Right From The Start

Impact of a caregiver education programme for holistic child care for the birth to three years age group in rural Maharashtra

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Introduction

Research has clearly established that the early years - birth to 3 years - are the most critical period in the human development cycle. Infants and children learn more quickly, and develop more rapidly in the first three years of their lives than at any other time. This is particularly the case if they receive love and affection, attention, encouragement and mental stimulation, as well as nutritious meals and good healthcare. Significant deficits during this stage may be very difficult to reverse later.

Optimising overall development during these early years involves a combination of appropriate health, nutrition and psychosocial interventions. Research studies have highlighted that it is this combination of interventions that has a positive and synergistic impact on the physical and psychological development of children. Since most babies and very young children spend most of their time with their families, their overall development is largely determined by what their parents and other caregivers provide, or fail to provide.

While all caregivers focus on health and nutrition of children in the age group birth to three years, it has been universally observed that many from disadvantaged communities do not pay similar attention to mental stimulation and overall interaction with their infants. This is primarily because they do not understand the significance of psychosocial stimulation as a critical component of child development. This lack of understanding is also reflected in many Early Childhood Care and Development (ECCD) programmes. While health and nutrition education generally features in programmes for caregivers from economically and socially disadvantaged backgrounds, education related to the psychosocial development of their children receives limited or no attention.

Consequently, the Centre For Learning Resources (CLR) began one of the first attempts in the country to integrate all three aspects of care, viz. health, nutrition and psychosocial stimulation for the under-3 age group in a programme of home-based caregiver education. Whereas considerable material already existed in health and nutrition, the status of early infant stimulation in poor families needed to be studied before developing an integrated curriculum for such an educational programme. Therefore, in 1998, we conducted an assessment study of existing caregiving practices and knowledge of caregivers. This study entitled, "Mental Stimulation of Children in the Birth to 3 Years Age Group: A Home-Based Approach Linked to Urban Anganwadi Centres of the ICDS", was sponsored by UNICEF.

We then designed a comprehensive package entitled "Right From The Start", aimed at educating parents and other caregivers in disadvantaged communities about holistic child care, i.e. health, nutrition and psychosocial stimulation of infants in the birth to 3 years age group. The CLR also designed and conducted training programmes for field workers in the use of this package, equipping them to serve as 'communicators' to work with parents and families in home-based ECCD interventions implemented by NGOs and government agencies. This package of print and video training materials, and a mobile exhibition was developed in a number of Indian languages for direct use with illiterate and semi-literate caregivers. (Appendix 1 provides a brief description of the package for communicators, as well as the content of the training programmes, training materials and exhibition on holistic child care).

While the CLR has provided this package and training to many NGOs implementing caregiver education programmes in different parts of the country, its impact had not been assessed rigorously. Relying on the impressionistic evidence provided by these NGOs on its positive impact on caregivers was not enough. A more comprehensive study was required. The following is a brief description of this larger study entitled, "Impact of a Caregiver Education Programme Focusing on Holistic, Home-Based Child Care for the Birth to 3 Years Age Group".

Objectives of the Study

We undertook an 18-month caregiver education programme in the Mulshi block of Pune district. It was undertaken to empower parents and other caregivers of children in the birth to 3 years age group, by increasing their knowledge, skills and confidence in providing child care within their homes. In undertaking this programme, the CLR had three broad objectives:

- To adapt the existing generic CLR caregiver education package to the local context by introducing changes in various aspects of the materials and programme, and to document this process.
- To assess the impact of this contextualised caregiver education programme on the knowledge of rural caregivers with respect to reproductive health as well as health, nutrition and especially psychosocial development of children in the birth to 3 years age group.
- To evolve an understanding of practices, perceptions and other determinants of caregiving, before and after the CLR programme, with special reference to psychosocial stimulation of children in the birth to 3 years age group.

Research Setting and Sample

The research was carried out in three villages in Maharashtra, namely Chale, Kule and Chikhalgaon, in Mulshi taluka, Pune District. All three villages share similar historical backgrounds and geographical conditions, display similar cultural and social compositions and have the same economic characteristics - factors that were vital in understanding the impact of the programme on a set of caregivers belonging to a specific care-giving system and displaying a homogeneous set of attributes.

The baseline survey covered a total of 193 caregivers comprising 109 mothers, pregnant and newly married women, and 84 grandmothers. The endline survey consisted of 55 mothers and 42 grandmothers from the same 3 villages, who participated in the caregiver education programme. Both mothers and grandmothers were included in the baseline and endline surveys, as well as in the caregiver education programme, as they alternately took on the role of primary caregivers within their families.

Rapid Rural Appraisal and Baseline Survey to Understand Caregivers and Existing Caregiving Practices

A rapid rural appraisal (RRA) was conducted in all three villages in order to learn about the caregivers, their living conditions and the relevant issues that had a bearing on their responsibilities as caregivers of children. The appraisal also included attitudes and practices with respect to several factors that would have an effect on the health, nutrition and psychosocial components of the CLR caregiver education programme. A combination of learning and communication tools was used in order to execute this rapid rural appraisal. These included focus group discussions, mapping, transect walk and social mapping.

The baseline survey consisted of administering a 6-section questionnaire covering reproductive health and all three aspects of child care - health, nutrition and psychosocial stimulation. The first three sections were assigned to questions related to assessing the knowledge of health and nutrition of the pregnant mother, the infant and child respectively, based on national and international benchmarks. The remaining 3 sections were devoted to questions based on psychosocial development, the focal component of the CLR caregiver education programme.

Findings of the Rapid Rural Appraisal And Baseline Survey

The rapid rural appraisal, the baseline survey and initial discussions with informed respondents in the three villages brought out some important findings:

- Almost all mothers were involved in agriculture, and lived in joint families. While they were the primary caregivers, grandmothers were also involved in taking care of very young children. Men were rarely involved in caregiving.
- Interaction between caregivers and children was very limited and functional, as a result of a variety of factors such as availability of time, limitations of knowledge, traditional notions regarding child care, gender and social norms. For example, most mothers breast-fed babies in passive silence and seclusion, and were also reluctant to sing and play with their children in the presence of family elders.

- Knowledge and practice of infant stimulation was particularly limited. Almost all caregivers were of the opinion that learning takes place only much after birth, ranging from the age of one to entry into a balwadi / anganwadi, or even as late as primary school. Only 5% of caregivers were aware that young children begin to learn at birth.

- Knowledge of child health and nutrition, and pre-natal care was comparatively much higher. This seems to have been primarily due to government programmes, exposure to media and other environmental factors. However, behaviour did not reflect this knowledge, especially in the case of pre-natal care. For example, the intake of Iron Folic Acid supplementation by pregnant mothers was affected adversely by the prevailing community view that this leads to an increase in the size of the foetus, and consequently made deliveries difficult, including leading to a caesarian section.

Implementing the Caregiver Education Programme

Based on the findings of appraisal and the baseline survey, we were able to contextualise the care messages incorporated in the existing CLR caregiver education curriculum, making them more locale-specific to the 3 research villages.

CLR staff then conducted a training programme for the field workers and anganwadi workers in 15 villages, including the 3 research villages. They were trained as “communicators” in the use of the CLR Education Package. Each communicator in the 3 research villages subsequently implemented the caregiver education programme as follows :

- Conducting periodic meetings of parents, grandparents and other caregivers, 16 in all, to deliver messages related to reproductive health, as also to health, nutrition and psychosocial development of the under 3's.

- Conducting periodic home-visits, especially to homes of infants at risk.

- Targetting the village communities as a whole; through exhibitions and other awareness-raising activities related to holistic child care.

The entire education programme was spread over a year, ending in February 2007.

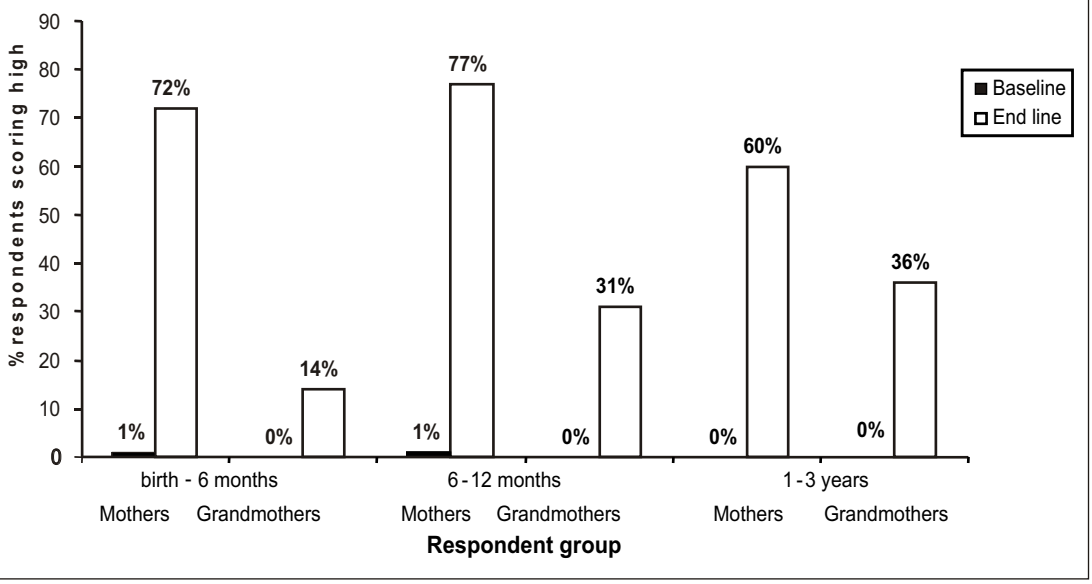
Impact of the CLR Caregiver Education Programme On Caregivers' Knowledge And Practices

To assess the impact of the caregiver education programme, an endline survey was completed in June 2007. The findings are given below.

Impact on knowledge of psychosocial development

The baseline scores in the following graphs indicate that prior to the caregiver education programme, almost no mothers or grandmothers could be rated as scoring high on knowledge of psychosocial development of very young children.

Percentage of mothers and grandmothers scoring high on knowledge of psychosocial development for 3 different age groups of infants and young children before and after the CLR caregiver education programme



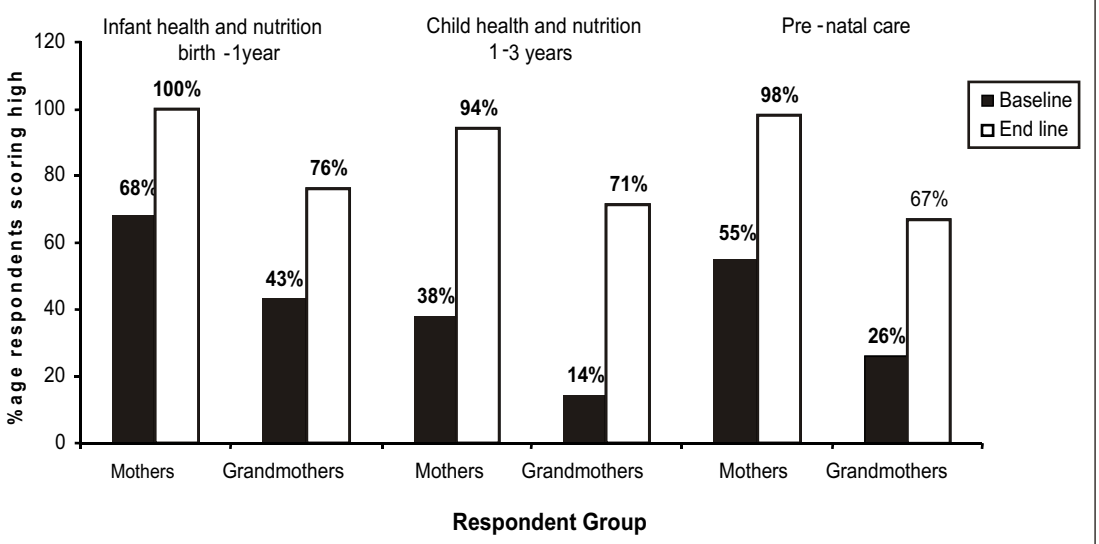
As the preceding graph indicates, the caregiver education programme resulted in a spectacular increase in the proportion of caregivers who could be rated high on knowledge of caregiver-child interaction at feeding / meal time, bedtime, bath time and play time, for all three age groups of infants and young children. This was especially significant in the case of mothers' knowledge of how to interact with babies in the age group birth to 6 months (72%), and babies in the age group 6-12 months (77%) respectively, with more formally educated mothers showing the highest gains.

Another significant and related finding was that there was a dramatic increase in the awareness that young children begin to learn at birth. In the case of mothers, a huge increase of 84 percentage points was registered after the programme.

At the start of the programme, caregivers provided stimulation only on demand, such as speaking to a child only in response to her demands, or handing a toy to a child to stop him from crying. Caregivers were barely aware of how to promote the social, emotional and cognitive development of the child. After the programme, they spoke of having developed several skillful and playful ways of engaging with children and providing an environment suitable for their psychosocial development. Several mothers reported concrete ways in which they had learned to interact with their babies and young children e.g. talking and singing to them; familiarising them with people, animals, plants and objects around them; teaching children how to carry out tasks independently, like bathing. Caregivers also developed soft toys and mobiles from materials found at home. They reported that their children had visibly benefited from these conscious interactions. These “reported” behaviours were based on focus group discussions, interviews and unstructured observations made during home visits that were part of the caregiver education programme.

Impact on knowledge of nutrition and health of infants and children, and pre-natal care

Percentage of mothers and grandmothers scoring high on knowledge of infant health and nutrition (birth-1 year), child health and nutrition (1-3 years) and pre-natal care before and after the CLR caregiver education programme



As the preceding graph indicates, the caregiver education programme also had a positive impact on the knowledge of mothers and grandmothers about infant and child health and nutrition, as well as pre-natal care. While the changes were not as spectacular as the gains in knowledge of psychosocial development, this was because in all 3 areas, there was some existing, though weak, base of knowledge prior to CLR inputs.

Reported practice indicated that these gains were not limited to increases in knowledge. Some grandmothers admitted stopping the earlier practice of feeding stale food to children. Regular consumption of the Iron Folic Acid supplementation that was easily available and free of cost was now reported by most pregnant women. However, the influence of traditional understandings and practices cannot be underestimated.
For instance, many mothers and grandmothers felt that interacting with babies while breast-feeding would distract their infants, who would consequently drink less milk.

Conclusion

Understanding existing caregiving knowledge and practices in the community was an integral part of the overall project. It helped us to identify the areas that needed to be particularly focused on during the caregiver meetings. One of the spin-offs of this effort was that we were able to document this process in a booklet entitled, “Rapid Rural Appraisal (RRA) for Contextualising Early Child Care Interventions: A User's Guide". This publication is meant for others interested in making their ECCD interventions more effective. We now have a concrete methodology which can be used by government agencies and NGOs interested in localising the content of the generic CLR caregiver education programme and materials, to suit the particular needs of the communities that they serve.

The varied impact of our caregiver education programme has highlighted the importance of home-based inputs for improving pre-natal and child care in disadvantaged families. It has also confirmed the need for a holistic approach to ECCD programmes. Caregiver education needs to incorporate the much neglected component of psychosocial development, along with education on health, nutrition and pre-natal care. The CLR programme for illiterate or modestly educated rural mothers and grandmothers indicates that despite all the constraints imposed on them by the pressures of work, and some social norms and traditional child rearing practices, it is still possible to increase significantly their understanding of holistic child development, and how to promote it within their families.

The Centre For Learning Resources (CLR) is a non-governmental educational institution which acts as a technical support organisation to NGOs working at the grassroots level, and to government agencies and private schools. The main goal of the CLR is to improve the quality of early childhood care and development and elementary education that rural and urban disadvantaged children receive in our country. The CLR's activities include training, research, materials development, advocacy and consultancy for educational programmes.