Study on Community Participation and Awareness about ICDS Events in Madhya Pradesh

By

Apurva Kashyap

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2015-2017

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(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER IT MAY CONCERN

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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 his future endeavors.

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The certificate is awarded to

APURVA KASHYAP

In recognition of having successfully completed her
Internship in the department of

Public Health

And has successfully completed her Project on

"COMMUNITY PARTICIPATION AND AWARENESS ABOUT ICDS EVENTS IN MADHYA PRADESH"

From 1st February 2017 to 12th May 2017

Organization: IMS HEALTH Information & Consulting Services India, Pvt. Ltd.

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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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **"A Study on Community Participation and Awareness about ICDS events in Madhya Pradesh"** and submitted by **Apurva Kashyap** Enrollment No. IIHMR/U/01/2015-17/0259 under the supervision of **Dr. Neetu Purohit and Dr Tanjul Saxena** for award of MBA in Hospital and Health Management of the University carried out during the period from 1st Feb, 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.

Apurva.

Signature

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that all ethical issues have been considered while collecting data for my dissertation titled **"A Study on Community Participation and Awareness about ICDS events in Madhya Pradesh"**

Signature of student

ABSTRACT

A Study on Community Participation and Awareness about ICDS events in Madhya Pradesh

Author: Dr. Apurva Kashyap

Background: The most significant feature of ICDS is to improve the capabilities of the parents to take care of the child and thus involve the community by encouraging self-help in improving the quality of life and wellbeing of the child and family. ICDS has been envisaged and conceptualized as a community based programme. It calls for community participation in its process of implementation by utilizing local resources.The need for a comprehensive study to assess ICDS programme at the national level has been felt at the advent of the new millennium as the programme was on the verge of completing three decades of its implementation.A report of SRS released by registrar general of India in July 2016 revels that Infant mortality rate (IMR) in Madhya Pradesh is one of the highest in the country. The data showed that IMR in the state stood at 52 against the national IMR of 39. Situation in rural areas is worse with IMR going up to 57 against the national IMR of 43 in rural areas.

Objectives:

- To explore the knowledge and participation of community in CBEs
- To check community perception of CBEs as source of health information
- To check community awareness about various topics discussed by AWW/ASHA during home visits
- To assess changes in community behaviour after participation in these events
- To recommend strategies to enhance community participation in CBEs

MATERIALS AND METHODS:

- Setting: Selected districts of Madhya Pradesh
- Duration: 1 February, 2017 till 29 April, 2017
- Sample size: 81 participants 9 each in 9 groups distributed as follows:
    - 3 groups of Pregnant and Lactating Women
    - 2 groups of Mothers in law
    - 2 groups of Husbands of Pregnant and Lactation Women
    - 2 groups of other community members
- Sampling technique:
    - Area Sampling: Random selection of Districts, Blocks and Sectors.
    - Participants sampling: Participants selected according to availability of desired group composition.
- Data collection procedure: Recording of the discussion in recorder
- Type of study: Qualitative Analysis
- Data Analysis Procedure: Data was analyzed using Atlas.ti software
- Data collection Instrument: Guided Checklist
- Methods of data collection: Focused Group Discussion

Results:
The study implied everything good in relation to the event awareness and celebration. They not only celebrated Godbharai, AnnaPrashan etc. but also took great initiatives to involve elder citizens and adolescent girls.It can be assumed from the study that community members of Madhya Pradesh take part in these events with full enthusiasm. They bring their family and friends to the events. But it was found that husband's participation was negligible.It can be assumed from the study that community was well aware about health, nutrition and feeding practices.Because events are celebrated on Tuesday (Mangal Diwas), AWW goes on Monday or Saturday to invite the beneficiaries.

Conclusion: By this study, it can be concluded that majority of the community was adequately aware and had good knowledge of CBEs. Not only PLW, MIL, and other community members seem to be content about the way CBEs are rolled out in their AWC. However, husbands could not say much about objectives of CBEs and kept on naming the events and what their wives received in these events. They admitted that due to scarcity of time they never were part of these events. But they have heard from their wives about these events and follow whatever little knowledge gets transferred to them. There is a need to involve more male members of the community making them aware of their child's and wife's heath. Women in India still have to follow what the male members of their family say. If they get engaged more in these events, there is a possibility of attaining the set goals of malnutrition, MMR and IMR sooner by them.

KEY WORDS: MMR, IMR, CBE, Community, Godbharai, Annapr

Acknowledgement

I started off my training with a vision in my mind so as to be able to learn about the practical aspects of Public Health in a detailed manner.

I am thankful to **Mrs. Priyanka Joshi** (Project Head) for giving me the opportunity to carry out my dissertation and for her constant support and encouragement. I am thankful to her for the time and efforts they spent from his busy schedule.

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Dr. Apurva Kashyap

Table of Contents

Acronyms and Abbreviations

1. ANC Antenatal care
2. ASHA Accredited Social Health Activist
3. AWC Anganwadi Centre
4. AWW Anganwadi Worker
5. CAG Comptroller and auditor general of India
6. CDPO Child Development Project Officer
7. ECE Early Childhood Education
8. FGD Focus Group Discussion
9. GoI Government of India
10. ICDS Integrated Child Development Services
11. IDI In depth interview
12. IFA Iron Folic Acid
13. INHP Integrated Nutrition and Health Project
14. ISSNIP ICDS System Strengthening and Nutrition Improvement Project
15. IYCF Infant and Young Child Feeding
16. JSY Janani Suraksha Yojna
17. M&E Monitoring and Evaluation
18. MCP Mother and Child protection Card
19. MWCD Ministry of Women and Child Development
20. NFHS National Family Health Survey
21. NGO Non-Governmental Organization
22. NHD Nutrition and Health Day
23. NREGS The National Rural Employment Generation Scheme

24. NRHM National Rural Health Mission

25. NSS National Sample Survey

26. NUHM National Urban Health Mission

27. PHC Primary Health Centre

28. PLW Pregnant and Lactating Women

29. PRI Panchayati Raj Institution

30. SHG Self- Help Group

31. SNP Supplementary Nutrition Programme

32. THR Take home ration

33. WB World Bank

34. WCD Women and Child Development

Community Participation and Awareness about ICDS events in Madhya Pradesh

Apurva Kashyap (0259) **Mentor: Dr. Tanjul Saxena**

1. INTRODUCTION:

1.1Background:

"Children are our most valuable natural resource" Oliver Wendell Holmes

On 2nd October, 1975, the Integrated Child Development Services (ICDS) Scheme was launched as a flagship programme by Government of India for providing early childhood care and development. ICDS represents one of the world's most unique and largest programmes. It is a one of its own kind of symbol of India's commitment to its children and nursing mothers. This program aims at total development of child commencing from birth till he/she completes 6 years of age. It was initiated as a response to various challenges of providing pre-school non-formal education, and breaking the barbarous cycle of malnutrition, morbidity and mortality of children and mothers. The beneficiaries of ICDS are children in the age group of 0-6 years, and pregnant women and lactating women.

ICDS(World Bank)[1]is basically a community based programme and its success depends on active community participation. Community partake is not mere utilization of facilities and being passive inactive users, but it involves voluntary involvement of local and religious leaders, institutions and organizations with other general community specially including elder citizens. It demands community action and essentially involves it for decision making, planning, implementation as well as monitoring of all the programs which has lead this program to be self-relinquishing and sustainable with sole ownership of the community (Nayyar, 2006)(NIPCCD, 2006) [2].

1.2 Objectives of the ICDS Scheme are

(Women and Child Development Department, n.d.) [3]**:**

- to improve the health and nutritional status of children in the age-group 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 co-ordination of policy and implementation amongst the various departments to promote child development; and

- to enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

According to Census 2011, India has recorded an approximate child population of 158,789,287 having rural child population of 117,585,514 and an urban child population of 41,203,773. It is seen that there is a decline of 5,030,327 child population from 2001 to 2011. A note-worthy finding here is a sharp decline of 8,884,983 children in rural India coupled with a rise of 3,854,656 children in the urban areas. In decade of 2001-11, Madhya Pradesh has witnessed a total child population of 10,548,295 which can be divided into a rural child population of 8,132,745 and child population of 2,415,550 in urban areas. What makes Madhya Pradesh different from rest of the nation is its witnessing a sharp decline of 233,919 in terms of child population which is significantly lower than the numbers reported at the national level. For the decade from 2001 to 2011, a decline in rural child population of 310,999 and an increase in urban child population of 77,080 have been observed for the state. Amongst many social development issues, like poverty, malnutrition, low literacy; high IMR and MMR present themselves as the biggest challenge the state is facing Madhya Pradesh.(NITI Ayog, 2017) [4]

NRHM was expected to help achieve goals set under the Millennium Development Goals (MDG) 2015 of reducing Infant Mortality Rate (IMR) to 27/1,000 live births and Maternal Mortality Rate (MMR) to 109/1,00,000 live births.(CAG Report on General and Social Sectors, 31st March, 2016) [5]A report of SRS released by registrar general of India in July 2016 revels that Infant mortality rate (IMR) in Madhya Pradesh is one of the highest in the country. The data showed that IMR in the state stood at 52 against the national IMR of 39. Situation in rural areas is worse with IMR going up to 57 against the national IMR of 43 in rural areas(CAG Report on General and Social Sectors, 31st March, 2016)[5]A performance Audit by CAG for the period 2011-12 to 2015-16 to assess the impact of NRHM for improving Reproductive and Child Health revealed that Madhya Pradesh could not attain the set goals for Infant and Maternal Mortality Rates and it lagged far behind the achievements of other States. Similarly, MMR of the State was 221 per 1, 00,000 live births, which was way below the National average of 178 per 1, 00,000 live births.(WHO, 2015) [6]Madhya Pradesh stands at 27th place out of 28 States in IMR. In MMR, the State was at 13th place out of 18 States.(WHO, 2015)[6] The shortfalls in providing maternal, child and reproductive health care services resulted in failure of State in achieving targets for IMR, MMR and Total Fertility Rate (TFR).

The World Bank had always been supporting the Government of India to improve nutritional and health status of children through various projects in ICDS (TINP-I & II, ICDS-I, ICDS-II, ICDS-III/WCD, etc.) with an overall investment of about US$712 million till 2005-06.

World Bank has been holding up Government of India's endeavours to improve nutritional status in India through divergent projects of ICDS. Most of its support had been towards intensifying the existing Government supplies in Operationalization of the ICDS projects along with Anganwadi Centres, with an additional support on some quality enhancement activities (Behavioural change communication, Monitoring & Evaluation, Innovation of existing programs, training & capacity building, Management Information System etc.) Evaluation verdicts of former projects offered evidence of substantial enhancement in programme coverage, service provision and outcomes having links with project specific markers. Encouraged by these results, the Ministry of Women and Child Development formulated a specific project called ICDS Systems Strengthening and Nutrition Improvement Project (ISSNIP) for seeking International Development Association assistance from the World Bank.

ISSNIP has been added as an appendage to provide value addition on the prevailing ICDS programme through a series of progression at different levels of implementation of existing program. It has also facilitated the chosen States/districts to investigate, reinvent and explore the onset of pilots more effective approaches to achieve early childhood edification as well as better nutritional outcomes and offer evidences for development. An important dimension of MWCDs overall efforts to strengthen and restructure the ICDS programme is additional financial as well as technical support. Amongst other things, ISSNIP also has an important role in capacity building of district and block level ICDS bureaucrats for development of planned district ICDS Action Plans and also result oriented monitoring, supervision and evaluation system.

ISSNIP, being a highly interactive program, has made an entire new team to meet the goals and objectives. An ISSNIP - ICDS team has a district level officer i.e. District Program Officer (DPO), Project level Officer- child development project officer (CDPO), lady supervisor (Mukhya Sevika), Anganwadi workers (AWW) and Anganwadi helpers (AHS) with a supporting team of medical officers (MO), auxiliary nurse mid wife (ANM) and lady health visitors (LHVS) provide assorted aids and services to beneficiaries from the community where the main target population are pregnant and lactating mothers, their in-laws, and husbands.(Ministry of Women and Child Development, 2013)[7] AWW is a health worker chosen from the community and given 4 months training in health, nutrition and child-care. She is in charge of an Anganwadi which covers a population of 1000. About 20-25 Anganwadi workers are supervised by a Supervisor called Mukhya Sevika. 4 Mukhyasevikas are headed by a Child Development Projects
Officer (CDPO). [7]

Through this study an attempt has been made to know the awareness of ICDS and ISSNIP services among community members and to analyse the participation made by community members

1.3 ISSNIP Coverage

The project was implemented in identified 162 districts(Ministry of Women and Child Development) [8]with high burden of child malnutrition across eight States, *viz*. Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan, Uttar Pradesh and Andhra Pradesh [8]

1.4 Implementation Approach of ISSNIP

ISSNIP has been planned to get implemented in two phases – an initial preparatory phase which is Phase 1 of a total time span of 3 years with clearly defined standards, which will be followed by a 4-year full-scale implementation phase which is Phase 2 of the program when agreed benchmarks will be met. [8]

Key activities proposed/planned in Phase 1 of the project under its four components, are as follows:

1. **COMPONENT1:**Institutional and Systems Strengthening in ICDS

2. **COMPONENT 2:** Community Mobilization and Behaviour Change Communication (BCC)

3. **COMPONENT 3:** Piloting Convergent Nutrition Actions

4. **COMPONENT 4:** Project Management, Technical Assistance Agency, Monitoring & Evaluation

All the four components of Phase 1 of ISSNIP have been researched individually or together with reference to their effects on AWW and as well as their beneficiaries. This literature review, however, is being restricted Component 2 which is relevant to the present research topic, that is Community awareness and their participation in ICDS ISSNIP set up.

1.5 Component 2: Community Mobilization and Behaviour Change Communication

A primary focus of this component is to align the urgencies of ICDS towards the needs of 0- 3-year-old children. Because 0-3 year olds cannot be expected to come to AWC unattended, reaching out to them involves activities like home visits for counselling of the parents. The project, therefore, proposes the strengthening of the following:

(a) Community mobilisation, and
(b) Behaviour change communication (BCC) in project areas.

These initiatives are designed to achieve a number of critical programme outcomes, i.e., better caring and feeding of children and better utilization of services for health and nutrition for pregnant and lactating women, children, their family members etc. thus targeting the IMR and MMR.

Activities to increase community mobilization and participation: Under this subcomponent, activities are related to community engagement, community monitoring, private public partnership and involving of NGOs for enhancing community mobilization.

Strengthening Behaviour Change Communication:
Evidence have suggested that key to overcome IMR, MMR, malnutrition etc. are not so much in the provision of knowledge and practice of medically supportive and healthy behaviour by the community. Acknowledging these evidences, several activities are designed to intensify the Behaviour Change Communication (BCC) component in ICDS, by focusing on the Interpersonal Communication between community and AWWs through home-visits by AWWs and by parallel inception of other activities in the community which are based on a comprehensive BCC strategy responsive to local context.

Thus, overall goal of two-phased ISSNIP project is to regain nutritional health and improve early childhood development outcomes like MMR in India. Key objectives of ISSNIP is to support the GoI and the selected States to

(i) S*trengthen the ICDS policy framework, systems and capacities*
(ii) *Facilitate community engagement, to ensure greater focus on children less than three years of age in the select districts.*

1.6 Expected Outcomes from ISSNIP
Activities and interventions proposed in Phase 1 are expected to result into the following broad outcomes:

(i) Strengthened ICDS policy and programme framework at national and State level

(ii) Revised monitoring system to measure the effectiveness of ICDS programme in project States fully operational

(iii) A mechanism for incremental learning and capacity building within ICDS established at district and block levels in project States

(iv) Viable approaches and models of community participation identified in project States based on analysis of existing or past examples and outcomes of innovation pilots

(v) Effective BCC strategy and its implementation plans focusing on feeding and care of under-3s developed and rolled out in project States

(vi) Replicable models of convergent action for improving nutrition outcomes established in at least one district in each project State

1.7 Events celebrated in the state of Madhya Pradesh to facilitate BCC under ISSNIP:(Ministry of Women and Child Development, 2013)[9]

Rationale: Maternal and child breastfeeding and other feeding behaviours are critical determinants of IMR and MMR and under-nutrition. To reduce the number of IMR, MMR and under nutrition, increasing awareness of care givers and related community members on maternal care and nutritional needs of children is a necessity. States like Madhya Pradesh, like a few others states, are implementing periodic community events at the AWC to strengthen the delivery of key messages to the community and also to individual beneficiaries. But there is a strict need to strengthen the community support to enable the practice of healthy behaviour to improve nutritional status.
Community Based Events (CBE) primarily rely on festivity of customary events linked to milestones around pregnancy, delivery, and feeding young child etc.CBEs when commenced systematically with quality, have proved to produce good responses from the community and up surged awareness about feeding practices by mothers. (Vijayabaskar, 2017)[10]

1.7.1Godbharai in Madhya Pradesh:

- *For celebrating the motherhood of an expecting woman:*

In Madhya Pradesh, newly pregnant women are honoured in an event called Godh bharai. This occasion is used to provide the pregnant woman a MCP card, register for prenatal check-up, Nutrition and Health Education and IFA supplementation.

1.7.2 Annapashan in Madhya Pradesh:

- *Celebrating the initiation of complimentary feeding:*

One more function called Annaprasana is celebrated at the AWC to introduce complimentary feeding to children on completing six months of age. The event is also used to educate expecting mothers on IYCF practices and also check the immunization status of new born child.

1.7.3. Grehbhent in Madhya Pradesh:

- *Mobilizing the community for home visits of target beneficiaries:*

Known as *Greh Bhent*where mobilization of the community is done by AWW along with ANM, ASHA, and PRI etc. To collectively visit a new mother (who has recently delivered a child) and counsel her on breastfeeding practices, neonatal care, and other child care behaviours. Provision of a token amount of Rs. 150/- per event is there which AWW gets to organize the events at the AWCs.(Ministry of Women and Child Department, 2014)[11]
Objectives: 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 behaviours 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.

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 mobilisation and involvement of the community at large in promoting good nutrition and health behaviours.

2. SIGNIFICANCE OF STUDY

The most significant feature of ICDS is to improve the capabilities of the parents to take care of the child and thus involve the community by encouraging self-help in improving the quality of life and wellbeing of the child and family. ICDS has been envisaged and conceptualized as a community based programme. It calls for community participation in its process of implementation by utilizing local resources. ICDS lays great emphasis for bringing about social change in the community and its objectives are not confined to delivery of services only. This is reflected in heightened awareness, change in attitude, beliefs and practices. The choice of having Anganwadi workers (AWWs) at the grass root level as a voluntary worker and not a paid functionary makes it a scheme of the people. The assumption is that the Anganwadi worker, being a local woman, would be much more effective in delivery of services due to familiarity with the community. This would facilitate acceptance of the programme and the participation in it. Despite the built –in element of community participation, ICDS in over one and a half decade of its operation has not been able to involve the community to the desired level. When all the things are being done for the community, then it is the need of the hour to check if community is actually getting benefit from the programs or not. Such study is also important because many studies of community participation specially in the study state were not found. The data's' of Madhya Pradesh need strict intervention into the matter.

3. LITERATURE REVIEW:

The program's success or failure depends on community reach and utilization of the services. Bare minimum government intervention has certainly created a pride sense of possession by the community and also sensitized people towards the programme.(Mason JB, Sanders D, Musgrove P, et al.)(Mason JB, 2006) [12]
Different reviews in recent past has uncovered that execution of administrations under ICDS are not up to the measures and still more endeavors are required for enhancing the nature of work for the effective accomplishment of expected targets (World Bank, 2010)[13]The reviews done in past have firmly shown up the need of adding information and mindfulness about heath practices among group individuals (Kant et al., 2011) [14].All-inclusive scope of breastfeeding and suitable integral encouraging can avoid up to 13 percent and six percent individually, of all under-five deaths in high under-five mortality nations (Agarwal, 2009)[15]The effect appraisal findings have unmistakably demonstrated that the incidence of ailing health is dependent on factors like feeding pattern, sanitation, immunization etc. Subsequently keeping in mind the end goal to decrease malnutrition in a maintained way is a key move which is required wherein program should seek to concentrate on the behavior change of the community gathering (Viswanathan, 2014)[16]The need for a comprehensive study to assess ICDS programme at the national level has been felt at the advent of the new millennium as the programme was on the verge of completing three decades of its implementation. The Department of Women and Child Development, now the Ministry of Women and Child Development, Government of India, the nodal Ministry for the implementation of ICDS programme, desired NIPCCD to undertake a comprehensive assessment of the entire gamut of programme implementation including its impact on the intended beneficiaries. The slow deterioration in infant mortality rate reveals, the unsuitable strategy of the ICDS in directing food supplementation on children aged 37 to 59 months, with fewer consecration paid to encouraging breast feeding and providing adequate supplementary feeding to infants.(Sharma, 2013)[17]

4. OBJECTIVES OF STUDY:

- To explore the knowledge and participation of community in CBEs
- To check community perception of CBEs as source of health information
- To check community awareness about various topics discussed by AWW/ASHA during home visits
- To assess changes in community behaviour after participation in these events
- To recommend strategies to enhance community participation in CBEs

5. OPERATIONAL DEFINITIONS:

Community: Community refers to a village or a group of villages with families inhabiting them, who are dependent on one another in their day to day transactions of mutual advantages (Arora & Burma, 2009) [18]

MMR: is the number of resident maternal deaths within 42 days of pregnancy termination due to complications of pregnancy, childbirth, and within a specified geographic area (country, state, county, etc.) divided by total resident live births for the same geographic area for a specified time period, usually a calendar year, multiplied by 100,000.

IMR: Is the number of **deaths** of **infants** under one year old per 1,000 live births.

6. MATERIAL AND METHODS:

This paper aims at to know the extent of participation / awareness of ICDS services among beneficiaries and other community members for their participation in the ICDS Programme. Sample of the study comprised of4 groups of community members having 9 members in each group. FGD was conducted with all the four groups in 3 districts of the Madhya Pradesh state thus there were 81 respondents. The community members are direct beneficiaries of the events (Godbharai and Annaprashan).

The groups are:

- 3 Groups of Pregnant and Lactating Women (having at least one child below one year of age)
- 2 Groups of Husbands of Pregnant and Lactating Women (having at least one child below one year of age)
- 2 Groups of Mother- in - law of Pregnant and Lactating Women (having at least one child below one year of age)
- 2 Groups of Other Community Members (Does not include PRI, and other influential people or representatives of any kind)

Method: Sample for the present study consisted of community groups. One urban block was compulsorily chosen in each District to see the difference in participation and awareness between rural and urban blocks. Rationale for selection of one urban block was due to relatively new NUHM which had been initiated since 2013. NUHM is part of NHM along with NRHM. NRHM has been strengthening the health systems since April 2005. Data was collected by recording the FGD after taking consent from the participants. Three groups of PLW were chosen because they are the direct beneficiaries of the scheme. Along with them, mother in law groups, husbands and other community members were part of discussion who voluntarily took part in discussion.

6.1 SETTING: Selected Districts from Madhya Pradesh

6.2 DURATION OF STUDY: 1 February, 2017 till 29 April, 2017

6.3 RESPONDENTS:81 community members

6.4 SAMPLING TECHNIQUE:

Area Selection: Random Selection of Districts, Blocks and Sectors

Respondents Selection: Selected according to availability of select desired group:
For the purpose of the study, all the beneficiaries at local level who are directly benefited from the services were studied. The key informants at this level included mothers of children from 0-1age groups, husbands with a child with age group 0-1, mother-in-law's, and other general community members not belonging to influential groups. However, given the limited timeframe and resources, the scope of the study was limited to understanding field level participation, awareness and getting suggestions from the community to further improve ISSNIP events.

Figure 1: Sampling Process Flow

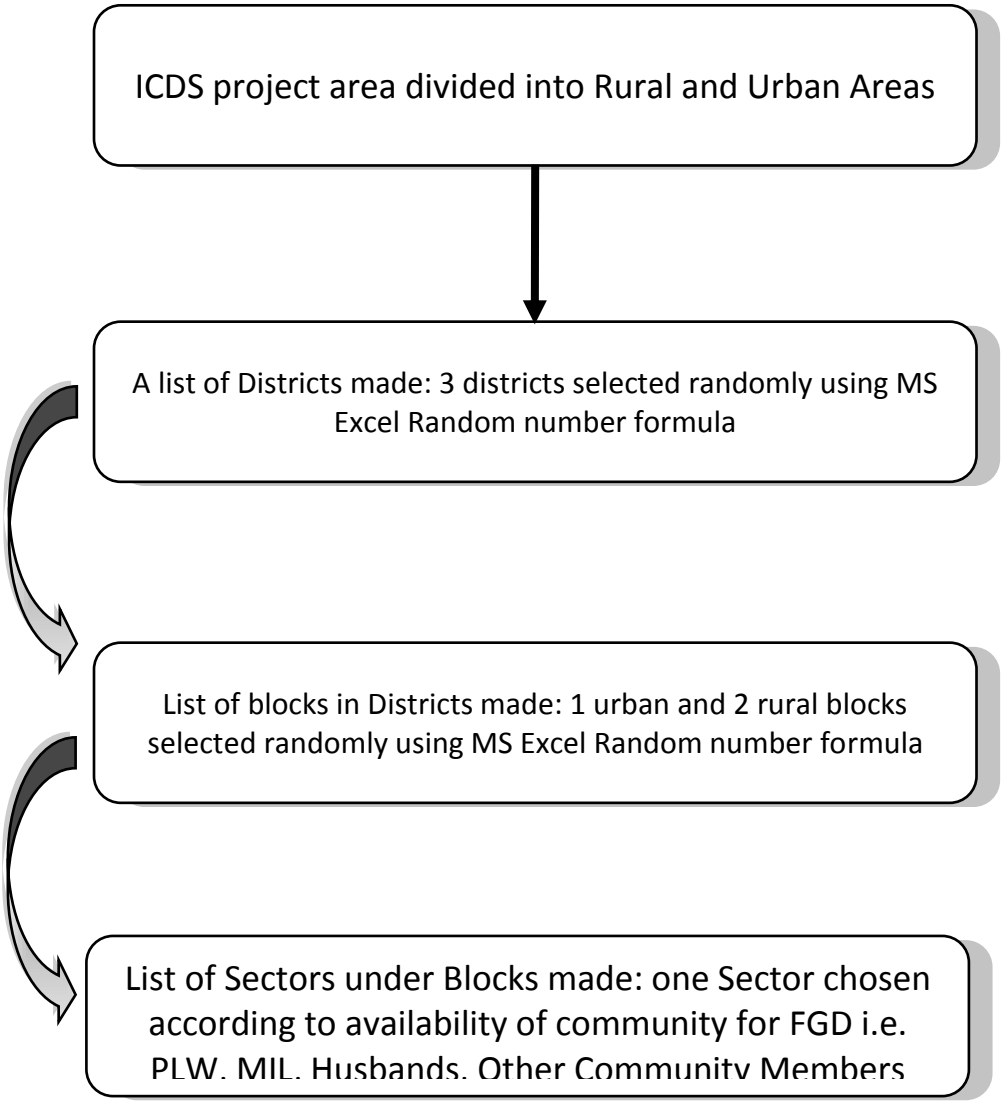

Table 1: Demographic Selection of Participants

Damoh				Dhindhori			Shajapur		
Community Group	Urban	Jabera	Patera	Urban	Shahpur	Karanjia	Urban	PolykalaKa	Kalpepal
PLW	●				●				●
MIL		●				●			
Husbands			●				●		
Other Community Members				●				●	

6.5 DATA COLLECTION PROCEDURE: Recording of discussion in recorder

6.6 TYPE OF STUDY: Qualitative Study

6.7 DATA ANALYSIS PROCEDURE: The recordings were transcribed. Using Atlas.ti software, appropriate codes were generated. Awareness of community was checked after the output of transcripts was generated.

6.8 DATA COLLECTION INSTRUMENT: Guided Checklist (Annex 1)

6.9 METHODS OF DATA COLLECTION: Focus Group Discussion

7. ETHICAL CONSIDERATIONS:

The participants will be orientated on the topic of research, purpose of research, and confidentiality of the data. Respondents will be ensured that their identity will not be disclosed. Verbal consent for recording the data will be taken and recorded in the recorder.

8. DATA ANALYSIS:

8.1 When respondents were asked to describe the events:

When community members were asked to describe the community based events in their AWCs, most of the respondents mentioned about Godbharai, Annaprashan and Pravesh Utsav. They knew that Godbharai was to be celebrated in 7th month of pregnancy. They told that Annaprashan is celebrated when the child completes 6 months of age and complementary feeding for that child must begin along with breast feeding. They stated that these events were a source of happiness for them.
Husbands were found to be a little less informed because of non-participation in these events.

"Haan meri biwi ne kuch Godbhari, Annaprashan jaisa btaya h. Bacho ka janam Diwas bhi mnaya jata h Kendra me" (Husbands, Polykala Rural, Shajapur)

Translation: Yes, I am informed about certain events like Godbharai, Annaprashan by my wife. Birthdays are also celebrated in AWCs.

"Yaha Dadi Nani Sammelan bhi manaya jata h" (Bamhori Mala, Jabera, Damoh)

Translation: Dadi Nani Sammelan is also celebrated here.

"Kishori Balikao ke liye ek Kishori Balika Diwas mnaya jata jisme unko periods aor hygiene ka khas khyal rakhne ki samjhayish di jati h" (Bamhori Mala, Jabera, Damoh)
Translation: Young adolescent girls are taught about periods and maintaining hygiene during periods in a special event known as Kishori Diwas.

This signifies that AWW was actively working for community benefit and they are not only taking care of PLW and children, but also including elder citizens as well as young girls in their program.

During these events, maximum respondents said that AWW tells them about sanitation, keeping the surroundings clean, washing clothes etc. amongst other things. Blood check-up at their AWCs were also told by a few respondents

(Note: ISSNIP covers only God bharai and Annaprashan. Rest of the events are celebrated with the support of the state initiative jointly run by the Ministry of Women and Child Development, the Ministry of Health and Family Welfare and the Ministry of Human Resource Development)

8.2 When respondents were asked about Objectives of CBEs

Majority of the respondents believed that objective of celebrations was to acquire new knowledge as AWW actively interacted with them and gave them novel knowledge which they comprehended significant. They specified that they were not very mindful about nutrition and health of expecting mother and new-born child prior to attending these events. It was found that those respondents where the rituals were not celebrated at their home were most excited about these events because AWC was the only place where they had such celebrations and get together of such extent. They had a strong belief that objective was also to improve immunization status of children. A few of them said that they were not aware about importance of vaccination. But now pregnant women in their area know everything about vaccination schedule for themselves as well as for their children. Ante-natal check-up was another objective as per the members of the groups. One more intention of CBEs according to their belief was carrying forward the old traditions which elders of their village have been doing since long. When they celebrate it the traditional way, younger generation of village got to know about the trends and significance of those celebrations. While attending those events, AWW interacted with them and gave them "*Samjhayish*" (conveyed the messages) related to importance of early child education. So, women belonging to poorer sections of the society sent their children there.

About the food practices, many things were told by the participants. One of which was how and when to use THR. They were told about multiple uses of the packets and also various recipes that could be made out of those packets. It was also noted that AWW told community substitutes of health food like peanuts and jiggery can be used instead of cashew and almonds. They were also taught about making their kitchen garden so that they can grow multiple vegetables in their home only.
One respondent was quoted saying:

"Pehle 6 mahine kewal maa ka dhoodh pilaana hota h. Uske bad Daal ka Paani aor pani denas shuru krte h. Yahi btane hume Anganwadi Bulaya jata h" (PLW, Kalapeepal rural,Kalpeepal, Shajapur)
Translation: Child has to be given only mother's milk in the initial 6 months. Then Daal ka Paani and water has to be initiated. We are called to Anganwadi to tell these things

This signifies that community members are told by Anganwadi workers about complimentary feeding in a wholesome way and they believed that to make them practice those habits, they were invited to AWC.

Ajkal zamana bohot kharab h. isiliye kishori balikao ko khud hi teyaar hona padta h. AWC me ladne ke tareeko ki bhi jankari di jati h. (Community Members, Bamhori Mala Sector,Jabera Block, Damoh District)

Translation: The time is bad nowadays, girls have to be prepared for all the circumstances that may come in their way. That is why at AWC, the girls are taught basic fighting skills.

The above quote signifies that elder community members held themselves responsible for safety of younger girls and did their best to ensure they can protect themselves on their own whenever adverse events may arise.

8.3 When respondents were asked about their own and family participation

All of the present community members had attended at least one or more of the events. Majority of husbands stated that their wife had been part of one or another event. And most of the times, the pregnant women were accompanied by mother in law, followed by sister in law, sisters, mothers and friends. When asked if their family also attended these events, all responded positively. Maximum attendance was found to be for Godbharai followed by Annaprashan and Pravesh Utsav. It was also found PLW had a pattern of attending each other's Godbharai. A few women stated that they bwere always accompanied by their grandmother. A few also mentioned coming to AWC for immunization with other pregnant women.

"I like Godbharai because it is not celebrated in my house. It is immense pleasure to have Godbharai here because of the things which are taught here as no one else teaches these things outside" (PLW, Kalapeepal Sector, Kalpepal Block, Shajapur District)

The above quote signifies that pregnant and lactating women feel like participating in these events even more because of new things they get to learn there.

8.4 When respondents were asked about their experience following attending these events:

All the responses except the husbands was positive. Maximum of the women respondent told they liked being part of those events. Husbands, on the other hand, could not speak much about themselves as they rarely have been part of these events but they spoke about their wives that their wives always love to be part of those events. It was also noted that women brought their neighbouring women from surroundings to enjoy the celebrations as well. One response which was very different from others was that that respondent liked to be part of those events because it gave her confidence to speak in front of others. She was quoted saying that when she lives indoors, she does not get chance to talk or interact with others but these events have given her enough confidence to talk.

"Being indoors such hesitation comes. While in school, we have to speak. But if we become just housewife, then we don't feel like talking to anyone. Here we have been putting forward our opinions. Here we get more energy to speak more and not keep mum about things."(Community Members Bamhori Mala Sector,Jabera Block ,Damoh District)

A few respondents also told that what they liked most was that their children were gaining good health as AWW works hard to ensure that their child eats properly

"It is very good to see my child's growth when he comes here regularly to have food. He grows every passing day. (CM, Sector 4, Shahpur Block, Dindori District)

Others said that they specially like being there because there is no ritual of celebration at their homes. They also liked the fact that they get to get their children to the event where they play and have food together. Also, new information is always a motivating factor for which they go to the AWC.

8.5 When respondents were asked about knowledge gained and importance of that knowledge gained after attending CBEs:

Maximum respondents told about having green leafy vegetables. They were also aware about having little food at regular intervals of time

"She told me that in Godbharai they gave us tiki, mehndi (Husband, Block Polaikala, Sector Polay kala Rural, Distt. Shajapur)

The above quote signifies that husbands don't have much knowledge about the messages given during the events.

"After feeding milk, don't make the child sleep. Baby should be held straight so as the he burps and milk reaches his small intestines" (PLW Sector2, Damoh Urban Damoh)

Pregnant women are gaining more knowledge about feeding practices and even slightest of details are being taken care of. The respondents were able to convey the details of breastfeeding.

My daughter in law told me that they are taught in such events about how the delivery is done and how many ways, like with stitches, normal or operation and it should be done in hospital only and not at home (MIL, Panwadi Gramin Sector, Karanjia Block, Dhindhori)

Mother in laws of the community are bringing changes in the way they were treating their daughter in laws till date.

When the child weights less than give him medicines. But if the weight is very less than take him to a hospital. He can also get admitted in hospital from AWC (PLW, Samnapur Block, Dhindhori District)

By the above quote, it can be assumed that AWW was able to tell the community about malnutrition children thus meeting the objective of ICDS.

"We celebrate Teekaran here and are told by AWW about various vaccines given to children and mothers during pregnancy. Vaccines prevent them from many diseases (PLW, Kalapeepal Sector, Kalpepal Block, Shajapur District)

The above quote signifies the importance of vaccines as conveyed to the beneficiaries by AWW.

"We did not know the importance of Kheench earlier but now we know that it prevents our children from many diseases" (MIL, Panwadi Gramin Sector, Karanjia Block, Dhindhori)

The above quote signifies that AWW was able to convey the message properly about importance of giving first breast milk to the child.

8.6 When asked about ASHA/AWW visits (Greh Bhent) to beneficiary's home:

"Yes, AWW visits me daily. My daughter is weak" (Community Members Bamhori Mala Sector, Jabera Block,Damoh District)

AWW pays attention to the more vulnerable children and makes sure to visit them properly.

"AWC madam visits us on Monday or Saturday. She brings her green coloured book with her. She tells pregnant women bout food and nutrition. She asks us to have fruits, roasted black chickpea, peanuts etc." (Community Members Bamhori Mala Sector,Jabera Block ,Damoh District)

The above quote signifies that AWW goes to households to invite the beneficiaries to the event. She also carries her book with her to give her better understanding of the messages pictorially.

"She gives information to everyone she meets in home. Sometimes she meets my husband at home. She gives information to him. Yes, he listens to AWW properly" (CM, Sector 4, Shahpur Block, Dindori District)

The above quote signifies that AWW no more feels shy of male members of the community and tells them about taking care of their children whenever she meets them.

We like learning new things here. We also participate in various competitions winning which gives us prize. We learn through those competitions as well. We find a family like feeling away from family here (PLW, Kalapeepal Sector, Kalpepal Block, Shajapur District)

The respondents are made to play games with each other during or after the events to ensure more community participation.

8.7 When asked about changes they have made in their diet and care of pregnant women/lactating mother/new born in their families after attending those events:

"Khichadi", "daal ka paani", started preparing rotis for the baby. Now I take iron tablet regularly which I get from the centre. I stopped having stale food" (CM, Sector 4, Shahpur Block, Dindori District)

The above quote from community members from Shahpur Block signifies that they have made significant changes in their diet.

"My mother in law used to give us food only after 3-4 days, but I give my daughter in law abundant food immediately so that there is no problem arising regarding health of my daughter in law and the child"(MIL, Mila Roosa Sector,Shahpur Block,Dhindhori District)

The above statement by a mother in law signifies that she broke all the rudimentary beliefs and welcomed all the changes for bringing good health for her daughter in law.

"Earlier our mother in laws didn't let us eat green and leafy vegetables as they said child will become green colour only. But we give all green vegetables to our daughter in laws as per information." (MIL, Mila Roosa Sector,Shahpur Block, Dhindhori District)

Above quote signifies that MIL, although due to lack of knowledge was not treated in a good way but she will ensure her daughter in law's health and her child child's health in a wholesome way.

8.8When asked to give their suggestions to improve these events further:

During Rainy season the AWC is full of water (MIL, Mila Roosa Sector, Karanjia Block, Dhindhori)

It was found that infrastructure of the AWC was not up to the mark and lacked many basic amenities.

There are many good things that happen here in AWCs. We are poor women who keep on sitting in their homes. We should be given some training pertaining to stitching, embroidery, cooking etc. If we get trained here in AWC for these things, we will feel really happy (PLW, Kalapeepal Sector, Kalpepal Block, Shajapur District)

This quotation from PLW states that they want something more from the AWC and want to learn new things.

We should be new clothes, Bindi, Sari, Sweets etc. Anganwadi get less money just 50 rupees and they can't buy all such things. Also, there should be more festivities with more dancing, singing etc. (PLW, Sector 2, Damoh Urban, Damoh)

One suggestion was to increase the money allotted for each of the event.

Radha asks to have TV and CD so that she can dance more (Community Members Bamhori Mala Sector, JaberaBlock, Damoh District)

Community members want these events to be more interactive by having TV, Stereo etc.

9. FINDINGS:

The study implied everything good in relation to the event awareness and celebration. They not only celebrated Godbharai, AnnaPrashan etc. but also took great initiatives to involve elder citizens and adolescent girls. One remarkable thing to note from this discussion was openness of the community to a sensitive topic like periods. But they spoke openly about hygiene and using sanitary napkins or very clean cotton cloth to maintain cleanliness. There is no doubt in the fact that community members do their best to make these programs as entertaining as possible by including Dholak and singing spiritual songs known as Bhajan/kirtan, Prasad distribution which are very innovative things to attract more community which they are doing on their own level.
Maximum responses involved messages regarding cleanliness and washing hands with soaps. This implies their understanding of importance of hand washing and maintenance of cleanliness.
Limited response was obtained only from husbands who still think that these are events for ladies and only those should go there but it was found that they talk to their wives about things happening at AWCs and they knew at least the names if not anything else.

This study found various objectives as per the perception of community. But somehow, they focussed more on celebration and happiness and could not tell the basic objective of these events which is reduction in MMR and IMR. Husbands knew very little about objectives and repeated that it is festival of women and they don't participate much. Participants knew about CBEs celebrated: Godbharai, Annaprashan, Dadi Nani Sammelan, Presh Utsav. It can be assumed that community focussed more on celebration and happiness and could not tell the basic objective of these events which is reduction in malnutrition, MMR and IMR. Husbands knew very little about objectives and repeated that it is festival of women and they don't participate much. One interesting finding from women group was when they spoke openly about periods. It was found that there was similar level of participation in rural and urban projects.
It can be assumed from the study that community members of Madhya Pradesh take part in these events with full enthusiasm. They bring their family and friends to the events. But again, husband's participation was negligible. But they stated that their wives have attended those events with their mothers or sisters which signifies that at least women, who are direct beneficiary of the event does not fail to go in AWC and husbands are completely aware about their participation. It was always a good experience to be at AWC during the events because it was felt that every time community is there, they learn something new.
The experience of family was found to be good with various reasons. The reasons included watching their child's growth, a source of new information, or giving a chance to those where these events are not celebrated at all. It can be assumed from the study that community was well aware about health, nutrition and feeding practices. Husbands could not answer the question properly because of many reasons. One of the reasons may be because they were not interested in listening womanly things, or wives pay attention to only the stuff they get and not on the importance of messages shared with them or the wives were not told any good things by AWW at their centers. Respondents mentioned to have iron tablets and other medicines as told by AWW. They also responded about feeding practices for new-born: mentioning to give only breast milk for initial 6 months of the child and not even water. A few respondents who mentioned a

weak child and taking care of weak child, could tell only to feed the child many times and to take his to hospital if AWW ask her to. Respondents could not answer identification of week children and how much weight should a baby have to be called as a weak child. The reason could be that AWW was not trained on the topic of *"Kuposhit or Ati Kuposhit Bache".* Or the beneficiaries who did not have weak child did not feel the importance to listening to the information relating to weak children. Other information they maximum respondents shared was on complimentary feeding that child should be given simple home coked food after he completes 6 moths of age. Food should include daal ka pani, rice, khichdi, chapatti, vegetables etc.When packets of Take Home Ration (THR) are distributed, they are informed and given information about recopies of various preparation. They also received information about vaccination of children, vaccine preventable diseases. To tell healthy practices to pregnant women like not carrying much weight, sleeping on time, taking rest for 2 hours during day time. They did not know the importance of *Kheench* (Colostrum) and used to discard it but now they know that this is very important and should be given to the child so that he can attain immunity to fight various diseases. Respondents also mentioned to wash hands every time before having food and holding baby. They stated that this was a new information for them and they heard it for the first time at AWC. They considered AWW as an information carrier who keeps them aware about various things beginning from pregnancy, birth of child, breast feeding practices, complimentary feeding and maintenance of hygiene. Everybody agreed that the information shared was really important. Earlier they did not know about pre-natal check-ups, ante natal check-ups and how many times should they visit the health facility during pregnancy

Maximum respondents said that AWW visits their homes. It was also found that where there was a week child in the community, AWW visits their home daily on priority basis and strongly recommends them to come to AWW to get periodic weighing of their child done. Maximum of the times AWW goes to informs the community about upcoming events at AWC. Because events are celebrated on Tuesday (Mangal Diwas), AWW goes on Monday or Saturday to invite the beneficiaries. They are told about vaccination, cleanliness, anaemia and getting their child weighed. A few respondents also mentioned that AWW inquires if pregnant women had breakfast or not. If yes, AWW asks what did she had. If no, she insists on having breakfast first. She specifically asks mother in law to take care of the diet of her daughter in law and asks father in law to get fruits for her daughter in law. AWW visits home to get children to AWC for educating them. If any child fails to come in AWW, she goes again to get that child to AWC.If some pregnant women do not come to AWC, AWW goes again to get her to the centre.

Most of the respondents talked about incorporating Daliya (Porridge), Rice, Dal, Green leafy vegetables, fruits, jaggery for low blood iron, beetroot and other healthy tings. Other responses included medicines like IFA, Calcium etc. Majority of the respondents said that their mother in law have changed their behaviours towards them, as there was a time when MIL used to provide food to daughter in law only after 3-4 days of delivery. But now, because they are being told in AWC about healthy eating habits, they have started providing food to their expecting/ new mother regular and at short intervals of time. They have incorporated Laddus with Khaskhas and raisins. A few of them

mentioned that there was a perception in society that having green leafy vegetables during pregnancy will turn the child green but now they no more have this doubt and try to have as much as they can. The study revealed significant changes in diet made by them. Mother in laws have now started feeling the importance of healthy food and incorporated the same in their daughter in laws diet. There is also significant improvement in how the child is fed till he attains 6 months of age and subsequent complimentary feeding. Even husbands stated that Annaprashan was important and children should be given extra food to meet the growth of the child.

Many responses involved getting more things at events like new clothes, Bindi, Sari, Sweets etc. They suggested that more programmes should be celebrated in the AWC and more people should be made to come to attend these events. They also suggested some entertainment program to be conducted in AWCA few respondents asked to provide them more information about week children. More suggestions were to include information about healthy food and number of times children should be fed. Husbands did not say anything, but PLW and MIL told about poor infrastructure and the problems they face while sitting there. Most significant one was absence of fan/ electrical fitting or both. They also suggested to build toilets in AWC. Other things they demanded were Dholak, tables and chairs. Most significant suggestion was to start giving the community women some training related to embroidery, stitching, cooking etc. as they wanted to invest their time properly. They also suggested that more information for health and production of breast milk should be given.

10.CONCLUSION:

By this study, it can be concluded that majority of the community was adequately aware and had good knowledge of CBEs. Not only PLW, MIL, and other community members seem to be content about the way CBEs are rolled out in their AWC. However, husbands could not say much about objectives of CBEs and kept on naming the events and what their wives received in these events. They admitted that due to scarcity of time they never were part of these events. But they have heard from their wives about these events and follow whatever little knowledge gets transferred to them. There isa need to involve more male members of the community making them aware of their child's and wife's heath. Women in India still have to follow what the male members of their family say. If they get engaged more in these events, there is a possibility of attaining the set goals of malnutrition, MMR and IMR sooner by them. It is certain by the responses received that CBEs are surely a source of new information for the community because respondents stated many times in the discussion that they liked receiving new information. To make them retain this information and to ensure they follow only right practices there is a need to bring variety into mode of transferring this crucial knowledge. For example, techniques like role plays, nataks etc., an be incorporated. Playing games and giving gifts for correct responses can prove to be good.

One more finding from the study reveals that community gave less responses about taking care of weak(kuposhit and ati kuposhit bache) children. It may be possible that AWW does not convey the message regarding these children, or beneficiaries with malnourished children do not come to AWC and gets neglected. One way to counter this could be identification of the most vulnerable groups and providing specific interventions with ICDS team for them.

Along with Bindi, Teeka, some more substantial things for taking care of baby and mother should be given like seasonal fruits, soap for washing hands, diaper, clothes etc.

It can be assumed from the participated community that they have integrated new healthy eating practices into their routine because they responded very enthusiastically about having Khichdi, Daal, Halwa, Dalia, Green Vegetables, Bengal gram, jaggery etc.

The AWCs should be equipped with TV sets with videos playing on them stating the importance of complimentary feeding, and healthy food. This TV can be used to engage more participants' especially young girls who enjoy watching TV and dancing

Encourage AWWs should be to able to convey messages to according to local traditions and customs to improve the community's participation.

It can also be suggested from the study that recognising the highest susceptible groups like women with anaemia, weak children etc. and delivering precise interferences with the help of ICDS-ISSNIP team for them. Spiritual heads can also be involved to improve the engagement uptake by their communities. For checking the infrastructure, NREGS can be used to construct AWCs and include communities in their maintenance and care. This study can be extended to involve more community members, AWW, ASHA, LS, CDPO etc. adding more objectives.

11.LIMITATION OF STUDY:

- Specific geography of participants cannot be implemented on entire community of Madhya Pradesh
- As participants were called by AWW, it's possible that only those participants dear ones to AWW came for discussion. Those participants would not speak bad about AWW or AWC resulting in data bias
- Interpretation of data is subjective to the researcher.
- There is a need to research more of the program components to check for the cause of malnutrition, MMR and IMR

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Annex-1

Guided Checklist:

1. Please describe what do you know about community based events (CBEs)? (Mangal Divas in local language)
2. Why do you think these are organised in your village?
3. Have you participated in CBEs?
4. Who all family members from your family participate in these events?
5. What is their experience of attending these events?
6. What information do you receive during these events? Please explain
7. Do you think this information is helpful in pregnancy/lactation/taking care of new born or child?
8. Have any changes been made to the diet and care of pregnant women/lactating mother/new born in your families after attending these events?
   (Probe: Can you give some examples, anecdotes that you came across?
9. Does AWW/ASHA visit to the houses in your area where there is a pregnant woman/lactating mother or new born?
10. What all information do AWW/ASHA share and with whom? Can you please share some of the information you get to know through the AWW/ASHA at home or at events?
11. Do you think such events should be conducted more often in your village AWC? If yes – why? If no – why?
12. Do you have any suggestions to further improve events?
13. Is there anything else you would like to ask or share with me?

Annex-2

ATLAS.ti Report

MP Community
Quotations grouped by Codes

Report created by Apurva Kashyap on 10-May-2017

○ AWW/ASHA_Visits

Created: 10/05/17 by Apurva Kashyap, **Modified:** 10/05/17 by Apurva Kashyap
Used In Documents:

1 CBE Husband, Block Polaikala, Sector PolaY kala Rural, Distt. Shajapur.docx 2 FGD_CBE_PLW_Sector2_DamohUrban_Damoh.docx 3 FGD_CM_SHAHPUR_DINDORI_MP.docx 4 FGD_Community Members_Bamhori Mala Sector_Jabera Block_Damoh District.docx 7 FGD_PLW_KALAPEEPAL_KALPEPAL_SHAJAPUR_MADHYA PRADESH.docx
8 Quotations:

1:8 R4: Now AWW comes to our house to call us, our wife do not know anything about this.

Content:

> R4: Now AWW comes to our house to call us, our wife do not know anything about this.

1:12 R4: They ask us about vaccination and have we got dalia from AWC R1: On Tuesday they give us rice pa…

Content:

> R4: They ask us about vaccination and have we got dalia from AWC
> R1: On Tuesday they give us rice packets, they give us information about that
> R5: My wife tells me that today AWW came to our house and asking us for getting done the weight of our child, vaccination and check ups
> R3: My wife tells me that AWW asking her for vaccination and dalia
> R2: My wife tells me that AWW asking me to get dalia from AWC and bring your child also for weight and if there is any health problem she will counsel us
> R3: AWW ask us to bring our child neat and clean
> R2: AWW ask us to keep our child neat and clean and if child will be neat and clean then child will be healthy
> R1: AWW ask pregnant women to carry less weight
> R5: Have light meal and green vegetables
> R1: If lady is anemic then AWW ask her to take calcium tablets
> R2: AWW also tell us that delivery should happen in hospital only
> R5: She take pregnant lady along with her
> R4: Till the time we do not get child's birth certificate she helps us
> R1: AWW ask lactating women to be neat and clean and also keep child neat and clean

> R2: AWW also tells us that till 6 months give mother's milk only to the child
> R5: Till 6 months mother's milk is important
> R2: Till 6 months do not give anything apart from mother's milk
> R3: AWW ask our wives to do breastfeeding in the night also

2:5 R2: She first visits home to tell that Upasni will be celebrated then here good things are told

Content:

> R2: She first visits home to tell that Upasni will be celebrated then here good things are told

3:10 R3:Yes, they come for home visit. They bring the children to the centre and drop them back. R6:Yes t…

Content:

> R3:Yes, they come for home visit. They bring the children to the centre and drop them back.
> R6:Yes they go for home visit.
> R4: They tell the beneficiaries about what to eat, like khichadi.
> Interviewer: Does ASHA Worker also come?
> R8: Yes, they come tell about 'Tikakaran'

4:4 R5: AWC madam visits home on Monday or Saturday. She brings her green colored book along with her. S…

Content:

> R5: AWC madam visits home on Monday or Saturday. She brings her green colored book along with her. She tells the pregnant women about food and nutrition. She asks her to have fruits, roasted black chickpea peanuts etc.

4:16 R9: She comes daily to my house. My daughter is week. R6: She gives information to whole family R5:…

Content:

> R9: She comes daily to my house. My daughter is week.
> R6: She gives information to whole family
> R5: She gives information to everyone she meets in home. Sometimes she meets my husband at home. She gives information to him. Yes he listens to AWW properly.
> R1: She gives information to mother-in-law as well. She asks father-in-law to get fruits for her daughter-in-law because she will not go to the market to get fruits.

4:17 R3: Yes, they tell about importance bathing their children. She asks about breakfast from pregnant w…

Content:

> R3: Yes, they tell about importance bathing their children. She asks about breakfast from pregnant women. Some had already taken their meals but there are few, who had not taken their meals, she scolds her and tells her to have their meals on time and to give timely food to their children as well.

7:5 She comes to my home R1: On Tuesday we are invited here otherwise she comes at home to tell us these…

Content:

> She comes to my home
> R1: On Tuesday we are invited here otherwise she comes at home to tell us these things

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○ Description

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10 Quotations:

1:1 R1: Programs are Mangal Diwas, in first Mangal Diwas Godbharai is celebrated then they counsel our w…

Content:

> R1: Programs are Mangal Diwas, in first Mangal Diwas Godbharai is celebrated then they counsel our wives
> R4: Second program is Annagrahan

2:1 R3: Upasni for children, Godbharai R1: Birthday.

Content:

> R3: Upasni for children, Godbharai
> R1: Birthday.

3:1 All: Godhbharai, Annprashan

Content:

> All: Godhbharai, Annprashan

4:2 R4: On Mangal Divas songs are sung. Prasad distribution is done. And birthday of every child is cele…

Content:

> R4: On Mangal Divas songs are sung. Prasad distribution is done. And birthday of every child is celebrated in a very good way.

4:3 R5: Godbharai is celebrated at 7th month of pregnancy, and it is celebrated by AWW Didi in the same…

Content:

> R5: Godbharai is celebrated at 7th month of pregnancy, and it is celebrated by AWW Didi in the same way as celebrated at home.

4:7 R6: Elder citizens also come here in “Nani Dadi Sammelan” where songs of their liking are sung.

Content:

> R6: Elder citizens also come here in “Nani Dadi Sammelan” where songs of their liking are sung.

4:8 R6: Yes “Kishori Balika” is also counselled. They are taught everything. Those things that we cannot…

Content:

> R6: Yes “Kishori Balika” is also counselled. They are taught everything. Those things that we cannot speak openly about are also told about.
> R1: But madam here speaks openly about everything.
> R3: How to keep hygiene during periods is told to them.
> R5: Hygiene and sanitation for whole family, cleanliness, and dirty accumulated water should be removed. There should be cleanliness around home as well as inside. And to wash clothes is also told.

7:1 Godbharai, Birthday of children, feeding of children, immunization, blood check up

Content:

> Godbharai, Birthday of children, feeding of children, immunization, blood check up

7:7 In Godbharai, Bindi, Bangles and other things of makeup for a married woman are given

Content:

> In Godbharai, Bindi, Bangles and other things of makeup for a married woman are given

9:1 R3 – Yes programs are celebrated at the Angan wadi centers. Yes we are aware that small children and…

Content:

> R3 – Yes programs are celebrated at the Angan wadi centers. Yes we are aware that small children and ladies go the angan wadi centers. We are mostly busy with our work in factories.

R2 – Yes we are aware that lot many activities are conducted at the angan wadi center and small children with women goes to the AWC regularly. Most of the activities are done for children and women.

Interviewer probed – Why these events celebrated.

No one was giving answer – When probed about vaccination and awareness among pregnant women, malnutrition among children.

All said yes that the events are celebrated for spreading awareness among pregnant ladies and children.

When probed for more reasons regarding events – No response from the participants.

○ Diet Changes

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4 Quotations:

1:7 R3: Daliya R2: After getting information from here, we started their meal accordingly R4: It will be…

Content:

R3: Daliya
R2: After getting information from here, we started their meal accordingly
R4: It will be beneficial for children
R2: It's good for child and mother health
R3: After 6 months give light meal to child before mother's milk
R3: Thuli (Dalia)
R2: Dalia
R1: Biscuit
R4: Light meal

3:8 R6: "Khichadi", "daal ka paani", prepared think roti's for the baby. I use to take Tablet regularly…

Content:

R6: "Khichadi", "daal ka paani", prepared think roti's for the baby. I use to take Tablet regularly which I use to get from the centre. Kept of having good food at the right time.

5:3 R 3: My mother in law used to give us food only after 3-4 days, but I give my daughter in law abunda…

Content:

> R 3: My mother in law used to give us food only after 3-4 days, but I give my daughter in law abundant food immediately so that there is no problem arising regarding health of my daughter in law and the child.
> R 2: Earlier we only gave Laddu, but now we give khaskhas, chole etc. in that Laddu.
> R 4: It costed around Rs 1000-1500 for that. And we prepared laddu of bigger sizes for our daughter in law, so that she gets more nutrition.
> R2: I don't have my own daughter and I treat my daughter in law as my own daughter, I let her eat and make her eat whatever she wants to.
> R 1: Earlier mother in law used to give rationed food, very less. But now we give abundant food to our daughter in laws which is sufficient for her.. Given them green vegetables such as palak, lauki, bhindi etc.
> R 3: Earlier our mother in laws didn't let us eat green and leafy vegetables as they said child will puke out green colored only. But we give all such vegetables to our daughter in laws as per information.

7:13 R2: If we feed him, he will definitely eat R1:

Content:

> R2: If we feed him, he will definitely eat
> R1:

○ Experience

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Used In Documents:

2 FGD_CBE_PLW_Sector2_DamohUrban_Damoh.docx 4 FGD_Community Members_Bamhori Mala Sector_Jabera Block_Damoh District.docx 7 FGD_PLW_KALAPEEPAL_KALPEPAL_SHAJAPUR_MADHYA PRADESH.docx
5 Quotations:

2:6 R6: When we come here AWW does it. I live across the road from tis center. I like it when it happens…

Content:

> R6: When we come here AWW does it. I live across the road from tis center. I like it when it happens in my AWC. I feel good to be here.

2:13 R2: Yes, I like it here and I tell other women to come with me R6: I tell my neighbors to come with…

Content:

> R2: Yes, I like it here and I tell other women to come with me
> R6: I tell my neighbors to come with me
> R8: I like everything about Godbharai

4:14 So being indoors such hesitation comes. While in school, we have to speak. But if we become just hou…

Content:

> So being indoors such hesitation comes. While in school, we have to speak. But if we become just housewife, then we don't feel like talking to anyone. Here we have been putting forward our opinions. Here we get more energy to speak more and not keep mum about things.

7:4 I enjoy the program here R2: Everything about these events is good and we like it R3: I like when c…

Content:

> I enjoy the program here
> R2: Everything about these events is good and we like it
> R3: I like when children are fed food
> R5: Here we sing spiritual songs with Dholak, we laugh, and we are given food here. All these things are very good
> R7: I like everything. I keep on coming here. Children here learn how to have food. At home sometimes they leave food and sometimes it gets skipped. Here in AWC, they keep on playing.

7:6 4: I like Godbharai because it is not celebrated in my house. R7: Yes it is immense pleasure to have…

Content:

> 4: I like Godbharai because it is not celebrated in my house.
> R7: Yes it is immense pleasure to have Godbharai here especially where it is not celebrated in households.
> R6: I like it here because I like the things which are taught here because no one else teaches these things outside

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○ Frequency_Suggestion

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5 Quotations:

1:6 R1: It was good and beneficial and we want that this should continue

Content:

> R1: It was good and beneficial and we want that this should continue

1:9 R2: Yes such events should be conducted R5: These are very useful for us R1: Pregnant ladies can get…

Content:

R2: Yes such events should be conducted
R5: These are very useful for us
R1: Pregnant ladies can get all information which is useful for them
R4: Through this we get to know lot of information about food habit

3:9 All - Yes, we want it to happen more. R7: To get together is the main reason

Content:

All - Yes, we want it to happen more.
R7: To get together is the main reason

4:9 R3: These events should be celebrated more. R7: It has brought amelioration of our village

Content:

R3: These events should be celebrated more.
R7: It has brought amelioration of our village

4:15 R6: Yes definitely the number should increase. R2: They should increase R5: One is celebrated f…

Content:

R6: Yes definitely the number should increase.

R2: They should increase

R5: One is celebrated for seven days in a month and another is celebrated for four days in a month. We wish that they increase even more than seven and four days.

R4: We like learning new things here. We also participate in various competitions winning which gives us prize. We learn through those competitions as well.

R7: We find a family like feeling away from family here

○ Information

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13 Quotations:

1:4 R1: She told me that in Godbharai they gave us tiki, mehndi R2: Tiki, mehndi, kajal R4: As we celebr…

Content:

> R1: She told me that in Godbharai they gave us tiki, mehndi
> R2: Tiki, mehndi, kajal
> R4: As we celebrated this at our home they gave her all these materials

2:8 R6: I was told to eat green vegetables and fruits. And also to have these at regular intervals. R4:…

Content:

> R6: I was told to eat green vegetables and fruits. And also to have these at regular intervals.
> R4: To increase blood have beetroot
> R1: To have iron tablets

2:12 R1: We were told to give our kids everything prepared at home like Daal, rice, vegetables, chapatti…

Content:

> R1: We were told to give our kids everything prepared at home like Daal, rice, vegetables, chapatti etc.

3:7 R2: Eat khichadi every time, so this will strengthen your body, have food which contains vitamin R3:…

Content:

> R2: Eat khichadi every time, so this will strengthen your body, have food which contains vitamin
> R3: They distribute Ladoo's.
> R6:They also tell the pregnant ladies to prepare Ladoo or barfi from the packets they get. They say it is nutritious food so all pregnant ladies should eat daily.

4:11 R5: Yes, she (sister-in-law) was telling me about the checking which are done here. Madam comes on T…

Content:

> R5: Yes, she (sister-in-law) was telling me about the checking which are done here. Madam comes on Tuesday and gave her tablets and asked her to have one in 24 hours pertaining to iron and other things. Then packets for preparing "Halwa" are given
> R6: They tell us to have it around 4. Usually at around this time we start feeling hungry. So they tell us to prepare "Halwa" with raisins and cashew nuts. We have to roast it in ghee and then pour milk in that. I like listening to such information which is given to us.
> R4: For now I don't know anything
> R1: Yes I also know very little

R6: And also, pregnant women are told that during pregnancy at least 11 level of Hemoglobin should be maintained. They tell them to have jaggery which helps in rising Hemoglobin. Some women say that iron supplements do not suit them. They tell them to have those at bed time before sleeping. So that it does not cause discomfort.
R2: My sister-in-law was telling that Madam here calls us, and tells to have black chickpeas, jaggery, and peanut, sometime have sugar, to put asafoetida in Daal and have rice with them.
R5: They tell to have seasonal fruits, spinach, fruits, salad, have tomatoes with food.
R7: They also tell to not have spicy or fried food and concentrate more on having fruits and vegetables. We should not invest money in these unhealthy things, rather spend them in fruits.

5:1 R 2: For the betterment of women and children these events are organized. Earlier our children used…

Content:

R 2: For the betterment of women and children these events are organized. Earlier our children used to be weak, had polio etc, so children are immunized now so that there is no polio.
R 3: Mothers are told that they should eat green vegetables so that the child is healthy and the women is healthy. A pregnant woman do come to Aanganwadi center to rest as they don't get much rest at home.
R 4: Now we are asked to grow vegetables at home only since they are good for everyone i.e. child and mother
R2: they ask us to grow vegatables like radish, carrot, spinach etc. Madam comes to us and tell us how to feed the child and mother and what to feed them. Aanganwadi also provides ration in packet we prepare halwa from that, Khichadi and rice. Khichdi and rice' packets are also given.

5:2 R 1: My daughter in law told me that they are taught in such events about how the delivery is done a…

Content:

R 1: My daughter in law told me that they are taught in such events about how the delivery is done and how many ways, like with stitches, normal or operation and it should be done in hospital only and not at home.
R 6: my daughter in law told that she has been told to deliver in hospital only
R 3: ASHA come and tell us about such things. Also, madam from Swasthya Kendra come to us. Also gave us call center number. Receive numbers of all ASHA, ANM etc.
R 2: They told what is the best way to feed breast milk to the child. Black part should be in child's mouth completely. Child should be fed with mother's milk immediately after birth and should be given that yellow thick milk, which provides protection against diseases.

R 4: black part should be completely in child's mouth and he should lie in comfortable position. That the child should only be given breast milk till 6 months, and complementary food after that. Only boiled water should be given to female after delivery.
R 4: Yes, such information is very helpful. And we follow the same. Now 75% of people here know everything about care to be done during pregnancy after Aanganwadis are opened. Earlier it was only 25%. Now we get information even at home as ASHA normally comes to home and educate us. Aanganwari has really helped us in this regards. Aanganwadi lady comes once in 7-8 days, also the ASHA. She visits even on Sundays as it's a holiday for her. They also come on every Tuesday to home where there is a pregnant woman.

7:9 R3: I was told to eat green vegetables and fruits, Khichdi, Peanut R2: To have peanuts in morning R…

Content:

R3: I was told to eat green vegetables and fruits, Khichdi, Peanut
R2: To have peanuts in morning
R5: Jaggery
R1: We should not lift weights. We should sleep at least 2 hours in daytime and
R6: No Madam told me
R2: We knew things already but not properly
R1: My mother-in-law told me these things and here madam also told us the same
R5: They tell us right from the beginning since three months of pregnancy about checking of urine and blood

7:11 R1: Yes, to give only breastmilk for 6 initial 6 months of the child R2: We must not put our baby…

Content:

R1: Yes, to give only breastmilk for 6 initial 6 months of the child

R2: We must not put our baby to sleep immediately after milk feeding. The child's head should be straight and should be held on mother's shoulder and his back should be tapped so as there are no difficulties later

R5: No water should be given before 6 months of child

R8: The child should be made to burp following feeding

R4: Child should be held straight while feeding milk to him. He must not be in lying position

7:12 R4: Pulses, rice, Porridge R1: The bowl and spoon is given in which Kheer is fed. R6: We have to wa…

Content:

R4: Pulses, rice, Porridge
R1: The bowl and spoon is given in which Kheer is fed.
R6: We have to wash our hands before feeding our kids
R5: We were asked to feed to as much as possible

○ Information_Importance

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5 Quotations:

1:5 R1: All these information was useful and they gave us calcium tablet. All were useful R5: Yes these…

Content:

R1: All these information was useful and they gave us calcium tablet. All were useful
R5: Yes these were useful
R4: Yes these were useful
R3: The benefit of this was that mother and child didn't face any problem

1:10 R2: Earlier pregnant ladies did not know in which month they should go to hospital and what to have…

Content:

R2: Earlier pregnant ladies did not know in which month they should go to hospital and what to have in food

3:6 R4,R9,R2: The one who is not well aware also gets to know new things.

Content:

R4,R9,R2: The one who is not well aware also gets to know new things.

5:2 R 1: My daughter in law told me that they are taught in such events about how the delivery is done a…

Content:

R 1: My daughter in law told me that they are taught in such events about how the delivery is done and how many ways, like with stitches, normal or operation and it should be done in hospital only and not at home.
R 6: my daughter in law told that she has been told to deliver in hospital only
R 3: ASHA come and tell us about such things. Also, madam from Swasthya Kendra come to us. Also gave us call center number. Receive numbers of all ASHA, ANM etc.

> R 4: Yes, such information is very helpful. And we follow the same. Now 75% of people here know everything about care to be done during pregnancy after Aanganwadis are opened. Earlier it was only 25%. Now we get information even at home as ASHA normally comes to home and educate us. Aanganwari has really helped us in this regards.

7:10 R1: There are many people who did not have green vegetables, but now they have started having sprout…

Content:

> R1: There are many people who did not have green vegetables, but now they have started having sprouts, peanuts and jiggery
> R3: Started having milk
> R3: I started having green vegetables
> R4: I started having leafy vegetable after getting pregnant

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○ Food

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10 Quotations:

1:2 R5: These programs are celebrated for children care and what a mother should eat R2: They give all h…

Content:

> R5: These programs are celebrated for children care and what a mother should eat
> R2: They give all health related information
> R4: These are celebrated because some information we don't know and they give us these information
> R3: These programs are celebrated so that children can be healthy

2:2 R4: These are celebrated for the wellbeing of children and their progress R5: Because mothers feel h…

Content:

> R4: These are celebrated for the wellbeing of children and their progress
> R5: Because mothers feel happy here
> R6: We get good information here
> R7: It's an affair of happiness.
> R2: AWC gets recognition when these events are organized. A lot of good information is given

2:3 R7: The best thing about Upasni is that children are fed here and new information is given R4: Here…

Content:

> R7: The best thing about Upasni is that children are fed here and new information is given
> R4: Here at AWC we always get new information

3:2 R2: They get orders from supervisors so they celebrate R6: some people are poor and can't afford to…

Content:

> R2: They get orders from supervisors so they celebrate
> R6: some people are poor and can't afford to celebrate anything at their house, so they come here and we celebrate all together. It feels good
> R4: It feels good

3:3 R5: Spread Happiness R4: We are happy so we celebrate R2: Everything for mother and child takes plac…

Content:

> R5: Spread Happiness
> R4: We are happy so we celebrate
> R2: Everything for mother and child takes place in this centre so the events should also take place at the Aanganwadi Centr

4:1 During Mangal divas, we come here. For pregnant women Godbharai is celebrated and for children, Anna…

Content:

> During Mangal divas, we come here. For pregnant women Godbharai is celebrated and for children, Annaprasan is there. Janm Diwas is also celebrated when a child turns 1. We celebrate these events together. We feel very good about these events.
> R6: On 4th Tuesday, event is organized for Kishori Balika. And they are taught about India. And other general things are also taught.

4:5 6: These events are celebrated so that the women and children of our village stay healthy have good…

Content:

> 6: These events are celebrated so that the women and children of our village stay healthy have good nutrition, week children are given iron supplement. The packets are also given to them.
> R5: With these packets, "Khichdi" and "Halwa" are made. It is for week children and women. Children get healthy after having it.
> R6: Those children, who do not have food at home, learn eating in AWC. This is the biggest thing here. Because here, the food is not that much spicy. At home the food is little spicy.

R2: Children learn how to go to school as well.

4:6 R2: At home, no matter how many times it is told to wash hands, they don't listen. But here if the m…

Content:

R2: At home, no matter how many times it is told to wash hands, they don't listen. But here if the madam asks them to wash hands even once, they practice it at home also.

4:13 R9: Here Kishori Balika are taught about fighting skills also. The time is bad now. You have to trai…

Content:

R9: Here Kishori Balika are taught about fighting skills also. The time is bad now. You have to train yourself. You will be having a job after sometime. Then you have to face one on one with other person. They are told that don't stop because you are girl. You can go anywhere. Some years ago, women did not use to get out. But now we take out time to come here and Didi tells us good things.

7:2 Because for initial 6 months, child has to be given just breastmilk nothing else. We should not give…

Content:

R7: These are celebrated so as children remain healthy
R5: if we stay healthy only then the child will be healthy. We have to get our blood and urine checked during pregnancy for three times. Godbharai is celebrated so that we can get prepared for welcoming the child
R4: Godbharai is celebrated for us. So that we can know what should be done for a healthy child

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○ Other_Suggestions

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7 Quotations:

1:13 All said no.

Content:

All said no.

3:11 R2: During Rainy season the AWC is full of water. R4: They we have to find some room for AWC. R1: L…

Content:

> R2: During Rainy season the AWC is full of water.
> R4: They we have to find some room for AWC.
> R1: Light and Fans are also required.
> R3: Toilets should also be there for children.
> R3: Also require 'Dholak'
> R6: Table, Chairs are also very important.

4:12 R2: But a fan should have been here

Content:

> R2: But a fan should have been here

4:18 R6: There are many good things that happen here in AWCs. We are poor women who keep on sitting in th…

Content:

> R6: There are many good things that happen here in AWCs. We are poor women who keep on sitting in their homes. We should be given some training pertaining to stitching, embroidery, cooking etc. If we get trained here in AWC for these things, we will feel really happy.

5:5 Q-8 Is there anything else you would like to share or ask us? R 6: only suggestion is this what we h…

Content:

> R5: one thing I would like to ask about once when I was in hospital with my daughter in law for her delivery, there was a case of lady, she was having her 3rd child and her body couldn't produce breast milk to be given to her children. Since then I wanted to ask this. So they were given cow's milk. And she is healthy enough and have proper breasts also.
> R7: my sister in law's milk was not generated even at the time of her delivery for 1st time. Many medicines were given to her for this.
> R4: if adequate materials and arrangements are done for the betterment, then it will be good.
> R3: and more information should be given to us and meetings like this should be happened regularly to increase our knowledge.

7:16 R5: There is no fan in AWC. Fan should be here. Only electrical fittings are here. But fan is not he…

Content:

> R5: There is no fan in AWC. Fan should be here. Only electrical fittings are here. But fan is not here

R8: For monthly monitoring of weight of pregnant women there is no weighing scale. Only the children's machine is here
R2: ASHA has the weighing machine. She is appointed new here. They are very few for now. She gets her machine along with her whenever she comes.

9:2 R3,4 – No we think everything is fine.

Content:

R3,4 – No we think everything is fine.

○ Participation

Created: 10/05/17 by Apurva Kashyap, **Modified:** 10/05/17 by Apurva Kashyap
Used In Documents:

1 CBE Husband, Block Polaikala, Sector PolaY kala Rural, Distt. Shajapur.docx 2 FGD_CBE_PLW_Sector2_DamohUrban_Damoh.docx 3 FGD_CM_SHAHPUR_DINDORI_MP.docx 4 FGD_Community Members_Bamhori Mala Sector_Jabera Block_Damoh District.docx 7 FGD_PLW_KALAPEEPAL_KALPEPAL_SHAJAPUR_MADHYA PRADESH.docx
7 Quotations:

1:3 R1: Yes my wife had participated in Godbharai program R5: Yes my wife had also participated in progr…

Content:

R1: Yes my wife had participated in Godbharai program
R5: Yes my wife had also participated in program when my child was 6 month old
R4: Godbharai
R3: When my child was 6 month old
R2: In Annadan program
Did any family member attend these events along with her? If yes, what was their experience? If no, who do you think should also be a part of the event, and why?

2:4 R1: Yes I have R2: I have attended R5: I have also attended

Content:

R1: Yes I have
R2: I have attended
R5: I have also attended

2:7 R6: Mother came with me R2: Sister in law came with me R5: Mother accompanied me R4: My mother…

Content:

R6: Mother came with me

R2: Sister in law came with me

R5: Mother accompanied me

R4: My mother came

R7: Mother came

R1: Sister-in-law came

R5: They felt very good

R2: Yes she felt good

3:5 All- Yes R4: Yes- I went along with my Daughter in law. R6: Annprashan R3: Godhbhrai of my daughter…

Content:

All- Yes
R4: Yes- I went along with my Daughter in law.
R6: Annprashan
R3: Godhbhrai of my daughter in law.
R2: Annprashan of my daughter

4:10 R1: Yes my daughter and younger son. I also come here. I come for every occasion. Be it "Nani Dadi S…

Content:

R1: Yes my daughter and younger son. I also come here. I come for every occasion. Be it "Nani Dadi Sammelan" or other events. My daughter also comes. It was her first child. She said she had witnessed these things (Godbhari, Annaprashan and Janam Divas)for the first time. And she felt very good.
R4: My daughter had her Godbharai done one month ago. She was given bangles, Bindi, and other things.
R2: My sister-in-law felt very good here because these events are celebrated as a family here.

7:3 R3: All participants here got their Godbharai

Content:

R3: All participants here got their Godbharai

7:8 R1: Mother in law came R2: Sister came with me R3: Aunt accompanied me R4: My sister in law, s…

Content:

R1:

R7: My Sister in law came and he felt good after coming here

R8: My grandmother came

> R7: They felt very good after coming here
>
> R9: They liked Godbhari the most

○ Suggestions

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Used In Documents:

1 CBE Husband, Block Polaikala, Sector PolaY kala Rural, Distt. Shajapur.docx 5 FGD_MIL_ROOSA SECTOR_KARANJIYA_DINDORI.docx 7 FGD_PLW_KALAPEEPAL_KALPEPAL_SHAJAPUR_MADHYA PRADESH.docx
4 Quotations:

1:11 R4: We never go to attend these events, can't tell you anything. Next time we will attend these even…

Content:

> R2: AWW asks our wife only to attend these events, they never asked us, that's why we don't know anything. Whatever we have heard we are telling you

5:4 R 1: Yes. If there is any food which is in shortage, then that should be told clearly and should be…

Content:

> R 1: Yes. If there is any food which is in shortage, then that should be told clearly and should be procured abundantly. Also, we should get more food and things during Godbharai and other events.
> R 8: We should be new clothes, Bindi, Sari, Sweets etc. Anganwadi get less money just 50 rupees and they can't buy all such things. Also there should be more festivities with more dancing, singing etc.
> There is a story that there was a rich person in Gorakhpur and had two boys. But chicken pox killed them both so he couldn't do anything with that money. Now, he married another woman and now she will kick the older one, after having a child with her. We don't know what god will do, so its best if we have less child to be happy.

7:14 R6: Yes we should be told more about health of mothers and children R5: I need to know more about n…

Content:

> R6: Yes we should be told more about health of mothers and children
> R5: I need to know more about number of times the child should be fed

7:15 Radha asks to have TV and CD so that she can dance more.

Content:

> Radha asks to have TV and CD so that she can dance more.