT FOR LIMITED CIRCULATION ONLY)

PREFACE

TO THE CONCERNED PEOPLE AND ORGANISATIONS ,

WORKING IN THE AREA OF CHILD SURVIVAL , GROWTH &

DEVELOPMENT.

ABOUT N.I.P

The Network for Information on Parenting is a voluntarily federated democratic body with a membership of approximately thirty organisations working with infants and children.

This Network is committed to supporting efforts to strengthen capacities of parents and communities to create a positive, nurturing environment for all children and especially those from the deprived and unreached communities in rural and urban areas. In Tamil Nadu the Network's mandate is to support and promote positive child rearing practices for children below 5 years which would ensure _:

- the child's physical well being
- psycho-social development (emotional security, socialisation and affection)
- the child's mental development- interaction, stimulation and play
- as also good and healthy nutrition and food habits

ACTION STUDY PROJECT

This Network undertook to do a study cum intervention project on Nutrition and child care practices among a cross-section of select populations in seven districts of Tamil nadu.

It was titled " Communication of Best Practices for Behaviour Change in Nutrition and Documentation of Child Care practices in conditions and contexts of deprivation."

A four component action study was conducted for one year (2001 -2002) in four sites of Tamil nadu under the stewardship of four Institutions as listed below-:

i)Tamil Nadu Voluntary Health Association
Project Holder : Saulina Arnold

TNVHA's area of operation was in the five districts of Nagapattinam, Erode, Tiruvanamalai, Virudhanagar and Sivagangai among the backward community in each district. Select NGOs and voluntary groups worked in co-ordination with the women's self help groups, now a part of the community structure in the rural areas.

ii) RUHSA Department, Christian Medical college
Project Holder : Dr Rajaratnam Abel

RUHSA , Vellore worked in five panchayats In K.V kuppam Block in hilly area of Vellore district with community self help groups already formed in the area consisting mainly of non-lettered populatios

iii) Madhuram Narayanan Centre for Exceptional children ; Project Holder : Jaya Krishnaswamy

MNC,s Action study on Nutrition and child care practices in Institutions, was conducted in both rural and urban sites and included children and infants with disability and without disability. It also focussed on child care practices in the different communities of the Christian, Muslim and Hindu households , in select hamlets in the Ramnad district.

iv) Sahishnatha Vijaya Institute of Child Health
Project Holder : Dr S. Jayam

SVICH worked with the Health Professionals

of the Dharmapuri district i.e, Doctors, Staff nurses, and Anms of the district, in a series of Refresher training workshops in essential protocols of Early Childhood care and psycho-social dimensions of Parenting. The trainings were tailored as per the level and duty functions of the participants.

This one year project was sponsored by UNICEF from their corporate donor funds. NIP Secretariat based at the Balamandir Research Foundation after a due selection process chose the above four organisations to conduct this Nutrition and Parenting Intervention Programme in their project areas. Description of target population, details of the intervention programme i.e Background of Project area, Rationnale, Content of messages that were disseminated , Methodology of Training , Main Findings and Recommendations are all provided in the summaries of the four Action Studies that follow.

We have focussed more on packing in as much relevant data and information into these summaries , so any inadequacies by way of an easier reading style and narrative, needs the readers' patience and forgiveness. As can be seen from a careful reading of these summaries, apart from parenting messages reaching the target groups, this programme has also benefited a large number of extended populations, going well beyond the numbers cited as target population. It must be said here that all the Network members involved in this ***complex project*** *realised that when a Network functions with team spirit and in tune with its commitment a lot of* ***strengths*** *can be generated and consolidated.*

The full and unabridged documentation of this UNICEF –NIP Pilot Project is available with UNICEF (Health Division) as well as with Balamandir Research Foundation.

THIS DRAFT IS FOR DISCUSSION AND LIMITED CIRCULATION ONLY

For NIP Secretariat

Process Documentation of our intervention

AT

dharmapuri

District as

part of the Parenting

NIP- SVI[illegible] Programme

PARENT[illegible]AMME

Nutrition and Child Care Practices

Process Documentation on

Interventions conducted

In

Dharmapuri District.
2001-2002

PROJECT HOLDER : Dr S.Jayam
Sahishnatha Vijaya Institute
Of Child Health
Vijaya Health Centre
N.S.K.Salai
Chennai

SUMMARY REPORT : see below-:

An over view of the workshops conducted

Group composition	Objectives	Rationale	Content	Comments	Vital findings
Doctors from the district of Dharmapuri especially those in Government service.	- To disseminate information and knowledge on parenting - To identify resource persons on the subject to carry forward the message.	- Doctors, especially Pediatricians play an important role as care enhancers hence the need to be informed on Parenting. - Doctors deal with the new born first, they have to be refreshed and motivated to provide appropriate and essential new born care.	-Appropriate medical knowledge was integrated with information on parenting to sustain their interest. -The four vital points – * Planning for Parenthood, -Welcoming the Baby, -safe motherhood -Nurturing the child This was covered using clinical photographs and practical sessions including ward rounds. -Adolescent health was also covered	-The participants were involved during the sessions and a few volunteered to be resource persons. -For many doctors it was a refresher course. -The Patient is to be looked at holistically as a person rather than only as a patient which confines the Doctor's role only to treatment of the disease and not the cause of it.	-The doctors agreed to introduce the topic in the school health programmes. -Doctor's handbook evolved after the workshop. -Doctors found the subject of child development quite practical and rewarding. -Doctors agreed to include it in their clinical practice. -Doctors admitted that they were involved in curative care but would shift to Preventive and promotive care and counseling. (sensitization and personalized communication with children and parents/care givers) was new to Government doctors.

Nurses from the District of Dharmapuri especially those serving in Government Hospitals	-To impart knowledge and skill on Parenting to this group who are the vital care givers to mother and children.	-Nurses are involved in out patient and inpatient care so they often communicate with patients. -Secondly in the case of the Medical community, nurses play an important role as care givers and hence there is need to be informed about parenting.	-The content was much simplified when compared to the Doctors' training but the vital points were covered. -Adolescent health was discussed at length by sharing certain specific cases. -Nurses were familiar with many cases of neo-natal deaths and welcomed the knowledge of new techniques of neo-natal resuscitation and emergency new –born care.	-This was their first ever refresher course after joining service, hence felt it was very useful. -The flip chart was an effective tool and they suggested that they use it in their Out patient counter to educate the mothers.	-Subsequent to the workshop there was a significant change in their attitude. Example: Three of the staff nurses saved three female babies by talking to the mothers who were about to abandon them soon after birth. Economic and social help to these babies was provided through their own family members. (Dharmapuri HQ Hospital). -Few of them are taking classes on Parenting in the Post natal and general medical wards at their place of posting. -The tool (FLASH CARD \ Flip chart) was found effective. The nurses responded enthusiastically to these tools, which were colorful and real life representations. It was used to explain the POSITIVE EMOTIONALITY much needed by women and children especially during pregnancy and adolescence and early childhood years.

Village health Nurses and Auxillary Nurse Midwives serving under the Government.	-To share information on parenting to this specific group as they form the backbone of our health system. -To impart updated knowledge on essential new born care as they deal with the community directly.	-VHNs & ANMs are groups having direct contact with the community. -They visit regularly the mothers and children and their status will be in their finger tips. They do ante natal visits and immunization at the village. Hence educating this group is very important as they have a direct link with every family.	-The vital points to be delivered were simplified to colloquial language by the trainers and were presented in Tamil so that the message reaches them. - Many case discussions were shared from their experiences in the villages they visit. -Clinical rounds were done as part of practical sessions.	-The participants found the "learning through Play' tool very effective and useful. They used the tool in the OPs. -Eight ANM workshops were conducted locally using resource persons identified through the previous workshops.	-They were quite knowledgeable regarding the advantages of breast-feeding but they were unaware of exclusive breast-feeding for the first six months. -The management of the newborn was a new area of learning. Using the techniques of warming and kangaroo care they felt that more babies could be saved. -They felt that rural practitioners and medical personnel have to be educated NOT to prescribe Tinned Baby foods.

Background

The Sahishnatha Vijaya Institute of Child Health (SVICH) selected Dharmapuri district for intervention under the Parenting program because of its socio-economic profile. (Refer Annexure I)

Dharmapuri district also has a high infant and female mortality rate. (Details in Annexure I). The contributing factors have been identified as low birth rate, birth asphyxia, neo natal infection, diarrhea and respiratory problems. The social causes include female infanticide. Major efforts have been made to educate the public and anganwadi workers to increase the knowledge on nutrition and childcare.

The Flip chart has been introduced to the Anganwadi workers through Social welfare department's network.
In the rural health sector PHC Medical officers, VHNs and the nurse's closely work with the Anganwadi workers to do the antenatal care and child care.
Unless health professionals are also informed and oriented with relevant skills and vital information and referrals on child rearing practices and parenting, current trends in health are not likely to change positively. Also presently the medical professionals are only focusing on curative care and on treatment of disease as their primary task. Therefore there is a need for making the professionals look beyond the disease and introduce this approach of parenting as a **tool for change**. Medical professionals are the leaders and if they absorb and practice the others will soon follow ,including nurses, ANMs and VHNs. THE COMMITMENT of the resource team is also necessary to make this work.Therefore there arises a need for making the professionals look beyond the disease and approach the patient with a parenting attitude thereby **forging a new relationship between themselves and the patients.**

Medical professionals are the leaders in health care and if they develop this practical approach in their clinical practices, then the other professionals- nurses, ANMs and VHNs, will soon follow suit. The commitment of the resource team to this mission, of bringing about a positive change in the attitude among the medical fraternity, is considered absolutely necessary. The project in charge appointed only

such members to conduct the workshops so that the overall tenor is consistently maintained.

Based on the needs in the selected district, the SVICH chalked out a holistic, participatory learning programme to reach out to medical professionals, staff nurses, VHNs and the ANMs.

Executive Summary

There have been significant changes in child care which in the last few decades have had far reaching implications for the future. There has been a major shift of approach in programmes to include developmental perspectives. We recognize that every child who is born has the right to first breath (life), survival and nurture without any discrimination.

Parents have got to carry out the major responsibility but the medical professionals : the doctors and the nurses can give a lot of quality support to achieve proper development of the child. Nutrition and nutritional supplementation will improve the cognitive development and adolescent growth. This knowledge of nutrition and a systems approach to early childhood care needs to be the stressed so as to ensure a healthy next generation of adults. The Network for Information on parenting (NIP) evolved as an off shoot of such ideas among professionals interested in child health and development comprising of both the government and the non-government involvement with an aim to target all parents and would -be parents.

NIP encompasses the following broad areas of child care:

Roles and responsibilities of parenting, identifying common problems in parenting, creating awareness of positive and negative parenting practices, promotion of good parenting practices, propagating gender equality in child rearing and also emphasizing the role and value of the family setting in psychosocial development of the child.

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The interventions planned were multifaceted and the basic thrust was in bringing about an attitudinal change among the medical professionals regarding parenting practices. An effort was made to sensitise everyone responsible for child development on the psychosocial aspects of child rearing. This was done by

conducting workshops and training programmes for dissemination of such knowledge at four levels. The first level concentrated on training of resource person/facilitators and preparation of basic material on parenting aspects. The second level was training of the doctors who are the professionals who are in charge of the child's health. The third level was the training of the nurses in the government sector and the fourth the VHNs and the ANMs. The fourth level was the most vital link in the transmission of parenting ideas as they are the persons who are in continuous contact with the people and are aware of their problems at the grass-root level. This programme was conducted for the Dharmapuri district but has potential to be replicated at the state level throughout the districts so that the overall morbidity and mortality rates of women and children can be brought down.

The major findings that emerged from the doctors' workshop was that this area of psychosocial development in child care was a relatively new concept. It was realized that preventive and promotive care were much more crucial than curative care and it was their role to look into both the aspects. The holistic treatment of a patient was clearly understood and the need to focus on such aspects as counseling and sensitization emerged.

The findings from the nurses' workshop was that though they were working in close proximity to the population, their knowledge was not regularly updated and this workshop was an eye opener on many vital issues on parenting. Though they had come face to face with neo-natal deaths and morbidity, they were not aware of such things could be prevented at the early stage itself. Promoting positive emotionality, gender sensitivity and humanizing the labour room were all new aspects that they were eager to implement.

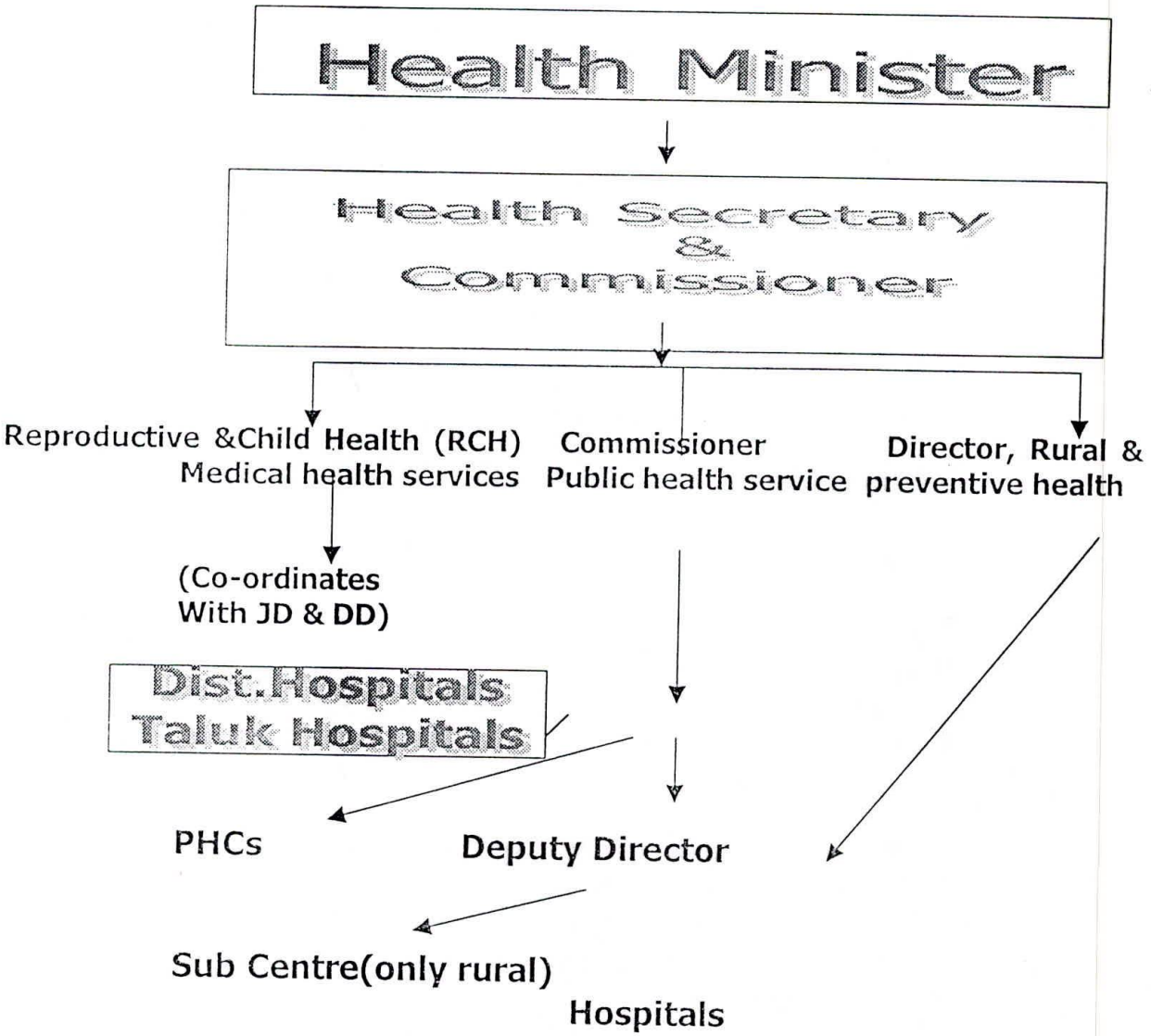
The finding from the ANMs and VHN workshop was that the new exposure they gained on management of new born children was a relatively new concept. They were aware of the importance of breast feeding but not of exclusive breast feeding. The start of complementary feeding utilizing local resources was appreciated. They made a point to stress that the need to sensitise medical practitioners asking them to refrain from prescribing breast milk substitutes. The learning through play method was found very useful.

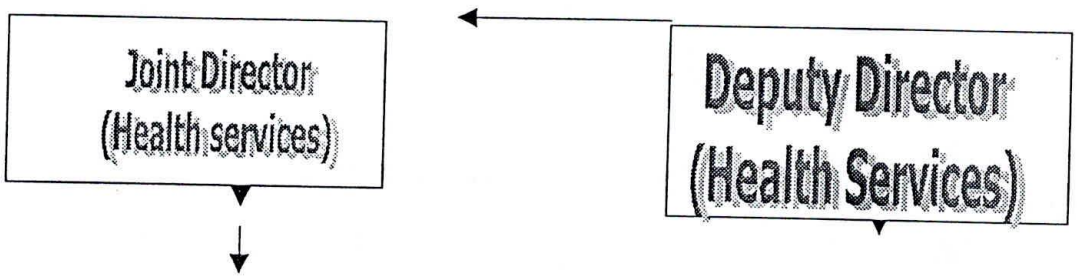
The programme on the whole has been an effective one with the medical professionals being able to relate positively and internalise some of the inputs for practice in their daily routine. It is hoped that this process of sensitization and internalization of parenting practices that have come forth as a value addition to the medical practitioners diagnostic routines can be replicated throughout the state.

An overview of the Health Department

Government of Tamil Nadu

Administrative Set up:





District t Public Health Nurse
Sector Health Nurse
Village administrative Health centres & medical officers answerable to JD & DD
Sub center (VHNS)
(For every five villages)

Rationale behind the workshops

Target group: Doctors, nurses, VHNs & Alms working in Dharmapuri District.

Why this group:

During their professional training, which is, hospital based, the health personnel are exposed to the treatment of many diseases and poor health conditions among persons of all age groups. Currently the problems faced by this vital group are as follows:

A. The professional knowledge imparted to them earlier in during their gaining professional degrees has either become obsolete or needs a fresh orientation.

B. The professional skills taught to them in the course of their training also need constant up-gradation.

C. The basic attitude of the medical professionals, that of prescribing a particular course of treatment for a disease needs to be refreshed with what is current.

D. Many professionals have not had opportunities to benefit from refresher courses.

Yet, it is the three target groups specified earlier who form the main channel for implementation of any health initiative or scheme put forth by the Government.

If an attitudinal change can be brought about in these groups of professionals, through workshops on training in knowledge on positive child care practices and on the appropriate skills required by them to use the information so gained, it can be optimistically hoped that parenting messages can be reached to almost every

household in every village in the district. If networked with the programmes of the anganwadi workers, the volunteering services of the self help groups and that of the VHNs who are so familiar with every household, this programme can soon be converted as a model programme for implementation in all the districts of Tamil Nadu.

This is the rationale behind choosing the specified target groups.

How the target group was reached.

A. Collaboration with the **Directorate of Reproductive Child Health** to get the required information on the groups to be reached.

B. **Planning the methodology.** Finalizing on the necessary formalities for the selected professionals to attend the workshops.

C. **Designing a separate workshop** for each category of professionals to make the communication processes on parenting effective and appropriate.

D. Co-coordinating with the RCH

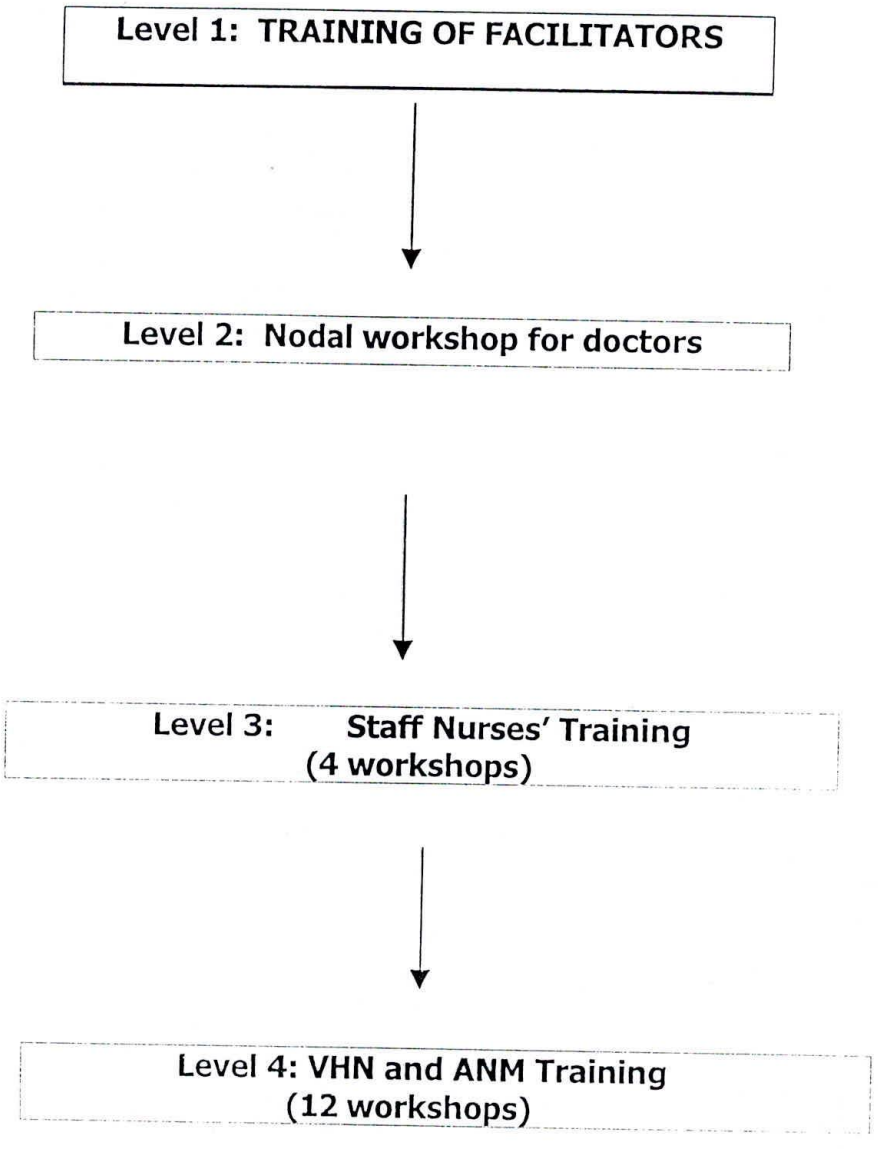
The Reproductive Child Health (RCH) Department:

- Has a specific scheme that is concerned with the health status of women and child.
- Takes care of the concerns of the mother to be during her pregnancy, during delivery and of the newborn. This programme reaches out to all sectors of the society in every location.
- Is authorized to depute doctors, nurses, the VHNs & ANMs to attend training programmes and workshops. The RCH is the department, which gives permission for the using their venues for training.

The project co-ordinator of RCH was met with initially to discuss on the choice of the district, the geographical location of the blocks the venue for the workshops and to decide on the selection of the participants.

It was planned that every workshop was attended to by a fresh set of participants so that the programmes circumscribed a wide spread.

The Workshop Plan



The training schedule involved four levels. The first level was the preparatory phase with training being imparted to the facilitators. It also involved the preparation of material for dissemination at the workshops to be held subsequently. In the second level, doctors were trained. The third level was the training of Staff nurses and level four the training of the VHNs and the ANMs.

Level one: Preparatory Phase –
This level comprises of two phases – training the facilitators and preparing the material for the workshops at the different levels.

a. Training Facilitators

As a preliminary step Dr.Kumutha, Dr.Mangayarkarasi, Dr.Manimegalai, Deepa (Counselor), Vidya (Child Development assessment consultant), Dr.Viswanathan, and Dr.Priya went in for an intensive training on parenting skills and practices organized by the Network on information in Parenting (NIP).

This Master Trainers workshop gave them the required background knowledge on the subject and the communication skills to disseminate the information to the select audience.

The facilitators as a group were committed and had a positive attitude with respect to the purpose of the programme.

b.Preparation - Learning Material:

After a series of discussions the team then planned the sessions and worked out the modules needed for the workshops for the doctors and nurses.

Dr.Jayam, the Project holder coordinated these sessions.

Four in-depth discussions were also held in working out the methodology for imparting the subject matter.
Dr.Jayam with her field experience suggested that the methodology should be: --

- Field appropriate,
- Relevant to the cultural scenario of the selected district and also incorporated with practical interactive sessions.

FOUR major topics related to parenting were chosen for the preparation of the workshop material from the NIP resources. They were:

- **Parental readiness, with major emphasis on health of the girl.**
- **Planning for parenthood,**
- **Welcoming the baby**
- **Nurturing the child, particularly the girl child.**

In the preparation of the learning capsules emphasis was laid on the:

- Health of the adolescent girl child.
- Information on:
  - Advances made in the medical practices on the management of pregnancy and new born care
  - Special skills required to examine the newborn baby
  - Neonatal resuscitation procedure with practicals.
  - The art of exclusive breast feeding and young infant feeding
  - Case scenarios were included to ensure the caring for and humanizing, mother and childcare.

The required tools such as flash cards, slides, posters etc were also selected and the strategies to reach out the message, such as case studies, simulations, hands on training in clinical situations in hospitals were also identified by this group.

Level two

A **nodal workshop** was planned specifically for the **doctors.**

This workshop was designed in such a way that the doctors would be motivated to form a core team to become effective trainers on the subject in the district.

The resource team met the day prior tc the workshop at the venue (Dharmapuri) and gave the final touches to the arrangements for the workshop.

Level three

As a consecutive step four workshops were planned to include all the staff nurses in the Dharmapuri district.

Nurses play an important and dominant role in parenting and influencing parents and parents to-be in the nurturing of the new born babies and infants. In many of the training workshops nurses are not included.

Doctors in general only implicitly acknowledge the considerable help that the ANMs and VHNs provide as Health functionaries. The series of workshops were intended to take a big leap forward in bringing hierarchical levels within the Health dept on a single platform and putting developmental perspectives at the forefront.

Hence members of the doctor's resource team were of the strong opinion that nurses being **key personnel in hospitals must be included in the programme.**

Level four

Among the members of the health community, the VHNs and ANMs form a major group that work in close co-ordination with the people.

Unless they are made aware of the latest advancements achieved in the medical field in relation to patient care and provided with the necessary information on its practices this group of service providers cannot show any attitudinal change in the way they relate to persons in their care.

Yet, in all trainings provided to the medical community, this group has always been ignored.
Hence it was planned to conduct twelve workshops to include the large population of VHNs and ANMs in the district.

Workshop 1. - Doctors

Some outcomes

- The FLIP CHART session **enlightened** the doctors on **psychosocial aspects** of child development, an area new to many of them.
- Having been trained only in disease-oriented medicine this subject was a welcome change to them.
- Identification of developmental delays and helping the mothers with early stimulation was also a new area of learning.
- Usually disabilities, particularly mental disability is identified in children only at a late stage and medical professionals are at a loss then as to how to help the parents.
  They feel desperate because of their lack of knowledge in the area of disabilities. Very few institutions are available for medical interventions, particularly in the rural areas for children with severe disabilities.
  Therefore the doctors felt using the Flip chart, as an effective tool will help them in identifying problems early and also in giving early stimulation

* The girl child and trauma of rejection were discussed in keeping with the prevalence of a high incidence of female infanticide in the area. The medical community initially expressed that it was a social issue. Their experiences in the clinical rounds however made the doctors think differently, that there could also be a medical aspect to it and therefore there is a role for the medical professionals in preventing female infanticide. The humane aspect of this issue was emphasized. ***It was stressed that clinical scans should not be promoted for sex- determination alone.***

FEED BACK on –the Flash card tool

- It was a good tool to disseminate messages on parenting to the masses especially those who cannot read.

* It was pointed out that the flash card did not bring out the importance of hospital delivery as also the immunisation schedule.

- The doctors expressed that the flash cards would be effective information sheets for patients waiting at the out patient department.

The following maxims to be propagated widely by doctors ;

- Minimum age for marriage for girls should be 21yrs.
- Minimum weight gain during pregnancy should be 10kgs
- Regular antenatal checkups essential, especially during the last trimester since many complications occur then.

NURSES ORIENTATION & WORKSHOP

The strategies and outcomes

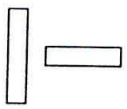
Role play: The power of play was demonstrated through a role play, in which all the participants brought out the importance of play in a child's life.

PLAY IS WORK for the CHILD.

This aspect of the parenting programme was a concept entirely new to everyone.
One of the participants being a new mother herself could relate very enthusiastically to the many discussions that were held. One of the dimensions of nurturing a child is to surround it with POSITIVE emotionality.

- The participants came up with real life incidents on teenage pregnancy, sex abuse and female infanticide and the steps that needed to be taken to prevent them.
- At the end of the session they were looking forward to put to practice in their fieldwork what they had learnt during the day.

* They discussed at length about the need for better newborn equipments and were willing to give more importance to simple ideas like the use of a warmer, hand washing and continuing breast- feeds.



Outcomes of the sessions

First session outcomes:

As carry home messages on **planning for parenthood** the participants contributed the following:

- Planning for parenthood starts from the conception stage and continues till the birth of child.
- All children are to be welcomed, irrespective of gender, appearance, colour and ordinal position.
- Paternal readiness, acceptance of parenting role that is as important as that of the mother.
- Special children need special care.

The psychosocial aspects of child development, planning for birth of child from the stage of conception, and the role of the father in parenting, though new concepts, were well received.

A satisfying conclusion was drawn that the messages on parenting had reached them.

Second session outcomes:

Regarding **welcoming the baby**, the participants concluded that

- Clean and hygienic delivery environment was essential in preventing infections to new-born.
- Immediate breast feeding is very important in providing natural immunization and nutrition to the new born and in giving the required body warmth and the sense of security that the child needs most.

- Positive child rearing practices should be encouraged and the negative ones to be avoided.
- Female infanticide must end.

Third session outcomes:

On Parental readiness the participants were of the opinion that

- Adolescent counseling was of utmost importance in today's context of urbanized family life.
- Practicing safe sex was necessary in preventing sexually transmitted infections.
- Treatment facilities for sexually transmitted diseases need to be improved.
- The need for economic planning by young couples, important.
- Female literacy to be encouraged.

ANM's /VHN Workshop: Strategies and Outcomes

Methodology:

- The language used was predominantly Tamil especially for the discussions and demonstrations.

- Role-play and songs were the most popular and effective methods that this cadre of medical workers responded to.

Feedback from the VHNs on the FLIP CHART tool.

- The relationships of the child, in the extended arena of activity, with other family members, care givers; other well-wishers were depicted clearly through the colorful pictures of the Flip chart.

- This tool had a very positive impact on them.

- They felt very much at home, and comfortable in using this tool as it helped them identify with the village settings they were familiar with.

- They expressed that the pictures were " our own village women and families (the facial expressions of the people depicted in the narrations, their dress, the family settings, the utensils, and the environment.)

- Not even one picture had struck a false note.

- They felt that they could spread effectively the message of "Warm welcome " to the baby and mother in their villages.

- They were quite knowledgeable regarding the advantages of breast-feeding but they were unaware of ***exclusive breast-feeding for the first six months.***

- They felt that there is a need for rural practitioners and medical personnel to be educated **NOT to prescribe tinned baby foods.**

- They asked a lot of questions regarding insufficient milk and understood the needed lactation process to help the mothers.

- They were an eager batch to learn as they all realized the importance to be trained to combat the high IMR in the region.

Feedback from the ANMs:

- Health education should be given on a continuous basis in the PHC itself by interacting with mothers of every teenager and all the teenagers who visit the PHC.
- Importance to be stressed on small family norm and the various family planning options available in the PHC.
- Counseling by the ANMs to remove any fear or misconception in this area.
- Counseling was also needed to improve the nutrition of the adolescent girl so as to break the chain of low birth weight babies born to under nourished mothers.
- The importance of antenatal visits to prevent unforeseen emergencies was to be communicated to all pregnant women.

- Need to introduce Rubella vaccination and the need to have the TT dose
- All the above help in **demystifying pregnancy** for the teenager and removing any fear or misconception at the pre marital stage itself.

- The participants agreed that this was a very important topic, as most parents do not prepare themselves properly to receive the new born. And hence not in a position to handle any emergency emotionally or financially.

- On discussion, the need to be financially prepared came out very strongly and this should be done so that the pregnancy is planned well in advance.
- This can be achieved by proper pre-pregnancy counseling at the adolescent period.
- This will also to insure a healthy pre pregnancy weight.

- The family should constantly monitor the pregnant woman's personal hygiene and nutritional intake to insure the birth of a healthy child.

- The need for pregnant women to make antenatal visits to the ANMs where they would also receive counseling on the importance of breast-feeding.

- This should be not just for the pregnant woman but also for all the members of the family especially the elder woman, as they will be taking most of the decisions for the mother.

- The importance of essential newborn care .

Major Findings

Doctor's Workshop

1) The doctors found the topic new and appropriate.
2) The importance accorded to the psycho-social treatment of medical and physiological issues was a new area.
3) The doctors found that involving the father as active partners in parenting is a new concept and would be worth implementing.

4) Many of the participants recalled their own childhood and parenting roles and could envision how this input can be, and could have been incorporated in their lives.

5) A few doctors were motivated enough to have volunteered to be resource persons on this subject.

6) One doctor has initiated her own school health programme for the adolescent age group.

7) The doctors agreed to introduce the topic in the school health programmes.

8) A Doctors Manual has been evolved after the workshop.

9) The doctors finding this specialty subject of child development quite practical and rewarding agreed to extend it to their clinical practice.

10) They also admitted that they were basically involved in curative care and now they would think along the lines of preventive and promotive care and counseling.

11) This aspect of counseling (sensitization and personalized communication with children and parents/care givers) was unfamiliar terrain to Government doctors.

12) In an over crowded out-patient service they were unable to transact these skills and felt that suitable training of other health workers will prevent overload in PHCs.

13) Doctors felt the use of the flip chart to Identify disability and applying it for early stimulation is a new area and their knowledge is limited. Also latest and updated Information on neo-natal health and the networking and plasticity of the brain, which can be enhanced by good nutrition was an important capsule of information which could be shared among their peer groups.

13(a)14) The visuals on ward delivery and immunization schedule need to be incorporated with the other visuals showing a breast - feeding woman subsequent to a pregnant woman so as to add continuity.

14)15) The presentation using flash cards was received positively by the participants and there were some suggestions to suitably modify it so that both the rural and urban sections can both benefit from it.

They clearly stated that there was lacuna in the area of medical transaction. i.e., Looking at the mother and child only in terms of disease.

Nurse's workshop:

1) For the nurses this was the first refresher workshop during their service span of over 11 years.

2) Since the participant mix included nurses from the HQ hospitals and sector health nurses from the field, practical and field issues and problems as regards to the girl child, teenage issues, young mother difficulties, transport issues were raised and they also had ideas on solving them. They had practical suggestions on reducing maternal morbidity and mortality.

3) Involving SHGs in the villages for many of these messages of NIP was emphasized.

4) They were quite familiar with the many cases of neo-natal deaths and welcomed the new knowledge of learning neo-natal resuscitation and emergency new –born care.

5) After the workshop there has been significant changes in their attitude. Example: Three of the staff nurses saved three babies by talking to the mothers who were about to abandon their female babies soon after birth. They arranged economic and social help to these babies through their own family members. (Dharmapuri HQ Hospital).

6) Few of them are taking classes on Parenting in the Post natal and general medical ward wherever they are posted.

7) The tool (FLASH CARD \ Flip chart) was found very effective. The nurses responded with lots of spontaneous enthusiasm for these tools, which were both colorful, picturesque and real life representations. They interpreted the FLIP Chart to explain the POSITIVE EMOTIONALITY much needed by women and children especially during pregnancy and adolescence and early childhood years. The TOOL seemed to have crystallized very systematically something that they already knew in their field experience but were unable to articulate in such a clear manner.

8) A nurses Manual has been evolved after the workshops.

9) "Humanizing the Labor room " when the woman is in pain, was the need they felt.

10) The nurses felt that they were the "UNREACHED PERSONS 'even within the Health care system' and expressed a desire to have regular updates.

ANM's /VHN Workshop: MAJOR FINDNGS

Eight ANM workshops were conducted locally with the help of the resource persons identified from the previous workshops.

A manual for ANMs & VHNs has also been evolved for further use.

1) The ANM S and the VHNs were quite knowledgeable on the importance of breast-feeding but unaware of the need for **exclusive breast-feeding for the first six months.**

2) The exposure to the situations on the management of the newborn was a new area of learning to many of them. They recognized that when infants were provided with the required physical warmth and given the closeness, "the kangaroo care" many more babies could be saved.

3) The participants strongly expressed that the rural practitioners and medical personnel should be made to understand that they should not "prescribe" processed baby foods but should promote exclusive breast feeding and home made weaning foods.

4) The participants asked a lot of questions regarding some mothers complaining about insufficient milk to meet the infant's requirements, but when explained, understood the lactation process. They were optimistic that they were equipped enough to convey the information to the mothers.

5) The participants found the "learning through Play' tool very effective and useful. They were enthusiastic to use the tool in the OP Waiting Rooms.

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EXECUTIVE SUMMARY
AND
MAIN FINDINGS

MNC -NIP- UNICEF Project on POSITIVE PARENTING & NUTRITION PRACTICES

PROJECT HOLDER : Jaya KRISHNASWAMY , MNC

Executive Summary :

Project title: ACTIVITY-ORIENTED INTERVENTIONS IN NUTRITION & CHILD CARE PRACTICES

I. TARGET GROUP –

The target group of this study comprised a universe of 240 children, of whom 200 were under three years, and the rest under six years of age.

These children (120 each) were chosen from Urban Chennai and Rural Ramnad and grouped under four variables :-

a. Destitute (abandoned) and orphaned children in Institutions with some family suppport I
b.. Children in urban slums and rural backward areas
c.- Children within families ,with disability
d. Children within institutions with disability

-

Distribution of Populations: (see next page)

Urban Sites: 4 1. 30 children without any observable disability- under Bala Mandir Creche Care, from Gangaikarai puram, Giriappa Colony, S.S. Puram and colonies near Bala Mandir,T.Nagar. 2. 30 children with disabilities- under the early intervention programme at Madhuram Narayanan Centre, T.Nagar. 3. 30 children with disabilities- under Shishu Bhavan Care, Missionaries of Charity, Royapuram. 4. 30 Children without any observable disability- under Bala Mandir Care, Infant and Young Children Block, T.Nagar, Chennai. Total: 120	**Rural Sites:** 4 1. 30 children without any observable disability- 15 from Thirupullani from different communities availing of Bal wadis, and 15 from 2 crèches in Singarathoppu,Ramnad. 2. 30 Children with disabilities (many with multiple disabilities), with no intervention till the Chennai Camp 2001- from the hamlets in and around Thirupullani, from different communities. 3. 30 children with disabilities-under institutional care, physically handicapped, hearing impaired. 4. 30 children without any observable disability- under institutional care. Total:120

Though the focus was on the holistic development of children , the interventions were made through the training given to and the active participation of **Parents /elders/caregivers ---- in families,**
special educators/ therapists/medical professionals, caretakers--- in institutions.

MNC trained both the technical staff and the community in the psycho-social dimension **of positive parenting using these tools : - Flip Chart on the Joy of Parenting,** UPANAYAN , Early intervention programme, and the Flash Cards.

	Urban:	**Rural:**
Families:		
Parents:	120	120
Elders	180	450
Institutions:		
Special Educators	011	015
Therapists/Caretakers	012	015
Total:	323	590

Trained population –Total- Urban: 323 ; Rural: 590

Extended population

(This group was drawn into the programme because of the awareness that was created, curiosity and interest that was generated. This was observed in the responses received and in the participation exhibited by the population at large.) As can be seen below this was not the envisaged target group. But nevertheless this group we feel is an influential entity that can have a positive impact on the targeted group. They are the opinion makers.

Urban:		**Rural:**	
Interdisciplinary Team of Experts:	21	At sites:	04
Administrative Staff	07	Made affordable at Chennai	21
Primary Schools:			11
Correspondents/Supervisors/Heads:	07		17
Teachers:	12		80
Children :	160		2800
Govt., Officials/ DPEP personnel:	09		07
Dist Rehab Office Staff:	01		03
Temple/Mosque/Church – Heads and other staff:			03
Staff in Corporation/Municipality	03		10
Slum/Village Leaders:	03		110
Anganwadi workers:	03		47
Supervisory staff	05		11
Self Help Groups (Women):	03		07
Medical professionals in;			
Government Hospitals:	09		14
Public Health Centres:	01		03
Hotel/Restaurant Staff:	0ϕ		06
Wayside Tea Stall Staff:	02		15
Public Distribution System Staff	03		11
Auto rickshaw Drivers/Bus Drivers	07		21
Conductors:			
Theatre Group Participants:	01		14
General Population in the Slums Villages.	2000		12,000
Total	**2,360**		**15,212**

NB. It does seem to indicate that the extended population in rural Ramnad has expressed a felt need for more accessibility to vital information and resources, in nutrition , and medical support in child-care.

I I. SPECIFIC AIM & OBJECTIVES :

Global Aim:

To identify the lacunae in nutrition and child practices, among children in socially and economically deprived communities and among children with disabilities in the same communities, all under three years +, both from urban and rural populations.

Specific Objectives:

To collect information on current and traditional nutrition and childcare practices, the support systems available, family and institution.

Identify, lacunae/ needed critical input.

Document listing, reinforcing the positive, and modifying for relevance and meaning.

Disseminate information- parents, care givers, childcare workers, the adolescent population management at institutions and anyone caring for the child.

Prepare, Best Practices Guide for Behaviour Change in Nutrition and Child Care.
Flip Chart with messages on nutrition practices and on care & management of the child with disabilities.

III. ACTIVITIES SPECIFIC TO EACH SITE

Phase I: June-September 2001
Phase II: Oct-Dec 2001.
Phase III: Jan –March 2002

URBAN SITES

1.BalaM Colonies (Hutments in the vicinity of Bala Mandir)
Gangaikarai puram /S.S.Puram /Giriappa

Main Aim:
To sensitise parents to positive practices in nutrition and childcare.

Specific objective:
Creating awareness on :
Cooking wholesome meals, using optimum time and resources.
Utilising the daily routine to just talk and listen to their children.

Activity- Oriented Interventions:
Phase 1.
Visits to the households, interacting with the members, collecting
Information through a pre-planned schedule
Interventions were conducted through parent meetings , camps and workshops.
(Workshop I)

Phase 2.
Interventions were made through medical check Up- Health and Hygiene messages–
Workshop 2 was on
(Medical care and prevention of medical crises, attention to
Water management; garbage disposal, and toilet training for adult and child.
Assessing developmental progress in children.
-Workshop 3 was conducted on reinforcement of the Flip Chart - enforcement

Cooking Demonstrations were done at site.

Phase 3.
Dissemination
Parents' Get Together – Workshop 4.
Encouraging social interactions of family members beyond home environs
(with crèche caregivers, teachers and those concerned with the education of the child.)
Wrap Up Camp – Interactions with media celebrity

Phase 4.
Process Documentation

II. Madhuram Narayanan Centre for Exceptional Children, Chennai
Main Aim: To sensitise parents in positive practices in nutrition and childcare (disabilities) / early intervention.

Specific objective:
To assist parents in :

- Assessing nutritional requirements
- Management of disabilities in children -Correct feeding postures
- Planning play activities –for learning and relaxation

Activity-Oriented Interventions:

Phase I
Administering the Schedule
Interventions: Parent meetings - Workshop 1

Phase 2.
Cooking Demonstration
Interventions: Medical Check Up–Workshop2
Assessing developmental progress
Flip Chart Recap -Workshop 3
Child care Practices within the Family , in celebrations of developmental milestones
Reached by the child, birthdays , festivals etc .
Observations of both current and traditional practices of inclusion of children , especially those with disabilities.
Meeting Ramnad parents and children.

Phase 3.
Time and Work Management- Workshop 4. Conducted for the MNC parents.

Phase 4.
Process Documentation

III. Missionaries of Charity, Shishu Bhavan, Royapuram.

Main Aim: Nutrition Care and Child Care Practices – Training of children in Self Help.

Specific Objectives:
Assisting supervisors (Sisters in charge) to:

- plan nutritional requirements
- follow feeding postures in the care and management of children, individualised programme plan for building self help skills – physical strengths-age appropriate.

Activity-Oriented Interventions:

Phase 1.
Visits to Shishu Bhavan, administering the schedule to collect information, planning nutrition and diet chart and daily routine.
Interactions with volunteers, sisters in charge and physiotherapist.
Observations were made on the daily routine of the sisters in charge
Orientation to Sisters on handling of children with cerebral palsy : Workshop1.

Phase 2.
Revisit to Shishu Bhavan
Conducted Physiotherapy –Assessment of the children
Routine Medical Check up done

Phase 3.

Counselling given to the sisters in charge in promoting self help skills.
Optimum use of human and material resources suggested

Phase 4.
Process Documentation

4.Bala Mandir Infant and Young Children Block

Main Aim:

To sensitise wardens on:

- Early detection of disabilities, observations and interventions
- Joy of Parenting – planning play activities

Specific Objectives:

To assist wardens in:

- Assessing children on their developmental progress
- Planning group activities based on the Joy of Parenting

Activity-Oriented Interventions:

Phase 1.
Visits-to the children block for Observations
Administering Schedule to collect detailed information

Phase 2.
– Workshop 1. On Recap of Joy of Parenting and assesssing using UPANAYAN.

Early Intervention Programme
Dissemination of messages- Exhibition of notes on observations made by the matrons of children 's developmental progress.

Phase 3.
Planning Group Activities –Learning through play

Phase 4.
Process Documentation

B. RURAL SITES –Ramnad

Thiruppullani
Target Group: Children without disabilities and with parents, selected from different cultural communities.

Main Aim: To sensitise parents on the importance on nutrition care, self prepared foods, and early childhood education.

Specific Objectives:
To teach through demonstrations, nutrition care and grooming. Also, the importance of early childhood care and education through group interaction and the flip chart methodology.

Activity-Oriented Interventions:

Phase 1.
Visits to households creche care centres, orphanages and institutions.
Administration of Schedule,
Interactions with the parents , care givers/ Medical Check Up for targetchildren
Workshop1. - cooking and grooming routines (demonstrations)

Phase 2.
Revisiting Tirupullani Block

Cooking – Grooming routines -Workshop2

Phase 3.
Dissemination of Messages

Phase 4:
Wrap up Camp
Process Documentation

Thiruppullani
Main Aim:
Educating parents on:

- Nature and cause of disability,
- Prevention of disability due to nutritional deficiency
- Comprehensive early intervention for care and management of disability

Specific Objectives:
Creating awareness on:

- The importance of medical intervention and seeking facilities for medical intervention, and the required orthotics.
- The need for developmental assessments and interventions.

This is to be done through visits, by administering the schedule, and interactions using the Upanayan Early Intervention Programme and the Flip chart.

Activity-Oriented Interventions :
Phase 1.
General medical checkup –Workshop 1.

Phase 2.
Cooking - Grooming - Workshop 2.
Chennai Camp: a five-day comprehensive camp at Chennai
From 29th October to 2nd November, 2001.
Selection/Transportation: children -multiple disabilities
Comprehensive Interventions –medical and developmental
Interfacing :MNC Parents.

Phase 3.
Dissemination of messages

Phase 4:
Wrap Up Camp
Process Documentation

Institutions: Children under Crèche care

1. Brother Angelo's Orphanage for Physically Handicapped:
   Children with physical handicaps -17

2. Government Institution for Deaf and Dumb Children
   Children with hearing impairment -13
   (Orphans under residential care and day boarders)

3. Government orphanage for girls(up to 18 years) and boys(upto 10 years only) –
   Children without disabilities.
   (Orphans under residential care)

4. Creche Care : Children with parents

Main Aim:
Introduction of the wardens to the concept of parenting along with teaching/ caretaking.
Sensitisation of wardens on positive nutrition practices.

Specific Objectives: Orientation to the matrons on Positive Parenting Practices through FLIP CHART transaction.
Activity-Oriented Interventions:
Phase I
Visits to institutions and administering questionnaire . Interactions

With the management staff.

Phase 2

Medical intervention- in preventing illnesses and maintaining good health.
Developmental Intervention -in early detection of disabilities and interventions.
Introducing Joy of Parenting.

Phase 3

Sensitising the larger community, beyond the family.
(through dissemination of messages with community involvement,
on-the-spot contests).

Phase 4.

Process Documentation

Vision: The "healthy" child – with positive nutrition and childcare practices
Mission: Dissemination of information on the importance of:
The holistic development of child (with and without disability)
At home, crèche and institution.

IV. Activity-Oriented Interventions -
Information Collected :

From observations made during visits, through informal interactions and interviews.
From meetings.
Through administration of schedule, and questionnaire.
Interventions conducted through group activities, workshops, cooking demonstrations, camps, theme songs , street plays and hands on training in care and management of children with disability.

A. Urban:

1.Bala Mandir Colonies:

Identified Nutrition Practices: Findings

The nutritional practices within the colony were based on the availability of food items / money to purchase/ adult male needs / available time in the daily routine / and community practices.

General Information:

1. **Number of meals a day:**

Basically, only one meal is cooked at home.

- Children get one meal a day from the crèche on days of attendance at the creche.
- Other meals in the home are morning tiffin (idlis bought from vendors), evening snacks (sweets, savouries) bought from roadside vendors, and the night dinner of left overs of the earlier meal cooked during the day for the adult members.
- No special meal is prepared for child.

2. **Type of meals: Items / Nutrition**

Items:

- Rice (usually par boiled rice),Sambhar (with the commonly used tuvar dal, tomatoes, onions, juice of tamarind, and with some vegetables like brinjals etc.,
- Leafy vegetables, keerai variety- most often.
- Other "special" vegetables- very rare.
- Non vegetarian dishes once a month/ fortnightly/on festive occasions, depending on the availability of money in hand. Beef is cheaper, therefore preferred – no religious constraints. Fish items prepared more often.
- Tea.
- No milk /curds/buttermilk.

Specific Nutrition practices: Findings

- Only one meal was cooked at home, with importance given to quantity, taste (with oil and masala base), most often suited to the requirements of the adult man of the household.
- Cooking was never time bound. It was done leisurely, in the afternoons or in the early part of evenings, while watching TV shows or while conversing with neighbours when they dropped in.
- Water was drained off while cooking rice and vegetables, as a matter of habit.
- Leafy vegetables (keerai) were often used as a side dish.
- Other vegetables - potatoes, onions or tomatoes, were used only when the prices were "affordable".
- Other vegetable items that were not a daily fare were cauliflower and cabbage, which were used on special occasions.
- Non-vegetarian items, a special but rare delicacy was not a common fare. Cost was the prohibitive factor, though beef has now been found a convenient substitute for mutton (especially on festive occasions, even in "non beef eating" communities).
- Snacks were bought from vendors to save the bother of cooking at home, to appease children and often as a compulsive habit.
- The morning "tiffin" of idlis with sambhar and chutney (to feed the children before they were sent to the crèche or to the school) was usually bought from outside vendors and not prepared at home.
- Colony parents stated that they were not purchasing rations from the PDS Except for kerosene, and some few items only if they in were in good condition.

Reasons:

- Due to compulsory late nights, awaiting water supply and filling up the pots the women were too tired in the mornings to get up early.
- On an average the family spent 4 hours a day on water procurement. The women therefore felt there was no time in the morning for such preparations, before they reported to work at the "bunglows".
- Children relished the additional dishes of sambhar and chutney that are supplied with the idlis, which the parents at home are not in a position to prepare because they either lack time, or the required items are not easily available, or affordable.
- Many households have grinders at home but most were not used, or under repair.

Food fads

- The members in the households have strong beliefs that some foods cause colds, some make the body get "over heated" and so on.
- The following items are not included in their diet, especially on "cold days and "rainy "days - banana, buttermilk, ragi 'kanjee'. Some vegetables are taboo, because of the water content in them, like the pumpkin varieties, plantain stem and marrow(Bangalore brinjal).
- Women working as domestic help, get one meal (a mixture of sorts) from the place of work.
- Processed foods, in spite of the cost, are used as supplements in some "affordable" households while weaning infants.
- Meals are taken only to appease hunger.
- There is a preferred indifference to matters relating to nutrition and good health.

Need to create a Safe Environment

Kerosene is the cooking fuel used, and very rarely firewood. Kerosene stoves are commonly used. A few households use gas stoves in addition. Safety precautions are not adhered to. Accidents are common, since children are not warned strictly to keep away from fire or plug points.

Messages disseminated by MNC from information collected through activity - oriented interventions:

- . Nutritious and tasty meals can be prepared with available resources.
- Steam cooking is easy to be set up; it saves time, fuel, conserves nutrition and there is more intake of nutrients.
- Keerai and green leafy vegetables are easily available, inexpensive, help in digestion and easy to prepare. Keerai gives strength.
- Sundal is easily prepared and with a variety of easily available pulses. Sundal helps the growth of strong muscles.
- Any seasonal affordable vegetable can be used in daily cooking to add taste and nutrition to a meal.
- All seasonal vegetables are nutritious, provided they are fresh, taken in right amounts and along with other food items.
- Kanji prepared from parboiled rice contains nutrition; it also appeases hunger
  It is not costlier than cups of tea.
- Preparing special food when celebrating your child's birthday, or any important celebration in your family gives joy.
- Using ginger, coriander, pudina, curry leaves in daily cooking destroys germs inside the body and help in the digestion of food.
- Turmeric has medicinal qualities – it cleans and cures, and using it in powder form in daily cooking will help in maintaining good health, or as a paste for bath for a clean skin.
- Well-prepared nutritious food builds strength to fight illnesses.
- Safety is important in your living and work area. Handle stoves with care – fire can cause danger to life.

Identified Childcare Practices : Findings
Creche Care

General Information:
Parents felt that it was convenient to leave children in the crèche while at work, one full meal was taken care of, charges were minimal, and the child was protected, sheltered and safe.

Specific Childcare Practices: Findings
At home:
Parenting, in the normal course, is not part of their daily life.

- Only routine time was spent with child – getting child ready for crèche , feeding bathing, attending to toilet needs.
- There was no awareness on need to utilize the routine activities for interactions.
- All matters pertaining to family problems were exploded in the presence of the child- particularly with demonstrations of verbal and physical violence.
- Priority was not for planning and spending money usefully on child – but only whimsical and compulsive spending.
- No long-term goal was set for child's education – no job preparation.
- Schooling was only as a "time pass" till child either got dropped out or under family compulsions took up any job that came by. Schooling not yet taken seriously.
- The girl child dropped off earlier in school life to take up a job, supplement income and reduce the financial burden to get married soon after.
- The woman juggled between her endeavours to behave like the lady employer "bunglow amma" in dressing, bringing up children, saving money, and, facing the reality of life, a drunken husband, uncertain income, frequent ill health of children and lack of basic amenities in the colony.
- The women were very much aware of the facilities available: the crèche to leave their while going for work, school nearby for grown up children, medical consultation at the Bala Mandir premises and at the Gurdwara.
- Yet, they displayed a deep apathy and lethargy to seek these benefits.
- They were cynical of the services, at times expressing their displeasure in a demanding, aggressive manner.
- Alcoholism led to family feuds, and lacking proper counseling and guidance, many young girls in sheer desperation, unable to face these pressures resorted to suicide, usually by douching with kerosene and setting fire to themselves.
- Lack of closeness amongst in the family, and inability to take deliberate decisions have led many young adolescents even in middle school level or as school dropouts to " run away " from homes and choose partners in marriage.
- These "love marriages" have broken religious bars in quite a few cases, but caste bars in many.
- With daily crises daunting them, endeavoring to acquire knowledge to better themselves does not become a priority.
- The women in the households (on becoming familiar with the team members) expressed their keenness on getting tips on how to look better, eat better, bring up their child better –particularly about leading a better life.

Messages disseminated by MNC from information collected through activity-oriented interventions.

- Crèche is a blessing for working mothers
- Sending your child regularly to the crèche and on time every day will make your child a disciplined person.

- Practice with child at home, what is taught at the crèche.
- Train your child to help herself/himself- bathe on her/his own; dress independently and eat without help and without spilling.
- Listen to what your child wants to tell you. He/She may need your help.
- Tell stories to your child. Grandmother's tales help the child learn a lot.
- Always tell child why you cannot spend on a particular item he/she wants. Compensate at the right time.
- Keep telling your child how important it is that he/she does well at school.
- Encourage child to have dreams of what he/she would want to be in future.
- Talk to child of good qualities, citing examples from the lives of persons familiar to child.
- Quarrelling in the presence of the child means helping child to become violent in later years (disseminated through role play by children of the colony).

Through interventions, an awareness was created in the population at Bala Mandir Colonies on the importance of :

Optimal use of time and material resources -

1. saving time and, money on fuel.,
2. optimal use of available resources,
3. improvisation in cooking and thereby
4. making available relaxation time to be spent with the children.

Nurturing as the psychosocial dimension in Parenting

1. With positive parenting practices
2. Seeking clarifications in childcare in their own life situations.
3. Developing a positive relationship with other family members (mother-in-law, father-in-law, aunts, etc) to get their help in raising the children.
4. Interacting with the crèche care givers, and participating in the total development of their children.

Maintaining personal hygiene and environmental cleanliness.

1. Practicing personal hygiene and maintaining cleanliness in the environment, which is directly related to fall in rate of occurrence of infective illnesses.
2. A nutritious diet to enhance and maintain health of child.
3. Averting and managing medical crises.
4. Reducing medical expenditure by preventive actions and using facilities afforded by government.

The optimal use of resources and time, nurturing the child, and maintaining personal hygiene and environmental cleanliness, will lead to uninterrupted growth and development of child. This will raise parents' self esteem and pride and build a happy home with healthy children.

Recommendations:

While working with the parent community in the urban slum colonies it was seen that awareness programmes must be organized for the prevention of disease, and on giving first aid. There is also the need to plan and conduct play activities to reflect the teaching strategies at the crèche. School children have to be involved in drawing, painting, singing and dramatisation on the themes of Nutrition and Childcare and displayed at parent teacher meetings.
The parent community has to be motivated to open small savings schemes like bank accounts, Post Office deposits and insurance policies." Educative" interactions have to be periodically conducted for the people in the colony with those from the media and those in public service to get them interested in schemes in health care, money and time management and planning recreations. Useful "demonstrations" have to be conducted in cookery, health care, personal grooming, traditional crafts and life skills. Interactive "enlightenment lectures" for parent groups need to be planned to instill the value of literacy by teaching them how to read posters, newspaper headlines, letters, small accounts etc. Dialogues have to be held between teachers and parents on the progress made by the children under crèche care. Parents have to be trained on how to listen attentively to radio programmes on basics of health, hygiene, civics etc and on discerning TV viewing.

Parents need to be motivated to help by contributing time or resources to the crèche, by taking turns in crèche care for specific activities, and training children in self help skills, in the crèche care programmes or celebration of festivals and other occasions.

Maintenance of personal hygiene and environmental cleanliness

General Information: Findings

- On an average the family spends between 300 and 400 rupees every month on medical bills.
- There is little or no awareness on prevention of illnesses, health care, routine checkups and taking timely action before a crisis sets in.
- Many of the illnesses are stomach related, diarrhea, jaundice and so on, or of respiratory causes resulting in chronic colds, breathing problems.
- Many of them suffer from worm infestation.
- Malaria is also common because of the environment, with open garbage and stagnant and open water.
- Members have no idea on relating personal hygiene care or environmental cleanliness, to prevention of diseases.
- They are unaware of the importance of positive nutrition practices as a correlation to good health and its maintenance.

Specific health care practices: Findings

Medical care: Crises management in emergencies

- Free medical facilities are available only for specified hours.
- When there is an emergency, the parents have to rush their children to the "private doctor" or to the government hospitals.
- Maintenance of good health is not a priority, health-seeking behaviour is not present.
- They trust private medical practitioners more, and are disdainful of government health care.

- Faith in instant cure, like injections or tonics is more.
- Expenditure on treatment is a major chunk in the income, but there is no worry on that count. Borrowing, lending and pawning precious items is a daily affair.
- There is no awareness on any home remedies / indigenous systems of medicine.

Specific personal hygiene care and maintenance of environmental care practices
Findings:
Personal hygiene- A daily bath for children and adults is not in the routine due to water problem. It is also not a cultivated habit.
Clean maintenance of skin, nails, hair, teeth is not in the routine.
Toilet habits are not part of any training.
Clothes are washed not as a daily routine job, but only when there is easily available water (like pilfered water from water tankers in connivance with tanker drivers/cleaners).
Washed /dried clothes are not folded, but bundled into any space available.
Shampoo sachets are commonly used, besides talcum powder.

Messages disseminated by MNC from information collected through activity-oriented interventions.

- A child fed with nutritious meals grows into a healthy person.
- A healthy child is a happy child and a well-developed child.
- Prevention is better than cure.
- Personal cleanliness prevents diseases.
- A family that takes care of cleanliness and eating of proper food saves on routine medical expenses.
- Brushing teeth every day is essential. Clean teeth prevent illnesses.
- Rinsing the mouth after every meal keeps germs away.
- Well-kept nails do not lodge dirt.
- Washing feet before entering the house has been our cultural practice. It keeps the house clean and keeps away germs.
- Washing feet after using toilet has been our cultural practice. It keeps you free from germs.
- Washing hands clean after toileting is essential, even after urinating.
- Washing hands before every meal will prevent you swallowing germs along with food.
- Wearing clean clothes makes you look respectable. It does not matter even if they are old clothes.
- Decorating your doorstep with kolam or any other decoration, makes your household look welcome.
- A pot or two with a flowering shrub or with a medicinal plant always come in handy.

SPECIAL MESSAGE FOR MEDICAL PROFESSIONALS :

A graded fee structure should be worked out for different types of consultations - for routine check up, maintenance of health, preventive health and curative health.

Family patterns and influences: Findings

- A nuclear family is the usual set up, with husband, wife and children living as one unit.
- A partitioning wall - in most cases- separates this area from an adjoining one in which live the main parent family unit, consisting usually of the grandparents, unmarried daughters and sons.
- Borrowing and lending is a common practice between the two households.
- Elders are feared more than respected and influence major decisions. Yet they advance amounts from their meagre resources, when sudden or even planned spending is incurred by the younger generation.
- Community participation is obligatory, in times of celebrations or in sorrow. The loss of working days and related earnings are not considered.
- Collecting items, especially used ones, and not necessarily related to need, is a compulsive habit- TVs, mixies, transistors and so on.
- Repair work when needed is not undertaken, for want of cash. Instead, a "new" second hand one is acquired.
- Clothing is accumulated. Some given by employers on festive days, and others bought by the women on a " wear now, pay later" basis.

Messages disseminated by MNC from information collected through activity-oriented interventions.

- Childcare is a shared joy – with every family member participating.
- Saving is more important than borrowing or lending.
- Welfare includes your family's as well as that of the neighbourhood.
- Buying new clothes only at festival time helps in planning the expenditure; many varieties are available then and there is also concession on price.
- Buying now and paying later helps in getting the item for use straightaway; but returning the loan becomes tedious.
- Listening to radio programmes helps in getting a lot of useful information. Listen and learn, enjoy while doing your work.
- Watching TV should also include other useful programmes, not just serials.
- Playing with friends is more important for your child, than just always watching TV.

Reinforcement of disseminated messages to a larger community in the colonies:

- Door to door dissemination of messages through school children in the Governement Primary School under Bala Mandir Management,from the 5th standard
- Role-play: Devised and enacted by the school children for the parents in the community.

- Get-together: (A feedback on messages on Nutrition and Childcare Practices- disseminated since July,2001).
- Reaching out to the larger community in the colonies.
- Wrap up Session with all the parents and caregivers in the populations
  The feedback revealed that the community was keen on more such interactions

2. Madhuram Narayanan Centre for Exceptional Children

Identified Nutrition care practices -MNC Parents: Findings:
Parents interacted with the visiting professionals, medical and non medical, very freely clarifying all doubts.
Meals are painstakingly prepared, cereals mashed with vegetables.
Quantity is more than sufficient, with parents taking advantage of the relaxed meal time available at the centre to feed the child with the quantity planned. This type of time is not available at home.
As the meals are prepared for easy intake, in a semi solid condition, the child has no scope for developing taste for different types of food, mixing food items according to taste, or using different processes in eating food- swallowing is normally the way most often used. Chewing, biting, sipping, sucking, licking used very rarely.
Postures observed at feeding time are based more on those convenient to the feeding person, than to the person fed.
Mothers were under stress that they should somehow feed their child with the quantity brought from home.
There was wholehearted participation by MNC parents in demonstrating to the Ramnad parents on how to care and manage their children with disabilities.
MNC parents recognized the virtues of sharing resources and ideas, and planned activities together in managing a common problem with a community approach.
Mothers formed support groups.

Messages disseminated by MNC from information collected through activity-oriented interventions:
Make feeding time a learning time for the children – developing self help skills.
Make feeding time an enjoyable time interacting with the child –talking softly and singing when needed.
Correct feeding postures when observed will help a child to swallow easily, and prevent suffocation.

Recommendations:

Since parents were keen on self-improvement,

- guest lectures have to be conducted on different topics pertaining to the development of children with disability and on self-empowerment for the mothers.
- reinforcement has to be periodically given on the importance of nutritious diet, in quality and quantity.
- **awareness has to be created on the need for regular health checkup for mothers recognising the fact that mother's health is as important as that of child's.**
- there is a need for stress management courses for parents

- A "Talent Search" is required for utilization of parenting skills for self improvement and seeking self employment opportunities.

- **3. Missionaries of Charity, Shishu Bhavan , Royapuram.**

  Child Care practices :Infrastructure –Environment /General Appearance of Children
  Findings:
  The premises were very well maintained, the environment inside and outside as clean.
  All utensils used were clean.
  The children were all with disabilities, including developmental delays and mental retardation, and many with associated conditions and disorders.
  All were well groomed, clean and their ailments attended to.
  One child was infected with ringworm. Another had gross malnutrition -she was three years old, but weighed only 5 kgs.
  No child had been trained in toileting – indicating by sign or sound. Some of them had no bowel or bladder control.
  Intensive physiotherapy had not been scheduled.
  Individualised programme plan for developmental training was not scheduled.
  No importance was given to self help skills, most importance given to caring and attending

  Messages disseminated by MNC from information collected through activity-oriented interventions:

  Nutrition practices

- A child will relish and eat the food when given a different item at each meal, in small quantities and with shorter intervals between meals

- When different types of food items are provided, your child will learn the different ways of taking food: sucking, swallowing, chewing, biting, masticating and allowing food to slip down the food pipe. Gulping alone is not a sufficient eating movement.

- When you give all opportunities to your child to practice proper eating, a child will have no problem with regard to bowel movements.

  Childcare Practices:
  Findings: Positive Parenting Points

- When your child is trained in self-help skills, your child's self esteem is enhanced and self-confidence built up.
- With the child trained in self help skills, as care-givers you will have more time with the child, in observing, playing –joyful parenting.
- Your child needs your affection and attention, but let not compassion overcome the importance of making the child self-dependant.

Recommendations:

A streamlining of activities concerning the care and management of children with disabilities in institutionalized settings is needed for the following a

- Optimal use of time and human resources.
- Training each child to become as self sufficient as possible

(Note: In spite of genuine interest shown by the management of the organization for dialogues and discussions on evolving a system of management, the activity did not take off because of swift transfers of personnel that happened. Practically every Sister, was a new incumbent to the area and none in a position to take on any responsibility.)

4. Bala Mandir: Infants and Young Children Block :

Findings

The children occupy the first floor of the hospital block.

The place was airy and spacious.

On the particular day of the visit, the children were occupying the corridor space, as there was a power failure and the rooms were stuffy.

There were a lot of play items (toys) for the children all neatly placed and easily accessible for use. All of them were washable, and they were well maintained.

Children's clothes were folded and stacked neatly in airy plastic containers.

Babies' soiled clothes were washed separately in a washing machine.

Developmental

Matrons were not tuned to observations on child developmental processes.

Attending to the sickness of child was an overwhelming priority.

As medical emergencies were frequent, specialized medical therapeutic care was availed of only in government hospitals. This entails travel and time for the matrons attending to routine childcare every day.

Nutrition Practices:

The children were in three groups

The younger children were fed first, while the other children waited without fuss or disturbance.

The food was well-prepared, appetizing in appearance, neatly served and the children were fed by the attending care-givers.

The older children were served next and they fed themselves except for two children who required assistance.

There was hardly any spilling and no wastage.

The children placed the used plates at the appropriate places and washed their hands at the assigned place.

Areas of strengths:

- Clean environment
- Enough room space.
- Rooms well ventilated, floors well swept, clean
- Toilets clean
- Children(infants) well clothed
- Sufficient toys provided
- All items well arranged- clothes, toys and so on
- Meal services well organized ,orderly, and children trained to wait for turn. Meals served :hot and with appealing fragrance
- Children trained not to waste food.
- Skin ailments, scabies in particular attended to at onset.
- Hair clean and without any infection

Areas of challenge

- Matrons tense while visitors are around; on the defensive even while answering direct queries – " What did the child have for lunch today? Do you take the child to the playground to play? ....."
- Children were given only mixed foods and in fixed quantities.
- Children were not aware of different food tastes.
- Items that could be used as interim tidbits between meals were given along with meals – vadai etc. Feeding children with nutritious tidbits may help add weight for child.
- The area was well maintained, food well cooked and nutritious. However, it offered very little scope for children to experience different tastes in food.
- Matrons were anxious on time management, not relaxed for playful interaction with children.

Childcare practices:

Matrons were assisted by ayahs perform all grooming activities for children.

Training children in self help skills, which necessarily requires patience and also involves time initially, was not thought of as priority.

Completing tasks and getting on to the next is the pattern followed.

Toilet training is not the priority.

Between the matrons and the ayahs, the duty of cleaning up the child is taken on as part of the routine.

There is very little verbal communication between the child and matron.

Matrons were not aware that every activity with the child - feeding, grooming, preparing for bed time, are all play activities for child.

Concern for the child is the worry - that he/she gets what is due and right on time.

Special points noted:

Weight for age is in acceptable parameter, but limbs (upper and lower) are thin, wiry and skinny.

For children with disability, participating in a naturally evolved manner and " inclusive situations " are not being created. Perhaps some special situations need to be created for their well –being.

Development in the area of cognition is very good, but they are weak in self-help and communication areas.

Recommendations :

a. Matrons should be made aware that they have the entire Balamandir Institutional backing with them to do their duties and that there is no one on a fault –finding mission.

b. Using the older girls to help in the younger children's routine of feeding, playing, story-telling, dressing, grooming etc. Some incentives can be offered to those who add value and joy to child development.

c. Trying to avoid crisis situations in the care and management of infants.
That is to have on call, a doctor with all emergency medical facilities or a tie up arrangement with nearby medical facility.

d. May look for matrons among retired nurse community.(for eg
from Defence sectors, Red Cross etc.

e. To provide infant stimulation the suggestion is to arrange for
Placement of Montessori trainees at the infant block for children between the ages of I year and two and a half years. Timing : 2 hours.
For 2 ½ to 5 years, primary school teacher trainees who are oriented to Flip Chart Parenting programme are needed. Timing : 2 hours.

f. To give a "family touch ' by celebrating individual child's birthdays(by naming the day on the notice board, one small present to the child), welcoming new entrants etc

h. Have a NIP member as a catalyst to interface between matrons and the administration . This would involve
*being at the Bala Mandir at least twice a week and familiarizing with the routines
*interfacing with the teacher trainees (Montessori and Primary)
*interfacing with the medical doctor for health concerns..

B. RURAL –Ramnad

Observations:

Appearance: Kuruvikara Hamlets

They all displayed bright white teeth, healthy gums and blemishless, ebony coloured skin.
Their hair was messy, brownish in colour, and very few had straight hair.
With clothes that were tattered and mended, and they exuded a peculiar stale smell.
They do not bathe or take interest in grooming themselves, with their every day life spent in the seawaters.

Other aspects:

They are peeved at not being afforded any caste denomination and therefore being denied several "caste" benefits from the government
The families do not seem to believe in family planning.
The women are married off early even before they reach adulthood and they give birth to children, in the immediate post pubertal stage, in 'keeping with nature'. No family planning methods are practiced.
The young girls looked tired and unenthusiastic about anything new being introduced to them, but were curious to know the purpose of our visit.

General Information: Identified Nutrition Practices :

Findings:

The young mothers look tired and emaciated in appearance. Not so the older women.
The Kuruvikkaras do not really starve for food. They regularly take birds' meat or pork.
They however do not consume any green vegetable, particularly keerai.
Their daily staple diet consists of rice gruel with any seasonal root vegetable.
Greens and vegetables are not part of the daily diet.
Whatever is available is given as meals for child.
Tea replaces milk, both for the weaning and the weaned child, and is a regular drink for all adults.

Messages given by MNC.

Meat diet is good, but an additional dish of a leafy vegetable(drumstick leaves) as many days as possible in a week, helps the body to assimilate the nutrition from the meat diet.
Rice gruel is filling and gives energy; gruel made out of the available millets (Ragi kanjee and other types) will build your muscles and strengthen your bones.

Identified Childcare practices:

Findings in the psychosocial context

Community living – groups of families living together in hutments in clusters of hamlets, are all related to one another through kinship within a closely knit community
All available resources are shared.
Children are cared for by elders in the group while the mothers and fathers are on work or otherwise busy.
Orphaned children are cared for by elders and other members in the family.
Children are nurtured in the open environment.
Education facilities are not availed by the parents for their children.

No child is a burden to family; child starts earning even as an infant- used for begging, 4- year-olds trained in salvaging offerings from the sea.

Messages given by MNC

- Make use of all the facilities given by the government. Send children to Balwadis and Anganwadis . Avail of the facilities there.
- Educate all children- girl children too.
- Educating children will help them learn more skills and earn more.
- Begging is not respectable. Children with good education can earn more money.

Family patterns and influences:
Findings

- Early marriages are usually consanguineous and families are large. Mother of married daughter is also in the child-bearing age.
- Close kinship is demonstrated by sharing all resources.
- Alcoholism is a life style, men and women.
- They are well informed, articulate and aware about political situations, governmental doles.
- Remarriage is common, and there are no widowhood practices.
- Adultery is severely condemned, with public denouncements and punishments to the offender.
- Group leader is usually an elder in a more "feared" position than elders in families.
- Women are loud voiced and aggressive. Men more restrained and yet forceful in their arguments.

Messages: given by MNC

- Sharing a resource is a happy practice.
- Alcohol ruins your purse, and your health.
- Use governmental welfare measures that are meant for children.

Recommendations:

There is a need to create awareness on:

- school education for the children,
- women becoming literate and being taught job-oriented skills
- giving up alcohol drinking
- grooming and personal hygiene practices

All these factors will help the community get out of their current 'ghetto' status and become socially accepted within the mainstream.

The rest of the population: Communities –Muslims, Christians, Hindus consisting of Thevars/ Chettiars/ Konars, Scheduled Castes and Brahmins.
Findings- A brief ethnographic study

Brahmins:
Education is a big priority.
Growth of child is considered important, not necessarily health.
Processed foods are popular, in spite of prohibitive cost.
Men in the households carried on the conversation with the visiting team, not the women, though educated. They acted as prompters positioning themselves at doorways.
Girl child is still not given the No:1 position, but not considered a "burden".
Hardly any sign of prosperity in the life style.
All members, male, female and children looked emaciated.
Strict adherence to rituals of fasting, preparation of special items on festival days, bathing several times a day during death ceremonies, celebrations of religious functions - all of greater significance than personal comfort, hygiene and health.

Thevars/ Chettiars/ Konars/

Male child is the pride of the community.
Education of male child is a priority, that of female child generally upto age of maturity
Nutrition is only related to weight increase; not as a health builder.
Growth of child is related to physical growth, not to total development
Women are socially visible. Man's decision in all social and business matters final. Women, the elders, control "purse strings" on family expenditure.
The Thevar households are status conscious and " well-to-do" in appearance.

Processed foods are popular.
All are into business for their livelihood.
Both men and women are inquisitive and somewhat suspicious on the nature and purpose of the project.
All male members are politically involved in small and big ways. Political leanings influence decisions in public welfare undertakings.
A child with disability is a concern, not a social shame.
Men, as head of families, are not committed to the need for special education for the child with disability.
The family looks more towards wonder drugs and instant cure, than any training.
Children with disabilities are from scattered hamlets

Keezhakkarai Muslims:
Findings

Information gathered on the children in Keezhakkarai – with disabilities.

Consanguinity is a usual practice.
Girl children are welcome- matrilineal system in practice. Wedded girls remain at parents home enjoying all patronage.
Children are identified with disability by the elders in the household.
Elders in the family were in a position to give all the required information on the child with

disability.
Disability is a concern, not a social stigma.
Community help is unstinted and available.
Young mothers, with husbands based in the Gulf, had got used to a life of lethargy and there was no motivation in them to work hard on their children in giving early intervention on time or in a structured manner.
The members were looking at "medical cures", there was hardly any awareness on the need for training.

Nutrition practices: Children with disability and children without disability
Consolidated Findings at a glance in rural Ramnad:
Dependency on routinely prepared temple foods. Stress on quantity, not quality. (Brahmin households). Non meat eaters. Strict VEGETARIANS
Tea , staple drink- all households; milk, only for lactating mothers ,not in required quantities (All communities).
Vegetables, seasonal, and inexpensive ones, (barring tabooed ones among the Brahmin communities) included in one meal in a day.(All communities).
Meat an included item, on days of celebrations. For men, special preparations included, when money is available (barring non meat eating communities).
No special food for weaning and weaned child, including child with disability.(All communities)
Drinking kanjee as part of the diet is considered derogatory in some communities(especially the socially visible communities).
Processed food the preferred choice, particularly as a status symbol, even if really not affordable.
Children and women (old women and widows barred) fed with cooked rice from the previous day's preparation, soaked in water and mixed with buttermilk in the mornings as a pre lunch item. This item referred to as "pazhayadu" or old rice, whose usual accompaniment is a vegetable preparation of edible leaf bunches.(Brahmin families).
Eating prepared food sold in the market preferred to preparing meals at home.
Children indulged in the same practice.(Keezhakkarai families).
Nutrition not given any thought in the daily diet, only taste and sumptuousness.(Keezhakkarai families)

Messages spread by MNC:

A child with disability requires as much nutrition as your child without disability.
Koozh and Kanjee are right foods for weaning child.
Any available millet or parboiled rice is ideal for preparing kanjee powder.
Avoid tea for little children. Substitute with kanjee, a filling and healthy drink, that does not cost much.
All seasonal vegetables are nutritious and inexpensive. Use seasonal vegetables in your daily diet.
Sundal made with pulses, and paanagam made with chukku (dried ginger) and jaggery strengthens your muscles and nourishes your blood.
Introduce different foods at different stages in your child's development.

Childcare practices:
Findings
All members of the family, particularly the elders, are involved in raising child.
Child is exposed to all family and social activities of the family as well as the community.

Child is exposed to different opportunities to develop self-dependency even from early childhood.
Child is introduced to family meals and eating along with family members, even from infancy.
Child is provided ample space for exploratory activities.
Child is ambulatory very early.
Child is provided with many activities in self-learning, particularly in communicating needs.
Immunisation schedule is adhered to.
Medical treatment with private practitioners is resorted to even under difficult financial circumstances.
Education is not an obsession-only a routine, taken only as far as the child can go.
Making the child earn, is a more urgent priority (both boy and girl children). Studies do not matter.

Family patterns and influences:
Findings
Single parent families in the households, where the male members are away in the Gulf earning money.
Education of girl child of no real importance.
Rigid family hierarchy – in-laws set the rules, younger members follow.
Female members inherit property (Keezhakkarai Muslim families). The husband away earning and only an occasional visitor. Women have right to "set aside "an unwanted husband and marry again.
Importance in investments in gold ornaments, not on education.
Women very articulate and assertive (all communities).

Messages given by MNC
Your child is lucky, when every member of the family has helped in making the child grow healthy and happy.
Your child is learning with joy, every time there is a celebration in the family or a family outing.
Feeding your child alongside siblings and adult family members helps your child enjoy the meal.
A happy child is a healthy child.
Avail of all the facilities for the child to be educated. Send your child to the nearest balwadi and Anganwadi.
Education will make the child a respected person.
Celebrate your child's developmental milestones in the first year as your parents did for you as a child.
Observe your child's development, detect any disability early, and intervene fast.

Dissemination of Messages Through Street plays , Parades by primary students, distrubution of hand –bills and posters to individual households.

Observations: During dissemination of messages

In some villages the women sat together in the shadows of huts and trees away from the groups of men. In others there was no such segregation.
There were no overt religious demarcations. The communities mixed freely with each other.
The parents in the population, familiar with the project members extended all hospitality to the team, the drama troupe and the DPEP staff preparing food, providing drinking water(a

scarce commodity in the region).
They freely introduced the other members of their family, talked of family matters, of the harvest that was just over, of the untimely rains that had spoilt the crop that was just coming up.
They were all in a happy communicative mood.
The drama invariably got over beyond 10 pm at night and the villagers stayed on.
The people were excited that they were in the limelight (video and photographs).
They interacted freely with the members of the drama troupe, exchanging repartees.

Recommendations:
Thiruppulanni Block:

There is an urgent need for setting up of resource centres, one in each block for comprehensive and inevitable interventions.
Accessibility to general health counseling at Primary Health Centres has to be ensured for all communities.
Facilities have to be made available for medical investigations for prevention and early detection of disabilities.
Kuruvikkaras have to be integrated with mainstream communities through awareness workshops on parenting education and thrift schemes.
Involving parents and encouraging their participation in display of talents on theme "Joyful Parenting" at Balwadis and Anganwadis.

Ramnad: Institutions:

1. **Malathi Creche** } At Ramnad
2. **Sunganthi Creche** }

Observations
The crèches at Ramnad were a contrast to the crèche to which the children from the Bala Mandir Colonies went to.
Both do serve a need of parents wanting to leave their children under supervised care while they were at work.
While the Chennai crèche charged a very nominal amount (more for parents to "register" their interest for the service provided) but gave a lot more in terms of care, the ones at Ramnad were run as a business, charging Rs 250/ per month per child.
The Ramnad crèche catered to the needs of the "office" going types of parents while the one in Chennai catered to the need of parents from the slums, working as domestic helps.
Mothers in the slums are working mothers; in Ramnad the women who were domestic helpers had their family members to look after their children in their absence. They did not in need any crèche for their children.
The "nuclear" family concept has not yet trickled down to this socio economic group.

General Details:

The location was a convenient and safe place for parents to "leave" their children during the day.
The place was fairly clean, with a "home" environment.
The matrons were running the facility as an income generating enterprise, in their own homes.

Older children were helping out the ayah with younger children.
Parents have chosen the location of the crèche as a convenient factor.
Parents not concerned with lack of amenities, also ignorant on safety factors.
Parents unenlightened on "parenting" needs.
Very happy with matron's (the full time available person) flattering remarks on how well their child "behaved" during the day.
No accountability by the crèche in charge, the wards; no maintenance of address, or any detail on child.
Environment very bare; no stimulating materials
Matrons friendly with the visiting team members and cheerful in disposition; were free in giving all details on child. No detail seemed a matter of confidentiality to the matrons.

Nutrition and Child Care Practices
Findings
Food was brought from homes, and no other meal was prepared for child.
Parents were particularly encouraged to give processed foods to children.
The matrons had each employed a full time "ayah", a caretaker who took care of all the jobs concerning the child.
The jobs included, feeding, grooming, assisting in toileting and getting the children to take a nap in the afternoons and also working as "help" in the households.
The matron in one of the two centres was available at all times, except when she was away on personal work. During that time the ayah supervised, attended to telephone calls and other sundry jobs.
The matron in the other centre was a full time teacher in a nearby school. The children in her centre were entirely in the care of the ayah.
There were very few play materials available for children.
There was no planned play activity for the children.
There were no "educational " inputs either.
Matrons only care-takers, not care-givers.
"Older" children, 4 and 5 year old children were "told" by the ayahs to give a hand now and then when handling the little ones need a lot more attention than otherwise.
No training on any self-help skills for children.
The parents were at work for long hours during the day, were in a hurry to take their children home and were not tuned to answer any question peacefully.
Very often the matron had not communicated to the parents- the reasons cited were, the telephones did not work; they say they can't come, they are sick and so on.

Nutrition practices:
Findings
Parents had only a general idea on the importance of nutrition.
Parents "captive" to advertised processed foods.
Eating out and buying food outside, not a common indulgence either for themselves or for their children.
Satisfied that at least one main feeding schedule is being looked after by the matron at the crèche.
Worried that their child is not putting on weight in spite of "everything: that is being given to child.
Content that they are good parents – having found a "good" English medium nursery school for child and giving everything they can afford to make child happy and study well.

Recommendations:

- Parenting information for matrons and wardens through periodic workshops.
- Social auditing of privately run crèches.

Government Aided Institutions:

Government Institution for Deaf Children : Ramnad
Bro Angelo's Orphanage for Physically Handicapped Boys
Annai Sathya's Government Orphanage for Girls

To be Noted:

It is to be noted that in all the institution/ orphanages located in Ramnad , including the ones selected, those for children with disabilities and the other for children without disabilities, it is mandatory that the age at entry is not less than 5 years for the child.

The children are admitted at that age so that their entry to primary school is taken care of. It is a common practice to upgrade date of birth to facilitate easy admission.

When the team members asked for children in the age group 4 years and under in these institutions they were informed the rules but also told that many of the children could be actually younger in age than was indicated in the records.

"Orphans", as understood in the district of Ramnad refers to children without living parents, with living parents but those unable to take care of their children, and does not denote abandoned destitute children.

All "orphans" have homes to go to during the summer vacation, or after completion of schooling. They all have families.

Observations and findings

Bro Angelo's Orphanage is run by the Brothers of St. Michael's Mission. The orphanage is located in private grounds with plenty of open space.
The team members visited the primary school (for both boys and girls) housed in thatched rooms.
By the end of the project term a new building had been constructed for the primary school and the children had moved in.
The new building with airy rooms has also been well equipped with storage space for books, and teaching and learning materials, all donated by well wishers.
The teachers were happy and enthusiastic at all times to meet the team members.
The Curator is a Brother, the head of religious as well as secular matters. There is a Brother in charge of the hostel and the school.
Lay teachers are in charge of teaching at the primary school.
The older children (physically handicapped), all boys in the secondary and vocational streams, are taken by bus to a close by premises donated by a philanthropist
Those in charge of the institutions said that the resources available from the government were utilised judiciously.
The Father in charge of Bro Angelo's Orphanage expressed that though the governemnt grant for food was far below the required amount, yet they managed well with

donations they received for food and also with offerings of food by individuals.
The kitchens were open and the team members were allowed to observe the children at meals.
A cheerful environment prevailed in the classrooms and the children looked happy.
There was no hesitation in the children answering any question posed to them even in the presence of their teacher or the Brother in Charge.
So too with the teachers, but they did not take any decision on their own.
Every schedule for the day was strictly adhered to, education a priority.
Outdoor activity was restricted to children playing on their own.
Aids and appliances for mobility though supplied by the government were stacked in a corner, not utilized at all (except by one or two older children). They did not feel the need for its use.
Young children in the selected list for the project, preferred crawling on their fours to move from one place to another.

Annai Sathya Orphanage for Girls- Government Aided

Observations and Findings:
Ample moving space in the compound as well in the rooms in spite of the crowd of school going children and the younger ones.
Heaps of clothes were bundled in corners of rooms along with their steel trunks containing their belongings.
A few children were taking their afternoon naps,('They were not well' ,said the matron) curling themselves on the heaps of clothes strewn around.
Older girls were seen helping the little ones in grooming activities and in play.
Kitchen was open for entry by visitors.
The matron was quick to recount the day's activities and the menu for the day.
The matron was also maintaining, with the help of the older girls, a small patch for a plant nursery.
There was evidence of a lot of freedom, for the older girls especially, to chat with the matron and the other helpers as also with the teachers there. It was like a family atmosphere.
The matron expressed that though the government grant for food was far below the required amount, yet they managed well with donations they received for food and also with offerings of food from well-wishers.
The children walked across to the government school nearby for their schooling.
Again as in Bro Angelo's orphanage, the team members noticed, during their visits, that a lot of interactions were happening between the seniors and the little ones in grooming, playing, caring activities.
Older children also helped with the homework too. It was observed that the older children were chatting freely with the juniors.
The team members therefore felt that the older children would have positive influences on the younger ones if given an exposure for such expressions.
The response was very good, with the management staff, teachers and students participating enthusiastically.
The members of the staff sought clarifications on the rules and regulations, followed the correctly and submitted the entries on time.

Institution for Deaf and Dumb Children
Children with extended families but without living parents

Special Note:

The special educator with the help of her artist husband had prepared several educational charts.
She was a highly motivated person and had devised several teaching aids using indigenous materials available around.
She gave speech learning through attention on the facial movements of the teacher a priority and discouraged communication through gestures.
She used appropriate teaching strategies.

Observations and Findings

Children were all from very poor families, belonging to all communities.
Children mixed freely with each other and interacted with the teacher and the members of the visiting team.
The children were comfortable with the hearing aids provided to them.
Like the other government-aided institutions in Ramnad, available resources were well utilized to make up for the shortage in the funds given by government.

Recommendations:
Dissemination of parenting information for parents.
Special workshops on parenting for adolescent girls and boys
Resource facilities for periodic medical and developmental checkup and intervention for early detection of disabilities and interventions

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MADHURAM NARAYANAN CENTRE
FOR
EXCEPTIONAL CHILDREN
126, G N Chetty Road
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RUHSA DEPARTMENT, CHRISTIAN MEDICAL COLLEGE

RUHSA –NIP –UNICEF project on Positive Parenting Practices And Nutriiton

EXECUTIVE SUMMARY

This is a summary report of the parenting programme carried out by RUHSA Department during the year 2001-2002, in collaboration with the Network for Information on Parenting(N.I.P). The programme was restricted to few isolated villages of K.V.Kuppam block numbering 5 panchayats with 40 Self Help Groups functioning in the area covering a population of about 20,000. With senior trainers of N.I.P conducting initial capacity building of select RUHSA staff through a Master trainers Programme in Chennai and providing orientation to all senior staff of RUHSA, at Vellore, this programme got off to a start. A total of 45 staff and trainees were taken through the Parenting Programme in preparation for the subsequent implementation.

Around the same time a baseline survey was carried out on parenting behaviour and nutritional status. This baseline looked at the knowledge, attitude and practices and the behaviour of parent towards parenting, nutrition and health care was obtained. Additionally the nutritional status of children for both the target areas and a comparable group from and non target areas for 332 boys and 296 girls were obtained.

While many parents had good knowledge on current methods of parenting. there were many who still followed age old practices. The involvement of fathers in parenting was limited. The knowledge on nutrition among mothers was reasonably good and breast feeding practices and supplementary feeding and child immunization were also good. The nutritional status showed that over 65% of the boys and girls were normal in their height and severe stunting was observed only among approximately 8% of both boys and girls. Over 80% were normal without any wasting. Little less than half the boys and girls were under weight.

Subsequently Animators of SHGs were trained on parenting using flash cards prepared for the Network by RUHSA and printed by UNICEF. At the community level the Animators along with RUHSA staff trained all the members in a one day programme. The animators were also trained on the FLIP CHART messages to highlight the Pyscho –social dimension of good parenting. Subsequently there were street plays and a one day special programme in 40 villages so as to cover the entire area.

While in the initial rounds there was passive learning by the participants, the street play enlivened the process. However the special one day programme organised and conducted by the Self Help Group members involving the entire community was the major high light and learning as a result of this programme.

One Day Campaign on Parenting

This was one of the major training provided at the community level. The programmes were planned and implemented by the Self Help Groups in and around the villages were the programmes were conducted. The activities that were included in this programme were; briefing on key messages to SHG Members, hand bills with printed messages on parenting were distributed, flash cards were introduced, cooking demonstrations on low cost nutritious food for under 3 children were also carried out. Additionally group members also prepared and brought some of the food items commonly used in the villages and exhibited in the group. Group discussion among members on the issues around parenting followed.

Street Play

Street play was organised exclusively for initial 10 villages. Additionally street play was also organised as part of SHG members training in another 10 villages making a total of 20 programmes. It was ensured that the places that were selected for the street play programme were not repeated in the same villages where the earlier Street Play and Orientation Programme were organised. Thus the Street Play covered all the 40 villages. The Street Play was the same programme that was carried as part of the one day campaign.

SHG Organised One Day Programme

This was the final programme of the parenting project during the year. Each of the 40 SHGs selected were provided some funds to organise a ***one day programme*** in their own respective areas. In some of the villages, while each group organised individually, in some villages where there were more groups coordinated activities were carried out.

The activities in this one day programme were "well baby" shows, competition on locally prepared food items, speech contests by men and women, lullaby songs by grandparents and men speaking about their role in parenting. In some places competitions were organised for children separately.

A story by a small girl indicated the importance of parenting.

New - Updated ✓

Pilot Project on Parenting and Nutrition

"Give me the child until he is seven and I shall give you the man" (Proverb)

Introduction

'Parenting of under three (U/3) children was a one year project funded by United Nations International Children's Emergency Fund (UNICEF) through Bala Mandir Research Foundation (BMRF) to be implemented in selected villages located at the foot hills of the K.V.Kuppam Block. An average of 2 - 5 Self Help Groups (SHGs) operated the scheme over a period of 1 - 3 years. It was planned to use the women of the SHGs to educate the community for behavioural change on `Parenting'.

On the 20th of November 1989 the general assembly of the United Nations adopted "The convention on the rights of the child". India ratified the convention in 1992 and became one of the 191 signatories. This made India both morally and legally bound by the various principles laid down by the convention.

In the years since these events, changes in attitudes and practices have led to an improvement in children's welfare worldwide. However, in many developing countries millions of children remain beyond the reach of even a minimum of essential services in the fields of nutrition, health and education.

Parenting is one of the most important roles in the life of an adult. The children of today will be the parents of tomorrow and therefore the attitudes and wellbeing of children are inseparably linked to the peace and prosperity of tomorrow.

In developing countries, there is much which can be done even though people are poor. There is no cost involved in improving children's lives by offering praise and encouragement, gaining experience and learning through play, educating to prevent accidents, killing insect pests, using food wisely, safely, hygienically and learning about suitable and safe ways of treating illness.

The role of parenting can be done by many people in addition to the father and mother; siblings, grandparents, neighbours, the community, health organisations, teachers and any other person who has a shaping influence in a child's life can also perform this valuable role.

Children need support and guidance in all areas of their life to develop fully. Physical, mental, spiritual, emotional and intellectual wellbeing in all areas of their lives need to be nurtured and perfected to enhance a child's holistic development.

From birth all human beings have within them the potential from which to grow. Parenting is a crucial factor in this growth and unfortunately the cost of poor parenting is failed human potential. That is a price that no child should have to pay.

With the above background, the Rural Unit for Health and Social Affairs (RUHSA) Department of Christian Medical College, Vellore began a parenting project also funded by UNICEF through the BMRF. The objectives of this project were as follows:

Objectives

1. To identify the current nutritional status and practices relating to the nutrition of children under three years old in K.V.Kuppam block.
2. To design a curriculum to educate mothers on the changes necessary for appropriate nutritional growth of their children.
3. To utilise the health volunteer women in the SHGs as educators on parenting in the community.
4. To promote growth monitoring of children in the community through animators/health volunteers
5. To evaluate the changes in nutritional behaviour among mothers.
6. To disseminate experiences to wider audiences covering the entire Vellore District.

To achieve the above objectives the following strategies were adopted.

1. Using Health Volunteers of SHG
2. Use of a curriculum designed for health education
3. Communication and education to create behavioural change

This project was implemented in K.V.Kuppam, a rural block comprising of 39 rural panchayats. A state highway runs through this block from east to west connecting Katpadi and Gudiyatham and passing through Latheri, Vaduganthangal, K.V.Kuppam, RUHSA campus and Keelalathur. Hills run along the northern side of this block and the southern boundary is marked by the Palar river. South of the River Palar and running parallel to it is a national highway connecting Chennai and Bangalore.

To ensure that isolated pockets of the population were reached by this project, the northern foothills were included within the block. This area is isolated and access to health services are not easy and worse than in those areas along main highway or along the southern Palar River basin. 20 SHGs were selected to carry out this project in the hilly region.

Literature Review

For almost half a century children's rights have been promoted and have enhanced public awareness of children's specific needs and of the equity to which they are entitled. 1959 was the year of the 'Declaration of the rights of the child'. Followed in 1979 by the 'International year of the child' (Aarons, Hawes, & Gayton, 1979). The United Nations Commission on Human Rights (UNCHR) drafted a document intended to promote and protect the wellbeing of children and on the 20th of November 1989 the general assembly of the UN adopted 'The convention on the rights of the child', to which India is a signatory (Murickan 2001).

Murickan describes one response to this as, 'The National Initiative for Child Protection' (NICP). The NICP state four rights that all children are entitled to,

- The right to survival
- The right to protection
- The right to development
- The right to participation

Parents are the first point of contact for asserting these rights for their children. It is essential therefore that parents are aware of the effect of their actions upon their offsprings and that they are able to enhance the lives of their children and help them to reach their full potential.

Henry (1978) states that the capacity to love is not inherent but must be taught to a child. Hence children raised without adequate love, tolerance and good example may find themselves in positions of parenthood for which they have been either not prepared or at best ill prepared. Henry goes on to suggest that as a result parents may resort to aggressive and violent means of child rearing and presume that this is correct because it does not conflict with their own personal experience.

Babcock (1962) stresses that parents need to be good role models as this is the way that children learn how to behave. A child's personality is affected by how their family feels about him or her and the family expectations of them. Where female

children are devalued, it is important to make parents aware of the needs of all of their children and not just the male family members.

Malnutrition is the commonest disease in the world. It inflicts damage on the developing brain and reduces the size and number of cells within the brain (Illingworth, 1987). Nutrition is therefore a fundamental part of a parenting programme. The diet of the pregnant and lactating mother as well as the nourishment that the child receives are essential to give the child a good start in life.

Bhauna and Mukhopadhyay (1998) promote exclusive breast-feeding for six months and argue that colostrum (the initial thick yellowish milk) is rich in disease preventing substances and should never be discarded. Any other food, even water, is cited as being not only unnecessary but also dangerous. In a leaflet circulated by the Breast Feeding Promotion Network of India (2001) during the World Breast feeding week, 1-7 August 2001, it was suggested that breast-feeding is a human right. They also suggest that six months exclusive breast-feeding provides adequate nourishment for a baby.

After nourishment, parents need to be aware of milestones in a child's development. Should there be a developmental delay, early intervention would then be of great value. Morley and Woodland (1979) stress the importance of weight curve charts being of great value as a continuous record of health. Malnutrition is much easier to identify this way before the more obvious signs appear. Babcock (1962) states that although individuals develop at a different rate, all humans develop in a head to tail direction.

Although the stages in children's development are universal, the time period in which the child masters these skills varies. (Bhauna & Mukhopadhyay, 1998).

All of the following suggestions made by Illingworth (1987) can be positive parenting measures that can be practiced in all homes regardless of poverty or lack of material possessions.

- Love and security and comforting a child as soon as it shows signs of distress.
- Avoidance of nagging, criticism, belittling, degradation, favouritism and long separation from the parents.
- Acceptance and praise for effort rather than for achievement alone.
- Firm loving discipline with a minimum of punishment.

- Opportunity to practice new skills and develop special interests.
- Provision of play materials that enable learning by discovery instead of rote learning.

The emotional development of a child is an intrinsic part of parenting. Babcock (1962) places much emphasis on the role of the family in a child's emotional development. He suggests that a child grows as a person as well as a collection of body systems. A child thrives best when his or her rhythms of nature are respected. E.g. eating and sleeping habits. A warm and loving family provides the best development. Morley and Woodland (1979) discuss the impact of continuous and consistent love and state how reassuring the physical contact with their parents is. If young babies are held in their mother's arms then they are less affected by loud noise or illness. This close contact has enormous rewards for the child and costs nothing. It is a process that can be described to mothers in developing countries to enhance the lives of their children.

Morley and Woodland (1979) cite a study in Cali, Columbia where children were divided into three groups.

- Group 1 were given full curative care and immunisation
- Group 2 were given the above plus a balanced diet
- Group 3 were given both of the above plus a stimulating environment

The groups were compared to children who received none of the above and the results were:

- Group 1 showed no change in intellect or growth
- Group 2 showed good physical growth but no change in intellect
- Group 3 showed both physical and intellectual growth

Learning through daily routines is a way that any parent can assist their child to develop, suggest Meler and Malone (1979). Holding the baby close whilst feeding helps the child to feel secure. Parents can talk about colours and textures, smell and taste. Items can be placed just out of reach to encourage movement and grasping. During bathing, body parts can be named and topics such as wet, dry, hot and cold can be taught.

Kuppuswamy (1994) cities Harlow (1985) when they state that contact comfort is more important than food giving. Once again emotional needs are highlighted and are quoted as being something that any parent can give no matter how rich they are or which country they live in. Kuppuswamy (1994) lists activities that stimulate children at different ages. Young babies learn through touch, enjoy different sounds and like to be talked to and smiled at. Having items placed out of reach stimulates crawling babies. They also enjoy noisy play, for instance hitting pans with sticks. Walking children are ready to catch, to throw and to push and pull. They like to talk about what they see and to climb and hide. Toddlers and pre school children benefit from active play. Stimulating play does not have to be expensive. Water, sand and mud are always children's favourites. Tins containing seedpods make lots of noise, wood can be used for boats and hollow reeds and soap make great bubbles. Games with shadows, skipping or hopscotch are universal and available. Painting can be done from ink dyes or local plants and brushes from chewed sticks. Out of interest, people are encouraged to make their own toys or at least someone in the village. A stuffed elephant would not be hard or expensive to make filled with tailoring waste. The list is endless and can be as stimulating as the imagination will allow.

Education is not only for the literate. Songs and stories have been used for millennia. Silva (2001) suggests that illiterate people keep knowledge this way therefore making it easy to store and transport. Dance, drama, music, games and visual art integrate into the fabric of village life. This assumption promotes the use of street theatre to achieve a mass education project. In the developing world it is a natural way to educate. Projects can be shaped around lifestyle and tradition and locals can become involved making use of valuable resources with limited funds. Silva continues to promote education in this manner by stating that a parable allows people to discover truth of themselves, and that internalised truth is the motivating force needed for change in practices. Songs and stories avoid confrontation about inadequacies. Participation, entertainment, cultural relevance, credibility and empowerment stimulate fresh thought.

A child's needs change with age but children always need love, nutrition, safety, guidance, stimulation, praise and encouragement. It is hard work changing attitudes but for the sake of children worldwide and a healthy future for all, good parenting practices are essential. It is not effective however to change good old

practices for bad modern ones. For example, stopping breast-feeding or replacing useful herbal medicines with expensive shop bought ones. The most effective way to train parents is to recognise what is a useful practice and should be kept. Decide which practices are harmless and may be kept and emphasise the practices which are harmful and which must slowly and gently be changed (Aarons et al 1979).

The approach followed in behaviour modification (Abel, 2002) is illustrated in the diagram below:

Behaviour Modification Process

Sensitise policy makers, stake holders, and planners
Plan with all senior staff of implementing organisations
Prepare acceptable messages for the required behaviour change
Train staff/personnel who will be involved in implementation
Train staff or personnel who will be the key trainers
Staff should train community volunteers to train the community
Volunteers should educate the community according to a curriculum
Facilitate the community to plan and implement activities
Monitor effectively to ensure that activities have taken place at each level
Enable the community to organise an evaluation programme.

Implementation

The programme started with a baseline survey of the project area with another control group. This survey is briefly described below:

Sample Design

A total of 32 villages from 8 Panchayats at the foothills where the `Parenting' programme is being implemented were the villages selected for the survey. An average subsample of 10 mothers with U/3 children from each panchayat were the subjects for the Knowledge, Attitude, and Practice (KAP) survey. All U/3 children in these villages were the subjects for the nutritional survey. These 32 villages selected were ones in which at least one SHG is functioning.

From the remaining panchayats of K.V.Kuppam block an unbiased representative sample of 8 villages were selected from 8 panchayats for the non-project area. All U/3 children and a subsample of mothers were the subjects chosen for the nutritional and KAP surveys respectively.

The base line survey consisted of a KAP survey on Antenatal Care (ANC), childhood immunization, dietary habits of mothers and parenting behaviour. A schedule was designed and modified based on the experts comments from the `network on information parenting'. Along with this, the nutritional status of U/3 children was also assessed using anthropometric measurements; height, weight and arm circumference. The schedule was pretested with mothers of U/3 children and necessary modifications were made to obtain the reasonably correct parental behaviour. This survey was carried out in May 2001. Four data collectors, with either bachelor or masters degrees were trained to administer this schedule. As they were involved in other surveys conducted by RUHSA, their experience was broadly utilised. They were supervised by two RUHSA staff.

The data was edited daily. A coding key was prepared to code all the data. The Foxplus software package was used to enter the coded data. The KAP survey data was analysed using SPSS Windows Version 7. The anthropometric Z scores for height and weight were calculated using an Anthro software package and further analysis was done using the SPSS software package.

Table A: Sampled panchayats and villages in the project and non project area

S.No	Project Area			Non Project Area	
	Panchayats	SHG	Villages	Panchayats	Villages
1.	Thondanthulasi	3	1. Thondanthulasi 2. Old Thondanthulasi	Keelalathur	K.A.Mottur
2.	Senji	9	1. Senji Main village 2. Senji HC 3. Ramapuram 4. Mottur HC * 5. Krishnapuram 6. Senj AC 7. Ayakulam 8. Mailar Thoppu HC	Pasumathur	Pasumathur colony
3.	Panamadangi	4	1. Panamadangi MV 2. Panamadangi HC 3. Pallathur * 4. Kesavapuram	D.R.Kuppam	Gemmanguppam
4.	Maliyapattu	3	1. Maliyapattu MV * 2. Maliyapattu HC 3. Maliyapattu New col.	Machanur	Machanur
5.	Kalampattu	4	1. Kalampattu HC 2. Gengasanikuppam HC* 3. Melachukattu	Veppaneri	Veppaneri AC
6.	Melmoil	9	1. Mailadumalai MV 2. Melmanguppam MV 3. Moolakanguppam MV 4. Dhuruvam MV * 5. Dharmavaram MV* 6. Kattu Kalampattu MV 7. Kallapadiyanpatti MV 8. Semmankuttai MV	Latheri	Kanagasamudram
7.	Kanguppam	6	1. Thuraimoolai MV 2. K.P.Kuppam MV * 3. Poorijanamoolai MV *	Thirumani	Thirumani
8.	Ammananguppam	2	1. Vanniyarpatti MV *	Kavanur	Kavanur old colony
	All	40			

Note: * Villages selected for mothers' interviews

FINDINGS

As part of the project a baseline report was prepared and documented separately. However in this report only nutritional and psycho-social stimulation data are presented.

A. NUTRITIONAL STATUS

Altogether 630 childrens anthropometric measurements were obtained, of which 2 were less than 2.5 kg. weight even after one month of their birth and the Z score values were not obtained and so excluded from the analysis.

A total of 628 U/3 years old children were available for analysis. Of these 296 were females and 332 were males. Height for age Z scores (HAZ) weight for age Scores (WAZ) weight for height Scores (WHZ), Body Mass Index (BMI) and Waterlow Cross Classification(WCC) was the method of nutritional analysis carried out. Initially the data is analysed for the entire population and then subsequently classified into those inside project and outside the project area.

Height for Age Z Scores by Sex

HAZ	PROJECT ARE		OUTSIDE P A		TOTAL	
	Female	Male	Female	Male	Female	Male
N=	219	235	77	97	296	332
< - 4	2.3	2.1	3.9	1.0	2.7	1.8
-3.99 to 3.0	5.9	6.4	9.1	8.2	6.8	6.9
-2.99 to 2.01	23.3	23.8	15.6	15.5	21.3	21.4
-2.00 to 9.98	68.8	67.7	71.4	75.3	69.3	69.9

'Normal' height was seen in 68.8% of girls and 67.7% of boys in the project area. Mild stunting among girls was 23.3% and among boys it was 23.8%. Severe stunting was observed among 8.2% of girls and 8.5% of boys in the project area. Outside the project area, 71.4% of girls and 75.3% of boys respectively were normal. Although there were more stunted girls than boys, there were no significant differences between inside and outside the project area or between boys and girls. In the whole block approximately 70% of boys and girls were normal, a little over 21% of the same category were mildly stunted and less than one tenth were severely stunted.

Weight for age Z scores by sex

Underweight Z Scores	Project Area		Outside Project Area		Total	
	Female	Male	Female	Male	Female	Male
N=	219	235	-	-	296	332
< - 4.0	1.8	1.3	0	2.1	1.4	1.5
- 3.99 to 3.00	9.1	11.1	10.4	5.2	9.5	9.3
-2.99 to 2.01	30.6	32.3	31.2	33.0	30.7	32.5
- 2.00 to 9.98	58.4	55.3	58.4	59.8	58.4	56.6

In the project area 58.4% of boys and 55.3% of girls were normal in weight, while outside the project area the figures were 58.4% for girls and 59.8% for boys. A little less than one third of girls and boys in the project area, outside the project area and over all were mildly underweight. Approximately a tenth in all categories respectively were severely underweight the differences were not significant.

Weight for height Z scores by sex

Wasting Z Scores	Project Area		Outside Proj.Area		Total	
	Female	Male	Female	Male	Female	Male
N=	219	235	77	97	296	332
< - 4.0	0.9	0.9	1.3	0	1.0	0.6
- 3.99 to - 3.0	1.8	2.1	1.3	1.0	1.7	1.8
- 2.99 to - 2.01	14.6	14.9	14.3	12.4	14.5	14.2
> 2.0 to 9.98	82.6	82.1	83.1	86.6	82.8	83.4

In all three categories over 80% were normal with no wasting. Mild wasting was observed in a little less than 1.5% among all categories. For males outside the project area, the figure was 12.4%. Severe wasting was about 2% over all three categories combined.

The following set of five tables show the response of mothers and fathers towards their children on various categories. Both tables compare the stated response of mothers with that of the fathers. The first table refers to the study area and the second to those outside the study area. The response referred to three levels of frequency; often, rarely or never. A total of fifteen broad parameters were measured.

Body Mass Index by sex

BMI	Project Area		Outside Proj. Area		Total	
	Female	Male	Female	Male	Female	Male
N=	219	235	77	97	296	332
0.01 - 15.99	78.1	72.8	83.1	71.1	79.4	72.3
16.0 - 16.99	9.6	15.7	9.1	12.4	9.5	14.8
17.0 - 18.49	8.7	9.4	3.9	12.4	7.4	10.2
18.5 - 19.99	2.7	0.9.	0	4.1	2.0	1.8
20.0 - 24.99	0	1.3	3.9	0	1.0	0.9

Waterlow Cross Classification by sex

Nutritional Status	Project Area		Outside Proj. Area		Total	
	Female	Male	Female	Male	Female	Male
Normal	57.5	55.3	58.4	64.9	57.8	58.1
Stunted	25.1	25.1	24.7	21.6	25.0	24.1
Wasted	9.6	11.9	11.7	10.3	10.1	11.4
Stunted & Wasted	7.8	7.7	5.2	3.1	7.1	6.3

B. PSYCHO-SOCIAL ASPECTS OF PARENTING

1. Calling children by own or pet name

Almost every mother called their child by their own or pet name (56.4%) or rarely (41.5%). The results were often similar with the fathers. 2.1% of mothers and 3.2% of fathers never called their children by their own or pet names.

Cuddling

2. More mothers (71.3%) than fathers (52.1%) cuddled and held their baby close often. 1.1% mothers and 4.3% fathers never cuddled their child.
3. Among mothers, 60.6% often spent a lot of time with their baby as against 29.8% of fathers. Those who never spent a long time with their child were 4.3% of mothers and 7.4% of fathers.

Allowing children/the child to strain for objects

4. Of the mothers, 22.3% never and 70.2% rarely allowed their child to strain for an object. The mother gave it to the child instead. The figure was 29.8% and 62.8% respectively for fathers. Only 4.3% of mothers gave the object to the child. It was 29.8% and 62.8% respectively for fathers. Only 4.3% of mothers and 7.4% of fathers allowed the child to strain for objects.

Reassurance

5. When a Child was frightened 10.6% of mothers and 6.4% of fathers reassured and held their child often. Among those who practiced it rarely, there were 74.5% mothers and 72.3% fathers. Interestingly 14.9% mothers and 21.3% fathers never reassured their children.

6. Response while disturbing

When a child disturbed parents while talking to others, 43.0% of mothers often and 50.5% rarely responded to the child. Among fathers the response was 30.1% often and 57.0% rarely. There was no response from 6.5% mothers and 12.9% fathers.

7. Hiding objects to find

Only 7.4% mothers often hid objects for the child to find, as against 43.6% rarely. It was an equal 7.4% fathers who often hid objects, while 40.4% fathers practiced it rarely. Surprisingly 48.9% mothers and 52.1% mothers never hid objects for their child to find.

8. Encouraging imitation of action.

A very small proportion of mothers (19.1%) often encouraged their child to imitate actions while 35.1% mothers rarely did it. An even lesser proportion of fathers practiced this often (14.9%), with 38.3% rarely encouraging this. Again a large proportion of mothers (45.7%) and fathers (46.8%) never encouraged their child to initiate their actions.

9. Teaching parts of the body

This was practiced by 36.2% mothers often, 56.4% rarely and 7.4% rarely. Among fathers, 26.6.% often taught their children body parts while 64.9% rarely and 8.5% never did this.

10. Repeating stories in the same sequence

Only 9.6% of mothers and 7.5% of fathers repeated stories in the same sequence. Nearly 61.7% of mothers and 67.7% of fathers never repeated the stories in the same sequence and 28.7% of mothers and 24.7% of fathers rarely practiced this.

11. Encouraging to play with other children

In this activity 30.9% of mothers often encouraged their children to play with other children while 58.5% rarely did this. Among fathers 23.4% often and 60.6% rarely practiced this. Interestingly only 10.6% mothers and 16.0 fathers never encouraged their child to play with other children.

12. Screaming at children for pulling household things

Only 8.5% of mothers and 6.4% of fathers stated that they often screamed at their children for pulling household things. Most parents with 69.1% of mothers and 68.1% of fathers, screamed rarely at their children. Screaming for this reason was never practiced by 22.3% of mothers and 25.5% of fathers.

13. Play pretending/guessing games

Only 6.4% of mothers and fathers often played pretending or guessing games with their child, with 47.9% of mothers and 46.8% of fathers rarely doing this. Pretending/guessing games were never played by 45.7% of mothers and 46.8% of fathers.

14a. Allowing to do things independently

About 23.4% mothers and 22.3% of fathers respectively often allowed their child to do things independently, with 70.2% of mothers and 68.1% of fathers rarely allowing their child. Only 6.4% mothers and 9.6% of fathers never allowed their child to do things independently.

14b. Eating independently

Allowing a child to eat independently was practiced often by 25.5% of mothers and 21.3% of fathers, rarely by 64.9% of mothers and 61.9% of fathers and never by 9.6% of mothers and 17.0% of fathers.

15. Setting a safe limit to play

Surprisingly only 7.4 % of mothers and fathers respectively often set safe limits for the child to play with 2.1% of mothers and fathers rarely practicing this. This was never practiced by 90.4% mothers and fathers or no safe limits to play were set by 90.4% of mothers and fathers.

16. Calling by slang names

Surprisingly, 3% of mothers and 19.1 of fathers called their children by slang names often, with 63.8% mothers and 56.4% father using slang names rarely. Among mothers 14.5% never used slang names and the figure was almost double for fathers (24.5%).

TRAINING OF SHG REPRESENTATIVES

The animators training programmes were conducted at RUHSA Campus during August, September and October 2001. Ten programmes were conducted and 236 animators participated.

After forming the MET, the two-day programme started with a needs assessment and pre evaluation quiz programme. In this quiz session the participants (about 30-50) were divided into 5 groups and the questions were asked. Each question carried 5 marks.

TWO DAY TRAINING PROGRAMME FOR THE SHG ANIMATORS/REPRESENTATIVES

A SYSTEMS APPRAOCH Approach to PARENTING

INTRODUCTION

Children need lots of love and affection. Parents should give lots of cuddles and tell them that they love them many times a day. Children are eager to learn and need lots of things to do. When they are very young their parents are their best playmates. They like to be danced with, to be talked to, to be sung to, and to be taken for walks and for the parents to pretend and crawl play. Parenting involves both father and mother taking total care of their own children for their positive growth and development. The goal of this workshop is to enable the participants to encourage the development of quality, responsible parents in the community.

NEEDS ASSESSMENT

a. Basic needs of this training programme were identified from materials on parenting provided by UNICEF/NIP and discussions with the RUHSA faculty.
b. Desires and needs of the participants are to be identified through a discussion at the beginning of the training session.
c. Entry level of the participants will be assessed through a pre-test (quiz).

GENERAL OBJECTIVES

1. To discuss the concepts of parenting
2. To discuss the importance of breast feeding

3. To describe supplementary feeding and weaning process
4. To differentiate each stage of a childs growth and development
5. To provide stimuli for child development
6. To demonstrate parents role in childcare.

METHODOLOGY

Lecture, Group discussion, Role-Play, Flash Cards, Demonstration.

RESOURCE PERSONS: Mr. Stalin Mrs. Jayalakshmi, Mr. Sekar & Rural Community Officers

IMPLEMENTATION:

Date/Duration	:	2 Days
Medium	:	Tamil
Process	:	Workshop
Coordinator	:	Mr. Stalin/ Mr. Sekar

EVALUATION:

MET, Process Evaluation, Post Evaluation (Quiz), Group Presentation

The following list indicates the list of SHG representatives trained and the dates of their training programme.

Batch No	Dates	No. of members Attended
1.	23.08.2001 24.08.2001	29 29
2.	30.10.2001 31.10.2001	29 28
3.	06.11.2001 07.11.2001	17 18
4.	08.11.2001 09.11.2001	21 21
5.	19.11.2001 20.11.2001	28 28
6.	22.11.2001 24.11.2001	18 18
7.	26.11.2001 27.11.2001	36 36
8.	06.12.2001 08.12.2001	20 20
9.	10.12.2001 11.12.2001	22 22
10.	03.12.2001 04.12.2001	16 16
	Total	**236**

This training programme covered the SHG representatives of all the villages in the K.V.Kuppam Block including forty SHGs where parenting programmes are intensively implemented. It is felt that it would be a useful opportunity for preparing all the volunteers throughout the block so that the messages on parenting are shared in all the villages. However, the subsequent parenting programmes were carried out in only forty SHG areas. No additional inputs were provided in the rest of the area.

Orientation on using "Flip Charts" on parenting was conducted on 2.3.2002 for the representatives of the forty selected Self Help Groups. This was conducted by the trainers from 'Network' Mrs. Lakshmi Gopal and Ms. Chitra.

The quiz questions were:

1. Who is responsible for parenting?
2. What support can the husband extend to his pregnant wife?
3. What are the responsibilities of the relatives in parenting?
4. What is the importance of mother's milk?
5. What is weaning food? (define). When it should be started?
6. What are the foods you can give along with mother's milk?
7. What are the growth stages (first month, second month.....)?
8. What are the advantages of play materials?
9. What type of play materials are good for children?
10. Do all children have same type of growth?
11. What are the disadvantages of beating children?
12. What are the disadvantages of using bad language to children?

The needs assessment did not suggest any changes in the plan but most of the participants expressed that they were not able to stay at RUHSA on first day night, so the cultural programmes were dropped.

Day 1

The first session was an introduction to the parenting programme in which the definition of parenting, role of the husband and relatives in case of a pregnant women, the age at marriage, the ill effects of early marriage and the shared responsibilities in

child care were discussed. In the same session, the role of animators in the parenting programme was also presented.

In the second session (2.00-3.30 p.m.) the flash cards (UNICEF) were used and the growth and development of the child, the important concepts in child development, physical, emotional and social development, the responsibilities of the relatives, safety measures, play and learning processes were discussed.

In the third session the `messages' were given to each participant and they were asked to read and explain the points one by one. Much in-depth discussion and controversial statements were made and analysed during the session.

Day 2

The second day started with the MET Report and review of the first day's programme. The first session started with the issues in parenting. It included the burden of the lactating mother, the issues related to breast-feeding and the harmful effects in childcare. A `role play' was demonstrated during the session.

The second session was on nutrition. Food preparation, the nutrition myths and misconception in food practices were discussed. Low cost nutritious food items were demonstrated. The participants enjoyed this demonstration and suggested additional food items.

The third session started with the distribution of `flash cards' on parenting to each participant. They were divided into groups and after a group exercise they demonstrated the flash cards. The communication techniques to use these flash cards were explained to them in their group education.

Finally in the last session they started with planning their one-day programme and group education programme.

Followed by a post evaluation quiz the programme ended. Travelling allowance for two days were provided. Food arrangements were made without any difficulties.

This was the next level of training being provided at the community level. One day campaigns were organised in the following villages:

One Day Campaign on Parenting – SHG Members

Date	Venue	No. of members attended
18.12.01	MOOLA KANGUPPAM	40
08.02.02	MALIAPATTU	58
13.02.02	THURAIMOOLAI	83
15.02.02	PANAMADANGI	90
19.02.02	VANNIYARPATTI	40
22.02.02	SEMMAN KUTTAI	42
25.02.02	SENJI MOTTUR	48
26.02.02	SENJI	86
27.02.02	OLD THONDANTHULASI	90
28.02.02	KANGUPPAM	105
		682

ONE DAY CAMPAIGN ON PARENTING TRAINING – SHG MEMBERS

This was the next level of capacity building. After training the SHG representatives, they in turn trained the members of their groups. RUHSA staff also supported this process. This is described in greater detail.

A SYSTEMS APPROACH

Introduction

Parenting is one of the most important roles in the life of an adult. The children of today are the parents of tomorrow and therefore the attitudes and well being of children are inseparably linked to peace and prosperity in the future.

Children need support and guidance in all areas of their life to develop fully. Physical, mental, spiritual, emotional and intellectual well being are all areas of children's lives that need to be nurtured and perfected to enhance a child's holistic development.

All human beings are born with the potential and the ability to grow and develop. Parenting is an important factor in this growth and unfortunately the cost of poor parenting is failed human potential. Therefore it is essential that all parents are aware of the impact that positive parenting practices have on the lives of their children.

Needs Assessment

1. Basic needs assessed through previous workshop, baseline survey and through information gained from focus groups.
2. Pre entry knowledge to be assessed through discussion
3. Participants expressed needs to be assessed through discussion

General Objectives

1. To discuss positive parenting practices
2. To emphasise the importance of antenatal care
3. To stress the role of men in parenting
4. To involve the relatives in child care
5. To discuss the importance of play in child development
6. To emphasise the significance of good nutrition for both mothers and their children
7. To develop awareness of the significance of love, affection and tenderness in a child's life.

Methodology	Implementation	Resource Persons
Lecture Discussion Group Work Street Play Flash Card Show Exhibition Street Play	Medium: Tamil	Mr. Stalin Mr. Sekar Mrs. Jayalakshmi & RCOs

RUHSA has planned to conduct one day training programme for forty selected groups in their village itself. Also for training the animators this one-day training (about 10 programmes) was organised.

The RCO informed the groups in his area well in advance. The animator imparted the basic messages to the group members by using a set of flash cards. To strengthen this process RUHSA had planned to conduct the total one-day training programme.

The groups in their villages selected the venue. Four or five groups joined together and made all the physical arrangements. Apart from RUHSA's contribution, the groups took care of the lunch, snacks, tea and other expenses.

All the SHG training programmes started a little late at RUHSA Campus (about 11.00 a.m.). In the village also the same time was followed by the groups because they had lots of personal commitments.

The village leaders, including panchayat leaders, were invited. The women panchayat leaders showed more interest in SHG group activities on parenting.

The first session started with formal process of inauguration, needs assessment and an informal pre evaluation asking questions on parenting and their own current practices on parenting and nutrition.

The second session was a brief introduction about what is happening, what happened and what is going to happen in parenting in their villages.

The group members contributed to the next session. They were asked to bring along nutritious food and low cost weaning food items. They brought wonderful/delicious food items to exhibit. They individually explained how they prepared the food materials.

Following by that Mrs.Jayalakshmi held a session on nutrition, weaning food, low cost food items and nutritional deficiencies. The demonstration carried out by Jayalakshmi was appreciated by many of the members. A small exhibition was conducted on the premises.

After the lunch break Mr. Sekar took a session an 'Issues in parenting', using flip charts. He started with songs, dance and beautiful stories, then explained different issues in parenting and their solutions.

After the informatory session, the RCOs planned with the individual groups about their special programmes for their villages. The groups came up with different ideas to disseminate these parenting messages.

That evening, the street play was performed in the same area. The groups invited all the village people and it was a great success in many places. Parenting messages were communicated through dance, skits and songs.

STREET PLAY

Introduction

RUHSA introduced Street Play in HIV/AIDS awareness and female infanticide programmes. Street Plays attract all levels of people and any message can be easily communicated in this medium. Since all these messages were dramatised effectively, the 'change' has taken place easily. With this experience RUHSA planned to perform street plays on parenting along with other methods and materials.

From Latteri area, fifteen Street Play performers were selected among four SHGs. The help of the area RCO was utilised in selecting talented artists. A one week training programme on message formation, developing street play on parenting took place at RUHSA Campus in the early days of this parenting project. The street play performers also attended the two days training programme on parenting along with the animators to internalise the concepts. Twenty Street Plays were performed in all forty selected SHG areas.

The Process

The street play was performed between 5.30 - 9.00 p.m. All the 15 performers were given pink coloured sarees and blouses, as a Street Play uniform. A 'Thavil' player always accompanied the group with a loud beat. Effective flood lights and public address systems were installed in all street play areas in order to communicate clear messages on parenting.

Every street play started with an inauguration. The local SHGs invited the village level leaders. All the SHG groups in that area (about 4 to 5 groups) made all the physical arrangements for snacks, tea and sometimes dinner too. The RCO performed key roles in coordinating this field level programme.

Soon after the procession by the group, the performance started with Tamil prayer songs.

The street play has two parts. The first part (about 25 minutes) conveys the correct age for marriage, care of pregnant women, the role of the husband, the role of relatives and preparation for delivery. A nutritious diet was given in the form of a skit.

The second part is all about the care of the newborn baby and all the messages on parenting. In between a folk dance was performed in all street plays.

The villagers enjoyed these street plays. In most of the street plays participation of men was high. Since street play performers are also mothers and grand mothers, the messages were very effectively conveyed through this medium. Many young people helped with arranging lights and a P.A. System.

The street play performers never felt shy in acting out or dancing this message in public because in almost all villages the known SHG members organised the performance.

The street play performers did informal evaluation soon after the show. Based on the feedback, modifications were made.

THE PROGRAMME OUTPUT

Based on the various inputs provided the following is the total output of the programme:

Staff Capacity Building	-	5
Staff and student orientation programme	-	45
SHG Representatives	-	236
SHG Members	-	682
SHG Special Programme	-	3264
SHG Street Play - Audience	-	4605

THE POST EVALUATION

As the project was only one year in duration and with a tight programme going on till the end of the project, instead of a formal data based survey, qualitative information was obtained through group processes. There were three levels at which this information was obtained.

a. The programme implementors including Rural Community Officers and Training Officers of RUHSA.

b. The Animators of the forty SHGs.

c. Members of three SHGs through focus group discussion

The information obtained focused on the effectiveness of the methods, the changes within the community, and the problems faced in implementing the programme. For the first two levels the review was held at RUHSA Campus while the SHG members were interviewed at the community level.

A. THE PROGRAMME IMPLEMENTORS

This was the first time the community had an opportunity to share their talents around a theme. The people used the freedom to express in many ways. The people enjoyed the messages as it was not such a sensitive topic as HIV/AIDS. The way the community prepared nutritious items for contest and their explanations were unique. Resourceful women were identified for future work. The participation of men was more than what had been expected of men in parenting. The time of year was very ideal as it did not compete/interfere with farm labour. The staff of RUHSA also put up a united show as never before.

Weaknesses

Some poor women who were absent for long periods of time due to work could not participate freely. There was some rivalry by those wanting to take on more responsibility sometimes making it difficult get the work done. The involvement of some men was less even as some women were shy. The delayed introduction of flip chart and audio cassettes meant that they were not fully utilised.

Problems Experienced

The main problem related to time management. In the villages, the community arrived late due to other pressing work at home. Similarly the staff had difficulties in balancing their time with other competing work.

Learning Experience

The following points indicate some of the learning experiences from the project:

1. Don't do any programme without community participation.
2. Team work at all levels is very effective.
3. The initial relationship between the community and the implementors made it an ideal learning environment.

4. With community participation the level of expectation was high and budgeting was not adequate. More funds may be allotted for community level especially in poor communities.

5. Transparent decision making

6. Importance of committed involvement of field staff to the success of the project.

Sustainability

The following factors would contribute to sustainability. The capacity building of the animators is the most important. The availability of educational resources such as flash cards, flip charts and audio cassettes would also help. The community has started introducing parenting into other programmes. Some periodic follow up with a newsletter would be helpful.

Replicability

The following are some of the methods by which similar programmes can be repeated elsewhere.

1. Organise Master Trainer Programmes
2. Produce additional learning materials
3. Prepare a curriculum for animators training
4. Work through NGO 'Network'
5. Documentation of nutritious foods
6. Publish a book on parenting

Anecdotes

In Purjunamoolai Village one women sang a folksong relating to parenting, indicating how a child grows and the future plans the parents have for the child. This song captivated people's attention.

In the same village another woman explained in detail why the `Valaikappu' ceremony is performed and the meaning of each step.

The interest of the SHG members and their involvement in the special programme at the community level was spontaneous. They gave the impression it was their programme rather than that of the institution.

In Thondanthulasi a family enacted a role play highlighting a real life situation in their family.

An animator by the name of Anna Poorani from Malyapattu was touched by the two days training. Since she has no children, she committed herself to this parenting programme.

In Thuraimoolai village, one woman gathered all the other women and prepared them for lullaby songs. The staff had tried for 15 minutes but failed. Not only did this woman sing two songs but she encouraged others to sing as well.

Unmarried girls also joined in this programme voluntarily. They were able to state the main points of parenting.

In one of the villages, a role play was used to explain the rituals practiced in families.

In Kalyanaperumankuppam, one woman had prepared a very nice nutritious food/meal for children. It consisted of vegetables, milk etc. This was a low cost and very nutritions food. One of the staff went home and prepared it for his children. He said it was very nice.

B. FEEDBACK BY ANIMATORS

A total of 34 SHG animators participated in the review. They were asked to give feedback on the effectiveness of the methods used in education, changes observed in the SHGs, change among men, the anticipated changes in the future, and changes in practice. They were asked to list the problems they faced and their suggestions to improve the programme. They were also asked to estimate the number of families contacted through the members and to rank each of the methods in order of preference of what worked best.

Effectiveness of Methods Used

One Day Campaign

This was an effective medium where individuals were able to participate. There was good participation by both men and women.

The nutrition programme was effective with preparation of varieties of food items using locally available materials, method of preparation and nutritional values explained to participants. Appropriate nutritional advice for children, adolescent girls and pregnant women were also given.

The whole area of mother and child care were adequately emphasised starting from care during pregnancy and the lactation period, the importance of giving colostrum, and childhood immunisations and the support and security that should be provided by all family members.

A. Feedback on Methods used for Education

1. Flash Cards

The audience understood the messages through Flash Cards. The messages were more easily retained when provided through flash cards than if stated only orally. More than for teaching individuals, flash cards were useful for groups. It was easy to pass on messages through flash cards to the audience.

2. Flip Charts

Those not educated found the pictures useful to understand the growth processes of a child. Intellectual development of the child was well understood. There was also an opportunity to understand the development of children. All members of the family benefited from the games. The pictures were beautiful and the details on child development were clear. People understood the importance of providing toys according to age.

3. Message Sheet

This gave an opportunity to know the full range of information. It also helped to distribute to one person in the family so that those who could read could share with others. There was no need to contact everyone. There are some changes needed in disseminating all the messages, which should be simple enough for everyone to understand. Messages should be brief and clear.

4. Street Theatre

Street theatre was very good. Since the whole village witnessed the street play, they understood the message better than if they had been taught by animators. Since the messages were stated by people from outside the village through street play, the community accepted the messages. With the whole community participating it is easier for people to accept the messages. Street theatre helped to capture the attention

of all the community members from children to adults. The folk songs helped people to understand easily. It was a unique gift because women planned and enacted the street play.

Special Programmes

Each of the activities during this programme were described including their problems and limitations.

Well baby competition

Mothers brought their children for the contest. Based on weight and timely immunisation, children were selected and prizes given. Mothers had an opportunity to know their children's weight. They were able to overcome their traditional belief regarding the `evil eye' or `drishti' . The importance of childhood immunisation was re-emphasized.

Food Competition

Again the focus was on low cost, locally available foods, methods of preparation and their nutritional usefulness. Skills in preparation and new methods were presented. Mothers indicated the suitability and easy digestibility of the foods. Emphasis was given on iron rich food and the importance of home made foods.

Speech Contest

Because of the speech contest even the ignorant people learnt new facts. People were able to express their feelings. The role of men was emphasized as well as the importance of playing with children. Real life situations were enacted by both men and women. They realised that everyone can participate in sharing about child development .

Lullaby Songs

Women came forward with lullaby songs, which were filled with valuable lessons.

Competition for School Children

School children also participated in the competition and obtained prizes.

Changes in SHGs

Emphasis was made on the participation of everyone in the village including men and women. All 20 members were motivated to share about parenting in the community. Even at the group level, there was some resistance to move away from certain traditional practices.

Changes among men

Everyone welcomed the change among men. Men participated in parenting programmes, shared their experiences and assured of their support.

Fathers have started taking their children out, feeding them, purchasing toys for them, playing with them, singing and dancing with them, taking children for treatment and taking care of children while mothers go out for work. Now men are encouraging their wives to take part in different programmes.

Other Changes Anticipated

They recognize that changes are needed in more areas. Practice in handling children is needed. Encouraging children and learning lullaby songs are important. There is a need to get over some of the traditional beliefs and practices like normal diet following delivery, giving papayas to pregnant women, and about `Dhristy' or evil eye.

Problems Faced

1. Participation from mothers and elders in the family was sometimes inadequate.
2. Insisting on tradition of giving sugar water in some families.
3. People sometimes listen to doctor and nurses more than SHG members.
4. Reluctance to weigh children.
5. Resistance shown to message about marriage above 21 years.
6. Many people expected prizes in contests.
7. When prizes were offered to low cost preparations those who made costly preparations were angry.
8. Indifference among elderly to new messages.

9. Too many messages in too short a time.

10. People unable to participate because of work.

Suggestions

1. Simplify message sheet
2. Street Play is an effective medium for villages
3. Flip charts should be used in house visits — not Flash Cards?
4. Should focus on any one method
5. There should be an exclusive training on 'Parenting for Men'. Good IDEA
6. Video show on parenting would have been useful. — GOOD SUGGESTN.
7. New games should have been taught
8. There should be a time frame to promote different messages
9. Repeat training and resource materials should be made available to those who are resource persons. YES

Ranking of various methods

All the methods used in parenting education were listed and they were asked to vote which was the best method. They could vote any number of times for the methods they thought were important.

The Street Theatre and special programmes were rated highest by the SHG Animators.

C. FOCUS GROUP DISCUSSION – MALIYAPATTU VILLAGE

Staff Participated	**Group Participated**
Dr.Rajaratnam Abel	Annai Theresa
Mr.Stalin	Mullai Mahalir Group
Mr.Jayaraman	Malligai Mahalir Group

At the start of the discussion, Mrs.Annapurani explained in detail all the activities carried out under the parenting project.

Happiness on becoming Parents

In general in the village people are happy to become parents. While there is more happiness at the birth of a boy now, there is conscious effort to treat both sexes equally. Nowadays the sex of a child is not important in determining happiness.

Age at Marriage

Women expressed the importance of marriage at age 21. There is adequate physical growth including the growth of the uterus. The child born will be healthy. The girl will be able to understand herself and her family better.

Gently they brought out a problem. Delayed age at marriage is causing difficulties in finding suitable bridegrooms.

Husband's Role in the Support of the Pregnant Women

Husbands should help the wife in all work including carrying water, obtaining food when necessary, giving adequate rest. Husbands should take their wives for antenatal check up and immunisation. They should take them in a vehicle and not make them walk too much. They should show love to their wives. Nowadays there is more happiness in the birth of a girl child.

Support from other Relatives

Most relatives support pregnant women in all necessary work especially cooking of food when they are weak and tired.

Even though mother-in-laws fight with their daughter-in-laws, during pregnancy they help them because they realise that their grandchild is being formed inside the mother's womb.

Male Female Sex differences

People are very happy if it is a male child although they are generally happy with both and they accept both as equal. There is no female infanticide in this village. Whatever the sex, after having two children, most have birth control through tubectomy. Those who have no children go through hardships. For them a child of any sex is all right.

Advantages of Breastfeeding

Breast milk has resistance against diseases. It is easily digestible and prevents vitamin A deficiency. A relationship is built between mother and child including bonding. When a mother breast feeds her child she forgets all her worries. There is increased lactation if the mother keeps gently massaging the babies' head, hands and legs.

Supplementary Feeding

There is some confusion in the minds of people. Earlier they were taught breast feeding should be given for 4 to 5 months, but now it is 6 months. Supplementary feeding helps the child to grow well.

Speaking and Playing with Child

Bonding and love grows if mother holds the baby close to her and speaks tenderly to the child. There is a need for the father to spend more time with their child. Toys should be colourful and those that make noise are appropriate for the cranking child. Encourage the child to walk and show happiness.

Milestones of Child Development

- Sleeping more soon after birth
- There is a belief that if a child is born at night it will sleep at day time
- Smiles at third month
- Turning over at fifth month
- Crawling at sixth month
- Standing by holding on to an object or the wall and walking with support by eight months.
- If a mother is healthy and provides breast milk her child will be healthy.

Teething Diarrhoea

This occurs because of the child putting dirty objects in their mouth. If diarrhoea is severe the parents should take the child to the Doctor.

Wrong Traditional Practices during Pregnancy

Women in the community are taught not to eat jack fruit, jamun (Navapalam) black grapes and papaya during pregnancy. It is believed that the child will become wet and is believed to lead to a condition called sevappu.

Special Lessons Learnt by Parents during Parenting

1. Children should not be beaten
2. Children should be taught what is correct
3. Good pet name can be given to children
4. Names that appear to be teasing a child should not be used
5. Teasing a child makes a child lose self esteem and affects the mind
6. Parents should support one another
7. Children should be given toys

Street Play/Theatre

This helped to identify how the mother-in-law could help her daughter. There is a role for the husband. These points came out through street play.

Possibility of Women organising parenting programme on their own

Women indicated that they will do what RUHSA counsels them to do. Already both have done many programmes together. It is possible to carry out street play, rally by school children as well as use a public address system.

Problems Faced

The common refrain heard in the village was, "Have we not given birth to children and taken care of them. What new thing can you teach us?".

Changes in Parenting Behaviour as a result of programme

1. Husbands' role in parenting has increased
2. Male – female difference have decreased
3. Female infanticide has vanished
4. Allowing children of different families to play together
5. Children are not beaten
6. SHG women have become more confident to talk with others
7. Purchasing toys for children has increased
8. Better nutritional practices including supplementary feeding on time
9. Parents are encouraging one another to ensure optimal growth of their children.
10. Avoiding harmful toys

Lessons Learnt

What did we learn through this programme?

1. Community ownership of an activity is essential for long lasting and deep seated change. The response of the community was way beyond our expectations. This process is being now introduced into the far more challenging HIV/AIDS behaviour programme.

2. Involving men has been difficult in many of our programmes. Their participation was a key element to the success of this programme at RUHSA.

3. Since the parenting role is to be played by all members in a family, enlisting total community participation was another key factor to success.

4. The principles of SHGs when implemented well become a solid base for both programme implementation and sustainability.

5. Valuing community/traditional knowledge is important. Our SHGs refused to be put down by RUHSA staff pressure to modify certain child rearing practices.

6. A systematic and step by step approach to community education is essential for success.

7. Curriculum based approach to community education leads to behaviour modification.

8. Multi-channel communication reinforces key messages.

9. Street theatre is a valuable means of changing behaviour.

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STORY BY A CHILD

During the one day special programme organised by the SHGs, in one of the villages a small girl came forward and told the following story which capivated the hearts of the audience. Her story went like this.

In a village there were two small girls. One day both of them went to a neighbours garden and stole some brinjals and gave them to their mothers respectively.

The first mother cut the brinjals and made a tasty preparation. Her daughter enjoyed what her mother had made. Each day thereafter this girl went and stole something and she grew up as a thief.

The second mother wanting to teach her daughter a lesson prepared a dish using the brinjals. Instead of making it tasty like the first mother, she cut along with the brinjals bitter gourds. The little girl could not eat the vegetable and never again went to steal.

The girl concluded by saying that what the mother teaches so will her children grow up and emphasised the important role of parents.

The Programme Output

Based on the various inputs provided the following is the total output of the programme:

Staff Capacity Building	-	5
Staff and student orientation programme	-	45
SHG Representatives Trained	-	236
SHG Members Trained	-	682
SHG Special Programmes for women	-	3264
SHG Street Play - Audience	-	4605

Post Evaluation

Initially the service providers were asked their opinion on the best methods of community education provided. Street play and community organised programmes ranked the best. As these were very effective programme flash cards, flip charts and messages on pamphlets came very low in perceived effectiveness.

The one day programme planned by Self Help Group was probably was the most effective learning outcome. From this programme it could be concluded that this can be replicated in other community behaviour modification programme.

This one day programme ensured the involvement of school children, adolescents, men, grand parents, mothers and even the unmarried women. When the community was asked on their feed back on the parenting programme they indicated that the tremendous change among their husband's in their support to parenting was totally unexpected and surprising.

In conclusion this parenting programme involving Self Help Group women was a successful attempt at changing parenting behaviour. Community participation and ownership of the programme was established with people of all ages taking part. The role played by men was beyond our expectations.

EXECUTIVE SUMMARY

CAMPAIGN TO PROMOTE AWARENESS AND ACTION ON NUTRITIONAL STATUS OF RURAL CHILD IN TAMIL NADU THROUGH IEC ACTIVITIES

TNVHA – NIP PROJECT

SINCE 1971

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EXECUTIVE SUMMARY

PILOT PROJECT ON PARENTING & NUTRITION

INTRODUCTION

Family which is the fundamental unit of the society has undergone tremendous change during the last few decades. Indian society which is unique for its joint family system has undergone a major shift; joint family system was taken over by the nuclear family system. Life as such seems to be very fast changing and dynamic. Family conversation, face to face contact, frequency of family members eating together, spending leisure hours together and so on are reduced considerably. Similarly parenting and nutritional practices, especially for the children below 3 years have undergone significant changes over the last few decades, due to remarkable drastic changes in human life styles.

On account of these changes, children, especially the below 3 years category have been deprived of care which has scientifically proved to have affected the development of the child. There is now an urgency felt to look into this matter as the children cannot wait for tomorrow. There is a strong need to sensitise the families, communities and society at large on the importance of care for the children from foetal state through the early years.

A group of concerned individuals and organisations which frequently met together and discussed on this subject of parenting and nutrition initiated a network called Network for Information on Parenting (NIP) to address the parenting and nutritional issues specific to children below 3 years. The Tamil Nadu Voluntary Health Association (TNVHA) which is a networking body in the promotion of community health has been also one of the active members of this network, since its inception.

In 2001, TNVHA has been chosen as one of the partner organisations for the implementation of a Pilot Project on 'Campaign to Promote Awareness and Action on Nutritional Status of Rural Child in Tamil Nadu through IEC Activities'.

Under the able guidance of Network for Information on Parenting (NIP), the Tamil Nadu Voluntary Health Association undertook this pilot project through its 10 member organizations in 5 districts of Tamil Nadu (Nagapattinam, Erode, Tiruvannamalai, Virudhunagar and Sivagangai). From each district 2 FNGOs were identified based on their previous as well as current work experiences with women groups and children. Of the 10 Field NGOs (FNGOs) identified one FNGO has dropped out due to pressure to complete the other on-going projects of the organization.

General Objective

To improve the nutritional status of children below 3 years through training programmes and IEC activities of community groups.

Specific Objectives

1. To build the capacity of NGOs, community leaders in Parental Practices for ECCD.
2. To create awareness among the community to prevent low birth weight, mal-nourishment among children below three years during normal days and when they are sick, in their area.
3. In the training to assess the nutritional status of children below 3 years and to understand the knowledge, perception, attitude and behaviour of the mothers in regard to the nutritional care (feeding practices) of their children.
4. To campaign and advocate the families to change food habits using locally available nutrients.
5. To motivate mothers to utilise locally available Government services for ensuring nutritional health of their children.
6. To document all the informations for future reference and activity.

METHODOLOGY

Strategies and Activities

1. Identification of field NGOs
   - Selecting the Districts

- ➢ Briefing the Potential NGOs about the TNVHA's Pilot Project on Parenting and Nutrition
- ➢ Inviting Applications
- ➢ Screening and Short-listing of NGOs
- ➢ Finalising the NGOs

2. Capacity-building of NGOs

- ➢ Training of Master Trainers
- ➢ Orientation to Stake-holders of the Project
- ➢ Providing Training to
  - Head of the NGOs & Senior Staff
  - Staff of the field NGOs and Leaders of Women's SHGs
  - Training on Use of IEC Material
    - Flip Chart
    - Age-specific Nutrition Schedule
    - Guidelines for Organising Activities at the Village-level
    - Other Material
- ➢ Training to Staff of field NGOs to document the progress of children below 3 years.

1. **Campaign by FNGOs**
   - Organising Training to Staff
   - Meetings with CBOs, especially women's SHGs and Organising Health Camps
   - Family Visits and Monitoring the Nutritional Status of Children.

2. **Building Linkages with Structures and Services**
   - Facilitating Discussion among the Women's SHGs and other CBOs
   - Utilising the Services of PHCs / ICDS / TINP / Other Private, Volunteer and Govt. services.

3. **Documentation of the Process**
   - Preparation of Family Profile
   - Monitoring Child's (below 3 years) Growth and Development
   - Recording of Case Studies
   - Sending Monthly / Quarterly / Final Reports to TNVHA

4. **Dissemination of Information**

- Sharing in Different Forums (such as district consultations, local news papers, magazines, local cable T.V., TNVHA Newsletters and other medias)

Documentation and Reporting

This being an 'action-process study', the FNGOs had a major responsibility of documenting the process evolved by them in their work and report the same to TNVHA in time. Necessary guidelines and formats for reports were given to the field NGOs for documentation and reporting.

Criteria used for Selecting Field NGOs for the NIP Project

- Member organisation of TNVHA
- Organisation must have MCH component in their on-going work
- Availability adequate staff to carry out the NIP Project
- Organisation should have trained / experienced staff in MCH
- Organisation must be working with women's SHGs
- Staff to have regular field / house visits in their work
- Organisation should have financial stability in the continuation of the project.
- Willingness of field NGOs to take up the work.

Role of Project Co-ordinator

- Identification of FNGOs
- Organising training programmes to FNGOs (for capacity building)
- Monitoring the FNGOs and their documentation
- Reporting

Role of FNGOs in NIP Project

1. Identification of Project Area
2. Enumeration of women with children below 3 years.
3. Providing training to their staff on issues pertaining to parenting and nutrition.

4. Providing training to the parents having children below 3 years and the significant others.
5. Monitoring the families with children below 3 years old.
6. Creating linkages with the existing structures and services for promoting parenting skills and nutritional practices.
7. Collecting and Documenting of Information related to Parenting and Nutrition. This include
    - Current child rearing practices and
    - Care of children during illness
    - KAPB of parents and significant others before and after the intervention.
    - Recording of information and reporting the same to the respective DRCs, secretariat of TNVHA in the given format on monthly, quarterly basis as well as a consolidated report at the end of the project period.

Role of the Zonal Officers

- Keep track of the field NGO's programme schedule in relation to NIP Project.
- Enable the field NGOs to design an appropriate medium / tool for disseminating the parenting and nutrition messages.
- Orient the organisations for proper use of IEC material provided to them.
- Verify whether the process evolved and used is in accordance with the requirement and confirm that reporting to TNVHA is regular.

The Process

In order to document as well as to take up intervention activities, the head of the implementing organizations and the field level staff were trained separately on parenting and nutrition concepts as conceived and developed by NIP and also on the methodology of the implementation of the project. A two-day orientation programme to 10 implementation organisations was organised on 28th & 29th August 2001 at ICSA, Chennai. Of the 20 participants expected, 19 attended the programme. Separate report (Ref. Annexure II) was made available to the NIP Secretariat, soon after the orientation programme. Again a two-day training on 13th & 14th September 2001, to the senior staff and leaders of women's self help groups, a training was organised. Twenty eight

participants attended the training. (Ref. Annexure III) This was also already reported to the NIP Secretariat, after the training. The implementing organizations were also provided with

- tools for collecting basic information about the project (Form A, B_1 & B_2).
- tools for documenting the parenting and nutrition practices at the beginning of the intervention program (Form C_1 and C_2).
- tools for monitoring and reporting the intervention program (Form D_1, D_2, E_1, E_2, F_1, and F_2)
- tools for studying the effectiveness of the intervention and IEC materials utilised (Form G, H & I) for enabling and supporting the community intervention activities.

The following is the list of IEC material provided to FNGOs of NIP project :

1. 'Learning Through Play' (Birth to 3 years) - Flip Chart (Tamil version)
2. Booklet on Age-specific Nutrition to Children below 3 years (NIP - IEC)
3. 'Annaiku Atharavu' - (a handbook for promoting breast-feeding) - by M.S.S.R.F., Chennai.
4. 'Engal Madal Ungaluku' (3 Nos) - TNVHA Publication - Topics covered are 'Importance of Immunization', 'Declining Sex Ratio', Violation Against Women (statistics) and Nutrition'.
5. TNVHA posters (3 Nos) each on Female Infanticide, Foeticide & MCH
6. Handouts
   - Issues related to women (4 Nos. - Printed by TNVHA)
   - What is parenting (translated from Unicef's Booklet on 'The Challenges on Parenting')
   - How malnutrition affects the child's intellectual development? (Translated from Unicef's booklet on 'The Challenges of Parenting')
   - Partners in Parenting (Translated from Unicef's booklet on 'The Challenges of Parenting')
   - Main messages to be given in NIP project.
7. Booklet on Nutrition (TNVHA Publication)
8. Core messages developed for the NIP project by RUSHA, Vellore.
9. 'Petrore Kuzhandhai Valarppu' a set of Flash Cards on Parenting produced by RUSHA Department, CMC & H, Vellore.

- tools for assessing the effectiveness of the IEC material, learnings of different stakeholders and feedback on utilisation of government services (Form G, H&I) and
- counselling and guidance services through the Project Coordinator and Zonal Officers of the respective region for better implementation of the project.

Orientation to Implementing Organisations

During the intervention period, in the months of November and December 2001, the Project Coordinator made an on-the-spot visit to all the implementing organisations and conducted an one-day orientation programmes.

Monitoring the Project

The Field NGOs, soon after the training programme, were asked to present a tentative programme schedule to State Secretariat of TNVHA and a copy to its Zonal Officers who work at a cluster of districts as facilitators for building the capacities of field based organisations and institutions.

The Zonal Officers of TNVHA visited the implementing organisations, at least twice during the project period to monitor the field activities connected to the pilot project on promotion of favourable parenting and nutrition practices. Such monitoring visits provided opportunity for checking if the implementing organisations are proceeding as per the expectations, guide them to adopt innovations in the interventions and also check if the organisations are regular in reporting the process to the state secretariate of TNVHA.

The Expected Roles and Responsibilities of FNGOs

The FNGOs are expected to

- identify the target for the intervention
- document the parenting and nutrition practices
- disseminate information on parenting and nutrition by adopting different innovative strategies to the target communities and groups.

- provide feedback about IEC material for further improvement
- share their experience with other organizations implementing NIP pilot project for mutual learning.

The Intervention Period

The FNGOs have executed their intervention activities during October 2001 - March 2002.

Analysis of the Data

TNVHA consolidated the reports submitted by the FNGOs and the following is the final report of the pilot project on parenting and nutrition.

The basic information about the project is given in Table 1 were organisation wise details of target covered. These informations were collected in 'Form A' at the beginning of the project.

DOUBTS RAISED DURING THE INTERVENTION

There were hundreds of questions and doubts raised during the period of intervention. They are classified under some headings. All questions are not given here. Only samples of them are presented below:

I. Breast-feeding

- When not getting breast milk, what to do?
- When mother is sick, can she breast-feed the baby?
- How long to give breast milk?
- Are the modern women not having enough breast milk?
- If the milk gets clogged, what to do?
- What to take for more milk to secrete
- If a woman gets pregnant while feeding the first child, can she continue to breast-feed?
- How many times to give breast milk?

One mother who suspects here husband to have HIV wanted to know if she could breast feed her baby. She was advised to express breast milk, boil and give.

II. First Feed to baby

- Can donkey's milk be given to baby as soon as it is born?
- Can bottle milk be given?
- Why sugar water should not be given?
- What are the benefits of colustrum?
- Can cow's milk be given?

III. Weight Monitoring - Growth

- What to do if the child is below normal weight (LBW)?
- Will the baby's weight reduce, if weight is monitored?

IV. Feeding

- Can fish, meat be given to child?
- Feeding gripe water, Castor oil
- Child eating sand - how to stop
- Feeding Horlicks, Boost
- When to start complementary food?
- More about 'sathumavu'

V. Bathing

- Use soap, shampoo
- Give oil bath
- Giving hot water bath

VI. Normal / Disability / Other

- Why there is development delay?
- Reasons to avoid marriage between relations
- How to know if the child born is normal?
- Feeding child which has not shown growth

- Is the child sensitive from birth?
- Why the hair is brown?
- What is the need for immunization?
- Pressing the nipple after it is born is it right?
- If the infant gets jaundice, can one show the baby to the sun?

VII. Childhood Diseases & Health Problems

- Discharge in nose or growth
- Measles - signs and symptoms
- Management of fever
- Low appetite
- Immunization
- Reason for pale face of the child
- Getting wounds
- Giving allopathic treatment

Disease & other - Feeding, bathing, etc.

VIII. Whether eating certain food items, will make child ill?

- banana - cold
- Diet during diarrhoea
- Giving oil bath
- Giving incense (Sambirani) to child
- Using ISM
- Bedwetting
- If a child was not immunized for 2 months what to do?

IX. General

- Why child suddenly becomes sick?
- Some traditional beliefs - their interpretation
- How to plan child development?
- How to weigh the child?

Parental Practices

- Attitude of parents
- Behaviour - specially fighting in front of the child

The Tamil version of the 'doubts and clarifications' given were in detail in ANNEXURE I.

'Form E' was used to report about the child rearing practices in the family on monthly basis by the implementing organisations. The data collected include status of breast-feeding, weight of the child, health status of the child, details of complementary food given, type of food given during illnesses, father's support during the time of child's illness, grand parents' support during the time of child's illness and the support extended to the mother by the husband and the grand parents at the time of child's illness. The following tables describe each aspects one by one.

Data were collected both for male and female children separately to study if there is gender bias with regard to breast-feeding. The following table depicts the breast-feeding practices during the period of project implementation.

FEEDBACK OF IEC MATERIAL UTILISED IN THE PROJECT

Form G was used to collect feedback pertaining to the utility value of IEC material made available to the implementing organisations for disseminating information on parenting and nutrition.

Feedback of IEC Materials

Sl.No.	Particulars	Respondents / Responses	Flip Chart	Handout	Flash Card
1.	For whom the IEC materials were utilized?	Pregnant Mother Lactating Mother Adolescent Girls SHG Women Grand Parents	5 9 4 9 2	9 9 3 9 3	4 9 4 9 9
2.	Were you able to handle the IEC material easily?	Yes No	9 -	9 -	9 -
3.	Were the target group able to understand the message easily?	Fully Understood Partially Understood Not Understood	9 - -	9 - -	9 - -
4.	Were the messages conveyed through the pictures clear?	Clear Not Clear Not Answered	9 - -	- - -	9 - -
5.	Were the informations clear ?	Clear Not Clear Not Answered	- - -	9 - -	- - -

From Table 29 it is observed that the IEC material namely the flip chart, hand out and flash cards were used for various target groups like pregnant and lactating women, adolescent girls, women in self-help groups and grand parents. The community health workers had expressed that they were able to handle the IEC material easily and the messages to be conveyed through the flip charts, hand outs and flash cards were clear.

Suggestion for Improving the IEC Material

Flip Chart

Printed immunization schedule could have been much useful, if attached with the Flip Chart.

Handouts

List of nutritious food preparation, if added could have been much useful.

Flash Card

More details on nutrition can be added.
Importance of hygiene should also be stressed in the reverse of flash cards.
More information on roles and responsibilities of father could be added.

Additional Comments

Video cassettes on parenting and nutrition can be screened for effective communication and dissemination of information. Video cassettes need to be made.

Follow up of NIP Project is needed.
Support should be continued to make this programme more effective and useful for many others.

Feedback from Implementing Organisations Regarding the NIP Project

Form H has been used for collecting feedback on the impact of the NIP Project:

All the 9 implementing organisations have stated that

- their staff have acquired knowledge and skills on promoting parenting and nutrition practices among their target community.

The women's leaders expressed that they have learnt

- the importance of maintaining families with child friendly atmosphere.
- to internalise gender equality
- educate the family members on favourable parenting and nutrition practices.
- the necessity of training their group members on immunisation, prenatal, neo-natal and post-natal care.
- about training their group members on diarrhoea management
- about the development milestones
- the importance of stimulus for the development of the child.

The Members of Women Groups have learnt

- the importance of exclusive breast-feeding upto 6 months and the importance of colustrum to the new born child.
- duration and frequency of breast-feeding
- the age-specific nutrition for their children
- the importance of weighing their children periodically,
- the development milestones of children.
- the importance of play and stimulation in learning
- to tell their child's age
- the importance of immunising their children against certain specific diseases.
- the importance of Joint Family system for the growth and development of children.
- the roles and responsibilities of father and other family members in the up-bringing of the children.

The parents of the children monitored learnt

- to listen to their children.
- the importance of colustrum
- the importance of exclusive breast-feeding, frequency of breast-feeding and complementary food.
- the art and science of child care
- the importance of play in the learning process
- the importance of stimulus and activity based learning
- the role and responsibilities of father and family members in the parenting process
- to differentiate between the favourable and unfavourable child rearing practices
- about the preparation of complementary food
- the importance of child birth in hospital or delivery to be attended by trained persons.
- the importance of monitoring the growth and development of the child
- the importance of immunisation
- the importance of mother and child-friendly atmosphere in the family
- about management of diarrhoea
- about child care services by the government.

The implementing organisations have

- learnt the revealing part of concepts like 'Parenting and Nutrition'
- learnt to monitor document and report their intervention with their target communities.
- learnt to integrate parenting and nutrition programme in their health programme
- learnt to disseminate the knowledge on parenting and nutrition using different strategies.
- learnt to mobilise people's participation for the successful intervention
- learnt to share the learnings and experiences with other organisations and those concerned about child development.
- built congenial relationship with the target community, especially with those families and children being taken up for monitoring.

Form I was used to collect data on government services utilised by the parents for their child development. The following table describes the same.

All were getting Nutrition food (Sathurundai) from the Balwadis. But for four months during the time of intervention Government has stopped giving nutrition food.
Monitoring the weight of the child is not done in the Balwadis regularly.

Coverage of Children with Disabilities in the Project

Orgn	No. of Children with disability		Referral for these children with Disability
	Already Identified	Identified during this program	
BMFWF	1 (CP)	1 (Visualy impaired)	1
Peace	-	-	-
USSO	-	-	-
SUS	2	-	2
PCTC	-	-	-
CSI	-	2	2
Blossom	-	-	-
ODAM	-	-	-
CHIRPE	-	-	-

No. of Public Programmes Organised

Orgn	No. of Public Programmes Cultural org.				
	Culturals	**Baby Show**	**Street Play**	**Any other**	**Total**
BMFWF	-	2	-	-	2
Peace	3	4	2	2	11
USSO	4	4	-	2	10
SUS	-	1	1	1	3
PCTC	3	2	10	2	17
CSI	6	6	-	48	60
Blossom	-	1	-	36	37
ODAM	-	1	-	30	31
CHIRPE	-	1	-	42	43
Total	16	22	13	163	214

From Table 31 it is understood that of the 640 children monitored, 5 are children with disabilities and they have been provided with referral services.

With regard to number of public programmes organised, it is revealed from Table 39 that only 8 organisations organised public programmes.

Involvement of Husbands and Women Groups

Implementing Organisations	Involvement of Women Groups	Improvement in the Involvement of Male (husband)
BMFWF	Information sharing to family members	Yes
PEACE	Practicing with their own children	Yes, by spending time with child and wife
USSO	Participation with full involvement	Yes, by way of participating in the activities of NIP
SVS	Actively participated in all activities	Yes, improved
PCTC	By participating in group meetings	No, but very little effect
CSI	By educating mothers, making kitchen garden	Yes, by spending time in household works
BLOSSOM	Taking part in the meetings and trainings organised	Yes, by sending their spouses to attend the meetings
ODAM	Taking part in the meetings and trainings organised	Yes, by sending their spouses to attend the meetings
CHIRPE	With involvement the women took part in the meetings and training programmes.	Satisfactory

Varied positive responses are noticed with regard to the involvement of the husbands and women groups in the parenting and nutrition promotion efforts.

MAIN FINDINGS

Basic Information

1. Nine per cent of the women and 4 per cent of the men were below 20 years. On an average, 7 per cent of the parents of the children monitored are found to have got married in their early ages, i.e. 15-19 years.

2. Most of the parents (80 per cent) whose children were monitored in the project were found in the 20-34 years age group.

3. Nearly half were non literate. More than one-fourth (26 per cent) of the parents are illiterates and another 20 per cent had attended only Primary School. Very negligible percentage of the parents studied beyond their school studies. Dropouts were found to be high at the primary and secondary stages in both sex.

4. Most of the parents (92 per cent) whose children were monitored are from the Hindu religion, 5 per cent of them are Christians and 3 per cent are Muslims.

5. A majority (54 per cent) of the parents are agricultural coolies, 14 per cent of them are involved in agricultural operations in their own lands, 38 per cent of the mother are reported to be house-wives, 13 per cent of them are engaged in various occupations like tailoring, petty business, govt. employees, private employees and construction workers.

6. Most of the families are from economically backward status. 40 per cent of the parents live in huts, 46 per cent in tiled houses and only 14 per cent have concrete houses. In this 91 per cent of the parents live in their own houses and 9 per cent in the rented houses.

7. Of the children taken for intervention and monitoring 12 per cent fall in the below 3 months age group, 28 per cent in the 7^{th} to 1 year age group, 35 per cent in the 1 yr to 2 yr age group and 25 per cent fall in the 2-3 years age group.

8. More mothers (65 per cent) than fathers (18 per cent) were exposed to health education during the pre-intervention period.

9. More than 70 per cent of the parents contacted the Nutrition Centre for one reason or the other. Immunisation, nutritious food and organising of women groups are some of the purposes for which the Nutrition Centres have been contacted by the parents.

10. All mothers have expressed their willingness to care for their children and but 15 per cent of the fathers have expressed their reluctancy in caring their children.

Details about the Children

Place of Birth

11. With regard to birth place of the child, most were born at Government Hospital, 17 per cent of the children were born at home and 28 per cent at the private hospitals.

Birth Weight

12. 16 per cent of the target children's weight at the time of birth is less than 2-5 kg, of them, girl children are slightly high. Sixty per cent of the children were in the 2-5 and 3 kg, 14 per cent of them were above 3 kg and 10 per cent of them did not weigh their children.

Initiation of Breast-feeding

13. Most of them gave colustrum on the first day. Thirty six per cent of the mothers initiated breast-feeding within 30 minutes of the child's birth, 32 per cent of them between 30 and 60 minutes, 20 per cent of them between 1-2 hours. Three per cent of them have initiated breast-feeding after one day and 7 per cent of them between 2 hours to 12 hours of child's birth. No significant gender difference was seen with regard to initiation of breast-feeding.

14. Sixty two per cent of the parents have admitted that they have given sugar water, 27 per cent have given honey and 11 per cent have given items like cow milk, sugar water and so on, at the time of birth.

15. Twenty five per cent of the mothers have breast-fed their children even after 2 years, 35 per cent of them for 1 to 2 years, 12 per cent of them for 6 months and 28 per cent of them for 7-12 months.

Immunisation

16. The parents have, in general, given importance for immunisation, but there has been a declining trend seen with regard to administering of DPT and Polio Drops for the second and third time. Only 27 per cent of the parents have given Vitamin A.

Complementary Food

17. Among the children of 4-6 month age group, 78 per cent were not initiated with complementary food. Among the 7-9 month age group, 61 per cent of them were given complementary food and among the 10-12 age group 96 per cent had complementary food.

Health Status of Children (Trend Observation)

18. Gender difference is not noticed with regard to complementary food given to children.

- Green soup was given to children only by 13 per cent of the parents, only 32 per cent of them gave fish and meat to the children.
- But biscuits were fed to children as complementary food by 86 per cent of the parents.
- 42 per cent of the parents used tined food as complementary food.

19. Data with regard to frequency of feeding the children shows a positive trend. Most of the parents (49 per cent) have the practice of feeding more than 4 times a day. 39 per cent of the parents have the practice of feeding 4 times a day and 12 per cent 3 times a day.

20. Orientation on 'Parenting and Nutrition' was given to parents and women groups every month during the intervention period. Every month more than a minimum of 119 women groups and a maximum of 131 were covered under the orientation programme. Number of parents oriented on parenting and nutrition every month range from 763 to 1169.

21. More than 90 per cent of the families were covered with follow-up activities in each month of the intervention period.

22. Monitoring the child's health, including weighing of the child was cent percent followed-up each month by the implementing organisations.

23. During the early intervention period the percentage of children found below the expected weight were calculated as 38 per cent which has been reduced to 21 per cent at the end of the intervention. Similarly percentage of children affected by diarrhoea has been reduced from 36 per cent to 16 per cent, percentage of children having fallen sick due to fever and cold were reduced from 58 per cent to 48 per cent.

Breast-feeding Practices

24. It is quiet very positive observation that exclusive breast-feeding is reported among the children below 4 months.

25. Breast-feeding is continued upto 1 year to all children under monitoring. Breast-feeding is gradually stopped in the 1-3 years age group.

Weight

26. During the intervention period, the number of children whose weight have been observed as "above 80%" have increased from 12 to 21 per cent for girls, 9 to 19 per cent for boys. No. of children who were at the 1° & 2° malnutrition have found to be static but children with 3° malnutrition have been reduced from 39 per cent to 24 per cent for girls, 37 per cent to 25 per cent for boys.

27. The perception of the parents about child's health has been positively increased from 46 per cent to 63 per cent for both boys and girls. Likewise the percentage of parents who have rated their child's health as 'bad' has been reduced from 14 per cent to 5 per cent.

Complementary Food

28. Children taking biscuits as their complementary food has been reduced from 157 to 12 children over a period of 6 months. Similarly, the number of children fed with tined food were reduced from 235 to 130. Except food items like biscuits and tined food, the other food items fed to children were considerably increased. On the whole, a positive trend has been noticed with regard to the pattern of intake of complementary food.

Illnesses

29. No. of children having fallen sick to fever, cold & cough, jaundice, diarrhoea and measles have been observed to be fluctuating but being in the declining trend over a period of 6 months.

Management of Diarrhoea

30. No. of parents who have used ORS for management of diarrhoea has been significantly increased from 33 to 102. Breast-feeding is not increased to manage diarrhoea.

31. During the intervention period a positive trend has been noticed with regard to support extended by the husbands and grand parents. With regard to accompanying the mother by the husband to the hospital was reported to be 34 per cent which has increased to 83 per cent, similarly the support extended by the grandparents have increased from 15 per cent to 43 per cent. Helping the mother in the household activities by the husband has increased from 8 per cent to 39 per cent, similarly help extended by grand parents has increased from 18 to 42 per cent. Similar trend also noticed in taking care of the child which the mother was taking rest.

Family Atmosphere for the Lactating Mothers

32. Positive trend has been reported with regard to the family atmosphere in the following; during the pre-intervention period only 10 per cent of the mother reported to have congenial atmosphere in the family and this has been sharply increased to 48 per cent at the end of the intervention period.

33. Number of husbands who have extended support to their lactating wives has increased from 52 to 213 during the 6 months intervention period. Similar trend is also recorded with regard to help extended to the lactating mother by the grand parents and others.

34. Supported extended to the lactating mothers by neighbours and friends by way of playing with the children, feeding and bathing the children have increased during the intervention period.

35. Children having fallen sick to diarrhoea have decreased from 36 per cent to 16 per cent.

Management of Diarrhoea

36. Number of parents utilising ORS for diarrhoea management has increased from 14 per cent to 43 per cent and another positive trend that would be inferred is that the number of parents having gone to the hospital for treatment of diarrhoea has slightly increased.

Parenting Practices

37. More mothers than fathers were found to be patient while feeding the children.

38. Mothers spend more time with their children. They are very loving, singing lullaby and cuddling their children than their spouses.

Fathers at times brought play material for their children. More mothers than fathers spend time in telling stories to the children, responding to their questions, help in redressing fear in the minds of the children and play with their children. Both fathers and mothers have expressed to have helped the children in motivating than for learning.

Feedback on IEC Material

39. All the 9 implementing organisations have utilized the IEC material made available for them. They have used the material for orienting women groups, pregnant and lactating mother, adolescent girls and grand parents.

All have expressed that they were able to handle the material easily, the message conveyed were comprehensive, the messages intended to be conveyed through the IEC material were clear.

Suggestions put-forth by the implementing organisations :

Feed Back of IEC Materials given

In the end of the project a format was sent to the implementing NGOs to get feed back regarding the IEC materials used during the health education and awareness programme. Form G was used to collect this information. The following questions were asked:

1. To whom the IEC materials were utilized?
2. Was it easy to use the materials - Flipchart, Flashcard, and Handout
3. Were the parents and women able to understand the content
4. Were the pictures clear
5. Was the information given clear
6. Suggestion for change in each material
7. Any other information

The following are the suggestions from this.

- Printed immunisation schedule could be much useful, if attached with the flip chart for easy reference.
- In the handouts, list of nutritious food preparation could be added.
- More details on nutrition could be added in the flash card.
- Importance of personal hygiene and more pictures on roles and responsibilities of father could be much useful.

40. Implementing organisations have expressed a list of learnings from the implementation of the parents and nutrition project. They have also listed what the leader of women group

have learnt and members of women groups have learnt, the learnings of the parents whose children were monitored and so on.

41. It is found that of the 640 children taken for monitoring 5 are children with disabilities.

42. All the implementing organisations have organised public programmes in relation to the promotion of parenting and nutrition practices.

43. Implementing organisations of NIP project are very positive about the involvement shown by the members of women groups and husbands of lactating mothers in the efforts to improve the parenting and nutrition practices.

LEARNINGS FROM THE PROJECT

1. The NIP Project to campaign to promote awareness and action on Nutritional Status of Rural Child in Tamil Nadu through IEC activities had much learning in various quarters. The reports and module prepared by TNVHA as an outcome or documentation were written using the data collection format are given in findings. But many experience and learning related to NGO activities, health education and IEC materials are given in learning which is not given earlier.

   This project had made some criteria before selecting the NGOs. This included that the NGOs should have been already active in health field, had trained staff.

   Learning : Inspite of the pre conceived notion that if we select trained and equipped NGOs, there was a need to train them again.

   - To use health education materials
   - To go indepth in health education
   - To closely monitor those who were selected and given health education
   - Specially to concentrate on parenting technique and focus on behaviour change

2. NGOs could be motivated to integrate indepth strategy to promote parental practices in Child Care and Development.

3. The insight from the project is that with appropriate, motivated organisations this project could be a success.

4. Appropriate organisation should be already working in the area of mother and child care, have staff and volunteers trained in this field, have a regular community activity with health education, home visits, women's group, etc

- TNVHA also learnt that so far the health education conducted by NGOs did not have indepth follow up or strategies to ensure behaviour change.

5. **Capacity Building**

The NGO trainers and health workers were well experienced in MCH activities.

a) Learning : But this project showed that there were many areas not covered by them during the health education and that is why there were nearly 200 doubts collected from parents.
b) This project also helped the health workers to document their activities, the impact and outcome better. So, was able to collect much information given in the report of the project.
c) The health education method using flip chart helped the health worker to focus on issues better than just generally giving information on MCH.
d) The attitude of the health workers also changed while they used the flip chart and learnt parenting skill. From giving importance only to mothers as care givers they learnt that the involvement of both parents and also other family members were important.
e) This training was also gender training. The role of father in care of child was emphasized. And the health workers for the first time included it in their work.

f) The flip chart also kindled the imaginations of health workers. They had many interesting interpretation for the flip chart.

- This study cum intervention project had close follow up and support mechanism that even in short duration could bring some changes in the parental practices. If it was done for a longer duration there will be definitely a marked change in the community.

6. Community

This was the first time TNVHA was involved in study cum intervention project in the area of parenting for health of the child. So, the study pointed out some interesting learning.

Child Health : Till now the health education and focus of child health was in the area of physical health – weight, breast milk, immunization, etc. But in this project other area of health was also included. Also the action questioned was related to these issues only.

Holistic health and activities:

This project gave scope for going beyond physical health. The flip chart and the exercises helped people to visualize the various aspects of growth and development. Specially the tasks and the activities that to be carried out by the family members.

7. First feed to the child

Usually all asked if colustrum was fed and for this all answered yes or no. Also the time was asked. But there was no questions in other studied or in the experience of health worker asking regarding giving any other feeding at the same time.

In this project they were asked about this and it was found that 62% gave breast milk within the hour, also other honey, sugar water was given by 62%. But the investigator could not get the opportunity on how many of those breast-fed gave these.

8. The study showed that parent tried to follow practices that were easy for them to carry out as well as what they felt was good for their children. Thus already prepared modern biscuit was preferred to home made Kanji.

9. Most people including NGO, staff and families felt the mother was the main care giver.

10. The role of father and men was not at all felt as important.

11. Psycho-social Development

- The parents and health workers expressed that this was the first time they learn about holistic development that is regarding psychological aspects, cognitive, emotional and social relationship as part of development. And how the family environment helped this.
- They also did not relate brain and cognitive development in the early stage of growth.
- The need for stimulation for the growth of the brain was new concept. The contribution of nutrition for this also new to them according to the feed back from the health workers.

12. Most know about physical growth, milestones in the child development. But information about brain growth, social and psychological needs were not known to any.

13. The need for stimulation for the growth of the brain was new concept.

14. The health workers also realised that there is a need for close intervention in the community where most are illiterate to improve the nutritional status of the children.

This study also showed that this intervention could be replicated in other area.

15. Health Education Materials

During the training programme, the health workers appreciated the flip charts. During the visits for monitoring also they said it was easy to use among the people.

The pictures and messages were self-explanatory in some aspects. But the interpretation for holistic aspects had to be given. But the activities that to be followed were very clear. But they felt the flip chart and the flash card did not have enough on nutrition. Details of feedback are given in the annex.

On the whole, the project had many learnings. But for some one to verify there was not time especially in the behaviour of family members. Some of them are given below. There were many constrain in this.

16. Constrain

In this also there were questions not able to be rechecked like the reasons of fathers not able to contribute. Some feedback was their work and work timing did not give time for spending with the child.

Like this there are some questions that can be answered only when the team goes back now for follow up.

Conclusion

This study cum intervention project has shown that with proper training, tools, encouragement and monitoring the health promotion activities can yield good result. This project is replicable and can be used to not only to promote parental practices but also for the promotion of nutritional status of children.