

**PILOT PROJECT ON ECCD AND PARENTING  
INTERVENTIONS – AN ACTION RESEARCH IN RURAL  
KARNATAKA**

**BALA MANDIR RESEARCH FOUNDATION  
AND  
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**A Summary Report by Bala Mandir Research Foundation, Chennai**

## **ABSTRACT**

### **Holistic Parenting of the Very Young – An Action Research in Rural Karnataka**

This is a report of a small-scale action research. Bala Mandir, Chennai, collaborated with three non-governmental organisations: Gram Vikas I, Gram Vikas II and AKAY in a pilot field project in four Child Fund supported Karnataka villages. The main purpose of the intervention was to convey the advantages of holistic parenting to the community. It was specifically addressed to parents, grandparents, Anganwadi and ASHA workers. The observations, prior to the start of the study, had led to some rough empirical data. The children (3 – 6 years) attended the local Anganwadi with scant interest, as the intent of the system was to keep them quiet and obedient, to provide custodial care and some food. The mothers were young and had almost no guidance in child rearing. A slap or two, for a child's being 'naughty' (meaning not complying with parental demands) was perceived by everyone as 'natural'.

Selected qualitative measures to assess children's development status as well as parental attitudes were identified for this study. Women were more comfortable in groups, than when singled out for interviews, so Focus Group Discussion (FGD) was the method used for assessing parental attitudes.

The study showed that psychosocial aspects of the child's development received more attention from mothers, with the new messages they got from the research team. Parental time spent playing with the children increased and physical punishments of children decreased. There seemed no doubt that the reinforcement of parenting messages and their contact with well informed field workers would yield results for the holistic development of children.

## I. INTRODUCTION

A growing body of research in child development and neuroscience shows that the early experiences a child has between birth and age 5 shape the developing brain's architecture and directly influence later life outcomes.

For over a decade, Child Fund India (CF) has been sharing knowledge, expertise, and best practices with its network of NGO partners to build sustainable community-based structures. While this has had an immense impact on the physical development of children, there was a felt need to introduce home-based intervention for children from 0-3 years as well as enhance holistic child development with a focus on psychosocial parameters, early identification of disability and the 'safety and security' of children.

In this context, Bala Mandir Research Foundation (BMRF) together with CF initiated a pilot ECCD parenting programme in 4 villages in Karnataka – Kappalamadugu, Doddakari, Andechikkanahalli and Boresandra, in collaboration with 3 CF NGO partners – Gram Vikas I (Mulbagal), Gram Vikas II (Bethamangala) and AKAY. The aim of the project was to create awareness on holistic parenting skills and the importance of early childhood care and development from the time of conception.

In the first phase, baseline data was gathered on parents, children, and households. Data relating to parenting attitudes and practices was collected through Focus Group Discussions based on 21 questions on parenting. Children's psychosocial development was assessed with the help of a Children Assessment Profile. In the second phase and based on analysis of the baseline data gathered on parenting practices and attitudes, suitable strategies were planned to deliver parenting messages to the community at large and also to select parents in particular. In the last phase, parenting messages were disseminated through home visits, street plays, harikatha, role plays, demonstrations, community bangle ceremonies and group discussions. The Anganwadi teachers and ASHA workers were also trained in parenting skills.

Some of the changes observed by the field staff were improvement in cleanliness among children and parents, improved Anganawadi enrolment, parents spending more time with the children, reduced beating of children by parents and more importance being given to children's play both inside and outside the home. The project also served to empower the NGOs to conduct

similar parenting programmes in other villages and to incorporate parenting into their on-going ECCD programmes.

## II. BACKGROUND & OBJECTIVES

### NGO Partners:

There were 3 NGOs involved in the project – Gram Vikas I (Mulbagal), Gram Vikas II (Bethamangala) and Amala’s Kutumba Abivrudhi Yojana (AKAY). Gram Vikas has been working with CF India for more than two decades. It works in collaboration with government departments to provide health and educational services. In the past few years, it has taken up programmes based on advocacy in order to enable the community to access public resources for integrated development of the child. While Gram Vikas I covers 33 villages, Gram Vikas II caters to 17 underdeveloped villages.

Amala’s Kutumba Abivrudhi Yojana (AKAY) which is run by the Franciscan Sisters of Mary is committed to the integral development of children, women and economically backward families of Sira Taluk, Tumkur District. It provides educational services and vocational training besides preventive and curative health care services to the community. AKAY serves about 16 villages.

BMRF together with Saranga Trust, Bangalore conducted a six-day training programme for the above 3 NGOs, who in turn trained their staff on parenting and holistic child development using the Learning Through Play Calendars and ‘Joy of Parenting’ guidebook.

### Objectives:

- To create awareness among parents on holistic parenting skills and the importance of early childhood care from the time of conception.
- To bring about a change in parenting attitudes and practices which are detrimental to a child’s development.
- To empower NGOs with the knowledge and skills to conduct similar parenting programmes in other villages and to incorporate parenting into their on-going ECCD programmes.
- To understand and analyse the challenges in the implementation of a parenting programme.
- To evaluate the efficacy of some of the methods used in disseminating parenting messages through recorded feedback from the participants.

### III. MATERIALS & METHODS

#### Tools Used:

i. Learning Through Play Calendars (LTPC) – Birth to 3 Years and 3 to 6 Years – The LTPCs are a simple pictorial tool that has been used with versatility and in low-literacy environments to convey key parenting messages to promote holistic child development from birth to 6 years. The tool was first introduced to Bala Mandir in 1997 by the Hinck's Dellcrest Centre, Toronto, Canada. BMRF has used this tool with a variety of groups (NGOs, AWWs, Balasevikas) and parents (urban, rural, and tribal) to address children in different parenting environments e.g., schools, crèches, children's institutions, centres for children with special needs, etc.

ii. 'Joy of Parenting' Guidebook – This is an accompanying guidebook to the LTPCs developed by BMRF for the early childhood years. It helps to explain, in detail, the 'calendar' pictures, and LTP messages and elaborates on the concept of 'holistic development', through the questions 'WHAT' children do, 'WHY' they do it, and 'HOW' parents can ensure, and facilitate further development. It also adds stage-wise information regarding health, hygiene, nutrition, and safety, as well as addressing parenting concerns on issues such as school readiness, communicating with children, behaviour management, different competencies, and learning difficulties.

iii. Flash Cards – The Flash Cards are based on visuals in LTPC.

iv. Snake and Ladder Card and Tree of Sorrow and Tree of Joy – These materials have been developed by Saranga Trust to discuss enabling and disabling parenting attitudes and practices.

#### Formats Used:

1. Baseline information on Parents to collect demographic details of age, education, occupation of parents and the family environment.
2. Baseline information on Children to collect details like sex, age, type of delivery, immunisation history and any illnesses.
3. Child Assessment Profile with items concerning the psychosocial development corresponding to the stages of the LTPC.
4. 21 Questions to assess parenting attitude and practices through a focused group discussion.

5. Three Parenting perception questions to understand parents' aspirations and the challenges they face in parenting.

#### IV. PHASES

The project was carried out in three phases:

Phase I – Collection of baseline data

Phase II – Planning and preparation for intervention

Phase III – Dissemination of parenting messages

##### **Phase I:**

This phase of the study dealt with the selection of target villages and collection of baseline data. Village selection was based on the number of children below six years.

##### **Target Villages:**

1. Kappalamadugu (Gram Vikas I) – Kappalamadugu is divided into two parts by the highway. On one side is a predominantly Muslim community and on the other is a predominantly Hindu community. It has a rocky terrain with very low ground water. Most of the people speak Telugu and are engaged in agriculture, beedi making and agarbatthi making. It has an approximate population of 2685 with 895 houses.



## **Kappalamadugu**

2. Doddakari (Gram Vikas II) – Doddakari is a well-developed village with tarred road about 8 to 10 kms from the highway and easily approachable. Agriculture is the chief occupation in this village. It has a population of 781 with about 135 households.



**Doddakari**

3. Andechikanahalli (AKAY) - Andechikanahalli covered by AKAY is quite a well-developed village with an approximate population of 327 and 68 households. People are engaged in agriculture, floriculture and betelnut production. The village has a very active Anganwadi centre.



**Andechikanahalli**

4. Boresandra (AKAY) – Boresandra is the second village taken up by AKAY. It has a population of about 351 with 72 houses. Most of the people are engaged in agriculture. The village is very poor in hygiene.



**Boresandra**

Sample Size:

**Table 1: Sample Size**

	Andechikanahalli	Boresandra	Kappalamadugu	Doddakari
<b>Families in the project</b>	16	19	42	34
<b>Children in the project</b>	22	22	59	48
<b>Pregnant mothers in the project</b>	3	6	7	7

Baseline collection:

Baseline data was collected for the following reasons:

1. To know more about the socioeconomic status of the families in the target villages.
2. To understand existing parenting attitudes and practices.

3. To assess the development of children included in the study.

The NGO field staff were trained on the methodologies, tools and formats and recording of data. A separate baseline data file was maintained for each child.

a. Parenting attitudes and practices:

Information on parenting attitudes and practices were gathered through Focus Group Discussion (FGD) methodology. 21 Questions framed by BMRF and Saranga Trust on various aspects of child development and parenting was used to elicit parenting knowledge, attitude, and practices. The FGDs were conducted in three sessions and were done in small groups which ranged from 5 to 13 participants. A separate FGD was conducted for men in some instances.

b. Three Parenting Perception Questions:

Responses from mothers and fathers were separately collected for the three questions on parenting perceptions during home visits. These questions dealt with parent's views on the qualities and competencies needed for an ideal child; what they as parents should do to make their child an ideal one and the challenges/problems they face in making their child an ideal one.

c. Child Assessment Profile (CAP):

AKAY and Gram Vikas field staff were trained on the use of the CAP format. They were asked to fill in the formats by conducting home visits and interviewing parents as well as observing the child. Items were marked as 'A' (Always) 'B' (Sometimes) or 'C' (Not yet) according to a child's ability to perform a given activity. The assessment was based on benchmarks for the child's current stage of development or the one just before that if the child's age was at the beginning of a particular stage, or in cases where there were too many Bs or Cs. Suggestions were also given to parents as to how they could stimulate a child who was not performing a particular activity. In this way assessment went hand in hand with providing parenting messages.

## **Phase II:**

In the next phase and based on analysis of the baseline data collected, suitable strategies were developed for disseminating messages to create awareness and bring a positive change in parenting wherever required. This included reaching out to parents and children in the project through home

visits, sharing information with pregnant women and their families, involving grandparents, training ASHA workers, Anganwadi teachers and helpers and BalaVikas Samithi members, and taking parenting messages to the community at large.

A resource team from Saranga Trust visited each of the villages, disseminating specific messages on positive parenting through meetings, role plays, harikatha, stories, games, and activities.

In Doddakari, the main messages given were to not punish the child as it creates feelings of insecurity and fear; not to discriminate children on the basis of colour, gender, religion, or ability and to give a lot of love and affection to children by talking to and spending time with them.



**Meeting parents in Doddakari Village**

In Kappalamaduga, the resource team addressed the two main problems noted in the Muslim community – early marriage and too many children in a family. Role plays on three different parenting environments – harsh and critical; supportive and loving and thirdly neglect were done to make the parents understand how positive parenting practices can affect children’s development. A Harikatha exponent who attended the session was able to convey many of the parenting concepts through his songs and acting effectively. He was able to supplement the concepts of sense of self and relationship in his harikatha style.



**Discussion with parents in Kappalagamadu Village**

In Boresandra, parents were eager to know more about child development. The Kite story was used to explain the importance of the role of different people in parenting the child. The brain game was used to explain when brain development begins and how emotions during pregnancy can affect the baby's brain development. The Rangoli activity was used to make parents understand the importance of making the right connections in the brain. Poems to celebrate pregnancy were also read out.



**Parent group in Boresandra**

Mothers expressed that they only now understood how the activities shown in the LTPC were important and how they had an impact on the development of their children.



### **Meeting parents in their houses in Andechikkanahalli**

In Andechikkanahalli, mothers were busy in their field work. There were eight grandmothers who evinced a lot of interest in the visuals of the LTPC. They wanted a separate session for the grandparents. Since there were many elders in the group, the discussion focused on joint families and its impact on children. The resource team met some of the mothers in their homes while they were engaged in making flower garlands. It was learnt that alcoholism was a major problem which affected many of them.

#### Preparation of Topics:

The NGO staff were asked to prepare topics for group sessions, including selecting the topic, session objectives, strategies and duration, key messages to be delivered and the aids needed. The LTPC and Joy of Parenting guidebook were to be used as resource materials to plan the messages. They were asked to use creative methodologies such as street plays, role plays, games, songs, flash cards, group discussions and demonstrations to disseminate the messages. They were asked to document the main points, key parenting messages and the feedback from the participants.

The planned topics included:

1. The importance of physical, emotional, economic readiness for marriage
2. Care and precautions during pregnancy
3. Preparation for delivery
4. Holistic development

5. How to create enabling parenting environments
6. Awareness about disabling parenting environments
7. Demonstrating age-appropriate play activities
8. Gender discrimination
9. School readiness

### **Phase III**

This phase dealt with implementing the plan of action prepared in Phase II. A variety of methods were adopted to convey relevant parenting messages in the villages. These included home visits, street plays, parenting through harikatha, and community bangle ceremonies. Given the aim of empowering all persons dealing with children, the training was also extended to Anganwadi teachers and ASHA workers.

#### Parenting Training to Anganwadi and ASHA workers:



#### **Parenting Training given to Anganwadi teachers and ASHA workers**

Parenting training to Anganwadi workers and ASHA workers was conducted in collaboration with Gram Vikas I and II. Resource persons from Saranga Trust conducted a training for 25 Anganwadi teachers and ASHA workers over a 2-day period. The sessions dealt with the ‘Who’, ‘What’ and ‘When’ of parenting and the connections between parenting and holistic child development. The training included games and activities like the rangoli

activity, drawing the Tree of Joy and Tree of Sorrow and playing Snakes and Ladders with parenting messages.



A resource team along with AKAY also conducted a training for 6 AKAY staff and 25 Anganwadi teachers based on multiple-choice questions on parenting. The trainees had due knowledge on nutrition and immunisation but lacked awareness in areas related to holistic development and brain development. The trainees worked in groups and presented their understanding of age-appropriate needs and activities based on the LTFC. Here again the rangoli activity was received with great enthusiasm. The drawing of the kite to illustrate the role of different people in parenting also helped them to practically understand the concept better.

#### Home Visits:

A minimum of 3 home visits were planned for each household. The field workers were asked to record the parenting topics they discussed, what the parents asked, the parenting messages given by them and their observations.

#### Community Bangle Ceremony:

A bangle ceremony (Seemantha) was conducted for all the pregnant women in the 4 villages. It was a one-day event attended by the pregnant women and their families. About 50 pregnant women attended the ceremony from the Gram Vikas villages. They were all very colourfully dressed with jewelry and were very curious about the event.



Discussions focused on the right age for marriage, preparing for parenthood, care during pregnancy which included nutrition, regular health checkups, need to keep the expectant mother happy and preparation for delivery. The ASHA workers said that many of them were below weight and did not take adequate care about their diet. Some of them were not taking the iron tablets given by the government.

#### Harikatha:

The harikatha programme was used to create awareness on parenting and about 200 people from all the 4 villages attended. The harikatha exponent who had attended the training programme was able to convey important parenting messages about the emotional environment, nutrition, and love and care for the pregnant mothers through stories and songs. It helped participants to understand the messages easily and enthusiastically.

#### Street Plays:

Parenting messages were imparted to the community at large through street plays. Some of the topics covered were the role of the parents, care of the pregnant women, appropriate age for marriage, conception, care of the child, breast feeding and colostrum feeding within half an hour of the child's birth, spending time with the child, importance of play, etc.

#### Parenting Messages on Walls:

The following messages were written on the walls so that the messages conveyed in the group sessions will be constantly reinforced:

- ❖ PARENTS - Papa, Amma, Relatives, Elders, Neighbours, Teachers, Society;
- ❖ Brain development begins at conception;
- ❖ Children are tender – handle them with care;
- ❖ Children are the asset of the nation;

- ❖ Healthy environment for a healthy baby;
- ❖ Children learn through imitating their parents.

## V. RESULTS AND DISCUSSION

Descriptive statistics in the form of percentages was used to summarise the baseline data collected about the parents.

**Table 2: Parent Profile**

	Andechikanahalli	Boresandra	Kappalamadugu	Doddakari
<b>Mother's Age</b>	20-30 years – 82% 30-40 years – 18%	20-30 years – 82% 30-49 years – 18%	20-30 years – 90%	20-30 years – 65% 30-40 years – 35%
<b>Mother's Education</b>	8 <sup>th</sup> to 10 <sup>th</sup> – 75% Dropout – 18% Unlettered – 7%	10 <sup>th</sup> – 41% 5 <sup>th</sup> to 8 <sup>th</sup> – 17% PUC – 32% Unlettered – 9%	5 <sup>th</sup> to 10 <sup>th</sup> – 16% Dropout – 28% Unlettered – 42% Diploma – 14%	8 <sup>th</sup> to 10 <sup>th</sup> – 53% Dip/PUC – 12% Unlettered – 24% Dropout – 8%
<b>Mother's Occupation</b>	Anganwadi worker – 13% Housewife – 44% Agriculture – 4% Coolie – 38%	Housewife – 69% Agriculture – 31%	Agarbathi – 31% Agriculture – 36% Housewife – 13% Coolie – 7% Beedi – 5%	Housewife – 56% Coolie – 26% Tailor – 12%
<b>Father's Education</b>	7 <sup>th</sup> to 10 <sup>th</sup> – 44% Unlettered – 31% Dropout – 19%	Unlettered – 23% PUC – 27% 7 <sup>th</sup> to 10 <sup>th</sup> – 18% Dropout – 27% BA – 5%	4 <sup>th</sup> to 10 <sup>th</sup> – 42% Unlettered – 32% Dropout – 18% Diploma – 5%	PUC – 30% 8 <sup>th</sup> to 10 <sup>th</sup> – 60% Unlettered – 10%
<b>Father's Occupation</b>	Agriculture – 82% Mason – 12 %	Agriculture – 96% Others – 4%	Agriculture – 32% Driver – 19%	Agriculture – 32% Coolie – 44%

	Others – 4%		Coolie – 35% Own Business – 3%	Tailor – 9% Mechanic – 9%
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Most of the mothers were in the age group of 20 to 30 years. Majority of the mothers had received education up to the 8<sup>th</sup> standard at least. In Kappalamaduga, mothers seemed to have a lower literacy level. Andechikkanahalli and Kappalamaduga had a higher percentage of fathers who were dropouts or had not received education. Apart from Kappalamaduga, majority of the mothers in the other villages were housewives. Agriculture was the main occupation of the fathers in Andechikkanahalli and Boresandra while in Doddakari and Kappalamaduga many fathers worked as coolies or were engaged in agriculture.

**Table 3: Family Profile**

	Andechikkanahalli N=16	Boresandra N=22	Kappalamaduga N=42	Doddakari N=34
<b>Family Environment</b>				
Abusive	19%	27%	33%	23%
Violent	6%	5%	5%	0%
Happy	75%	68%	62%	77%
<b>Family Type</b>				
Nuclear	81%	41%	76%	83%
Joint	19%	59%	24%	17%
<b>Health &amp; Hygiene</b>				
Poor	0%	5%	14%	0%
Average	63%	46%	69%	71%
Good	37%	49%	16%	29%

In some of the homes the environment was abusive. In Kappalamaduga, health and hygiene was poorest and the rate of abuse was the highest.

**Table 4: Profile of Children**

		<b>Andechikanah alli N=23</b>	<b>Boresand ra N=26</b>	<b>Kappalamadu ga N=59</b>	<b>Doddaka ri N=50</b>
<b>Age</b>	0-3	9	14	23	23
	3-6	14	14	36	27
<b>Sex</b>	Boy	10	13	26	24
	Girl	13	13	33	26
<b>Place of Deliver y</b>	Hospital	23	24	50	42
	Home	0	2	9	8
<b>Type of Deliver y</b>	Normal	18	20	48	43
	Caesarian	8	6	11	7
	Forceps	1	0	0	0
<b>Immuni - sation Schedul e Followe d</b>	Yes	23	26	59	50
<b>Schooli ng</b>	Anganwa di	19	10	46	35
	-	-	-	3	0
	Creche	4	12	3	1
	Gov school	-	-	-	-
	-	-	4	7	14
	Private school Stays at home	-	-	-	-

Most of the deliveries took place in hospitals. In Kappalamduga and Doddakari about 15% of mothers had home deliveries. Immunisation schedule has been followed for all the children included in the project.

### **Qualitative Analysis of Data:**

Data collected through FGDs and interviews were analysed qualitatively by studying the general trends. They provided information on the prevailing parenting attitudes and some of the practices which were not very conducive for holistic development. The feedback available in the form of voice recordings was transcribed to understand the impact of the parenting messages in the community and how training helped the Anganwadi teachers and ASHA workers. The observations and experiences of the field staff help us to understand the problems they faced when using a particular method of data collection. The messages given during home visits as well as the responses of the parents which were recorded by the field staff were also analysed qualitatively.

### **Analysis of FGD:**

FGD analysis showed the existing parenting knowledge, attitudes, and practices. The parenting messages which were planned for the intervention took into consideration these aspects. In Kappalamaduga, about 20% of the sample group said that below 18 years was the right age for marriage. Most of them did not stress on the physical, emotional, and financial readiness for marriage and did not seem to know about the consequences of early marriages. The importance of the mother's mental health was also not discussed. They did not seem to be aware about the link between brain development and malnourishment in pregnancy leading to a host of other problems. In fact, many of them did not know about how and when brain development takes place.

Analysis of the responses showed that parents did not give much importance to communication and play in the child's development. They were also not aware about the concept of school readiness. It was also noted that parents relied on snacks and fried food from the market and knowledge pertaining to provide healthier alternatives seemed to be inadequate. Parents did not seem to know about how the sense of self can be developed right from infancy. Information regarding the importance of colostrum also seemed to be insufficient in Kappalamaduga and Doddakari. Some parents seemed to have the attitude that satisfying some of the material needs is the best way to build trust. Many of the parents seemed to show their frustration and were not able to handle tantrums.

Observations and experiences of NGO staff during FGDs:

NGO staff who conducted the FGDs reported that men generally showed less interest than women and that women were cooperative during the FGDs. Some of them were shy especially during questions related to pregnancy. In the beginning one mother would respond and the others would repeat the same idea. The staff felt that parents found it difficult to come together for three sessions. Parents also would stay only for 20 minutes and would want to go to home to finish their work. Involving fathers in the discussion was initially challenging. However, it was easier for them to have a discussion with a male facilitator.

The staff had difficulty in recording the responses and felt that it would have been better if there was a ready template/format to fill in instead of writing everything down in detail. They also said that the number of questions could have been reduced. They felt that it was good to have exclusive staff for conducting FGDs as their daily routine work took up a lot of time. However, they were happy with the information they got through the FGDs since they were able to get a good idea about what the parents knew and do with regard to child rearing. They also said that although some of the women who were unlettered hesitated to speak in the beginning, they were very keen on getting more information.

**Three Parenting Perception Questions – An Analysis:**

Responses from mothers and fathers were separately collected for the three questions on parenting perceptions during home visits. In Andechikkanahalli, most of the parents mentioned that the qualities for an ideal child were having good conduct and attitude. It appeared that other than studying well and being polite, parents were not able to elaborate the qualities/competencies adequately. They seemed to be more concerned that their children should reach a high position in society and get good jobs. In Boresandra, parents seemed to think that getting a good education was a sure path to achieving a better status in life which according to them was what was expected from an ideal child. Health of the children seemed to be more of a priority in this village than in Andechikkannahalli. In Kappalamaduga, many of the parents said that children should have good behaviour and character but were not able focus on the competencies that should be acquired by an ideal child. Parents did not seem to think in terms of all-round development.

When asked to reflect on how their parenting should be to make their child an ideal one, parents in Boresandra felt that they should concentrate on educating and disciplining them. Very few spoke about fulfilling the psychological needs of children or even providing nutritious food. Parents in Boresandra and in Andechikkanahalli did not seem to be aware of how they could enhance their child's holistic development. While some of them have mentioned practical aspects like saving for the future, the fact that stimulating the child requires the involvement of the family seems to have not been given adequate importance.

In Kappalamaduga, only a few parents mentioned some of the ways in which the psychosocial needs of children can be taken care of. In Doddakari, parents were mostly unaware about how to develop a child's sense of self or care for their emotional needs and to make them learn through play.

When asked to share their views on the problems and challenges they faced as parents to make their child an ideal one, most of them mentioned financial problems. Some of them said that they did not have time to spend with their children as they were busy working. There were parents who spoke about physical violence and how they themselves were frustrated. Many of the parents also spoke about their inability to handle tantrums and disobedience in children. Some parents in Boresandra mentioned that schools being far away posed a problem. Interpersonal problems among the family members and outside were also mentioned. In Kappalamaduga, some mothers said that their husband's alcoholism was a problem while some fathers felt that their own lack of education was a problem.

### **Child Assessment Profile:**

It was found that many of the children had developed age appropriate skills. However, there were some who were not able to accomplish some of the skills. The following table shows the number of children who had attained Cs and a fair number of Bs in the four villages in the various stages of development.

**Table 5: Details of children who had some developmental difficulties as assessed by the CAP**

Stage	Andechikkanahalli	Boresandra	Kappalamaduga	Doddakari
0-2 months	1	1	-	-
2-5 months	1	1	-	-
5-8 months	-	2	-	1
8-13 months	1	1	-	3
13-18 months	-	2	-	1
18-24 months	1	2	-	1
2-2.5 years	1	1	-	1
2.5-3 years	-	2	-	1
3-4 years	-	2	-	4
4-5 years	1	1	-	4
5-6 years	1	2	-	1

In all the villages, a note was made about the children who had Bs together with Cs. During home visits, special messages and suggestions pertaining to the area which needed more stimulation were provided to the parents. It was found that only in Kappalamaduga, children did not have Bs and Cs. However, there were some items in the 4-5 years and 5-6 years range which were left blank. This could mean that either the children were not taught things like safety rules or they did not have the needed opportunity for example playing board games. In all the four villages it was found that children were not able to understand concept of fractions, do simple craft activities or as in the case of Andechikkanahalli, they were not able to learn a new language maybe because it was not required for them to do so. The reassessment which will be carried out in the month of June/July may give

us a better picture of how well the parents have put into action the guidelines they received.

**Feedback from Anganwadi teachers and ASHA workers after their training programme:**

The feedback from the Anganwadi and ASHA workers was very positive. Anganwadi workers voiced that this kind of information on parenting was never given to them earlier. They also said that it had also personally benefited them. They said that the training would help them interact with the parents as well as children. “We will definitely reduce punishments to children. We will not threaten the children, because we have realised how it will affect their development. Even though we do make the children learn, the LTPC and the information on brain development has made us realise what we need to do”.

ASHA workers felt that the information they received on brain development was very useful especially since it emphasises that care should begin from pregnancy. They liked the rangoli activity which helped them understand the importance of early parenting intervention. They said that “we will now approach the pregnant young mother and also her family with a different mindset”.

Saranga Trust supervised the training which the AKAY staff gave to the 25 Anganwadi teachers in their villages and six of their staff. Feedback from the Anganwadi teachers at the end of the training programme made it clear that they liked the training methodology as they were given a lot of freedom and it was very different from the usual training programmes which were mostly lecture based. They found the games and stories enjoyable and informative. At the end of the session, they said that they had been inspired to be more active and alert. They all mentioned that they were very happy to learn about brain development and SPRUC.

**Home Visits – Messages Given and Feedback from Mothers:**

In Andechikanahalli and Borasandra, some of the important messages given were in the area of developing the sense of self and spending time with the children. In many homes, hygiene and its importance in health were discussed. In some homes brain development was explained in a simple way. The negative consequences of beating children as well as domestic quarrels were highlighted. Mothers reported that they had learnt many important

lessons from the messages given and the LTFC. Many of the mothers from Borasandra said that they had stopped beating their children. They also said that one important message that they got from the programme was that they should spend more time with their children. Some of them also said that they had stopped comparing their children with others about their children's growth and appearance. Mothers also said that they were now able to understand the importance of showing love. They also realised the importance of play. "We have learnt how children become intelligent when both the parents look after the child". One of the mothers said that earlier she used to feed the baby when he cried and leave him in the cradle. "I never spent time with the child. But now after seeing LTFC, I know that I have to spend time and I have to do lot of activities with the child so that the child grows well". More than one parent expressed the idea that it would have been good if they had been taught these parenting lessons earlier.

In Doddakari, during the home visits parents wanted to know how to deal with their husbands beating their children. One mother wanted to know how she could make her child respond more and another was worried about her child being very weak. In a few houses, parents were more interested to know what benefits monetary or otherwise they will get if they were part of the project. There were at least three mothers who said that they did not have time to attend meetings or learn anything from the field workers. Only one mother said that she did not like the programme. It was heartening to note that in some households the grandmothers were interested in getting the messages. Many of them were able to understand the importance of father's involvement because there were pictures of fathers in the calendar. Practical suggestions like giving the child empty matchboxes to play; teaching them the names of things around them; talking about birds and animals or playing simple clapping games with them; teaching them to jump over things or climb independently; separating big things from small things or explaining the different tastes of food were given. The benefits of sending children to the Anganwadis or at least making them play with children who attend Anganwadis were also explained.

In Kappalamaduga, during home visits an important message that was given to parents was asking them to spend more time with their children. The importance of outdoor play was explained to some of the parents. Many of the parents said that they did not know that brain development takes place before birth. They were given messages about how they can help to provide proper stimulation for brain development. Parents were asked to visit the

Anganwadi so that they will be able to observe the play activities. Some of them started sending their children to the Anganwadis after they realised its importance in the home visits.

Parents of older children were asked to encourage the children to help in household chores. In some of the households, importance of hygiene was emphasized. Some of the parents who were engaged in agarbathi making were asked not to allow their children to take part in it. They were told that the best way to make their children smart was to answer their questions, to tell them stories and to take care of their feelings. They were also asked not to fight in front of their children.

#### Experiences of the Staff during Home Visits:

Staff found that it was easier to contact the fathers during home visits. They were cooperative and evinced real interest in their children unlike their attitude in the group meetings. It seemed as if they only appeared to be uninterested in ECCD outside their homes. This could be because getting involved in childcare is generally believed to be a woman's responsibility. Initially women did not show much involvement in what was being asked. However, this attitude changed gradually. Fathers in the Muslim community were observed to be more interested and were taking the trouble to read out the LTPC messages to their wives who were mostly not educated.

#### SWOT done by the Resource Team of the Field Staff:

For Gram Vikas and AKAY, some of their strengths included their ability to communicate orally and to effectively deliver the parenting messages as they had a good rapport with the community. They showed a lot of enthusiasm in planning and conducting the sessions and in imbibing the parenting concepts. In the case of AKAY, the presence of male staff who were very motivated was a big advantage to reach out to the fathers in the community.

Their problems were mostly with the FGDs as it was something new to them. They also found it difficult to get the mothers together. In Gram Vikas as they were all females, they were not able to get cooperation from fathers for the FGD but found that they were able to meet them during their home visits when they showed a lot of eagerness to hear them out. All of them were very good at oral communication but they did not like anything that had to be written down since their writing skills were not adequate especially in Gram Vikas. Because of their disinterest in writing, they even seemed to ignore some of the guidelines given to them to record responses

as in the case of home visits. In AKAY although they initially found it difficult to record their findings, they were able to improve towards the end. The field staff in Gram Vikas being females seemed to be stressed because of their ongoing projects and their own household work. This was not the case in AKAY who seemed less stressed and were able to meet people in the community at any time. Lack of computer skills was a disadvantage since most of the field workers found it difficult to write reports.

## VI. IMPACT OF THE PROGRAMME

Discussions with parent groups were held in the 4 villages to find out their opinion about what they had learnt from the programme. It was observed that most of them seemed to have understood the basic idea of holistic parenting. Flash cards were used to find out how much of the parenting messages were understood by them. Each one of them explained what they understood in a given card. It was interesting to note that they were able to explain the messages as indicated at the back of the flash cards although most of them could not actually read what was written. One of the mothers interpreted the card given to her as “Children are naughty, but we have to learn to guide them properly”. Another mother said, “They are stubborn and cry, but we must console and talk to them nicely and not beat them”. Parents were asked about the specific changes that they have observed or made. In Gram Vikas II, most of the parents mentioned that earlier they used to get angry and beat their children. One parent said, “when we get angry, we remember what was told by (Poongodi) and do not hit our child; instead, try to talk and console them.” One of the mothers said that her child was not scared of her now because she was not hitting her.



Most of them noted that there is some improvement in their child rearing practices and home atmosphere after this programme. They spend more time with their children. A mother said that she used to buy toys earlier whenever her child threw a tantrum; but now “I don’t, instead I try to spend some time with her. She is very happy with her father. When he comes, she plays with him”.

When they were asked how their children will be able to understand that they are loved by their parents, they said, “when we attend to them or talk to them lovingly or lift and cuddle them, they understand”. They also said that it is important for children to know that the parents love them since it will give them more confidence. One of the mothers said, “We did not know about hygiene, now we are following what (Shakuntala) has told us”.

AKAY staff recorded the following changes which they had observed in the families included in the study:

- Improvement in the cleanliness of children;
- Improved cleanliness in parents;
- Improved parental attention towards children’s growth and development;
- Improvement in Anganwadi enrolment;
- Reduced TV watching and instead more time spent with the children;
- Reduced beating;
- Allowing the children to play with other children outside and at home;
- Anganwadi teacher has taken extra trouble not to take the stick in her hand;
- Regular visits to Anganwadi by the parents;
- Children who were stubborn have changed due to the care of the parents;
- Parents show extra love to the children;
- Parents show interest in learning the parenting topics.

## VII. EMPOWERING THE NGOs

The resource teams from BMRF and Saranga Trust helped to bring about a change in the focus of the NGOs and parenting attitudes towards children below 6 in their community. The programme helped them realise that whether it was just a visit, or for some other purpose, every interaction with the parents and the child should be one with a positive parenting attitude. The NGOs were provided with the skills to disseminate parenting messages and train different groups of people in the community who were directly involved in the child's development, such as parents, relatives, Anganwadi workers, ASHA workers, ANMs, Bala Vikas Samithi workers and pregnant mothers.

In AKAY, even though only three members got trained initially, they were able to consequently successfully train all their staff in parenting. There were two staff members in charge of the two villages but they had a very good understanding and supported each other. Because of their regular attendance in the monthly meetings, they were equipped with the relevant knowledge and skills and also the necessary attitude to work towards change by implementing the intervention programme in their villages.

One of the staff members remarked, "We have now changed so much, earlier we never much bothered about parenting behavior of the community or the Anganwadi workers. But now we have all become very sensitive to those issues, and the moment we observe anything wrong, we intervene. It is now becoming our nature. Even the Anganwadi worker is now telling us that their attitude has changed after the parenting session. Even though the government is giving training on various things, nowhere they gave so much information on our behavior and the effects of that on the child's development" (*Transcribed from voice recording*)

They all felt confident that they can follow the same methodology. They said that short modules for sessions with the parents will be useful for them. They were planning to paint important parenting messages in the villages in public places like slogans so that people will read, especially the children as they are the best agents of change.

A sample from the voice recording of one of the AKAY staff members clearly shows the impact the programme has had on them and in the community at large. "After six days of parenting training, it gave me new

ideas in my work. The focus also is now on 0-6 yrs and pregnancy care. Being a nurse, I am now focusing more on this now. I am now stressing this to everybody. We also did community ‘Seemantha’ for all the pregnant mothers and conveyed the care and parenting messages to all. We told them about how important family support and emotional support is for the pregnant mother. We also talked about brain development, and how if care is given, the child will grow up with potential. We talked about the breast milk, because of its importance and as it was also the Breast Milk Week celebration and the importance of colostrum feeding. This process also has been good, and it helps to reach out to both the parents. When I observe now, fathers are also showing more interest in childcare. There is a change in them. I am also now cutting whatever article comes in the Kannada newspapers about parenting and displaying it in my clinic. They all look at it, whoever can read, read. Children also read them. We have confidence now to train others on parenting. And LTPC- it now has become part of our programme, doing it all the time”.

A voice recording of one of the staff from Gram Vikas 1 indicates the improvement in Anganwadi attendance: “After the 6 days training on parenting, it was very nice and I wanted to take it up but did not know how to do it. How to make the parents understand all this? There were doubts. But your (Mrs Hema) monthly visit to guide us helped a lot. It made the process easy. Earlier people were not coming at all, but now they come whenever I call them and listen. Even SHG groups also come. What is the change? Main thing is about brain development. That has brought the change. That point they were not aware of. It has brought the change. Earlier only 4 to 5 children used to go to Anganwadi. But now 30 to 32”. When asked whether it was because of the parenting programme she said “Because of this only. 100% because of this parenting information, these kinds of changes have come. Yes, our expectations are fulfilled. Now we are confident about the parents’ discussion (FGD) and group activities. I will do it for the full village. We took only half village as pilot”.

## **VIII. SESSION FOR PARENTS OF SPECIAL CHILDREN**

ASHA workers had observed many children with disabilities in their field of work although there were no disabilities in the villages selected for the project. The NGO staff felt that they were not confident about reaching out to the parents of children with disability. The resource team was requested to conduct a separate session on parenting for parents of special children. There

were about 20 participants which included parents and two special children – a 14-year-old with visual impairment and the other with physical disability. Parents complained about their lack of interest in school studies.



The group was shown cards brought out by the Foot and Mouth organisation. They were quite impressed with the artwork done by using the mouth and the foot. There was a mother with a 5-year-old with cerebral palsy who was very caring for her child who had come with a hope that her child would be helped in some way. The focus of the session was on discrimination and comparison - what happens when the child is discriminated because of his/her inability to perform some things and how it affects the emotions and the sense of self. Few of the mothers who were complaining and criticizing their children were moved to tears. Perhaps they realised that something they were doing was not right or they were doing something inappropriate in some situations.

They were told about brain development and how they can help their child by showing patience, kindness, love and encouraging them to learn some basic skills to become self reliant. A few case studies were shared where positive responses from parents had motivated the child to make an effort to learn and acquire skills. The importance of creating an environment to make the special child feel comfortable and happy was also highlighted.

## **IX. HOW THE PARENTING PROGRAMME HELPED A GRANDMOTHER – A CASE STUDY**

Prabhavathamma belonged to the Bovi community in Doddakari village. She married her maternal uncle when she was in the 7<sup>th</sup> standard. Munivenkatappa, her husband had studied only up to the 5<sup>th</sup> standard. He took care of his land and also worked as a coolie. They had two children, both boys. They lived in a joint family with the parents. Prabhavathamma was an ASHA worker who talked to the villagers about health issues. She had counseled her daughter-in-law about preparation for parenthood. When her daughter-in-law was pregnant, she took her for checkups and was particular about her nutritional requirements.

Manjula the daughter-in-law was sent to her parent's house for delivery. She gave birth to a boy. After nine days, the mother developed fever and expired. The baby was brought to Doddakari village and Prabhavathamma started taking care of her grandchild. She participated in the parenting programs with a lot of interest when it was conducted in the Anganwadi.

The baby grew up and was six months old. Prabhavathamma attended all the meetings and shared her experiences with others. She was worried about her grandson since everyone emphasized the importance of parenting. She was keen on knowing about the stages in the LTFC. She participated in the group discussions along with the child and listened to everything with interest. Prabhavathamma was taking care of the child in such a way that the child will not miss the parenting which he would have received from his mother. She had forgotten her grief and totally dedicated herself to take care of the child with the inputs given from LTFC. Thus, the programme helped a grandmother by giving her the necessary confidence in doing her parenting role.