

Comparative Analysis of Awareness of Community Based
Events (Godhbharai, Annprashan) Under ICDS System
Strengthening and Nutrition Improvement Program
amongst the Family and Community Members of Pregnant
and Lactating Women in Four States of India

By

Sukriti Sud

*Dissertation submitted for the partial fulfillment of the
MBA Hospital and Health Management*

Academic year, 2015-2017



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TO WHOMSOEVER MAY CONCERN

This is to certify that **Dr. Sukriti Sud** of MBA Hospital Management from The IIHMR University, Jaipur has undergone internship training at **IMS Health Information and Consulting Services India Pvt. Ltd** from 1 February 2017 to 12 May 2017.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.



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The certificate is awarded to

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In recognition of having successfully completed her
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And has successfully completed her Project on

**Comparative Analysis on Awareness of Community Based Events (Godhbharai,
Annprashan) amongst the family and community members of pregnant and lactating
women under ICDS Systems Strengthening and Nutrition Improvement
Program(ISSNIP) in four states of India**

From 1st February 2017 to 12th May 2017

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She comes across as a committed, sincere & diligent person who has a strong drive and zeal
for learning

We wish her all the best for future endeavors



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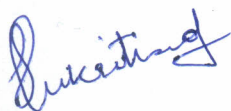


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This is to certify that the dissertation titled **“Comparative Analysis of Awareness of Community Based Events(Godhbharai, Annprashan) Under ICDS Systems Strengthening and Nutrition Improvement Program Amongst The Family and Community Members of Pregnant and Lactating Women in Four States of India”** submitted by **Dr. Sukriti Sud** Enrollment No. **IIHMR-U/01/2015-17/0355** under the supervision of **Dr. D.K Mangal** for award of **MBA Health and Hospital Management** of IIHMR University, Jaipur carried out during the period from **1th February 2017 to 12th May 2017** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.



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This is to certify that all ethical issues have been considered while collecting data for my dissertation titled **“Comparative analysis of awareness of community based events under ISSNIP amongst the family and community members of pregnant and lactating women of four states of India”**



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ABSTRACT

Maternal and child caring and feeding behaviors are paramount determinants of under-nutrition. To reduce under-nutrition it is essential to escalate the awareness of care givers and community members on maternal care and nutritional needs of children. Platforms for providing certain key messages, and building community support to enable the practice of related behaviors in order to improve nutrition needs to be created. The primary focus of community based events is to capitalize on traditional celebrations of milestones in the mother's or a child's life beginning with conception, prenatal, neonatal and first three years, and use these as opportunities to promote the adoption of positive behaviors at crucial stages of life.

The aim of the study was to check the awareness of the community based events under the ICDS Systems Strengthening and Nutrition Improvement Programs. This was a qualitative study conducted in four states of India under ISSNIP. The main focus of the study was to know about the perspective of family members and community about the community based events (Godhbharai, Annprashan) and to understand the effectiveness of these events.

The data was collected through focused group discussions.

A poor level of participation was noted in these events amongst the family members of pregnant and lactating women. Although very limited awareness about the objectives of the community based events was found, the information imparted by the Anganwadi workers has had a significant impact on the dietary and general care patterns of these families. The pregnant women and their mother-in-laws have made appropriate changes in their family dietary patterns to incorporate more nutritious foods for the mother during pregnancy and lactation.

KEY WORDS: Malnutrition, child malnutrition, Community Events, ISSNIP

ACKNOWLEDGEMENTS

Apart from your own efforts, the success of any project depends largely on the encouragement and guidelines of many others. I take this opportunity to express my gratitude to the people who have been instrumental in the successful completion of this project.

I would like to show my greatest appreciation to **Mr. Lokesh Sharma, Senior Principal Public health** for giving me the opportunity to carry out my dissertation at **IMS Health Information and Consulting Services India, Pvt.Ltd.** I can't say thank you enough for his tremendous support.

I would also like to express my respectful gratitude to **Ms. Priyanka Joshi, Project Lead.** I am highly indebted for providing her support and guidance. I feel motivated and encouraged every time I attend her meeting. Without her encouragement and guidance this project would not have materialized.

The guidance and support received from all the members who contributed and who are contributing to this project, was vital for the success of the project. I am grateful for their constant support and help also.

I would also like to thank my guide **Dr. D. K. Mangal, Dean (Research),The IIHMR University, Jaipur,** for his help, cooperation and wholehearted encouragement.

I take this opportunity to thank my colleague, **Apurva Kashyap** and **Garima Kalra** for always being a support and strength during this duration and being great team players as well.

The acknowledgement would not be complete without expressing my profound gratitude to my parents, brother and sister-in-law for being my pillars of strength, who have always encouraged and helped me at every stage of my personal and academic life, and longed to see this achievement come true.

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LIST OF ABBREVIATIONS

ICDS	Integrated Child Development Services
ISSNIP	ICDS Systems Strengthening and Nutrition Improvement Program
DPO	District Program Officer
CDPO	Child Development Program Officer
LS	Lady Supervisors
WHO	World Health Organization
NFHS	National Family Health Survey
NFHS 3	National Family Health Survey- Round Three
AWC	Anganwadi Centre
AWW	Anganwadi Worker
AWH	Anganwadi Helper

Chapter 1: Introduction and the Problem Statement

1.1 INTRODUCTION

Child malnutrition significantly increases infant mortality rates. In developing countries every third child is malnourished contributing to more than fifty percent of under-5 child mortality (1) The strikingly notable unmet food requirements in the whole of South Asia leaves 50 percent of children undernourished. Bangladesh, India and Pakistan, together are home to half of the world's malnourished children. In World Bank report (2005) it is mentioned that 47 percent of Indian child population under five is still malnourished. (1)

This significant high percentage of deaths due to malnutrition has led to the formation of strong constitutional, legislative policy, planning and developing programs committed to restore and enhance the overall growth and development of children.

Launched on 2nd October 1975, ICDS is a powerful outreach programme to help achieve major nutrition and health goals, embodied in the National Plan of Action for Children.(7) The ICDS Scheme is globally recognized as one of the world's largest and most unique community based outreach systems for promoting early childhood care for survival, growth and development, holistically addressing the inter related needs of young children, adolescent girls and women(7) A comprehensive development programme, ICDS aims at meeting the holistic needs of children below six years of age and to create a healthy environment for their mental and physical development. The program draws on the resources of the Centre, States, voluntary organizations and the communities to meet its objectives of reduction in mortality, morbidity and malnutrition among children, by improving their nutritional and health status; reduction in school drop-out rates; enhancement of mothers' capability to look after the developmental needs of their children; and effective policy implementation and coordination.(2)

The concept of providing a package of services is based primarily on the consideration that the overall impact would be much greater if different services are delivered in an integrated manner, as the efficiency of a particular service depends upon the support it receives from the related services. ICDS therefore takes holistic view of the development of the child and attempts to improve both his/her prenatal and postnatal environment (6). Accordingly, besides children in their formative years (0-6 years), women between 15 to 45 years are also covered by the programme as these are child bearing years in the life of a woman and her nutrition and health status has a bearing on the development of the child.(6) Efforts are also made for the convergence of related schemes/programmes in ICDS projects such as Safe Drinking Water Supply, Functional Literacy for adult women, and Mobile Food and Nutrition Extension Units (MEU).

The main objectives of the scheme are to improve the nutrition and health status of the children aged between 0-6 years; to lay the foundation for proper psychological; physical and social development of the child to reduce the incidence of mortality, morbidity,

malnutrition and school dropout; to achieve effective coordination of the policy and implementation among various departments to promote child development; to enhance the capacity of the mother to look after the health and nutrition of the child through proper nutrition and health education.

ICDS programme beneficiaries are children below 6 years; pregnant and lactating mothers; women in the age group of 15-44 years and adolescent girls up to the age of 18 years for non-formal education and framing on health since 1991. ICDS serves the target group through a network of Anganwadi centers (AWs). The Anganwadi (literally meaning a courtyard play centre) is the focal point for the delivery of services at the community level. ICDS currently reaches around 7.28 crore children and about 1.6 crore pregnant and nursing mothers (March 2010). (8) Government of India aims to reduce infant and child mortality with the help of ICDS. To reduce underweight children by half between year 1990- 2015 was Millennium development goal. Government of India aligned with this goal aimed to reduce the child underweight rate from 54.8% in 1990 to 27.4% in 2015. In 2012, Women and Child Development restructured the scheme in order to increase the outreach, care and nutrition counseling particularly for mother and child. An intervention aimed at motivating and mobilizing the behavior change at the community level was by supporting organization of community based events in a systematic and structured way to improve maternal and child nutrition.

1.2 PROBLEM STATEMENT: Despite the successful achievement by ICDS scheme, there remain some major challenges with regard to the high burden of child malnutrition in the country. The NFHS-4 (2015-16) reveals that about 36 percent children below five years in the country are still underweight (as per the WHO New Growth Standards; $<-2SD$) and out of these, about 16 percent are severely malnourished ($<-3SD$). At the country level, child malnutrition has barely declined at all in a decade and anemia among women and children has actually risen. Although, malnutrition is multifactorial, poor nutrition during antenatal period resulting in intra uterine growth restriction and inadequate lactation are significant contributory factors. Thus, education of pregnant women and their family members regarding adequate nutrition during the antenatal, postnatal and lactation periods is of paramount importance.

Chapter 2: Literature Review

2. REVIEW OF LITERATURE

Our Nation suffers from malnutrition since decades. In last three decades India witnessed a steep decline in under nutrition but the prevalence of wasting still remains. P.S Ramachandran in the article Double burden of malnutrition in India, mentions India suffered with approximately forty percent of malnutrition during the year 1975- 79. (4) As per the comparison from second and third National Family health Survey conducted in 1998-99 and 2005-06 respectively the prevalence of wasting among children under age three years has increased from 19.7 per cent to 22.7 percent. (3) National Nutrition Monitoring Bureau, in the year 1989 mentioned, in India about 17% under 5 year children suffered from severe malnutrition with a weight deficit of over 40 percent; nearly 45% children of this age group were estimated to suffer from moderate malnutrition linked to a weight deficit from 25-45 percent (UNICEF 1991) (1) According to The third National Family Health Survey (NFHS-3) 6.4% of under-five children in India as severely wasted and 19.8% as wasted, forming about 8.1 million children who are severely acute malnourished. (5)

There cannot be health without proper nutrition once said by Rhode Jon E, (1) Nutrition plays a pivotal role in the physical, mental and socio-emotional development of a child. For retardation in growth the infants and pre-school children are most vulnerable as a result of under nutrition.

India has paid the price in terms of malnourished, unhealthy, illiterate and poor countrymen with unrealized physical and mental potential with which they were born, that could have blossomed had they received proper and timely care before birth and in early childhood (Rattan 1997). (1)

Regular growth in the first two years is the critical foundation of health throughout a lifetime. (3)

For decades and today poverty is one of the major reasons leading to malnutrition. Even while living in poverty, the health and nutrition status would be appreciably better, if people know what to do about it. (1) Many other factors which can help in improving the nutritional status are like small family norms, avenues for employment, safe drinking water, a clean environment, appropriate farm and food policies including prices. But above all

women's education, knowledge about sound feeding practices and eating habits, growth monitoring and women supportive socio-cultural norms need to be given more emphasis(1)

The Integrated Child Development Services (ICDS) Scheme is a flagship programme of the Government of India (GoI) for holistic development of children from prenatal to six years with a focus on breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality and to ensure optimal development of children

2.1 VISION ICDS:

A transformed ICDS to ensure holistic physical, psychosocial, cognitive and emotional development of children under 6 years of age in nurturing, protective, child friendly and gender sensitive family, community, programme and policy environments with greater emphasis on children under 3 and promotion of optimal early childhood care, development & learning including maternal care. (9)

2.2 STRUCTURE OF ICDS:

The ICDS is organized at five levels, namely, Central level, State/Union Territory level, District level, Block level and Village level. At the central level, the department of Women and Child Development within the Human Resource Development Ministry is responsible for budgetary control and implementation of the programme.

At State level, the State Government may designate Department such as Woman and Child Development, or Social Welfare Department such as Woman and Child Development, or social welfare or Health or Rural Development, or Community Development or Tribal Welfare or any other to monitor and implement the programme within the State.

The programme is decentralized at State level and at the District level, District officer, Collector or District Development Officer or Deputy Commissioner, is responsible for co-ordination and implementation of the programme.

At the block level, the Child Development Project Officer (CDPO) is in charge of implementing the programme and each block consists of around 100 AWC. To facilitate supervision, the block is further divided into 4–5 circles depending upon the number of

AWC, each circle has a supervisor who monitors 20 to 25 AWC and reports to the CDPO. In large rural land tribal blocks an Additional Child Development Project Officer (ACDPO) is also appointed and he forms the link between the supervisors and the CDPO.

At the village level, the package of health, nutrition and educational services are provided at the Anganwadi (AWC) located in the village or urban slum areas to carry out the programme. AWC is the focal point for ICDS services delivery that normally operates daily for four hours except Sundays and holidays. The Anganwadi worker (AWW), a woman is the key functionary of ICDS at the grass root level. AWW is a voluntary worker and paid an honorarium of Rs. 1,500/- per month, usually recruited from within the local community. She is assisted by an Anganwadi helper (AWH) who receives a monthly honorarium of Rs. 750/-. Neither the AWW nor her helper is a regular Government employer.

The following chart depicting role and responsibilities of various authorities at the central, State and field levels in planning, funding executing and monitoring schemes formulated under ICDS from time to time.

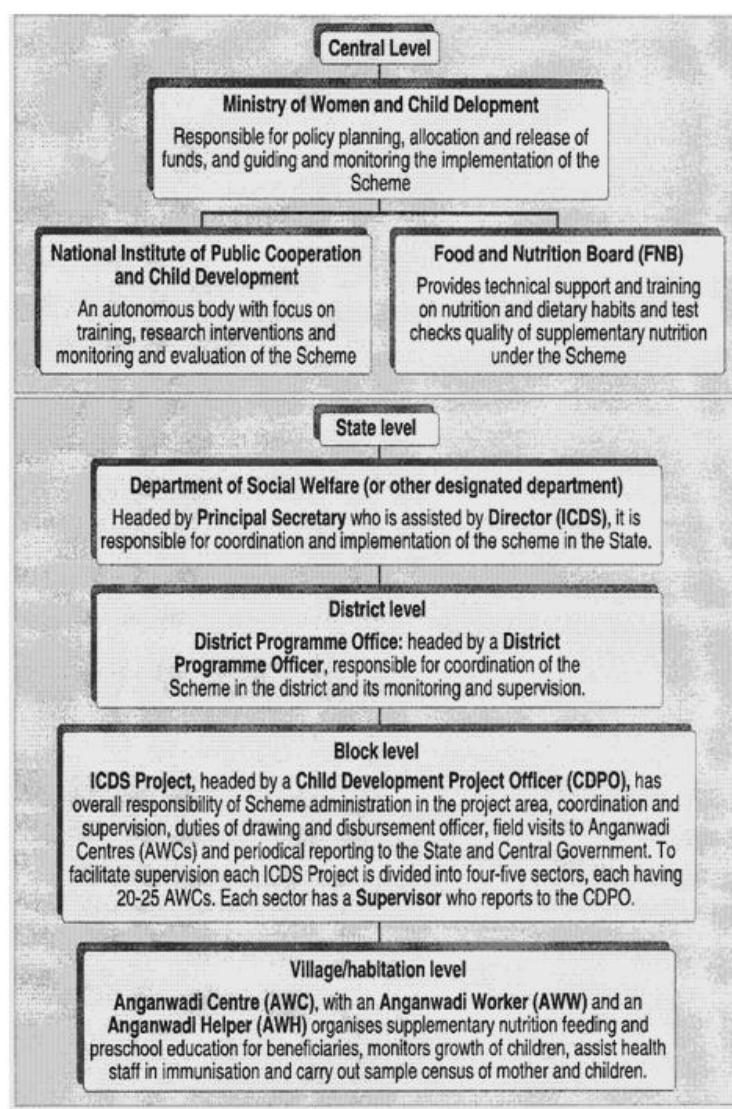


Fig: Fig 1.1 Organizational structure(17)

In 2012, the Ministry of Women and Child Development (MWCD) restructured the scheme introducing a number of programmatic, management and institutional reforms aimed at transforming the Anganwadi into a “vibrant ECD centre” through a revised package of services. Specifically, renewed focus was placed on strengthening interventions aimed at increasing outreach, care and nutrition counseling, particularly for mothers of children under three years of age.(11) To support this transformation, additional support is being provided to ICDS Scheme through a specific project with World Bank assistance called ‘ICDS Systems Strengthening and Nutrition Improvement Project2 (ISSNIP)’ which is under implementation in 162 selected districts in eight States viz., Andhra Pradesh, Bihar,

Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh. (11)
One such initiative under the project is to support organization of community based events in a systematic and structured way to promote behavior change among the communities to improve maternal and child nutrition.

2.3 COMMUNITY BASED EVENTS

Community participation is one of the pillars of ICDS. Involvement of beneficiaries and the community acting as change agents etc. has been instrumental. (10)

Rationale: Maternal and child caring and feeding behaviors are critical determinants of under-nutrition.(16) Enhancing awareness of care givers and community members on maternal care and nutritional needs of children is therefore essential if under-nutrition is to be reduced. Platforms for providing these messages, and building community support to enable the practice of related behaviours to improve nutrition need to be created and where they exist, need to be strengthened. These events primarily capitalize on celebration of traditional events linked to key milestones around pregnancy, childbirth, young child feeding etc.(16) These events, when held systematically and with quality, have been found to elicit positive responses from the community and increase awareness about caring and feeding behaviors by mothers.(16)

Some of these are illustrated below:

(a) Celebrating the forthcoming motherhood of a woman: In Madhya Pradesh newly pregnant women are honored through a Godh bharai ceremony. This occasion is used to register the pregnant woman for ante-natal care, provide a MCP card, NHE and IFA supplementation. In Andhra Pradesh, a celebration Samoohika Sreemanthalu is organized when the mother completes six months of pregnancy. Herein she is given information on institutional delivery, immediate initiation of breastfeeding, neonatal care etc. (16)

(b) Celebrating the initiation of complimentary feeding: A function called Annaprasana is organized at the AWC to initiate complimentary feeding to children on attaining six months. The occasion is also used to educate mothers on IYCF practices and check the immunization status of the child. Govt. of Odisha has developed specific guidelines on how to organize Annaprasana Divas at the AWCs.(16)

(c) Mobilizing the community for home visits of target beneficiaries: Called Balintadarshanam in Andhra Pradesh, it entails mobilization of the ANM, ASHA, PRI representatives, and members of SHGs etc., by the AWW to collectively visit a new mother (who has recently delivered a child) and counsel her on breastfeeding practices, neonatal care, and other child care behaviors.(16)

In this event, the mothers will be provided with knowledge about Infant and Young Child Feeding (IYCF) practices, immunization schedule and care during sickness as detailed below:(11)

1. Importance of complementary feeding: Once the child reaches six months of age, breast milk is not enough to meet her/his nutritional needs and semi-solid foods need to be introduced in her/his diet.

2. Quantity of food, variety, texture and recipes of complimentary food:

The table below indicates how much food a child should be fed at different ages and at what frequency.

Age of the child	How many times to feed in 24 hours	How much to feed in 24 hours
6-8 months	2-3 meals a day	2 katoris*
9-11 months	3-4 meals a day	3 katoris*
12-23 months	3-4 meals a day, with snacks	4-6 katoris*

*Small katori that can hold 100 ml of water

3. Cleanliness in cooking, serving and preserving complimentary food meals:

Measures, such as washing the bowl and spoon used to serve the food, washing hands before cooking and feeding the child, washing the hands of the child before feeding her/him, covering the bowl of food if the child is not eating immediately should be taken to minimize the risk of contamination of foods with pathogens.(16)

4. Responsive feeding and importance of tender love and care in feeding:

5. Continuation of breast feeding:

6. Maintenance of vaccination schedule and vaccinations for DPT, polio, measles:

7. Vitamin A supplementation starting at 9 months:

8. Adequate weight gain as per last 2 weighing:

9. Management and care of childhood illnesses and diseases:

10. Importance of de-worming

2.4 Objectives Of Community Based Events

The primary focus of the community based events is to capitalize on traditional celebrations of milestones in the mother's or a child's life beginning with conception, prenatal, neo natal and first three years, and use these as opportunities to promote the adoption of positive behaviors at crucial stages of life. Traditional Indian culture recognizes the importance of the stages of early development and some practices already exist to celebrate these stages within the family and the community. These traditional events are considered an opportunity to enhance awareness about maternal and child care. (11)

The specific objectives of organizing the community based events are to:

- a) Sensitize and create awareness among the community on key health, nutrition and child care practices in order to enhance community participation for the achievement of health and nutrition outcomes;
- b) Strengthen positive practices related to survival, growth and development of children; and
- c) Facilitate mobilization and involvement of the community at large in promoting good nutrition and health behaviors (11)

Objectives of specific events

GODBHARAI: The purpose of this event is to provide psycho-emotional care to the pregnant woman and sensitize her family members and the community

- To recognize the would-be mother as a special person deserving attention, affection and care;
- Felicitate and encouraging her to take care of herself during pre natal period;
- Ensure that the services and provisions available for pregnant mother under ICDS and NRHM are utilized optimally;

- Motivate the family and the community to be supportive and sensitive to her needs;
- Ensure an adequate plan for birth and for a possible emergency, including an assurance that the community will stand by her in a moment of need; and
- Identify a family member who can be trained by the AWW or ASHA for immediate newborn care

Participants: Beneficiary pregnant women, preferably in the 7th month (with some variation according to local tradition) belonging to the AWC area, their family members (preferably including men), and other community representatives.

Awareness about the following components of antenatal care is created in this event:

- 1. To Complete at least two ANC health check-ups in the remaining period of pregnancy.** It also provides the opportunity to discuss a birth plan and identify the facility

for delivery and referral in case of complications.

- 2. The need to prepare for Institutional delivery**

The woman should (a) seek guidance from ASHA about the Janani Suraksha Scheme (JSY) scheme and its benefits (b) identify a hospital/health centre where they want to go for institutional delivery (c) identify a means of transport in case they need to travel to the hospital/health centre in a hurry, (d) identify a person to accompany her to the hospital who can assist her in different ways, and (e) save money just in case the need arises.

- 3. Awareness about obstetric complications, their recognition and response**

The danger signs needing visit to the hospital include:

- Bleeding during pregnancy or excessive bleeding during or after delivery
- High fever during pregnancy
- Severe anaemia with or without breathlessness
- Headache, blurring of vision, swelling all over body
- Fits / convulsions or unconsciousness
- Bursting of water bag without labour pains
- Labour pain for more than 12 hours

- 4. Ensure completion of consumption of 100 IFA tablets**

Pregnant women should take one tablet per day regularly. Avoid or limit tea and coffee one hour before and after taking IFA.

5. Eating nutritive diet and healthy food

6. Immunization of Tetanus Toxoid

If you have not taken TT in the last three years, you need to take two injections of TT during this pregnancy, one month apart. If you have taken TT in the last three years, one injection during this pregnancy will suffice.

7. Use of iodized salt.

8. Using the Mother and Child Protection (MCP) Card

ANNAPRASANA

This event is the celebration of the child attaining six month of life. The child starts complementary feeding after six months .The event is celebrated to make the parents understand the importance of starting complementary feeding at the right time.

Objectives

- Create awareness among the family and the community about the initiation of complimentary food
- Educate the mothers and family members about locally available nutritious food for children
- Foster supportive responsibility amongst the family members and the community in the process of transition from mother's milk to semi-solid and later solid diets;
- Ensure Complementary Feeding is initiated for all the infants who have completed 6 months of age

Participants All the infants who have completed 6 months during the last month, as well as those who participated in the last two months' annaprashana ceremonies (children 7-9 months old)

- Mothers of children in the age group of 4 to 9 months.
- Caretakers within the family such as grandfather, grandmother, father or elder brothers/sisters of all participating infants

Relevant community members and leaders, including other women from the community with small children

- AWW and ASHA as facilitators

- Wherever possible, these events should be scheduled such that either the ICDS Supervisor or the ANM, or other additional support is available to organize the event.

2.4 KEY RESEARCH QUESTIONS:

1. What is the awareness level about the community based events amongst the family members of pregnant and lactating women and community members?
2. What are the changes adopted by the community member following the community based events?

2.5 OBJECTIVES

3. To check the awareness about community based events under ICDS Systems Strengthening Nutrition Implementation Plan amongst the family members of pregnant and lactating women.

Chapter 3: Methodology

3. METHODOLOGY

3.2 RESEARCH DESIGN:

This was a Qualitative Ethnographic Study. The ethnographic methodology was used in this study as it aims to better understand the role community based events at the community level. The methodology tries to shift the focus from talking generally about community based events (Godhbharai and Annprashan) to seeking to understand the perspective of the community for whom the study is being conducted.

The core of ethnographic qualitative research is the desire to understand the meaning people attach to actions and events. Some of these meanings are directly expressed in language; many are taken for granted and communicated indirectly through action. By spending time in social settings and interacting with the local people the researcher arrives at a more nuanced understanding of participants in the context of their own lived experiences. The opportunity to talk with them directly, ask questions that relate to the daily life experience as they have seen and experienced it, and also learn from them by observing and participating in their lives, enables the researcher to gain more of an insider's perspective. The one-to-one contact with the research participants, one could argue provides greater scope for the ethnographic researcher to give voice to participants.

3.2.1 Research Procedures Adopted

The study was conducted in four out of eight states under ICDS systems strengthening and nutrition improvement program. The states were chosen through randomization. The method of randomization is discussed in details further in the report. After selecting the states further three districts were selected through randomization to avoid bias. Further in

each district three blocks were selected, again through randomization. Each district should cover one urban and two rural blocks.

3.2.2 Randomization technique used to select the states

This was simple random sampling method. Microsoft excel was used to prepare a list of all the eight states namely Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Uttar Pradesh, Maharashtra, Rajasthan. After listing the eight names with the help of “filter command” the names were placed alphabetically and numbered. In the column in front of the first state mentioned, a formula of randomization (=RAND ()) was entered and a number appeared on the screen. This number was then dragged down in a way that all the states have a specific number in front of them. This column was copied and pasted in the next column against states. For pasting we used ‘paste special- values’. The numbers derived in the new column were all selected and again with the help of filter command the numbers were placed from largest to smallest. To further prevent bias we flipped a coin. On the basis of ‘Heads ‘or ‘Tails’ the first four or the last four in the list were selected. For selecting districts and blocks further, similar method of randomization was followed.

3.3 STUDY AREA AND PARTICIPANTS:

3.3.1 STUDY AREA:

After randomization the four states selected were Rajasthan, Madhya Pradesh, Uttar Pradesh and Jharkhand

3.3.1.1 Rajasthan

The largest state of the country, Rajasthan is located in the western India. Covers an area of 342,239 square kilometers and shares its borders with the Pakistani provinces of Punjab and Sindh and the Indian states. The pink city Jaipur is the capital of the state.

The geographic features of Rajasthan includes :The Aravalli Range and the Thar Desert. Most of the northwestern part of Rajasthan is landscaped by sandy and dry the Great Indian Desert, also known as the Thar Desert. Jodhpur is the most extensive city in the desert. The other prominent districts located in the desert are Bikaner, Jaisalmer, Barmer and Nagour. The major river systems of the Marwar and the Godwar regions are the Luni River and its tributaries.

Economy of Rajasthan

The state economy is mainly agricultural and pastoral. Sugarcane, pulses, oilseeds, cotton, Jowar, maize, gram and tobacco are the major crops of the region. Rajasthan is also the largest producer of marble and sandstone. Tourism is a prominent industry and many old and neglected palaces and forts have been converted into heritage hotels.

House-Hold

Less than one-third, twenty- nine percent of Rajasthan's households are in urban areas, and the remaining seventy-one percent are in rural areas. On average, households in Rajasthan are comprised of about five members. Less than 1 in 10 households nine percent are headed by women. Thirty-nine percent of the population in Rajasthan is under age 15; only 5 percent is age 65 and over. (12)

Literacy and educational attainment

Sixty-one percent of women and twenty-four percent of men age 15-49 have never attended school. More than one-quarter of men twenty-six percent have completed 10 or more years of education, but only 12 percent of women have attained that level of education.(12)

Infant mortality

The infant mortality rate in Rajasthan has been decreasing over time. Infant mortality is currently estimated at 65 deaths before the age of one year per 1,000 live births, down from the NFHS-2 estimate of 80. (12) Perinatal mortality, which includes stillbirths and very early infant deaths (in the first week of life), is estimated at 49 deaths per 1,000 pregnancies that lasted 7 months or more.(12)

MATERNAL HEALTH

Antenatal care

Among women who gave birth in the five years preceding the survey, seventy- three percent received antenatal care from a health professional (34% from a doctor and 39% from an ANM/LHV/nurse/midwife or other health personnel) for their last birth. One-quarter of women did not receive any antenatal care. A little more than two fifths of mothers had three or more antenatal care visits. Urban women were much more likely to have three or more visits (75%) than rural women (32%). For 58 percent of their last births, mothers received iron and folic acid (IFA) supplements, but only 13 percent consumed IFA for the recommended 90 days or more. Almost two-thirds of mothers received two or more doses of tetanus toxoid vaccine during the pregnancy. Only 1 percent took a de-worming drug during pregnancy.(12)

Male involvement in maternal care

Only forty- five percent of men with a child under three years said they were present during at least one antenatal check-up received by the child's mother (59% in urban areas and 41% in rural areas); and only 30 percent were told what to do if the mother had a pregnancy complication. Less than half of fathers in Rajasthan with a child less than three years of age were provided information related to specific aspects of maternal care. About two-fifths were told about the importance of proper nutrition for the mother during pregnancy and about same percentage were told about the importance of delivering the baby in a health facility(12).

BREASTFEEDING, NUTRITION, AND ANAEMIA

Infant feeding

Although breastfeeding is nearly universal in Rajasthan, only one-third of children under 6 months are exclusively breastfed, as WHO recommends. In addition, only 54 percent are put to the breast within the first day of life, which means many infants are deprived of the highly nutritious first milk (colostrum) and the antibodies it contains. However, mothers in Rajasthan breastfeed for an average of 24 months, which is the minimum duration recommended by WHO for most children. (12)

Children's nutritional status

Forty-four percent of children under age five years are stunted, or too short for their age, which indicates that they have been undernourished for some time. One in five are wasted, or too thin for their height, which may result from inadequate recent food intake or a recent illness. Forty percent are underweight, which takes into account both chronic and acute under-nutrition.(12)

3.3.1.2 Madhya Pradesh

Madhya Pradesh (MP) state is situated in central India. The state is bordered by different states - to its northeast lies Uttar Pradesh, to its southeast lies Chhattisgarh, to its south lies Maharashtra, to its west lies Gujarat and to its northwest lies Rajasthan. Madhya Pradesh is positioned in the heart of India. With 308,252 km² area, it is the second largest state in India. Bhopal is the capital city, but Indore is the largest city. It has a population of 72,597,565 as per 2011 census, ranking it sixth among Indian states (13)

According to the data of National Family Health Survey-3 (NFHS-3) 2005-06, 42.5% of the country's children under the age of five are malnourished and 69.5% are anemic, Union Women and Child Development Minister Maneka Gandhi in a written reply in Rajya Sabha said. Madhya Pradesh has the highest number of malnourished children in the country with 74.1% of those under the age of five suffering from anemia and 60% from malnutrition, the government said today.

House-Hold

A little more than one-quarter of Madhya Pradesh's households (28%) are in urban areas, with 72 percent in rural areas. On average, households in Madhya Pradesh are comprised of five members. Only eight percent of households are headed by women. Thirty-seven percent of Madhya Pradesh's population is under age 15; only 5 percent is age 65 and over (13)

Literacy and educational attainment

In NFHS-3, literate persons are those who have either completed at least standard six or passed a simple literacy test conducted as part of the survey. According to this measure, only 44 percent of women and 74 percent of men age 15-49 in Madhya Pradesh are literate (13)

Infant and Child Mortality

The infant mortality rate in Madhya Pradesh is the third highest among the states of India. The infant mortality in NFHS-3 is estimated at 70 deaths before the age of one year per 1,000 live births, down from the NFHS-2 estimate of 88. (13) The under-five mortality rate, at 94 deaths per 1,000 live births, is the second highest in the country. These rates imply that, despite declines in mortality, 1 in 14 children still die within the first year of life, and 1 in 11 die before reaching age five. The infant mortality rate is 61 percent higher in rural areas than in urban areas.(13)

MATERNAL HEALTH

Antenatal care

Among women who gave birth in the five years preceding the survey, almost three-quarters (74%) received antenatal care for their last birth from a health professional (33% from a doctor and 41% from another health personnel). One in five women (20%) received no antenatal care. More than 9 in 10 urban women (92%) received antenatal care from a health professional for their last birth, compared with 68 percent of rural women. Only two in five women (39%) received antenatal care during the first trimester of pregnancy, and 41 percent had three or more ANC visits, as is recommended. For 63 percent of their last births, mothers received iron and folic acid supplements (IFA), but for only 12 percent of the births did mothers consume IFA for the recommended 90 days or more. Seventy-one percent of mothers received two or more doses of tetanus toxoid vaccine during the pregnancy. Only 3 percent took a de-worming drug during pregnancy(13)

Male involvement in maternal care

Almost two-thirds of men (64%) with a child under three years said that the child's mother received antenatal care. Forty-eight percent of men with a child under three years said they were present during at least one antenatal check-up received by the child's

mother. Only 36 percent were told by a health provider or health worker what to do if the mother had a pregnancy complication.(13)

BREASTFEEDING, NUTRITION, AND ANAEMIA

Infant feeding

The World Health Organization (WHO) recommends, In Madhya Pradesh even though breastfeeding is nearly preferred, still the percentage of children under six months who are exclusively breastfed is merely twenty two percent. In addition, only fifty three percent are put to the breast within the first day of life. This includes those who are given breastfeeding within the first hour of birth, sixteen percent. It concludes that there are many destitute newborns who still do not receive the mother's first milk (colostrum). The colostrum is highly nutritious and contains plenty of antibodies. As recommended by World Health Organization, a child should be breastfed for minimum twenty- four months. According to NFHS 3(2005 -2006), the mothers in Madhya Pradesh breastfeed their children for an average of 23 months, lower than the WHO recommendation

Children's nutritional status

Stunting is another form of Half of children (50%) under age five are stunted, or too short for their age, which indicates that they have been undernourished for some time.(13) Thirty-five percent are wasted, or too thin for their height, which may result from inadequate recent food intake or a recent illness. Sixty percent are underweight, which takes into account both chronic and acute under -nutrition.(13)

3.3.1.3 Uttar Pradesh

Uttar Pradesh is India's most populous state with a population 199,581,477 (2011 census). As per the Rapid Survey of Children 2013-14 (Unicef), 47 per cent children below 5 years are underweight, 28.4 per cent are severely stunted and only 22.6 per cent of deliveries see early initiation of breastfeeding.

Uttar Pradesh is bounded by Nepal on the North, Himachal Pradesh on the northwest, Madhya Pradesh on the south, Haryana on the west, Rajasthan on the southwest, and Bihar on the east

Economy Of Uttar Pradesh

The economy of Uttar Pradesh is the fourth largest economy in India after Maharashtra, Karnataka and Tamil Nadu. In 2016-17, Uttar Pradesh's GSDP was ₹ 12.37 lakh crore (US\$190 billion). According to 2011 census report Uttar Pradesh have 22.3% urban population. Maharashtra have 5,08,18,259 urban population while Uttar Pradesh have 4,44,95,063

House- hold

One-quarter of households in Uttar Pradesh are in urban areas, with three-quarters in rural areas. On average, households in Uttar Pradesh are comprised of about 6 members. Fourteen percent of households are headed by women.(14)

Literacy and educational attainment

In NFHS-3, literate persons are those who have either completed at least standard six or 'passed' a simple literacy test conducted as part of the survey. According to this measure, only 45 percent of women and 76 percent of men age 15-49 are literate in Uttar Pradesh.(14)

Infant and Child Mortality

The infant mortality rate in Uttar Pradesh is the highest of any state in the country. Infant mortality in NFHS-3 is estimated at 73 deaths before the age of one year per 1,000 live births, down from the NFHS-2 estimate of 89.(14) The under-five mortality rate, at 96 deaths per 1,000 live births, is also the highest in the country. These rates imply that, despite declines in mortality, 1 in 14 children still die within the first year of life, and 1 in 10 die before reaching age five. Infant mortality in rural areas of Uttar Pradesh is 17 percent higher than in urban areas of the state.(14)

MATERNAL HEALTH

Antenatal care

Among women who gave birth in the five years preceding the survey, two-thirds received antenatal care from a health professional (23% from a doctor and 43% from other health personnel) for their last birth. One in three women (34%) received no antenatal care. Seventy- nine percent of urban women received antenatal care from a health professional for their last birth compared with sixty two percent of rural mothers.(14)

Male involvement in maternal care

Only 41 percent of men with a child under three years said that the child's mother received antenatal care. A little more than one-quarter (27%) of men with a child under three years said they were present during at least one antenatal check-up received by the child's mother; only 19 percent were ever told what to do if the mother had a pregnancy complication(14)

BREASTFEEDING, NUTRITION, AND ANAEMIA

Infant feeding

(14)

Children's nutritional status

Nearly fifty seven percent of children under age five are too short for their age, stunted, thus depicting that they have been in state of undernourishment since quiet some time. Recent illness or inadequate food intake may lead to under nutrition and wasting. Fifteen percent are wasted, or too thin for their height. Forty-two percent are underweight, which takes into account both chronic and acute under-nutrition.(14)

3.3.1.4 Jharkhand

Jharkhand endowed with rich flora and fauna is called 'the land of forests'. Situated in the eastern part of India, Jharkhand was split from southern Bihar and was formed into another state in the year 2000. Spread across 30,778 sq meters area, the state covers twenty - four districts Ranchi is the prime capital of Jharkhand. The largest city for industrial purposes is Jamshedpur.

Jharkhand is one of the most vulnerable and high burden states in India, with unacceptable levels of under nutrition. Six districts out of twenty four districts in Jharkhand, figure among '200 worst Child Nutritional Districts' (World Bank 2007). The India State Hunger Index (ISHI 2008) mentioned Jharkhand as the 16th ranking state in the 'state hunger index' (second last in the studied 17 states).

Economy

Jharkhand is India's second largest mineral wealth maker followed by Chhattisgarh. Minerals such as iron ore, copper, coal, uranium, bauxite, mica, limestone and graphite are found in the state. Because of its rich mineral resources, the state expects its per capita income to increase in the years to come. The state comprises of all the well known industrialized cities Bokaro Steel City, Ranchi, Ramgarh and Dhanbad. Sindri (Dhanbad) had the largest fertilizer industry, which has now shut down. Jamshedpur has the first ever iron and steel factory. Bokaro is also Asia's biggest steel plant. Gomia has the largest explosives at Bokaro. It was also indicated that NTPC will commence the production of coal, which will bring in an investment of around Rs 1,800 crore.

House-hold

One-quarter of Jharkhand's households are in urban areas, with the remaining three-quarters in rural areas (15). Households are comprised of an average of more than 5 members. Eleven percent of households are headed by women (15)

Literacy and educational attainment

In NFHS-3, literate persons are those who have either completed at least standard six or 'passed' a simple literacy test conducted as part of the survey. According to this measure, only thirty seven percent of women and sixty nine percent of men age 15-49 in Jharkhand are literate (15)

Infant and child mortality

The infant mortality rate in Jharkhand is currently estimated at sixty nine deaths before the age of one year per 1,000 live births. (15) Currently, more than one in fifteen children still die within the first year of life, and one in eleven die before reaching age five.(15) Infant mortality in rural areas (73 per 1,000 births) is almost fifty percent higher than in urban areas (50 per 1,000 births)(15)

MATERNAL HEALTH

Antenatal care

Among mothers who gave birth in the five years preceding the survey, fifty - seven percent received antenatal care from a health professional (39% from a doctor and 18% from other health personnel). Two in five mothers received no antenatal care. Eighty-four percent of urban women received antenatal care from a health professional, compared with only fifty percent of rural women (15)

Male involvement in maternal care

Fifty-two percent of men with a child below three years of age said that the child's mother received antenatal care.(15) Forty-five percent of men with a child under three said they were present during at least one antenatal check-up received by the child's mother; only one-fourth were told what to do if the mother had a pregnancy complication.(15)

BREASTFEEDING, NUTRITION, AND ANEMIA

Infant feeding

Although breastfeeding is nearly universal in Jharkhand, only fifty-eight percent of children under six months of age are exclusively breastfed, as the World Health Organization (WHO) recommends.(15) In addition, only forty - five percent are put to the breast within the first day of life, including only eleven percent who started breastfeeding in the first hour of life, which means that many infants are deprived of the highly nutritious first milk (colostrum) and the antibodies it contains.(15) However, mothers in Jharkhand breastfeed for an average of thirty - three months, which is nine months longer than the minimum of twenty-four months recommended by WHO for most children.(15)

Children's nutritional status

Half of children in Jharkhand under age five are stunted, or too short for their age, which indicates that they have been undernourished for some time. One-third children are wasted, or too thin for their height, which may result from inadequate recent food intake or a recent illness. Fifty-seven percent are underweight, which takes into account both chronic and

acute under nutrition. By all three measures of nutritional status, children in Jharkhand have a worse nutritional status than children in most other state. (15)

3.3.2. PARTICIPANTS:

The desirable criteria for choosing participants for focused group discussions:

The Pregnant and Lactating women of their family must have been a participant herself in the community based events.

3.3.2.1 Husbands of pregnant and lactating mothers:

Focused group discussions with the husbands of those pregnant and lactating mothers who had been a participant in the community based events. Thus, those husbands whose wives had completed 7 months of pregnancy and been a part of a community based event “Godhbharai” were interviewed or the one who is father of 0 – 2 year old child and his child was or is going to be a participant for “Annprashan” were interviewed. The purpose of selecting husbands of the pregnant and lactating women who have been participants of these events was to know their thinking about these events. As a lady is going through a transition phase during her pregnancy, many a times she needs extra support and care. It is a husband’s responsibility also to know how to support his wife during pregnancy. A father plays a big role during the few early growing years of the child. As important it is for a mother to be a part of these events so is it for the fathers. Discussion with fathers would help us understand their thinking about the community based events, how supportive they are to understand the special care a pregnant women and a child needs.

3.3.2.2 Mother-In- Law:

The mothers-in-laws of targeted beneficiaries, i.e pregnant and lactating women who have been a participant of any of the community based event were selected. These were those mother-in-laws whose daughter-in-law had completed 7 months of pregnancy or is a mother to a child between 0 – 2 years. The purpose of choosing mother-in-laws of pregnant and lactating mother was to know their attitude towards these events. Their thinking and beliefs about the importance of celebrating these events is important. The pregnant women are very vulnerable during this period. She is unable to take good care of herself alone. During this time she requires the support of her family members. By conducting focused

group discussion with the mother in laws we will come to know if they understand and feel the need of taking care of their daughter in laws as advised by the Anganwadi works during these events

3.3.2.3 Community Members:

The participants for focused group discussions of community members, we selected the members who were not a designated government worker or serving the community as a leader or member of Panchayat. The community members could be the one who may or may not have attended these community based events. This will help the researcher to understand the thinking of the general community. This will explain the feelings and attitude of the common public towards these events. The purpose of excluding the leaders or Panchayat members during these discussion was that the general public might not feel very comfortable to speak in front of them.

3.3.3 STUDY DURATION: The data was collected over a period on two months.

3.4 RESEARCH INSTRUMENTS

An open ended questionnaire was developed separately for mothers-in-laws, husbands and community members. The main focus of all the questions was to understand the extent of knowledge the family members of pregnant and lactating women have about the community based events and the changes which they have adopted after attending these events. The questionnaire can be viewed in the annexure.

3.5 DATA COLLECTION

Focus group discussion (FGD) was chosen as the tool for data collection. It aimed to explore and to share the experiences, thoughts, feelings, attitudes and ideas of participants. Two FGDs in each state were carried out for all the sections, two for husbands, two for mother in laws and two for the community members. Both the groups were from different sectors of different districts in order to capture a generalized view. Leaders as well as village chairpersons were excluded from the groups to reduce possible interference with the freedom of expression amongst participants. The discussion was designed to gather

information on the awareness about the community based events, objectives of these events, participation level in these events, effectiveness of these events. Before the FGDs, the moderator introduced all participants, explained the general purpose of the study and topic of the discussions. The participants were informed about the tape-recorder and permission to be recorded was requested. Informed verbal consent was obtained from all individuals participating. The FGDs generally took place at the nearest Anganwadi center or health facility. The sessions lasted 20-30 minutes. The researcher led and it was recorded using a tape recorder. The moderators used the topic guide to direct the discussion and cover all of the relevant topics. The questions were selected in relation to the research objectives.

3.5.1 Ethical Precautions:

Prior to interviews, respondents were informed of the objectives of the study and how the collected information would be used. Respondents were also informed of the purpose of the study and that the data would be treated in a confidential manner. Verbal consent was obtained for interviews and for recording the interview. All recordings were stored in a lockable container with restricted access. Care has been taken to ensure anonymity of all individuals cited in this report, by withholding their names and those of towns, villages and institutions which may have led to their identification.

3.6 DATA CODING:

The Data Collected In Form Of Recordings And Notes Were Coded For Data Analysis With The Help Of ATLAS.ti.

3.6.1 ATLAS.ti Process

The Audio Recordings Collected During Focused Group Discussions Were Converted Into Text By Writing It On Microsoft Word. The Narrative Text Was Then Uploaded Into The ATLAS.Ti Software. This Qualitative Information Is Then Coded Using Desired Coding Construct. This Coding Construct, Allows The Researcher To Identify Relationships Among A Number Of Concepts, Identified During Literature Review Of The Topic. The Number Of Codes Used By The Researcher Is A Matter Of Preference. It Will Be Difficult

To Abstract Themes If The Number Of Codes Generated Is Very Big. The Researcher Needs To Combine A Group Of Similar Codes, Sharing Consistencies And Meaning, Into A Single Category Of Codes In Order To Reduce The Number Of Codes Used. Every Response To An Open-Ended Survey Question Represents An Occurrence. Each Occurrence Can Be Linked To More Than One Code.

Once the coding of qualitative data is completed, the researcher leverages an atlas.ti co-occurrence frequency table to identify related concepts. The co-occurrence frequency measures all codes present in the data, that is, where ever a code is mentioned in the same occurrence when another code is mentioned. For the codes which co-occur a co-occurrence frequency count proves insightful in identifying inductive themes. After identification of these themes, the researched completes the analysis using the themes and the coding.

Chapter 4: Results

4 RESULTS

4.1 DATA ANALYSIS

4.1.1 HUSBANDS

Awareness about community based events and Anganwadi: The data analysis showed that although the husbands of the pregnant and lactating women were aware about some activities being conducted at the Anganwadi centre but are not clear about specific events. As expressed by the husbands, major reason of the male members being unfamiliar to these events would be that they have to go out for work, so cannot visit the Anganwadi centre and understand the processes of these events.

“hum to kaam pe rehte hai, auratein hi bachoo ko leke jaati hai” (husband, Barmer, Rajasthan)

“We stay at work, ladies go to the anganwadi centre along with their children”(English)

“Wo to sir, bacche aate hai mrs aati hai, hum to karkhane mei lage rehte hai (husbands, Damoh, Madhya Pradesh)

“Sir, our wives and children come to the Anganwadi centre; we keep busy at work earning bread for our family” (English)

We received multiple responses on asking them about the names of the events being organized at the Anganwadi.

Few were aware about “Godhbharai”

“Nariyal deke Godhbharai karte hai”(husband Barmer, Rajasthan)

“The Anganwadi worker gives coconut during the celebration of an event named Godhbharai”(English)

Husbands of pregnant and lactating women in **Rajasthan** expressed the reason for not knowing the details about these events –

In Jharkhand, the husbands could recognize “Godhbharai” as one of the events at Anganwadi centre. Annprashan Is celebrated in Jharkhand in form of “Muh-Jhooti” as the local people call it, but the husbands were not aware about any such event being conducted at the centre.

These events are celebrated as ‘Mangal Diwas’ in Madhya Pradesh, a word with which the husbands could familiarize well. They also mentioned that on first Tuesday they celebrate Godhbharai and other event organized is “Annprashan”

“Wife btati hai ki godhbharai mei mahila ko godh mei fal- val diya gaya, jo jo postik ahar hai diya. Aur dhatri mahila koe bachoo ko kheer khilate hai aur bachoo ko saath mei Katori bhi dete hai”(Husbands, Pakur, Jharkhand)

“ My wife says that during Godhbharai, the participating pregnant women receives fruits and other nutritious food items from the Anganwadi worker. And the lactating woman’s child is given hias first complementary feed in form of ‘Kheer’ and the child is given a bowl as well” (English)

“Usne btaya ki Godhbharai pe humko tikli diya aur mehendi aur kajjal bhi”
(Husbands, Shajapur, Madhya Pradesh)

“My wife told me, that during godhbharai she was given Tikka (Jewellery which ladies wear on forehead), Heena and Eyeliner as well” (English)

In **Uttar Pradesh** the picture is quite different as some of the husbands said they do not get any information about the events being organized at the Anganwadi centre, few could mention correctly some of the reasons behind organizing these events at the Anganwadi centre.

Objectives: According to most of the husbands these events are celebrated to impart knowledge to the community about how to take care of the mother and the child. They said that these events are being conducted for the benefit of pregnant women and to give her about the benefits being provided to children by the government.

Husbands in Madhya Pradesh and Jharkhand mostly said that the reason behind organizing these events is to give information about the food a pregnant woman/ mother should have. They also think these events are organized to give information on how to improve the health status of a child and discuss about the importance of adding green leafy vegetables to your diet.

“ Karyakarta saab yehi bolte hai ki bacha swasth rahe hai, bachoo ko vitamin protein do , jacha bacha swasth rahe, isiliye manate hai yeh karyakram” (Husbands, Rajasthan)

“The Anganwadi worker says that these events are to give information about the child’s health, the child should be healthy and fit, he should be given vitamins and proteins, and the mother and the child should be in good health, these are few reasons to celebrate these events” (English)

“Vishesh to hai swasthya ke bare mei jankari dena, aajkal gamin shetr mei khan- peen mei bahut kami mehsoos hota hai, ismei poshtik ahar ke liye btaya jata hai, bache ki sehat ke liye aur garbhvati mahila ki sehat ke liye” (Husbands, Jharkhand)

“The main reason to celebrate these events is to give us information about health. These days we face a lot of problems related to food as we stay in rural areas. Green leafy vegetables are not easily available; they tell us about nutritious food, about improving health status of the children and pregnant women” (English)

Other Activities at the Anganwadi centre: The analysis also showed that the husbands are aware about vaccinations being given at the centre. They also mentioned that children come here to study and learn new things. The Anganwadi centre also distributes ‘Take Home Ration’ and sweets among the children. Husbands in Rajasthan talked about many other things which take place at the Anganwadi centre, like giving medicines to kill worms, polio vaccination, iron tablets to kishori balika. The community has been benefited by the Anganwadi centre as they say , now we do not need to go to the hospitals for vaccination and all the facilities are provided here, but there is still lack of knowledge about the events and the reasons behind organizing them.

Events Attended: It was perceived that the women of the community were the one who go to the Anganwadi centre. They participated in the events conducted at the Anganwadi, organized by the Anganwadi workers and husbands did not enquire about the activities which take place at the Anganwadi centre, as mentioned by few of them during the discussion.

“Hum to mazdoor aadmi hai , jinke ghar mei candidate hai wo jate bhi hai , aur jinke ghar mei nahi hai to garbhwati mahila hi jati hai” (Rajasthan)

“We are laborers, go to work, those who have family members to accompany the pregnant women they definitely go, but the pregnant women who do not have other family members available at home, go on their own to the Anganwadi centre to participate in these events” (English)

“Godhbharai ka to pta nahi hai, par vo jab bachee ko 6 mahine ka hua tha tab lekar gai thi, usko khane ka diya tha” (husbands of pregnant and lactating women, Madhya Pradesh)

“I do not know whether it was Godhbharai or any other event but my wife took my child to the Anganwadi centre when he completed six months, he was given something to eat at that time”(English)

Analysis showed that women were accompanied by their mother-in-laws or sister-in-laws mostly when they were called at the centre to celebrate their special day for the event. Husbands mentioned that their sisters usually go along with their wives, especially in Barmer Rajasthan. Their younger sisters were given some iron tablets and special information was shared with ‘Kishori balika’, for which their sisters were going to the Anganwadi centre.

“Humari choti behene hai na, unko bulate hai to kabhi kabhi aati hai, pehle jati thi mata jab bacha hone se pehle unke saath aati thi Tikkakaran ke liye, ab to 4- 6 mahine ka bacha ho gaya hai to vo akele hi jaati hai”(Barmer, Rajasthan)

“Kabhi daadi jati hai to kabhi maa jati hai” (Barmer, Rajasthan)

“Humari sisters Anganwadi jati hai to wife ko ghar ka kaam karna padhta hai”
(Husband, Barmer Rajasthan)

It was revealed through the discussions that husbands in Madhya Pradesh, although do not go to attend these events but they still wish to be a part of the celebrations when such events take place at the Anganwadi centre. They also believe that other family members should also visit along with the participating beneficiary during these events. The Mother-In-Laws also went there to collect the ‘Take Home Ration’

“ Hum hi gaaye the apni patni ke saath” (Husband, Kushinagar, Uttar Pradesh)

“Hum log bhi jaate hai lekin jagah thoda hai ladies log hota hai to hum chala jata hai”
(Husbands, Garhwa, Jharkhand)

Some statements given by the husbands of pregnant and lactating women while discussion was going on gave the picture of husbands taking interest in attending these events. However, it is not clear that whether they wish to attend these events because it is a form of get together, or do they genuinely want to gather more information about improving mother and child health status.

Experience Shared:

The husbands being the bread earners of the family do not get much time to invest in gathering the information delivered by the Anganwadi workers at the centre. At some instances we received responses which helped us to understand a belief prevalent among the male members of the family, that the activities which takes place at the Anganwadi centre is only for women and there is no place for men to go and sit among women for the same. The husbands shared this upfront during the discussions that they are not interested to know about the events being organized at the Anganwadi centre, neither do they ask their wives about their experiences. The husbands expressed the experience of their wives and family members who attended these events as ‘Good’. What we infer from the whole interaction is that the realization among male members to participate in the community based events was lacking.

“Ji, yeh karyakaram manaye jate hai, sabhi log aate hai pure gaon se, aurtein ek jagah ikathe hoti hai ” (Husbands, Bhandaria, Jharkhand)

“Ji,yahan program hone ke baad to parivartan hota hai ismei koi shaq nahi hai, bahut zada parivartan , ghar mei btaya bhi jata hai, aise ladies log hai , jo yaha samajh ke jati hai, saas bhi btata hai ki kya btaya gaya uske hisab se to chalo, kya poshtik bacho ko dena hai kya nahi dena, dawa bhi milta hai na, aur bache ko kab sui lagana hai, adhiktar to saas log hi khayal rakhti hai ki bacche ko sui kab lagwana hai” (Husbands, Bhandariya,Jharkhand)

“There is a visible change after the program, there is no doubt about it. It is discussed in the family. The ladies who accompany the pregnant mothers are also given good piece of information, the mother-in-law also says “that whatever has been told to them must be followed, the nutritious diet about which the Anganwadi workers have told must be given.” “Medicine is also given during the program. Knowledge about the vaccination is also imparted during these events. When to get the child vaccinated is taken care of by the mother in laws,” (English)

Information Received:

The Anganwadi Workers discussed with the women about the precaution required during pregnancy, how to take care of the mother and child's health during pregnancy and post delivery. They discussed about the diet to be followed during pregnancy and how to breastfeed the infant. During these events, the Anganwadi workers also discuss with participants the need to include more of green leafy vegetables, pulses and fruits in their meals. They also gave 'Ankurit Daal' and 'Poshahar' (Take Home Ration) to the participants. To keep the child healthy and feed him the food which is nutritious for the child.

“Pehle gaon mei dast bahut lagte the, pehle humko maloom nahi tha ki bache ko paani kitna pilana hai, ab behenji ne btaya dast mei bache ke shrer mei paani ki kam hoti hai . Anganwadi centre mei puriya diya jata hai, jo paani ki botal mei daal k epilate rehte hai baccho ko” (Husbands, Barmer, Rajasthan)

Earlier there used to be lot of Diarrhea in the village, we didn't know how much water is to be given to a child, now the AAW told us that water is depleted from the body of a child

during diarrhea. In the Anganwadi centre a sachet is given which is to be mixed in a bottle of water and given to the child. (Husband, Barmer, Rajasthan)

“Haanji puri jaankari di jaati hai , bache ko dudh kaise pilana hai, anar khao, hari sabji khao” (Husbands, Dausa, Rajasthan)

Yes, full information is given, how to breastfeed the child, take pomegranate and green leafy vegetables (Husbands Dausa, Rajasthan)

“Tarhan taran ke poshak tatvo ka istemaal karo” (Husbands, Dausa, Rajasthan)

“Take variety of nutritious foods” (Husbands Dausa, Rajasthan)

It is perceived, that in Rajasthan the information delivered by the Anganwadi workers to the beneficiaries during these events was discussed among the husband wives and other family members in a more clear way as compared to the family members in Uttar Pradesh. The husbands in Uttar Pradesh said ‘we received all kind of information related to health, but do not receive the benefits which government provides to the pregnant women’

“Jo suvidha hai vo direct garbhvati mahilao ko milni chahiye, government ko direct garbhvati mahila ko hi deni chahiye hai” (Husbands, Jhansi, Uttar Pradesh)

“The benefits which government provides to the pregnant women, should directly reach the pregnant women” (English)

“Vo kya hai na jab behenji aati hai bulane to mahilao ko hi bulati hi nahi, agar bulaye to hum bhi aaye, yeh to humari wife jo btate hai hum vohi bta rahe hai” (Husbands, Shajapur, Madhya Pradesh)

“”When the Anganwadi worker comes she only invites the women, so we do not come, if she asks us to come then we will also attend these events, we are telling you all this what we have got to know from our wives” (Husbands, Madhya Pradesh)

Dietary Changes:

From the data analysis, it comes out that the Anganwadi workers were able to deliver the message about the dietary changes which a pregnant and lactating women needs to introduce in her daily meal. Upon asking about the changes they have made at home after

being a participant in these events, we were told that they started having green leafy vegetables now. Ever since they came to know from Anganwadi workers about the importance of fruits like Pomegranate, the husbands encouraged the pregnant women to take fruits as frequently as possible. The women made sure that she washed her hands before every meal. The husbands in Jhansi, Uttar Pradesh said that they also adopted the various methods to keep the surroundings clean and hygienic.

“Mere teen bache hai, ek badi vali ek ladki hai , uske baad ek ladka hua hai , lekin uske khan peen mei vishesh dhyan nahi diya, lekin uske baat ek aur ladka hua hai usko vishesh mei khane peene ka poshtik ahar diya, ab to vo itna sundar aur swasth hai, matlab bada bacha aur chota bacha saath mei rakh doge to koi nahi kahega ki yeh dono bhai hai” (Husbands, Garhwa, Jharkhand)

“I have three children, the eldest one is a girl, then a boy but we were unable to pay much attention to them, when we had our third child who is also a boy, we gave him nutritious food and now he is a beautiful healthy child. If you see both the brothers together, you won’t agree that they are siblings” (English)

“ Sir, 6 mahina ke baad, khichadi khilani shuru karti hai aur Anganwadi centre par jo packet milta hai 6 mahine se 36 mahina tak usko dudh aur paani mei milake deti hai” (Husbands,Pakur,Jharkhand)

“Sir, after the child completes 6 months, my wife starts giving ‘khichadi’(semi solid form of rice and lentils) to our child. She also gives the packets which we receive from Anganwadi centre to our child after mixing it in either milk or water” (English)

During the conversation one of the husbands from Barmer, Rajasthan mentioned that it is now after the information given by Anganwadi workers while the community based events we know that our meal should consist of protiens and nutrients. They shared that their spouse are aware about the benefits of consuming healthy food, a diet rich in fruits and green vegetables. One of the husbands, during discussion in Barmer admitted that previously they use to take ‘garlic chutney and chapatti’ to their work, but now after the information they receive during these events being organized at the Anganwadi centre, they know , curd is also important for us.

All of them agreed that because of the information which the women received during these events, their wives started serving healthy food to them as well.

“pehle to humko pta nahi tha, poshtik bhojan kaunsa hai”(Husbands, Barmer,Rajasthan)

“Previously, we did not know what is Poshtik bhojan(Nutritious food)” (English)

Wife apne taraf se bta deti hai, aaj yeh lana, aaj gajjar lana, yeh gaajar hum nhi late the pehle, pehle to humko pta nahi tha chukundar kya hota hai, ab inko pta hai ismei kya hai, to hum le aate hai”(Husbands, Barmer,Rajasthan)

Our wives tell us which vegetable or fruit we have to bring from the market, we never use to bring carrots at home, but now she gets the information and so she tell us, what should we bring , we never knew what is beetroot, but now they know about it and they know why is it important to eat it” (English)

Husbands in Dausa also gave similar kind of responses.

“Khoon check karte hai aur btate hai,agar khoon kam ho to - anar khao , hari sabji khao” (Husbands, Dausa,Rajasthan)

“They regularly do blood tests at the Anganwadi center, if hemoglobin is low. They also counsel about what to eat like pomegranates and green leafy vegetables” (English)

In Madhya Pradesh, they also elaborated what information their wives received during ‘Annprashan’ like the child should only be breast fed for the first six months, after six months we should start complementary feeding with semi solid foods like ‘Dalia’ (Porridge).

“humko jo salah milti hai fir vaisa hi karte hai, yeh bacche aur maa ki sehat ke liye acha hota hai” (Husbands, Shajapur, Madhya Pradesh)

“After getting counseled about the diet (by the Anganwadi workers during these events), we eat as adviced , as we believe it is good for the child as well as mother’s health” (English)

“Haan ji, parivartan dekha hai, teekha kum khana, wajan kum uthana, kum chalna, fal khana” (Husbands, Shajapur, Madhya Pradesh)

“Yes, we have seen changes, they have started eating less spicy food, and they do not pick up heavy weights or exert much” (Husbands, Shajapur, Madhya Pradesh)

Frequency:

“Haan, jaroor hone chahiye, mere bhai ke bacha hoga to usko bhi pta chalega” (Husband, Barmer, Rajasthan)

Yes, definitely these events should definitely be organized , tomorrow when my brother has children , he will also get essential information through these events” (Husband, Barmer, Rajasthan)

The analysis describes that the husbands were willing to continue with such type of events at the Anganwadi centre, they believed this would enhance the knowledge of the women and help them in improving their health status. These events are not only for the women to understand more about their pregnancy but it is also a method to spread awareness among the other community members.

Sir, vo(wives) ghar per hi baithi rehti hai, Anganwadi worker bulati hai to unko bhi pta chalta hai, wo check up bhi karane aati hai fir” (Husbands, Shajapur, Madhya Pradesh)

Where all the husbands of Jharkhand in one voice agreed on increasing the frequency of these events, the interaction with husbands in Uttar Pradesh brought to light that the Anganwadi workers need to work pro- actively to involve the community.

Benefits of Anganwadi and Suggestions:

“Pehle humko pta nai tha in cheezon ka, hum to ghar mei hi rehte the, delivery ke time pe hum hasptal nahi jate the, fir Anganwadi worker ne card bnaya, fir vo sahi dinak de dete hai, fir us samay hum ghar pe hi rehte hai” (Husbands, Barmer, Rajasthan)

“Previously we were not aware about all these things, we use to stay at home and not go to the hospital for delivery, but now the Anganwadi worker prepares a card for every

pregnant women and tells us the expected delivery date, so we stay at home around those dates” (English)

Gaon mei jaise do teen kilometer durr bhi anganwadi centre hone chahiye, kyunki unmei aur humei bahut farq hai, hum kehte hai tikkaran lagwaya, to vo kehte hai sab uparwale ki marzi hai, to vahan bhi hone chahiye (Husbands, Barmer, Rajasthan)

“ In villages there should be Anganwadi centre within the range of two to three kilometers, as there is a difference in our thinking and theirs, when I asked someone I know from the village about vaccinating his child, he replied , its all in hands of God (English)

“Anganwadi kendr mei thoda sa upgrading karna chahiye, Poshahar mei thodi si upgrading aur karein” (Husband,Shajapur, Madhya Pradesh)

“The Anganwadi centres require a little bit of upgrading, Poshahar(THR Packets) should also be upgraded a little bit”, (English)

“ Humko to koi cheez pta nahi hai, hum to ite padhe-likhe nahi hai, to inke paas jo suvidha hai vo sari btani chahiye, aapko garbhwati hone ke baad mei kya suvidha milegi vo btaye aur government ki taraf se kya suvidha di jati hai vo bhi btaya jana cahiye, aur bacha hone ke baad kya suvidha milni chahiye vo bhi btaye”(Husbands, Dausa, Rajasthan)

“Being illiterates we do not know much about the facilities being provided at the Anganwadi centre for pregnant, lactating women and children, so the Anganwadi workers should individually tell all the facilities provided at the Anganwadi centre to the beneficiaries. Also, they should tell about the benefits of a pregnant women and a child which government offers them” (English)

It seemed from the discussion with husbands of pregnant and lactating mothers that prior information about the events being organized so be spread in a more effective way. This will help more people to keep themselves free from other engagements and will be available to participate in the events.

In Jharkhand , husbands suggested to distribute flyers or pamphlets in the village prior to these events. They may also distribute handouts while the Anganwadi worker is delivering key messages to the audience in these events.

In Uttar Pradesh, the husbands expressed their worries regarding the monetary benefits they should receive for delivering a girl child. They are fine with the ‘Panjeeri’ (Take Home Ration) which they receive every month but the financial support which government has offered to bring up a girl child should directly be deposited in the child’s account. We received suggestions from the husbands of pregnant and lactating mothers in Rajasthan to increase the Anganwadi centre as well so that more number of people can participate. Each member plays a significant role in their families, at times they lack support and so it is difficult for them to invest time in travelling long distances just to attend one event. So, increasing Anganwadi centre will also increase awareness among the community.

4.2.ANALYSIS: MOTHER-IN-LAWS

Awareness about the events:

The Mother-in-laws of Rajasthan could not describe about the community based events completely. They mentioned that the Anganwadi worker at times organizes an event “Godhbharai” in which the beneficiary who were in the 7th month of pregnancy received coconut. Things like garland and rice were used to welcome the people gathering for the event. They were not familiar with “Annprashan” word but the mother in laws said that khichadi, kheer and a packet was also given to them. They were asked to mix the contents of the packet in milk and feed it to the child. They also recollected receiving bowl and spoon during these events.

“karyakarta behenji usko aashirwaad deti hai, Poshahar deti hai, dalia aur iron ki dawai bhi deti hai. Kabhi kabhi jab garbwati mahila saat mahine ki ho jati hai to wo uski godhbhrai krati hai, nariyal deti hai, phool mala chadhati hai aur chawal aur mauli se humara swaagat krti hai”(Mother-in-Laws, Barmer, Rajasthan)

“The Anganwadi worker gives the pregnant women her blessings along with take home Roshan packets (Poshahar), Porridge, iron tablets. At times she also celebrates Godhbhrai when the women complete 7 months of her pregnancy. Then she gives her coconut, welcomes us with garland, rice and mauli (a Holy Thread)”(English)

“Ek aur program hota hai, usmei vo bacha ko kheer khilata hai aur “Katori-Chamach” bhi deta hai” (Mother-in-laws, Jodhpur, Rajasthan)

“Another event is organized at the centre, in which the Anganwadi worker feeds “kheer” (Milk and Rice) to the child. She also gives bowl and spoon to the child” (English)

On the contrary, mother-in-laws of Kanpur could tell the names of both the events but again with a very little information of each of the events.

In Jharkhand, we found the mother-in-Laws were quiet unaware about these events. After discussing further we came to know that since past 7 months no such event was conducted at the Anganwadi centre. Hence, reason for unawareness was genuine.

“Humko ab sabji lagane ko bola hai ghar pe, jaise gajjar,palak sab, kyunki bache ki sehat ke liye acha hota hai na”(Mother-in-laws, Dindori, Madhya Pradesh)

“Mangal diwas par, jo bacha 6 mahine complete karta hai usko Anganwadi cener par Katori chammach diya jata hai aur us din kheer bhi banta hai”(Mother-in-Laws, Shajapur, Madhya Pradesh)

Madhya Pradesh analysis showed that the mother in laws were involved in the community activities or we can say the Anganwadi worker were more efficient in Madhya Pradesh as the women during discussion could talk about both the events and explain the event in a much better way. While ‘Godhbharai’ was a tradition in Shajapur, Madhya Pradesh, even before ISSNIP implemented these events at the centre, ‘Annprashan’ was not celebrated in any form before ISSNIP.

Objectives:

It can be said that the mother in laws although participated in these events but they were not able to understand the reason for organizing these event at the Anganwadi centre. According to one of the mother in law the government organizes these events to know the number of pregnant women and newborn children. Although they could describe “improving child’s health as one of the reasons to organize these events but they are still not aware about the main objectives behind these events.

The Mother-in- Laws in Uttar Pradesh said that the reason behind celebrating these events is to make them understand, how they should inculcate healthy dietary habits in the pregnant and lactating women as well as the new born child.

“Bacha maa ke pet mei hai swatsstha rahe aur uski delivery ache se ho jaye, baad mei voi ache se bada ho . bache aur maa ki sehat achi rahe aur maa acha khana khaye, yeh sab samjhane ke liye ,yeh karyakaram manaye jate hai” (Mother-in-Laws,Pakur, Jharkhand)

Where In Jharkhand the mother-in-laws were not much aware about the events taking place at the centre in Madhya Pradesh, they actively participated in explaining that the main objectives of celebrating these events is to make her understand how important it is for her to take nutritive food while she is expecting a new life. They also could tell that these events give them knowledge about importance of breastfeeding a child and the complementary feed which they are to begin.

Events attended:

Mostly the daughter-in-laws participated in ‘Godhbharai’ as told by Mother-in-laws in Rajasthan explained present during the discussion. Whether the ‘Annprashan’ was celebrated, or we did not have target beneficiaries for the event for long remains unknown. The respondents did mention about receiving bowl and spoon but they were not familiar with the word “Annprashan”.

In Jharkhand, people celebrated these events at home and not at the Anganwadi centers.

In Kanpur, Uttar Pradesh the mother in laws shared that their daughter-in-laws has been there at the event while their daughter-in-law was a participant of the event. During the conversation, it was also explained that these workers some woman from the family usually accompanied the participating beneficiary.

Few of the Pregnant and lactating women were accompanied by their mother in laws, few came with their sister-in-laws and some adolescent girls were also seen during these events at the Anganwadi centre. The mother-in-laws explained their experience of attending these events was good as they sung folk songs and also enjoyed refreshments provided by Anganwadi workers. On asking these mothers, whether male participation is required in these events, we received a prompt response saying ‘No’ where one lady felt that male presence also matters. They were not sure about who will accompany the pregnant woman, but one thing was definite that one of the family member will take her along for the event.

Experience Shared:

“Kodh bahit badiya tha”(Mother –in laws, Jodhpur , Rajasthan)

The Function was very good”(English)

Described by the mother in laws in Uttar Pradesh, “we were very happy with these events and the experience was very good”

Mother in laws of Madhya Pradesh described their happiness during these events. One of the mother in laws mentioned that all the neighbors were also present during her daughter-in-law’s Godhbhrai. They all danced and celebrated the event with great enthusiasm.

Information received during CBE:

The analysis showed that mother in laws of pregnant women received information which mentioned healthy food items like milk, coconut water and fruits should be given to the pregnant women. They were also told to give iron and folic acid tablets to the pregnant woman, which they received from the Anganwadi centre itself. ‘They should go for institutional delivery’, was also one of the key messages Anganwadi worker gave them while celebrating the event. Vaccinating the child is also very important as explained Anganwadi workers.

“Humko karyakaram mei Yeh jankari diya ki, delivery hasptal mei hona chahiye” (Mother_in_law, Barmer.Rajasthan)

During these events, we were told to prefer institutional deliveries over home delivery” (English)

In Madhya Pradesh the information received during these events as described by the mother in laws was almost similar to that in Rajasthan. It mainly focused on giving healthy food to the pregnant woman and how to take good care of her while she is pregnant.

“ Karyakarta humko bolte hai, unko kela khilao, nimbu aur kadu ,mungi yeh sab khilao, yeh sab idhar hi ugta hai, mil jata hai aram se” (Mother in laws, Dindori, Madhya Pradesh)

“The Anganwadi worker tell us to give fruits and vegetables like banana, lemon, pumpkin and ‘Mungi’ to the pregnant women, as these things are easily available in this area” (English)

In Jharkhand , the mother in laws shared different and new information which was not discussed by any one till now. One of the mother in law said, I came to know that we

should not discard the “Colostrum”, mother’s first milk as it provides strength to the newborn.

In Uttar Pradesh also the mother- in - laws shared that these events are good to gain knowledge as they were unaware about many things. These also help bring behavior change in the society.

Dietary Changes:

Very few changes could be explained by the mother in laws. They mentioned that they received “Poshahar” (take home ration) at the Anganwadi centre during these events and also that these were given to them to prepare halwa for the child. “Only Breast feeding”, should be encouraged by the Anganwadi workers. The mother in laws mentioned that the practice of giving ‘Gutti’ which was prevalent since long back has now been abolished. They now save the ‘colostrum’ as well. These all information was given to them by the Anganwadi worker at the centre.

“Pehle humko maloom nahi tha, hum ma ka pehla dudh fenk dete the, ab nahin fenkte hai, ab pilate hai” (Mother- in-law, Jodhpur, Rajasthan)

“Previously we use to throw the colostrum away, but now we do not throw it, we give the child mother’s first milk”(English)

In Jharkhand , a mother in law said- “ earlier the children born were handicapped, now because of the advice we receive during the events we have changed the dietary patter of pregnant woman, hence they and their children are safe now.”

In Madhya Pradesh, the women explained, *“we now know how to bath the child, feed the child, put him to sleep, this is all because of the events and the information we receive from there. We give the pregnant women, lentils, porridge or rice, whatever she asks for.”*

Frequency of the events:

From the analysis we inferred that the people of villages were quite happy with these events. They wanted these events to continue as they found it very useful for themselves.

The mother in laws in Madhya Pradesh expressed that they feel these events were important for mother and child as the audience of the events got new information which enhanced their knowledge when they listened to the Anganwadi worker during these events.

“ It is good, if somebody gives information to the pregnant women as it is for the benefit of her own child”(Mother-in-law, Pakur, Jharkhand)

Home Visits

The home visits by the Anganwadi and ASHA worker were quite frequent in Rajasthan, as described by these mothers. The major information shared by the worker during these visits was telling the people about hygiene and diet. She encouraged people to send their children at the centre to teach them. Children also received meals at the Anganwadi centre.

Benefits of Anganwadi Centre and Suggestions

For enhancing the effectiveness of these programs, the mother in laws could not share any suggestions or changes although they advised to start some vocational training for the pregnant and lactating women at the Anganwadi centers. For example, sewing, etc.

ANALYSIS: COMMUNITY MEMBERS

Awareness about the community based events:

The data analysis showed that even though these community members were not related to a pregnant or lactating women directly, they could at least name the events being organized at the Anganwadi centres in Rajasthan

“Saat mahine mei , aanganwadi karyakarta godhbhrai karate hai. Wo bahut kuch btati hai, garbhawati mahilao ko ikatha karti hain greh bhent bhi karti hai” (community members, Jodhpur, Rajasthan)

Godhbhrai, Annprashan, sab hota hai aur job ho saman milta hai jaise nariyal, mehendi ka conevo sab karyakarta deti hai” (community members, Jodhpur, Rajasthan)

Jab bacha 6 mahine ka hota hai to Annprashan manaya jata hai , ‘daliya’(porridge), khichadi, job bhi anganwadi par hota hai vo banate hai, sab hi aurton ko bulaya jata hai,

jo to jagruk aur samajhdaar hoti hai vo aajati hai apne bacha ko leke (community members, Jodhpur, Rajasthan)

“Complementary feed is given after six months”(Community Members, Dausa, Rajasthan)

“Upasni” is the name of a traditional event similar to Annprashan and people celebrate it with great enthusiasm in Jhansi, Uttar Pradesh. The community of Uttar Pradesh although could not elaborate much on the community based events but still had some idea about activities taken place at the Anganwadi centre.

In Jharkhand, the community members were not so familiar with these events.

Godhbharai manaya jata hai, mausam mei job hi fal lagta hai, jaise kela, santra, gajjar sab ek thali mei sajate hai aur garbhwati mahila ki jholi mei daal dete hai aur Panjeeri sab bhi diya jata hai (Community members, Kanpur, Uttar Pradesh)

“Upasni mei bache ka pita bhi saath aata hai, bachhe ko Katori chammach bhi diya jata hai” Community members, Jhansi, Uttar Pradesh)

Objectives: On discussion about the reasons of celebrating these events at the anganwadi centre we received responses through which we came to know that these events were part of tradition in Rajasthan. One of the community member explained that after the child completes six months of his life, mother's milk becomes insufficient for him, thus complementary feeding is necessary for a child after completing six months.

According to the community members in Dausa, Rajasthan, these events enhance the knowledge of pregnant and lactating women. The community members of Kanpur, Uttar Pradesh also shared the same reasons. Creating awareness about the dietary changes which should be followed by pregnant women during her pregnancy. The pregnant woman should eat green leafy vegetables if she can't afford the expensive fruits. Resting for two hours daily is must for every pregnant woman. The community members of Uttar Pradesh believed that mopping the floor during pregnancy, helps in delivering the baby normally.

It seemed that although the community members of Madhya Pradesh were not so clear about the objectives of these events, they could mention some things like maintaining cleanliness and providing nutritious food to the children as the objective of the events.

It was perceived through the discussions in Jharkhand that the community members were not clear about the reasons behind celebrating community based events.

Events attended:

The community members from all the four states shared that mostly someone used to accompany the pregnant and lactating women of their family. In Dausa, Rajasthan, where sister in laws were the ones who accompanied the pregnant women of their family when she participated in these events. In Jharkhand, it was mainly the mother in laws.

Information Shared:

Fal phool jo b hi aas paas mil jaye, usse thali sajate hai, Anganwadi centre per sabko bulate hai aur fir wo garbhwati mahila ko bithate hai. Fir eke k karke fal dete hai usko aur uska mahatv kya hai vo btate hai”(Community member, Latehar, Jharkhand)

The community members of Jharkhand were able to share very small amount of messages which they receive from these events

The community members in Rajasthan explained how these events were not considered important previously. Gradually people started attending the events as it helps them enhance their knowledge and all the family members are supportive when it comes to attending these events.

The community members of Madhya Pradesh seemed to be quiet happy with these events, they gave prompt answers when asked about the information shared. During the discussion we were told that the Anganwadi workers check the weight, the pregnant women were also given the home Ration, and iron and folic acid tablets. The community members also shared the method to cook and prepare different types of food items from these ‘take home ration’ packets. Apart from the advice of including seasonal fruits, spinach, salad and tomatoes frequently in their meal, the pregnant women should have jaggery to maintain their hemoglobin level.

“Maa ka dudh do saal tak pilana chahiye, yeh bahut zaruri hai”(community Members, Uttar Pradesh)

Dietary Changes

Uttar Pradesh the community members shared that they were previously unaware about the importance of hand washing, but due to the messages these Anganwadi workers deliver during the events, we realized how important it is to wash hands frequently. Where we are trying to share all the scientific information which would enhance the knowledge of community and help in uplifting the health of new born child and mothers from the very beginning there still exist myths like eating apples during pregnancy would increase the size of the fetus , as told by the community members in uttar Pradesh.

“Earlier we didn’t have much information about healthy food. When I was pregnant many years back from now, I didn’t get immunized neither did I get my children immunized. But now we are regular with immunization. We never had eggs or non-vegetarian food, but now we do since it is a good source of proteins and vitamins. Bones become stronger and iron helps in blood formation.”(Community Member, Dausa,Rajasthan)

The community members in Dausa, Rajasthan shared few more information which they received during these events, like a pregnant women should eat small portions of meals in regular intervals. They came to know about the importance of green leafy vegetables.

“Bahut aurtei tambaku khata tha, vo sab chodh diya hai, ab hum garbhwati mahila ko, kesar vala dudh dete hai, kheer , rasgulla sab dete hai” (Community Members, Dausa,Rajasthan)

In Jharkhand, the community members shared similar changes related to food. They admitted that previously the pregnant lady was not given so much to eat but after the information shared during these events, they started giving lot of fruits and vegetables to the pregnant and lactating women, they mentioned how the Poshahar packets (Take Home Ration) is important for the child, as due to these packets now the child born is not malnourished.

Frequency:

Community members of all the four states were in favor of these events. They explain how important it was to celebrate these events at the Anganwadi centre. As they not only get together but learn something new and get prepared for the child to be born. They understand the importance of vaccinations and ante natal checkups now; this is all because of the information received during these events.

Cleanliness does not only mean keeping the area around us clean, the community members described that now they have started keeping the child neat and clean as well. This is all because of the Anganwadi centres and activities which take place here.

Suggestions:

“The pregnant women should be given kits during Godhbharai, these kits could be the pre delivery kit containing important things which we are suggested to take to the hospital when we go for the delivery.”(Community Members ,Dausa, Rajasthan)

The community members of Jharkhand suggested that these events should be frequent and regular, rather dates should be fixed for such events, only then will these be beneficial to the society.

Chapter 5: Discussion

5. DISSCUSSION

The focused group discussion was carried out in each district of the four states. Two discussions per state with 8-10 members in each group were present.

AWARENESS: The community based events are the events being organized at the Anganwadi centre under ISSNIP. The main aim is to celebrate the forthcoming motherhood of a woman; celebrate initiation of complementary breast feeding for a child attaining six months. Each state has some different kind of programs for mother and child at the Anganwadi centers. After discussion about the community based events with the husbands, it is observed that they are so much engrossed in providing for their families that they do not realize how important it is for them to be a part of these events. They strongly believe that community based events like Godhbharai and Annprashan are for women of the society and the men have nothing to do with these functions as they have to go out for work and earn. Majority of husbands in Rajasthan and Uttar Pradesh have this thinking. In Jharkhand the husbands could describe in very few lines about the events conducted at the Anganwadi centers. Mother-in-Laws of Rajasthan were more familiar to Godhbharai than Annprashan. They talked about the take home Ration provided by the Anganwadi workers at the centers. In Jharkhand, the mother in laws denied the fact that any such event is being celebrated at the Anganwadi centre. Further discussions brought to light that the events were not being celebrated since last seven months due to lack of the monetary support which was being provided by the government. The community members in Rajasthan explained that the Anganwadi workers put in a lot of efforts to celebrate these events and gather women. However, over all analysis depicts that the family members as well as the

community members are not much aware about the community based events. They could not elaborate much about these events.

OBJECTIVES: The community based events are not only a source of merry making and sharing happiness but the main purpose behind these events is to prepare the women for their motherhood. These events are conducted to make the pregnant woman feel special about her and her pregnancy and realize that she should take extra measures to ensure safe birthing process and to keep her new born disease free. Another purpose of these events is enhancing the knowledge of the family members on all the possible methods of protecting the expecting mother and the newborn child. It is to make the community aware about the positive effects of nutrition and proper care which is a must for pregnant women. The husbands in all four states do realize that these events occur to impart knowledge and spread awareness amongst the community members on essential care for mother and child, and to distribute the 'take home rashan' packets to the beneficiaries. The mother in laws in Uttar Pradesh believed that these events are conducted in order to keep a count of pregnant woman and new born child of the community. In Madhya Pradesh the mother in laws said that the reasons behind these events is to give information about the importance of healthy food during pregnancy and its positive effect on the health of the developing fetus. It is also to inform the lactating mother about methods of breast feeding and the right time to start complementary feeding. The mother in laws of Jharkhand believed its objective is to continue the ancestral traditions and receive their blessings. The community members of Rajasthan could explain few similar reasons to celebrate these events, community members in Madhya Pradesh mentioned the main objective behind the celebration of these events is to celebrate happiness with the community. The remaining objective behind organizing the community based events is still not in their mind.

PARTICIPATION IN EVENTS: The beneficiaries at some places came together to participate in these events with their mother in law or sister in law, at places like Jharkhand they had to come alone as well. The reason behind walking alone to the centre mainly could be the lack of helping hands. In Jharkhand, the females also go to the forest in particular season to collect 'mahua flowers'. These flowers are source of their income and so the mother in laws believed collecting those flowers was much important than attending these events. In Rajasthan the sister in laws mostly accompanied the participating beneficiaries,

as told by the husbands there. The community members in Madhya Pradesh shared that the mother in laws were specially invited for these event even before inviting the participating beneficiary, so the mother in laws mostly accompanied them.

INFORMATION SHARED: The Anganwadi workers are trained to deliver key messages during these events after the ceremony is over. The purpose behind this is to make the pregnant woman and her family members understand the crucial need of improvising nutritious food in their regular meals. These key messages are not only discussed with the participating beneficiaries, but also with the audience consisting of other beneficiaries and community members present at the event. This helps to reinforce the important information and key points for everyone present. A newborn child is our future and these few messages if spread will help the community understand how nutritious food will be beneficial for a pregnant woman and prevent her from developing anemia during pregnancy, or breast feeding the child with correct techniques and at proper intervals will help in improving the health status of a child. The husbands in Jharkhand appreciated the fact that there had been significant changes in behavior of the mother in laws due to these events. The mothers in laws encourage their wives to have green leafy vegetables and pomegranate as well. Analysis revealed similar piece of advice was given to the mother in laws. They remembered Anganwadi worker taking about eating healthy food. In Jharkhand the mother in laws also shared that they came to know about the importance of colostrum after listening to the Anganwadi worker.

Few other key messages included information about the importance of ante natal visits during pregnancy and the need to prepare the beneficiaries for institutional deliveries. The quantity, variety and texture of complementary feed and the main reason why it is important to begin complementary feeding once the child completes five months since birth. It was perceived post discussion with the family members and the community members that information shared was incomplete in Jharkhand where as the family members in Madhya Pradesh shared lot of information. It seemed that the community members received many messages on taking care of the mother and the child but, some new methods are required for delivering information important for the community and for the development of a child.

DIETARY CHANGES: To address the grave problem of malnutrition among the infants and the abundant cases of malnourished and anemic pregnant women these events were launched. The innovative method of community based events was implemented to enrich the existing knowledge and provide new information to the community about the various processes of adopting necessary changes not only to give better future but even a better present to the child. It is not only a mother's responsibility but also the father, grandparent and each of the family members to help shape a newborn's life towards better future. A pregnant woman cannot single-handedly adapt to the changing dietary pattern required by her during her pregnancy. It is for the mother in laws to understand and support the pregnant women.

The husbands of the pregnant woman in Rajasthan although were not aware about the changes which are must during pregnancy, but as discussion revealed, they were cooperative enough to provide whatever vegetable or fruit their wives requested them to bring. The husbands admitted that now they also enjoy healthy food, as their wives require variety and plenty of fruits and green vegetables, the male members of the family also got to have nutritive food. In Jharkhand the husbands discussed about the change they experienced after eating according to the advice given by the Anganwadi worker. The mother in laws in Uttar Pradesh mentioned about the breast feeding techniques adopted by their daughter in laws. They said they provide all type of nutritious food to the pregnant woman and let her eat what all is good for her. The mother in laws in Rajasthan shared about the importance of colostrum. The mother in laws in Jharkhand smiled while explaining that previously we have seen handicapped child being born but since they started receiving information about dietary changes, the pregnant women now follow what all the Anganwadi workers tells them and the result is there is increase in healthy children and better health of the mother .The community members talked about fruits and green leafy vegetables which have become a part of their diet for pregnant women.

SUGGESTIONS: As described by husbands in one of the discussions, the Anganwadi worker invites everyone, and the people who are keen to gain knowledge gather and enjoy the joyous celebrations. The husbands in Madhya Pradesh, Jharkhand, Uttar Pradesh as well as Rajasthan, all were willing to continue with these events. At places like Jharkhand where these events are not taking place because of the lack of monetary support, the husbands were willing to be a part of these events if they start regularly. The mother in laws

of Uttar Pradesh shared that the frequency of these events is good but should happen regularly. One thing was noted during the discussions with Mother in Laws of Uttar Pradesh. That they were more concerned about the money government has promised for delivery and up bring of a girl child. The husbands of Uttar Pradesh shared the same concern, and wanted to receive the money directly to the child's account.

The mother in laws from Madhya Pradesh also suggested that there should be more effective method of sharing the information about the events being conducted at the centre. As some of these people are willing to attend but due to lack of information they lose the chance of being the audience to the community-based events

The husbands in Rajasthan suggested to open more Anganwadi centre as the people staying far away (2 to 4 kilometres) are unable to participate. The main reason for their absence is work; they are unable to cover long distances on foot so avoid going to the centre for events.

The community members in Madhya Pradesh strongly suggested having toilets for children in the Anganwadi centre. They also expressed the need for giving a big hall for the only Anganwadi centre.

The community members in Jharkhand also suggested giving some kits to the pregnant women during Godhbharai instead of the dry coconut. These kits should consist of all the stuff which the Anganwadi worker asks us to keep prepared when we go for institutional delivery.

The mother in laws also discussed the home visits conducted by the workers. They said she came to talk about vaccination and how important it is to give nutritious the pregnant and lactating women. She also checked on the food we had prepared on that day. She mentioned about the deworming the child as well.

LIMITATIONS OF THE STUDY:

1. As we were working for an official project I am unable to mention other components of the study in details
2. Travel plan was already decided so there was time constraint. To cover my study in the limited period of time I could not conduct focused group discussion with more groups.

Chapter 6: Conclusion

6. CONCLUSION

This study has managed to highlight the fact that there is still a huge knowledge deficit regarding antenatal care and feeding of infants among the population in these four states. Pregnant women and their family members are not well aware of the exact objectives of these community based events. A large proportion especially the elderly mother in laws believed that these events were conducted to celebrate the pregnancy and as a part of tradition. Extremely low participation of husbands in these events can be attributed to the family system in low-income groups wherein the males are predominantly involved in labour to arrange money for feeding their families.

However, despite the poor level of participation in these events and the limited awareness about their objectives, the information imparted by the Anganwadi workers has had a significant impact on the dietary and general care patterns of these families. The pregnant women and their mother-in-laws have made appropriate changes in their family dietary patterns to incorporate more nutritious foods for the mother during pregnancy and lactation. The family tries to support the lactating mother to ensure adequate breastfeeding and addition of healthy complimentary feeding to the infant. The husbands though support the pregnant women but direct participation of male members of the family in these events is lacking. One domain of antenatal care knowledge that is still deficient in this population is adequate antenatal checkups.

Based on the discussion with the community, the following recommendations can be made to increase the efficacy of these community based events;

1. Conducting community based events at more frequent and regular intervals and at more Anganwadi centre in order to decrease the need for travelling long distances to attend the same.
2. More effective means of conveying information to the community about any forthcoming events to increase attendance.
3. Supplying basic delivery kits to the pregnant women as a gift during Godhbharai instead of coconut that is currently given.
4. Upgradation of the infrastructure at Anganwadi centers including availability of more space and clean toilets for children

Appendix

**APPENDIX A- MOTHER –IN – LAWS OF PREGNANT AND LACTATING
WOMEN**

Sr.No	FOCUSED GROUP DISCUSSION MOTHER-IN-LAWS OF PREGNANT AND LACTATING WOMEN
1.	Please describe what do you know about community-based events?
2	Why do you think these are organized in your village?
3	Which event did your daughter-in-law and grandchild/grandchildren participate in at Aanganwadi?
4	Did any family member attend these events along with her?
5	Could you please share their experience with us?
6	Do you think it is important to go for these events along with her? Is it important to be a part of these events?
7	What kind of information did she receive during the CBE? Do you think that this information is helpful in pregnancy/taking care of child?
8	Have any changes been made to the diet and care of the pregnant women/lactating mother/new born in your families after attending the CBEs? (Probe: Can you give some examples, anecdotes that you come across)
9	Do you think such events should be conducted more often in your village-AWC? If yes, why? If no, why?
10	Do you have any suggestions to further improve CBEs?
11	Does the AWW/ASHA visit to the houses in your area where there is a pregnant woman/lactating mother/new born? If yes, what all information do they share and with whom? Can you please share some of the information you get to know through the AWW/ASHA?

**APPENDIX B- CHECK LIST FOR - HUSBAND OF PREGNANT LACTATING
AND WOMEN**

Sr.No	FOCUSED GROUP DISCUSSION- HUSBANDS OF PREGNANT AND LACTATING WOMEN
1.	Awareness about community based events
2	Purpose of organizing these events at the Anganwadi centre
3	Name of the event your wife and child/children participate in at Anganwadi
4	Any family member attend these events along with her
5	Share your experience
6	Importance of going with the participating women. Importance of taking part in the organization
7	Information received during community based events
8	How helpful was the information for pregnancy/lactation/ taking care of the newborn or child
9	Have any changes been made to the diet and care of the pregnant women/lactating mother/new born in your families after attending the CBEs? (Probe: Can you give some examples, anecdotes that you come across)
10	Frequency of the events being conducted at your Anganwadi centre
11	Any suggestions to further improve CBEs
12	AWW/ASHA visit to the houses in your area. Information do they share and with whom? share some of the information you get to know through the AWW/ASHA
	Thank you !

APPENDIX C- COMMUNITY MEMBERS

Sr. No	FOCUSED GROUP DISCUSSION- COMMUNITY MEMBERS
1.	Please describe what do you know about community-based events?
2	Why do you think these are organized in your village?
3	Did any family member attend these events along with her?
4	Could you please share your or your family member's experience with us?
5	Do you think it is important to attend these type of events along with her?
6	What information did she receive during the CBE? Please explain? Do you think that this information is helpful in pregnancy/lactation/ taking care of the newborn or child?
7	Do you support CBEs being conducted in Anganwadis? If yes, how? If no, why, please explain?
8	Have any changes been made to the diet and care of the pregnant women/lactating mother/new born in your families/community after attending the CBEs? (Probe: Can you give some examples, anecdotes that you come across)
9	Do you think such events should be conducted more often in your village-AWC? If yes, why? If no, why?
10	Does the AWW/ASHA visit the houses in your area? If yes, what all information do they share and with whom? Can you please share some of the information you get to know through the AWW/ASHA?
11	Are there any suggestions to improve these community based events?
	Thank you!

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