Qualitative Study to Understand the Perception of Pregnant and Lactating Women Regarding CBEs (Community Based Events) Under ISSNIP Across Four States in India

By

Garima Kalra

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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Public Health

And has successfully completed her Project on

"A Qualitative Study to understand the Perception of Pregnant and Lactating Women regarding CBEs (Community Based Events) under ISSNIP across Four states in India"

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 Qualitative Study to Understand the Perception of Pregnant and Lactating Women Regarding CBEs (Community Based Events) under ISSNIP across four States in India*** and submitted by Dr. Garima Kalra, Enrollment No. IIHMR-U/01/2015-17/0278 under the supervision of Ms. Geetika Goswami (Assistant Professor) for award of MBA in Hospital and Health management of the University carried out during the period from 1st February, 2017 to 30th April, 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.

Garima.

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 Qualitative Study to Understand the Perception of Pregnant and Lactating Women Regarding CBEs (Community Based Events) under ISSNIP across four States in India.***"

Signature of student

ABSTRACT

Launched on 2nd October 1975, now a days ICDS scheme represents one of the world's largest programs for early childhood development. ICDS provides preschool education (PSE) on one hand and while breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality, on the other hand.

Being the world's largest outreach program it is targeting infants and children below 6 years of age, expectant and nursing mothers. The program includes a network of Anganwadi center (AWC), provides integrated services comprising supplementary nutrition, immunization, health checkup, referral services to children below 6 years of age and expectant and nursing mothers.

To strengthen the ICDS system and policy framework, ISSNIP has come into action and under this community based events are organized for the behaviour change communication and capacity building among the community people to bring a change in their perceptions and behaviour.

The two events celebrated under ISSNIP are God Bharai and Annaprashan, which are celebrated for a pregnant lady in her 7^{th} month of pregnancy and for a child who has completed 6 months respectively to teach them the right practices.

The qualitative exploratory study was conducted for three months across 4 states namely; Rajasthan, Madhya Pradesh, Uttar Pradesh and Jharkhand with various objectives which are

1) To assess the extent of participation and experience of Pregnant and Lactating women in the CBEs.

2) To assess the family involvement and the perception of the family members regarding these events as per the PLW group.

3) To check the awareness of the PLW group about various practices discussed during the events.

4) To know the level of implementation of practices discussed after gaining knowledge at CBEs by beneficiaries.

5) To know the challenges faced by the PLW group attending events and following the practices.

6) To recommend strategies to magnify the involvement of beneficiaries in these events organized at AWC.

The data was collected conducting FGDs (Focus Group Discussions) and recording the conversations, with the help of a guided checklist. Geographical selection of places (States, Districts, and blocks) was done using randomization techniques and Participants for the FGD were selected depending upon the availability.

3 districts selected from each state.1 FGD per District at Anganwadi Center of selected Block. A total of 12 FGDs done, 9 participants per FGD.

The analysis of data was done using a software Atlas ti, which is a software used to analyze qualitative data.

This study shows that across all the 4 states the PLW groups are well aware of the events organized and they also participate in these events. Although the importance is not much known to them and they see it as the traditional events and less as the informative events. It is all about how the AWWs are communicating the message and how the publicity of these events has been done. PLW are well aware of the practices told to them during the events and have incorporated into their routines, but face some challenges following them.

From this study we can conclude that although events are being celebrated at the AWCs across all the 4 states, but still the main motive of their celebration is not much clear to the PLW group, they see it as a traditional event being celebrated and don't try to remember much of the information. Although it's been noticed that once we probe them to give the information, they could tell after that. They are allured to attend the event by giving them goodies. Various recommendations have been given in this study assuming that this will help in required direction.

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 Information and Consulting Servicess in a detailed manner.

I am thankful to **Mr. Lokesh Sharma** (Senior Principle) for giving me the opportunity to carry out my dissertation and for his constant support and encouragement. I am thankful to him for the time and efforts they spent from his busy schedule.

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Dr. Garima Kalra

TABLE OF CONTENTS

1. LIST OF ABBREVIATIONS

1. ANM- Auxiliary Nurse Mid-wife
2. ASHA- Accredited Social Health Activist
3. AWC- Anganwadi Centers
4. AWH- Anganwadi Helper
5. AWW- Anganwadi Worker
6. CBES- Community Based Events
7. CDPO- Child Development Project Officer
8. DPO- District Program Officer
9. ICDS- Integrated child development services
10. ISSNIP- ICDS systems strengthening & nutrition improvement project
11. LS- Lady Supervisors
12. MCH- Mother And Child Health
13. MILs- Mother In Laws
14. MO- Medical Officer
15. NFHS- National Family Health Survey
16. NHM- National Health Mission
17. NRHM- National Rural Health Mission
18. NUHM- National Urban Health Mission
19. PLW- Pregnant And Lactating Women
20. PSE- Pre- School Education

2. INTRODUCTION-

2.1 ICDS- Integrated Child Development Services

The Government of India launched the Integrated Child Development Services (ICDS) in recognition of the importance of early childhood care as the foundation of human development. The ICDS has expanded over the years and responding to the challenges of meeting the holistic needs of a Child.

Launched on 2 nd October 1975, today, ICDS scheme represents one of the world's largest and the most unique programs for early childhood development. ICDS is the foremost symbol of India's commitment to her children-India's response to the challenge of providing preschool education (PSE) on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality, on the other.

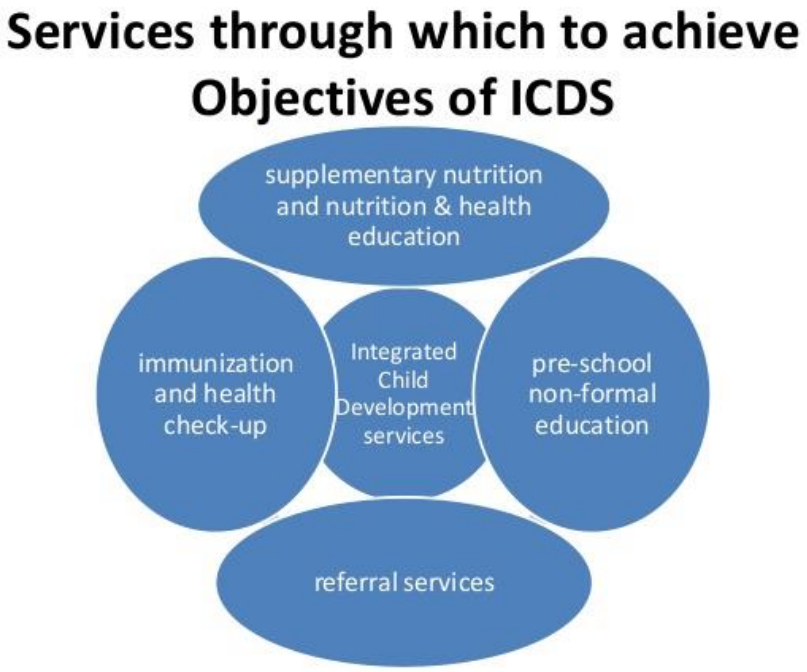
It is a one of its own kind of symbol of India’s commitment to its children and nursing mothers. The beneficiaries of ICDS are children in the age group of 0-6 years, and pregnant women and lactating women.

The program has a wide network of Anganwadi center (AWC) which have play centres, provides supplementary nutrition, immunization of pregnant women and children, health check-up, and not to forget referral services to children below 6 years of age and expectant and nursing mothers. Non-formal Pre-School Education (PSE) is imparted to children of the age group 3-6 years and health nutrition education to women in the age group 15-45 years. High priority is accorded to the needs of the most vulnerable younger children under 3 years of age in the program through capacity building of care givers to provide stimulation and quality early childhood care.

2.2 OBJECTIVES OF THE ICDS SCHEME

- To improve the nutritional and health status of children in the age group of 0-6 years.
- To establish the framework for proper psychological, physical and social development of the child.
- To decrease the incidence of mortality, morbidity, malnutrition and school dropout.
- To accomplish effective co-ordination of policy and execution amongst the various departments to promote child development, and
- To upgrade the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education. [3]

2.3 SERVICES PROVIDED BY ICDS:



2.4 ICDS TEAM

An 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.

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 Centre 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).

2.5 Programme Gaps:

Over the years, the ICDS-ISSNIP programme has undergone many transformations in terms of scope, content and implementation, but the primary goal of breaking the inter-generational cycle of malnutrition, reducing morbidity and mortality caused by nutritional deficiencies, reaching out to children, pregnant women lactating mothers and adolescent girls have remained unaltered. Some of the key findings that emerged from the evaluation study of Planning Commission in 2011 are (Bery, 2011):[5]

- Disparity between official figures and ground reality: Wide divergence between official statistics on nutritional status, registered beneficiaries and number (norms) of days' food/supplementary nutrition (SN) served, and grassroots reality with regard to these indicators.
- Low Coverage: Around half of the total eligible children are currently enrolled at anganwadi centres and the effective coverage is only 41% of those registered for the ICDS benefits.

- Inadequate Infrastructure: A majority of anganwadi centres have inadequate infrastructure to deliver the six designated services under the ICDS and this has affected the quality of service delivery adversely.
- Suboptimal Quality: Impact of the ICDS scheme on the intended beneficiaries is largely dependent on the quality of service delivery. Quality indicators present a mixed picture of the quality of services delivered.

2.6 ISSNIP- ICDS System Strengthening And Nutrition Improvement Project

ICDS Systems Strengthening and Nutrition Improvement Project (ISSNIP) is a two phased, seven year project with the overarching goal of supporting the Government of India's efforts to improve nutritional outcomes of children in India. It promotes 'learning-by-doing' across the two phases. During the first phase of three years, a number of systems in ICDS to be strengthened and new approaches/pilots to be tested at different scales in the selected areas. Phase II is to commence on the successful achievement of pre-defined triggers, and it is to be implemented over a four year period.

ICDS Systems Strengthening and Nutrition Improvement Project (ISSNIP) is World Bank's International Development Association (IDA) assisted project, implemented by Ministry of Women Child Development in 162 high malnutrition burden districts in 8 States viz. Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Maharashtra, Madhya Pradesh, Rajasthan and Uttar Pradesh. The objectives of the project is to support the Government of India and participating States to (i) strengthen the ICDS policy framework, systems and capacities, and facilitate community engagement, to ensure greater focus on children below three years of age; and (ii) strengthen convergent actions for improved nutrition outcomes. The salient features of the project includes following:

It has a strong focus on community engagement for implementation and accountability; and have an Emphasis on behaviour change communication;

Rigorous Monitoring and Evaluation to support evidence-based decision making; and

Evidence building, knowledge creation, sharing and exchange. [2]

2.7 COMMUNITY BASED EVENTS:

CBEs (Community Based Events) are the events celebrated at Anganwadi centers in the presence of various community members for the eligible participants. There are two types of CBEs namely; God Bharai and Anna Prashan. God Bharai is celebrated for pregnant woman in her 7th month of pregnancy and Anna Prashan is celebrated for a child who has completed his 6 months.

Annaprashan" is a cultural function which is observed by families to initiate the child on semi-solid food (e.g. rice cooked in milk, porridge, etc) on attaining six months age.

Annaprashan function is held at all AWCs and pregnant and lactating women are invited to AWC to attend the function. Eligible children are given their first solid/mushy food and offered a feeding bowl and spoon as gift.

God Bharai is also a cultural function which is observed by families to know how to take care of a pregnant lady and what measures need to be taken care of at the time of delivery and after that. Various practices are told to take care of child in the initial days and also about breastfeeding practices. Eligible women are given the goodies like Gud, Channa, Coconut, Green leafy vegetables and fruits as a symbolic way to let them know what should they eat, and various traditional activities are also followed.

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. On the other hand, community participation is active involvement of people in ICDS program which is for their well-being. Community participation is not just utilization of services and being passive users but it is voluntary and democratic involvement of elders, local and religious leaders, institutions and organizations. It includes community action and decision making in planning, implementing and monitoring of the program which leads to self reliquence, ownership and sustainability of the program. [1]

Community Participation in ICDS program is critical for the smooth working of the program, reach and increment its use, represents the achievement what's more, disappointment, decrease government mediation and make the feeling of possession and in addition affect the ability of the program. It has been concentrated that group pioneers were definitely not mindful of ICDS administration and did not extra time and work outside the family unit for extended periods of time (Lal et al., 1995). It has additionally been found that 53.3% gave free settlement for AWC and 42.6% aided actualizing wellbeing exercises and contributed as far as crude nourishment for supplementary sustenance and fuel for cooking. [1]

3. OBJECTIVES

1) To assess the extent of participation and experience of Pregnant and Lactating women in the CBEs.
2) To assess the family involvement and the perception of the family members regarding these events as per PLW group.
3) To check the awareness of PLW group about various practices discussed at the time of events.
4) To know the level of implementation of practices discussed after gaining knowledge at CBEs by beneficiaries.
5) To recommend strategies to magnify the involvement of beneficiaries in these events organized at AWC.
6) To know the challenges faced by the PLW group attending events and following the practices.

4. REVIEW OF LITERATURE-

Before I started with my study, I read through many papers to find what other research has already taken place in the space of community based events, child nutrition and PLW (Pregnant and Lactating Women) to ascertain the length and breadth of the issues and challenges.

Prusty, Gouda and Pradhan (2015),[6] in an article "Inequality in the Utilization of Maternal Healthcare

Services in Odisha, India" explained the position of maternal healthcare services in Odisha, one of the low-income group states in India. This concluded that the maternal healthcare services are unevenly distributed among different sub groups in the state. These services combat the maternal morbidities or death, and thus are very important for women. The condition is much worse among the poor and illiterates in the disadvantaged and socioeconomically backwards regions. This is in stark contract with other developed states in the country such as Kerala and Tamil Nadu where maternal healthcare services are used universally. Among the reasons which came out during the analysis, the primary reasons were:

(1) **Socioeconomic and demographic characteristics of women:** As stated, region plays the most important role in utilization of healthcare services. The tribal areas are the most backward regions, and thus the penetration and utilization of maternal healthcare services are one of the lowest in that region.

(2) **Poor economic condition of women:** The study showed that rich and affluent women are the most frequent users of healthcare services; however, it is totally opposite for poor. The primary reason behind this is that the government healthcare centers don't provide the type of infrastructure which would encourage them to comet for regular checkups.

Based on the above findings, the report concluded that the distribution of services among socioeconomically disadvantaged groups should be improved. Additionally, the healthcare facilities should be upgraded and skilled health personnel should be recruited in the public health care places.

Another paper which brings to our notice the work done in the situation of health services is Ram at al. (2010) titled "Future demand for maternal and child health services from public health facilities in Uttar Pradesh". The study presented numerous findings basis:

- *Institutional delivery:* Basis the data analyzed by the publishers, they suggested that if the rate of institutional delivery continues to increase with the same rate as it is increasing now, the demand for institutional delivery will likely increase to 3x in the next 5-6 years. It is a huge burden on the shoulders of public health facilities.
- *IFA and TT coverage:* The two parameters are the basic components of antenatal care and help to reduce maternal and child mortality. To cater to the increasing requirement, the healthcare services in UP needs to procure IFA and TT injections and tablets in record numbers.
- *Immunization:* The current estimates of immunization suggest that only 30% of children in Uttar Pradesh aged 12-23 months were fully immunized in whereas measles coverage was around 47%. However, based on the expected number of births (excluding infant deaths), it is said that annually ~ 5,300,000 children would need to be vaccinated. So, to say, 4,000,000 children must be covered by measles vaccination (in 2015) compared to only 2,000,000 children being covered in 2010. Although an old report, but still summarizing the state of services in the state. [7]
-

While we are talking about immunization, the Michael Lokshin et al.'s "Improving Child Nutrition? The Integrated Child Development Services in India" was also on the same lines. The paper analyzed that overall, levels of child malnutrition have fallen slowly during the 1990s, although this was a decade of rapid growth in all sectors of the economy. The gains in nutrition status have been amongst the upper socio-economic groups, among the children of educated mothers, wealthier households, and upper castes. Girls have gained less than boys and their nutrition status has worsened amongst the lower socio-economic groups. [8]

The high incidence of underweight amongst the children of the highest socio-economic groups indicate that the exposure to disease is a major cause of poor child growth, Additionally, the latter cannot be attributed solely to poverty. The living conditions of the lower socio-economic groups make them more exposed to disease than better-off groups. This suggests that it might be cheaper for the ICDS program to focus more efforts on improving environmental hygiene to improve child nutritional outcomes. The program currently places huge emphasis on supplementary feeding, though it has been found to be ineffective in many large-scale programs.

The other analysis was regarding the regional differences. The rich Northern states were consistently the most progressive region of India in programme placement, underscoring the fact that the states who least need it not only get the most funding, but also use the funding most effectively. There are clearly many issues at play, including states' ability to provide matching funds, political clout, and governance ability, in determining which states could attract funds and use them effectively. It needs to be studied carefully in further research. The paper further suggested that there is little evidence of ICDS program impact on the child nutrition status. Though, these results need to be interpreted with some caution. Using cross-sectional data can lead to various biases in estimations of the effectiveness of the program.

Thus, the report concluded that a conclusive evaluation of the program impact must wait till the time panel data are available. Instead, many studies have highlighted problems with implementation of the ICDS program, which can limit its impact. In totality, the report found limited evidence that the ICDS program has been meeting its goals of reducing child malnutrition in India. The report suggested few modifications that are needed for this to succeed:

- First, program coverage and fund allocation should be shifted towards states with the highest prevalence of child malnutrition.
- Second, efforts need to be made to ensure that funds are utilized in the few states where this is not the case.
- Third, the impact of the program on recipients might be enhanced by changing few aspects of program design and implementation. With these changes, the substantial

resources allocated to the ICDS program can be used more effectively to raise future generations of healthy children.

Another paper, Prakash, Kumar (2012) in report titled "Urban poverty and utilization of maternal and
child health care services in India", touched the issues of maternal and child healthcare situation. The authors analyzed the level and pattern of some maternal and child health care indicators in the Indian urban poor and non-poor from selected states. The results from the analysis indicated that urban poor are in a disadvantageous position as compared to the non-poor in utilizing maternal and child health services.
The cross-state results also showed a similar picture, however, the condition was more vulnerable in the EAG states i.e.Rajasthan, Uttar Pradesh, Madhya Pradesh and Bihar. These were the states at the initial stage of urbanization and they lack basic health care services, amenities and infrastructure. The report also analyzed that a large proportion of urban population of these states are subject to material interstate rural–urban migration. These migrants might have little awareness of basic health care as well as weaker network. The study demonstrated that the level of maternal and child health care utilization is quite less among the urban poor in India. [9]

The condition is even worse in the case of delivery care. Only 1/3rd of the urban poor in India has used safe delivery, primarily because the delivery care is very high. Interestingly, as per the report, non-poor/poor gaps are negligible in Polio vaccination because of the massive Polio rehabilitation campaign launched by the Government of India during the last decade.

Immunization is one of the most sensitive topic and our report also talks about it on a broad level. The paper Lauridsen, Pradhan (2011) does talk about the inequality in immunization coverage across the country. The study gives a first-time analysis of the contributions of socio-economic indicators of immunization coverage in India. Results reveal that the following parameters contribute ~97% of the total socioeconomic inequalities in full immunization coverage in India:

- Poor household economic status

- Female's illiteracy
- State domestic product
- Level of illiteracy at the state level

Out of the above 4 determinants, mother's illiteracy is the one which contributes maximum i.e. 34% to the immunization variance issue in the country. The report specifically pointed out this indicator since the India households are traditionally male-oriented for jobs and female-oriented for kids. And thus if the female/mother isn't educated enough, then it will percolate down to the health and future of the child. [5]

Additionally, the analysis of the determinants of health inequalities shows that neither income inequality nor the public share of health spending were significant determinants of health inequalities. Although, the per-capita state domestic product and share of illiterate population accounts for ~24% of the total health inequalities in full immunization coverage. Such results provide a significant impetus to the thought of change in policies. Changes such as health intervention strategies aimed at reducing socio-economic inequality in immunization coverage will benefit from being supplemented with strategies aimed at reducing poverty and illiteracy. In the end, the report stated that intensive community level analysis is required to fully understand the immunization variance issues.

5. RATIONALE

More than half of the children in 10 out of 15 states are still anaemic shows National Family Health Survey (NFHS-4) for 2015-16 released by the Union Health Ministry today said. It also showed that more than half of women were anaemic in eleven states.

Maternal and child undernutrition is highly prevalent in low-income and middle-income countries, resulting in substantial increases in mortality and overall disease burden.

It presents new analyses to estimate the effects of the risks related to measures of under nutrition, as well as to suboptimum breastfeeding practices on mortality and disease. We estimated that stunting, severe wasting, and intrauterine growth restriction together were responsible for 2·2 million deaths and 21% of disability-adjusted life-years (DALYs) for

children younger than 5 years. Deficiencies of vitamin A and zinc were estimated to be responsible for 0·6 million and 0·4 million deaths, respectively, and a combined 9% of global childhood DALYs. Iron and iodine deficiencies resulted in few child deaths, and combined were responsible for about 0·2% of global childhood DALYs. Iron deficiency as a risk factor for maternal mortality added 115 000 deaths and 0·4% of global total DALYs. Suboptimum breastfeeding was estimated to be responsible for 1·4 million child deaths and 44 million DALYs (10% of DALYs in children younger than 5 years). [4]

Illiteracy rate of women is very high and the biggest reason for under nutrition, prevailing diseases and low immunization rate. [5] To cope up with this we really need to aware the group who is the primary care taker of Children i.e. the mother.

A woman is the one who has to start taking care of herself and her child as soon as she gets pregnant and continue this also after she has delivered. The main pillars of these programs conducted are the Pregnant and lactating Women (PLW) Group and are the main beneficiaries. An assessment is required to know the effect of these Behavior Change Communication Programs and to know the awareness and level of implementation of information being provided.

6. METHODOLOGY

- Type of Study – A qualitative exploratory study was conducted
- Duration of study – Three months (1st February 2017 to 30th April 2017).
- Location of Study- This study was conducted across Four states namely; Rajasthan, Madhya Pradesh, Uttar Pradesh, Jharkhand, which are selected after randomization from total of 8 states in which ISSNIP is working.
- Method of data collection – FGDs (Focus Group Discussions) were conducted with the group of selected participants. In FGD, there is 1 Facilitator and 1 co-facilitator, all the participants were made to sit in a semi-circle. We let them discuss the things for a topic but keep it focused by giving them the lead with the help of

questionnaire. Each and every person is made to talk and we do this on a polite note and we remain neutral in the entire conversation.

- Data Collection Tools – Guided Checklist was used which contains 18 questions.
- Data Sampling-

  Area Sampling – Geographical selection of places (States, Districts, blocks) was done using randomization techniques.

  Participants Sampling- Participants for the FGD were selected depending upon the availability.
- Sample selection- 3 districts were selected from each state.1 FGD per District was conducted at Anganwadi Center of selected Block. A total of 12 FGDs were conducted, 9 participants per FGD were there.
- Source of Data collection- primary data collected after interaction with participants and recordings were done while conducting FGD after taking due permission from the participants.
- Data analysis – Data analysis is done using Atlas ti software, which is a software to analyze the qualitative data.

The recordings which were done at the time of FGD were transcribed into the written format. As the recordings were transcribed and the coding was done with the help of a software Atlas ti, and a codebook and report was utilized to analyse the quantitative data which was collected.

7. RESULTS:

➢ Knowledge about community based events and their importance

During our discussions with the target group, we observed that majority of the women knew about the community based events such as Godbharai and Annaprashan, while only few were ignorant about it. They were ecstatic that the events are organized in traditional ways, and healthy food is given to the children during the events. Also, they are educated about healthy food habits.

"There are many reasons for which these are celebrated. Mainly these are aimed for children only. Child gets healthy" ***(PLW, Jodhpur)***

"They celebrated Annaprashan for my Child in which they told about healthy Foods like Dalia, khichdi, daal, mashed potato etc." ***(PLW, Dausa)***

In Annaprashan, that AWW feeds a child for the first time." ***(PLW, Barmer).***

Annaprashan is celebrated to provide information that child should be fed with complementary food only after 6 months, when child enters his 7th month." (Dindori, M.P.)

"Godbharai is celebrated for us. So that we can know what should be done for a healthy child."(Shajapur, M.P.)

As discussed earlier few of them were not aware about these events as one of the participants asked her fellow participants…

"When does godbahari happens in Anganwadi?" ***(PLW, Barmer)***

Out of total 12 FGDs conducted, in 2 districts, Kushinagar (Uttar Pradesh) and Garhwa (Jharkhand), it was told by PLW group that no such events are celebrated at the Anganwadis and no information regarding Nutrition or breastfeeding is given to them. They merely come at the AWCs to collect the THR (even that is very rare) and to get the immunization done.

Under a state, if events are celebrated at two other districts and not at one, so this matter should be intervened, as it is an altogether different study and there is a need to understand the gap. Appropriate steps should be taken by the ICDS authorities to fill this gap.

Also it was notified while having discussions and interviews with other stakeholders (higher authorities) that according to them events are being organized at the AWCs. They are telling but are not implementing at the lower level and no instructions are given to them to celebrate these events.

Or it could be that the events are celebrated but these are not celebrated as they should be and they are not creating any impact over the population and beneficiaries, as they don't see it as the celebration of any event. It could be a possibility that they are just called for the event and are given THR (Take Home ration) and general discussion is done, but not the way it should be done under an event.

➢ EXPERIENCE OF PARTICIPATION IN THE COMMUNITY BASED EVENTS

As expected, most of the pregnant and lactating women mentioned that they had participated in the community based events, primarily Godbharai. However, they didn't explain much about their experience or how did the event happened, and limited their answers to stating that they liked the event. While a few women also commented about their involvement in Annaprashan, only 2 said that they haven't attended any event.

No, I haven't participated. (**Barmer, Rajasthan)**

I have taken part in Annaprashan (could not pronounce) for my child. **(Barmer, Rajasthan)**

"Mne apne bache ke Annaprashan me bhag liya tha" (Although she could not pronounced Annaprashan correctly, but was aware and participated in event).

Yes I have celebrated my God bharai here **(Dausa, Rajasthan)**

I felt good and special at the time of event and information was given to us. (Dindori, M.P.)

*"Annaprashan is celebrated for children and think about the pleasure a lady feels when her Godbharai is celebrated here. Everyone wants to celebrate theirs as it is celebrated among all the people.***" *(Jhansi, U.P.)***

It was a good experience attending the event. **(Jodhpur, Rajasthan)**

I really felt good when I attended the event, they tell us how to take care of your child and they tell everything about food habits like what we should eat like green vegetables, have milk twice a day and told us to eat curd and spinach. **(Kanpur, U.P.)**

- **SOURCE OF THE AWARENESS ABOUT CBE**

The PLW groups across the cities were unanimous that they got to know about the community based events through AWW. Also, the common thread was that the AWW visit all the homes and invite them for the events. Only one lady said that AWW called her, and rest got invited in person by the Anganwadi workers.

The workers informed me over phone **(Dausa, Rajasthan)**

They came to call 1-2 days before the event**. (Barmer, Rajasthan)**

AWW visits our homes and tell us about all these events. (Jhansi, U.P.)

- **TYPE OF ACTIVITIES ATTENDED BY THE PLW**

During the discussion, it came out that they fondly remember the traditional activities such as distributing sweets and coconut, apply tilak and tie Mauli. Besides the traditional part, the PLW were also provided with green fruits, vegetable and even medicines for themselves.

Most of the women told about the information given to them at the time of the event only after probing. It was same all across the 4 states

They gave me Nariyal(coconut), tied Moli on my hand and applied tilak on my forehead. And they made me eat sweets. They provided information on what kind of food we should eat, like green vegetables, fruits, curd and milk. **(Barmer, Rajasthan)**

Some medicine was given **(Jodhpur, Rajasthan)**

> "I was welcomed by ceremony of Aarti and they gave me channa, gud, and also a coconut was given. And photo was clicked**." (Kanpur, U.P.)**

At the time of event, AWW told us to go to hospital for delivery and to get the vaccination done on time, and in the right month to the children as well as to the pregnant females. **(Dindori, M.P.)**

Yes, she brought bangles, dupatta, bindi, vermillion (sindur), did welcome us. My mother was along with me so even I was called for Godhbharai. (Latehar, Jharkhand)

- **ACQUAINTANCES IN THE EVENTS**

We were told that numerous people like AWW, ASHA, doctors, gram Pradhan and village head (sarpanch) were present in the events to help and guided the women. They gave common doctrine of health, and how to take care of newly born kids.

As per the PLW group, Vaccination was also a point of discussion highlighted by the supervisors during the events.

"Yes we talked to ANM. She asked every pregnant woman to get vaccinated. She also told to get our children vaccines so as to prevent them from diseases". **(PLW, Jodhpur)**

"Yes Pradhan and doctors also come here" **(PLW, Dausa)**

ASHA, AWW, ANM- all do come for the event and give us messages during the event. Nobody from Panchayat comes. They tell us about ANC dates- within first three month we should go for the first ANC, in fourth or fifth month go for the second ANC visit. She checks the weight also, give Iron tablets to have during pregnancy**. (Latehar, Jharkhand)**

- **RELATIVES ACCOMPANYING THE PLW TO THE EVENTS**

There was a mixed response across all the four states where these events are celebrated, some of the PLW were accompanied by family members majorly mother in law or sister in law however; there were few exceptions also in which male members also joined (4 cases).
Many women replied that they came alone to AWC to attend the event.
All of the accompanied relatives felt good in the event, and even asked the PLW of family to adopt the best practices told in the seminar.
The exceptions where male members joined were in which husbands, brother in law and father in law accompanied them to the events. All of the accompanied relatives felt good in the event, and even asked the PLW of family to adopt the best practices told in the seminar. Although only Madhya Pradesh was an exception here, and rest two cities scored high in terms of relatives accompanying the PLW.

My father in law came and he felt good after coming here (Jodhpur, Rajasthan).

I came alone to attend the event. No family member accompanied me. **(Barmer, Rajasthan)**

Yes, family members come here because they like it here **(Dausa, Rajasthan)**

- **VALUABLE INFORMATION ABOUT NUTRITION IN PREGNANCY GATHERED IN THE EVENTS, AND ITS RELEVANCE**

Although everyone agreed unanimously that the information shared in the events were quite helpful, the group had almost 50%-50% division in terms of the women knowing about the insights earlier and those who heard it for the first time.
The women shared that they were told about what to eat (such as green vegetables, fruits, milk etc.), when to eat, immunization and how to keep the child healthy. While it was new for some women, but for the rest they had heard about it either from their mother in laws, or from previous pregnancy.

The ladies were increasingly leveraging such food tips provided during events to keep their new born kids healthy.

YES, I knew about few things earlier. As I am having a child of 3 years and this is my 2nd child, but I didn't come last time, started coming to AWC this time. But my knowledge has increased now. **(Barmer, Rajasthan)**

Whatever I heard in Godbharai was new for me, I was told to eat green vegetables and fruits. To get my delivery in hospital. To have Daliya. **(Dausa, Rajasthan)**

"Yes, I knew about this information earlier as we kept hearing to take care and eat healthy food. Due to this our children will be healthy, also when they are inside us. This information we got from anganwadis." (Dindori, M.P.)

- **CHANGES DONE IN THE DIET PLAN OF A PREGNANT LADY AFTER ATTENDING THE EVENTS**

All the ladies across the four states stated that yes, they have made significant changes in their diet plan after attending the events. They have started eating more green vegetables, and have milk, fruits and juices regularly. Even the elders in the family are now educated about the diet plans of a pregnant lady and gives them food accordingly.

"yes, like we eat food at home, then have good food and if a lady is pregnant, then it's obvious that we will give her healthy food to eat, we will take care of her, like we will give her fruits, milk, juices. And will fulfill all the deficiencies she has. **(Barmer, Rajasthan)"**

"Yes, (like we start eating green vegetables, dalia, kichidi and fruits) **(Dausa, Rajasthan)"**

"Yes, I have started eating green vegetables, lal bhaji, palak bhaji, methi bhaji. And also the iron tablet and one more tablet. I also eat the Poshaahar(THR) which is given to us." (Dindori, M.P.)

"We are farmers, so we get green vegetables daily and hence we are able to have food according to what has been told to us." (Pakur, Jharkhand)

I did the same. My husband brings pomegranates for me every morning. So I eat pomegranates daily. (Kanpur, U.P.)

- **CHALLENGES FACED WHILE CHANGING THE DIET DURING PREGNANCY**

Most of the PLW did not face challenges in while changing the diet during pregnancy across Rajasthan and M.P.

In U.P. (Kanpur), it was stated that MIL hinders in eating some kind of foods and In Jharkhand (Latehar), unavailability of required food is a challenge.

Few in Barmer and Latehar were not happy with such change and said that they sometime vomit back if given food which they don't like.

Daily, the vegetables are not available due to the weather, we go to the market once a week and bring vegetables for the whole week, and we cannot eat fish and meat daily.

But change and have potato rice or daal rice according to what is available. (Latehar, Jharkhand)

- ✓ **Although a welcome in change in the behavior of mother in law was observed by many pregnant women. They explained that now mother in laws comes to such events and get useful information about pregnancy food, and they give only that food to their daughter in laws. Sometime they avoid giving hot or oily food during pregnancy after knowing the concern during such events. The ladies were increasingly leveraging such food tips provided during events to keep their new born kids healthy.**

When mother in laws come to AWC, get information from here about the healthy foods. So they have started giving same food to their Daughter in laws. Earlier they used to visit their own houses at the time of pregnancy and got healthy food, but now mother in law only have started giving it to her. **(Barmer, Rajasthan)**

My mother in law don't let me eat Apples as she says it won't give you much nutrition. (Kanpur, Rajasthan)

- ➢ **AWARENESS ABOUT BREASTFEEDING BEST PRACTICES FROM ANGANWADI EVENTS**

The target group of women was quite aware about the best practices for breastfeeding. They were very well versed with the facts that only breast milk need to be given to the child till he is of 6 months, and not even water be given to the new born baby. Also, they explained that they have now learnt to first clean the nipples before feeding milk to the new born, and the advantages of first thick milk (COLOSTRUM). While all the women

acknowledged that they know about the best practices, PLW in Barmer could provide much more refined details. Apart from food habit, they were aware of the breastfeeding positions too i.e. to feed child only when he is sitting, not sleeping; rub the back of the child after breastfeeding.

AWW and ASHA told me only breastfeed my child for 6 months, not to give even water. I only gave him breast milk for 6 months, then only after 6 months when I took him here, food was given to him and I started giving food to him. **(PLW, Barmer)**

" inhone mujhe btaya hai ki bache ko sirf maa ka dudh pilana hai 6 mhine tak, usko pani bhi pilana.
Mne apne bache ko 6 mhine tak sirf apna dudh pilaya, aur 6 mhine ke bad bache ko yahn lekar ayi, usko khana khilaya gaya, uske bad hi mne usko khana dena shuru kiya."

They have taught us to rub the back of child after he has done with breast feeding. And to keep his head high to prevent vomiting. **(PLW, Barmer)**

"Inhone mujhe ye bhi btaya ki dudh pilane k bad bache ki kamar ko maslo, aur bache ka sir sidha rakho taki use ulti na ho."

Newborn is to be fed only after cleaning the nipples. The first thick milk has to be given to the child **(PLW, Jodhpur)**

"bache ko hmesha dudh hmesha pilane se phle saaf kar le, aur gada dudh bache ko pilana hai."

They advised to maintain cleanliness of the child and then made him eat the food. and also they told to wash hands and clean child before breast feed. (Kanpur, U.P.)

- **CHANGES INCORPORATED IN BREASTFEEDING PRACTICES AFTER ATTENDING CBE:**

  Apparently, almost all the best practices described by the group above have come into effect after attending the community based events. The group, across the city, had changed their way of breastfeeding, and adopted these best practices.

  Earlier I used to feed my child while lying down, then AWW told me not to feed like this but to take the child in lap and then feed her. This may damage the ears and eyes of the child and child could not even breathe properly. **(PLW, Barmer)**

  "phle mai bache ko let kar hi dudh pila deti thi, fir mujhe anganwari madam ne mna kiya aise dudh nhi pilana, bachi ko gaud me lekar hi dudh pilana hai. Isse bache ke kaan aur ankhein krab ho jayngi aur bach aache se sans nhi le payega."

- **CHALLENGES FACED WHILE CHANGING THE BREASTFEEDING PRACTICES:**

  Unanimously, all the women across the three cities acknowledged that they didn't feel any challenges while changing the breastfeeding practices. On the contrary, it helped their children as they have now stopped vomiting and they are healthy.

  No we didn't face any challenge; instead it has become easy for us. The child does not vomit back, our clothes are not spoiled and remains clean. During winters if he vomits and while changing clothes, he may get cold. If we keep his head high, he does not vomit. **(PLW, Barmer)**

  "nhi koi dikkat nhi hui, balki asan hi kaam ho gya hai. Bacha ab ulti nhi karta hai, kapde krab nhi hote, saaf suthra rehta hai. Sardi ke time pe agar bacha ulti karta hai toh kapde badlo to wo bimar bhi ho skta hai. Agar uska sir ucha rakhnge toh wo ulti nhi krega."

  No there was no difficulty in making the changes. (PLW, Jodhpur)

  " Nhi, adat badlne me koi dikkat nhi ayi."

- **AWARENESS ABOUT COMPLEMENTARY FEEDING PRACTICES FOR CHILD ABOVE 6 MONTHS**

During the discussion, it was clear that women were aware about what to feed the child once he is 6 months old. Starting from normal milk, dalia, juices, khichdi, water, halwa etc. came up as an alternative food options for the children. Also, one lady mentioned about the importance of hygiene while feeding the child.

Always wash hands before feeding food to the child **(PLW, Jodhpur)**

" bache ko khana khilane se pehle hath jrur dhoye."

we were told to feed him with food and give him whatever he likes. If he likes milk, give him milk and if he likes roti, then give him roti to eat. He also eats halwa if I give him. Now he has grown up. **(PLW, Barmer)**

"hume btaya gaya tha ki bache ko khana khilana hia, jo wo khata hai use do khane ko. Dudh pita h toh dudh pilao, roti khata hai to roti khilao. Mera bache halwa bhi khata hai gar musko deti hun. Ab wo bada bhi ho gya hai."

- **CHANGES INCORPORATED IN THE DIET PLAN OF THEIR CHILD AFTER ATTENDING CBE**

Almost all the best feeding practices were incorporated by the mothers from the information shared in CBEs, including only breastmilk milk feeding rule for new born babies, and for 6-month-old baby complementary options such as normal milk, dalia, juices, khichdi, water, halwa etc.

I give him mangoes, Halwa, milk, boiled dal with salt, green vegetables, water and biscuits **(Dausa, Rajasthan)**

Yes, we made changes **(Dausa, Rajasthan)**

I give me bajra roti mixed in ghee, in the morning and evening, give him milk and also the small pieces of apples I make him eat. They have taught me to take good care of the child and Now I am doing the same which I learnt here. I also got immunization done for my child and myself also. I have delivered twice and in both the cases, ASHA sahyogini was with me in the hospital, even after I was discharged from the hospital. She took care of me more than my mother. She is like a mother to me. **(Barmer, Rajasthan)**

- **CHALLENGES FACED WHILE CHANGING THE FEEDING PRACTICES FOR 6-MONTH-OLD CHILD**

Unanimously, all the women across the three cities acknowledged that they didn't feel any challenges while changing the feeding practices.

There were no challenges; children had food happily **(PLW, Jodhpur)**

"Nhi, koi dikkat nhi ayi. Bache ne khush ho kar khana khaya."

No challenges were faced as we started giving food in small amounts. (PLW, Barmer)

" koi dikkat nhi ayi kyuki hmne bache ko thoda thoda krke khana shuru kiya."

- **DISCUSSION WITH FAMILY MEMBERS BACK HOME ABOUT THE INFORMATION GAINED IN CBE**

Unanimously, all the women across the three cities acknowledged that they do discuss the valuable information gained during CBE with their family members back home primarily mother in law and sister in law.

Yes, whatever we learn here we discuss with family members **(PLW, Dausa)**

"Han jo bhi hum yahn sikhte hai, ghar pe jakr btate hain."

I told my family about celebrations here. I was applied Bindi, and I was garlanded. (PLW, Jodhpur)

"mne apne ghar pe btaya jahn jo manaya gya. Mujhe bindi lgayi aur mala bhi pehnayi."

- **PERCEPTION OF FAMILY MEMBERS ABOUT THE AUTHENTICITY OF INFORMATION SHARED DURING CBE:**

During the discussion, all the group members stated that their family members highly value the knowledge we gain from such events, and they encourage us to do as told by AWW for healthy future.

- ✓ One women from Barmer narrated the experience of how she used to give biscuits to her first child which her mother in law denied giving saying it will led to pain in her stomach, but now after knowing about what to give and what not to give to children, she isn't facing any problem with the second child and being supported.

Earlier my daughter was young, I used to give biscuits to her, at that time they used to say the child is quite small, don't give her biscuits to eat, her stomach will ache. But now I have a 2nd small kid and I have started coming to Anganwadi, I don't face any problem, I give him food to eat. **(PLW, Barmer)**

"phle meri bachi choti thi, mai use biscuit khilati thi toh meri saas mna karti thi ki bhi ka pet dukhega, usko biscuit mat do, wo choti hai. Par ab mera dusra bacha hua hai aur mne Anganwadi ana shuru kar diya. Ab mujhe dikkat nhi hoti aur mne use khana dena shuru kar diya hai."

- **ADDITIONAL NUTRITIONAL INFORMATION THAT PLW WOULD LIKE TO RECEIVE FROM SUCH EVENTS:**

All the women across the three cities were eager to learn more if the nutritional information is beneficial for them. Additionally, it came out during the discussions that any additional knowledge for keeping their children healthy is always welcome to them. They were quite concerned about their children, thus wanted more to know about their nutritional benefits.

Tell us more about what to eat and what to give to children to eat**. (PLW, Barmer)**

"Aap hume aur jankari dijiye na kya khana hai aur bche ko kya khilana hai."

I need to know more about child's nutrition **(PLW, Jodhpur)**

" han mujhe apne bche ke khane peen eke bare me jankari chaiye."

- **PERCEPTION OF PLW GROUP REGARDING COMMUNITY BASED EVENTS, AND THEIR LIKINGS:**

All the women across the three cities acknowledged that they like the events that are celebrated for them. They mostly like the stuffs and goodies given to them at the time of events. It makes them feel special and attention is being given to them and their children. Apart from this, many of them like specially the information they receive regarding healthy food habits, to maintain cleanliness and how to take care of their child. As they think these events are celebrated for the welfare of their children, so they like to attend the events and also ready to encourage other women to participate in these events by telling them the activities performed at the AWCs.

I asked other women to come by telling activities performed here. (PLW, Jodhpur)

"Mne dusri aurton ko btaya ki kya kya hota hai yahn par aur bola ki tum bhi aao."

I liked everything and especially the information we receive regarding healthy food habits, to maintain cleanliness and how to feed child. And all of us do the same way.

“ mujhe sab kuch acha lagta hai khaskarke jo jankari hume milti hai acha khana khane ki, saaf safai ki aur bche ko kaise khilana h. aur hum vesa hi krte hain.”

- **CHANGES THE PLW GROUP WOULD LIKE TO SEE IN THE WAY CBES ARE ORGANIZED:**

Most of the women across all the three districts are happy and satisfied with the way these events are celebrated but few of them want improvement in the process. Although they could not explain what sort of improvement they want to see but what could be perceived from their talks is that they want good quality goodies and celebration should be done on a larger scale.

Women in the district Dausa mainly focused on that, the information given should be more and clearer. All the women in Barmer agreed with that they like the way events are being celebrated.

The program should be improved and the way they are celebrated. (PLW, Jodhpur).

“karaykaram me sudhar hona chaiye aur jis tarike manaye jate hai.”

Yes, we need to learn more things. (PLW, Dausa)

“ han, hme aur jankari chaiye in utsav me.”

I like all the activities and events happening here. (PLW, Barmer)

“ Mujhe sari chiz achi lagti aur karaykram jo yahn hote hain.”

- **CHALLENGES FACED BY PLW GROUP WHILE ATTENDING THE COMMUNITY BASED EVENTS:**

During the discussion, it was clear that women were not facing any kind of difficulties and challenges while attending these events. As per the information also, no one from the family denies to attend any kind of events happening at the Anganwadi centers, in fact they support these activities and are also ready to accompany the pregnant or lactating women so that she could get the information regarding health of herself and her child.

No we don't face any problem. No one denies us to attend these events. (PLW, Barmer)

"Nhi koi dikkat nhi ati. Aur koi mana bhi nhi karta hme in utsav me bhaag lene se."

No, I don't face any challenge coming here. (PLW, Jodhpur)

- ✓ She (PLW) has become more confident and knowledgeable after attending these events at the AWCs. She is welcoming the changes required and understand it's for their benefit only and to their children. They feel good and special attending and participating in these events. And also as the information is given at the Anganwadi centers, so they believe and find it validated. Apart from these discussions about the community based events, they were well aware of the facts and benefits of Anganwadi Centers.
  "Our children come over here to learn things. Here our children stay clean, if they stay at home they stay messy. When our children come here they learn few new things, that's why our children come here." **(PLW, Barmer)**

"hmare bache yahn ate hain nayi chiz sikhne ke liye, yahn hmare bche saaf suthre rehte hain, agar ghar pe hote hai toh gande hote hain. Jab yahan ate hai hmare bache toh naya kuch sikh ke jate hain."

8. RECOMMENDATIONS:

1. **Steps should be taken to change the attitude and behavior of the people for attending the Community based events.**

   We need to change in the attitude and behavior of the people for attending the Community based events. The target group is still enticed to attend the event only for short term material gains such as goodies etc. but not for the knowledge about healthy living which will help them in long-term. Thus, in essence, the mindset of the people (especially PLW as they are the primary care givers) should be changed to encourage them toward more intellectual perspective of the events

   And special attention should be given to ladies who are pregnant for the first time, as they are very shy, might be she is not cross questioning anything she don't understand. More focus should be on the states Uttar Pradesh and Jharkhand to bring the changes in equality.

2. **The events should be pre-planned for a year or so, and happen continuously without any long break**

   This would encourage the target audience to be abreast with latest news and knowledge, and they will also be able to implement the suggestions in their life if they are reminded about it continuously.

3. **There is also an increasing need to managing the events in a professional manner.**

   Apart from continuous scheduling, there is also an increasing need to managing the events in a professional manger. There have been cases where a specific budget was sanctioned for the event, but due to higher number of PLW, the food and goodies provided to them were reduced to meet the budget target. Such practice should be discontinued, and proper planning be done before any event is organized so that there is no dearth of resources for successful completion of the event.

4. **Special programs for Adolescent girls should be conducted under ISSNIP so that they could be educated for their future needs**.

As the Adolescent girls are the future mothers as they will get married and will be pregnant. So, If we provide proper and adequate knowledge to them, then it will be beneficial for the society as it will be educated in advance and proper care could be provided easily.

5. **There should be proper resources to educate the beneficiaries, like TV or projectors and videos and photographs should be shown, so that they could understand the things easily and can remember for longer duration.**

9. CONCLUSION

The ICDS (Integrated Child Development Services) is a nutrition program started by the Government of India. Under this program, a new project has been started called SNIP i.e. System Strengthening and Nutrition Improvement project. This project has been the carried-out basis four components and "Behavior Change" is one of those four components that is considered for this study. Within this, I have taken PLW (Pregnant and Lactating Women) as the target group for analyzing the behavior change patters. The rationale behind choosing the PLW as my target group is that they are the primary point of responsibility for the child's health and are the backbone of a baby's growth.

I have used Focus Group Discussion as the primary tooI to analyze this study. There were 12 FGD which were conducted across 4 states and 12 districts (3 districts per state), and every FGD had 9 participating target group members i.e. PLW. The process was to record their views, transcribe the same into reports, and then analyze the data by using "Atlas CI" tool.

Basis the above study and the analysis conducted, following are the major talking points as part of my conclusion:

Awareness about important details

- PLW are very much educated about the various details regarding nutrition, child bearing, child feeding, health etc. from the community based events that they attend.

However, the things they remember are most about the traditional activities that happen during those events and the goodies they get. They should be more inclined toward the educational benefits that they get from such events, which, incidentally is not the case.

Major challenges faced by PLW

- One of the biggest challenge that I observed in UP and Jharkhand is that the mother in laws aren't much receptive of the good practices, and avoid the nutritional teachings shared with them during community based events.
- While in Madhya Pradesh, the annparashan schedule was quite skewed. The mothers there don't wait for the 6 month timeline for this, and instead do annparashan for baby girls in 4 months, and for baby boys in 5 months.
- Additionally, most of the women come alone in the community based events which shouldn't be the case. All other family members such as mother in law and husbands should also join the PLW in such events so that the whole family is educated about best practices.

Few suggestions

- I believe special events should be conducted for adolescent girls so that they know what they need to do once they become pregnant.
- The one point which came out during the discussions was that they are expecting such events to happen on a large scale and more such educational information be given to them. Also, the quality of goodies be better than as of now.
- Regarding Aanganwadi centers, they should have bigger rooms so that they can accommodate higher visitors. Also, proper arrangement of electricity and TVs should be there so that they can educated others by the help of videos.

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APPENDIX-1

DISSERTATION_QUESTIONNAIRE FOR PREGNANT AND LACTATING WOMEN (PLW)

1. Please describe what do you know about community-based events? Why do you think these are organized in your village?
2. Have you participated in CBEs? If yes, please share your experience of attending any recent events at Anganwadi.
3. When and how did you come to know about the event?
4. What kind of activities did you participate in at the event?
5. What information did you receive regarding nutrition in pregnancy, during the CBE?
6. Please describe the changes made (if any) to your diet during pregnancy after attending events organized at AWC.
7. What were/are the challenges faced in making changes to your diet during pregnancy?
8. What information did you receive regarding breastfeeding practices during Anganwadi event?
9. Please describe the changes made (if any) to the breastfeeding practices after gaining knowledge at CBE.
10. What were/are the challenges faced in making changes to breast feeding practices?
11. What information did you receive regarding complementary feeding for the child above 6 months during CBE?
12. Please describe the changes made (if any) to the diet of your child after gaining knowledge at CBE.
13. What were/are the challenges faced in changing feeding practices for a child above 6 months of age?
14. Had you heard or been given these messages earlier or did you hear them for the first time at the CBE?
15. Did any other family member attend these events along with you? If yes, what was their experience?

16. What is the perception of family members regarding the information received at CBE?
17. What is it that you like the most about these CBEs?
18. What is it that you would like to change, if any, about the way these CBEs are organized?

Is there anything else you would like to share with us?

APPENDIX-2

CODE BOOK_PLW

1. DESCRIBE_CBE
   Use this code whenever Pregnant or Lactating Woman describes about the CBEs (God Bharai and Annaprashan) that are organized at the AWC.

2. PURPOSE_ORGANISE
   Use this code whenever Pregnant or Lactating Woman gives reasons for celebration of CBEs (God Bharai and Annaprashan) at the AWC

3. PARTICIPATE_CBE
   Use this code whenever pregnant and lactating woman tells about her participation in any of the community based CBEs like god bharai or annaprashan and shares her experience at the CBE that she has attended.

4. KNOW_CBE_WHEN/HOW
   Use this code whenever pregnant and lactating woman tells about when and how she got to know about the CBE.

5. ACTIVITIES_CBE
   Use this code whenever pregnant and lactating woman describes the kind of activities they participated in at the time of CBE..

6. INFO_CBE_NUTRITION
   Use this code whenever Pregnant or Lactating Woman describes the information given at the time of CBE regarding nutrition in pregnancy

7. CHANGE_DIET_CBE
   Use this code whenever Pregnant or Lactating Woman describes the changes made to her diet during pregnancy after getting the information provided at the time of CBEs celebrated at the AWC

8. CHALLENGES_DIET CHANGE
   Use this code whenever Pregnant or Lactating Woman tells about the challenges faced in changing the diet during pregnancy as per information provided in the CBEs at the AWC.

9. INFO_BREASTFEED
   Use this code whenever Pregnant or Lactating Woman tells about the information given regarding the breastfeeding practices during CBEs.

10. CHANGE_BREASTFEED

Use this code whenever Pregnant or Lactating Woman describes the changes made to the breastfeeding practices after receiving the information at the time of CBE.

11. CHALLENGES_BREASTFEED
    Use this code whenever Pregnant or Lactating Woman describes the challenges faced in changing the breastfeeding practices as per information provided in the CBEs.

12. INFO_COMP FEED
    Use this code whenever Pregnant or Lactating Woman explains the information given at the time of CBE regarding complementary feeding for the child above 6 months of age.

13. CHANGE_DIET_CHILD
    Use this code whenever Pregnant or Lactating Woman describes the changes that are made in the diet of child after getting information at CBEs.

14. CHALLENGE_COMP FEED
    Use this code whenever Pregnant or Lactating Woman describes the challenges faced in changing the feeding practices after 6 months of the child as per information given to them.

15. INFO_TIMINGS
    Use this code whenever Pregnant or Lactating Woman tells whether she has heard about the information earlier or she has heard the information first time at the CBE

16. FAMILY_ATTEND
    Use this code whenever pregnant and lactating woman tells about any of the family members who had attended the CBE with her.

17. FAMILY_EXPERIENCE
    Use this code whenever Pregnant or Lactating Woman describes the experience of family member who attended the CBE with her.

18. DISCUSS_FAMILY
    Use this code whenever Pregnant or Lactating Woman describes whether she discusses the information given at the CBE with the family members.

19. INFO_FAMILY_PERCEPTION
    Use this code whenever Pregnant or Lactating Woman describes about the perceptions and reactions of family members regarding the information given at the time of CBE.

20. LIKE_CBE

Use this code whenever Pregnant or Lactating Woman describes the things which are liked about CBE.

21. ENCOURAGE_WOMEN
    Use this code whenever Pregnant or Lactating Woman describes whether they will encourage other women to attend these CBEs.

22. CHANGE_CBE
    Use this code whenever Pregnant or Lactating Woman suggests some changes that are required in the way CBEs are organized.

23. ADD_INFO_SHARE
    Use this code whenever Pregnant or Lactating Woman shares the additional information she is having other than these CBEs.