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Assessing the Perceptions of Early Childhood Development among Primary Caregivers in Chhattisgarh, India

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2010

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Abstract

Assessing the Perceptions of Early Childhood Development among Primary Caregivers in Chhattisgarh, India

By Rikita Merai

Early childhood development refers to the process by which young children grow and thrive physically, socially, emotionally, and cognitively (Grantham-McGregor et al., 2007). India has the world's largest integrated early childhood program, Integrated Child Development Services (ICDS) (UNICEF, 2007). Despite this, India still has high rates of malnutrition and disease/infection among young children. This study investigates the perception of early childhood development activities and practices, including barriers and facilitators of activities promoting early childhood development using qualitative methods and the theory of diffusion of innovation among primary caregivers in Chhattisgarh, India. A thematic analysis of the focus group data reveals how early childhood development is perceived within the targeted regions, for example nutritional and physical development rather than socio-emotional and cognitive development is more heavily related to proper development. The results also identify early childhood development practices, such as massaging and bathing. Additionally, barriers, such as financial constraints and facilitators, such as social support were identified. Overall, the findings provide implications for designing an early childhood development program or enhancing and adapting existing programs to better suit the needs of primary caregivers and young children in Chhattisgarh, India.

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Table of Contents

Background.....7

Theoretical Orientation..... 8

Research Objectives..... 10

Literature Review..... 12

Methods..... 18

Research Design and Participants..... 18

Research Location..... 20

Research Instruments..... 22

Procedure..... 23

Data analysis..... 24

Results..... 28

Discussion..... 42

Limitations..... 45

Implications.....47

References..... 50

Appendices..... 52

Appendix 1: Mothers Focus Group Guide Mothers..... 52

Appendix 2: Mother-in-laws Focus Group Guide..... 57

Appendix 3: Father and Father-in-laws Focus Group Guide..... 62

A child's experiences in the first months and years of life determine whether he or she will enter school eager to learn or not. By school age, family and caregivers have already prepared the child for success or failure. The community has already helped or hindered the family's capacity to nurture the child's development

-Dr. T. Barry Brazelton, Children's Hospital Medical Center, Boston, Massachusetts (as quoted in Bernard van Leer Foundation 1994, p. 13)

Background

All stages of human growth are important, with each stage including specific milestones of progress. However, early childhood, which encompasses birth to eight years old, is considered to be the most critical, foundational stage of growth and development. The term, "early childhood development," is used to refer to the processes by which young children grow and thrive physically, socially, emotionally, and cognitively (Grantham-McGregor et al., 2007). Clearly, this period forms the foundation for the health and wellbeing of the child throughout life. These early years also have a longer lasting impact on the full life course than any other period (Shonkhoff & Phillips, 2000). As a result, publicly funded, center-based, and home-based comprehensive early childhood development programs are an important for promoting the well-being of young children.

Integrated Child Development Services (ICDS) in India is the world's largest integrated early childhood program (UNICEF, 2007). It aims toward the holistic development of children below six years of age. The program focuses on improving the nutritional and health status of young children to reduce the incidence of mortality, morbidity, and malnutrition. Since its inception in 1975 by the Government of India, the program has now expanded and has a total of 600,000 anganwadi centers— pre-schools and feeding centers for children between 0-6

years old that also serve as the focus for other community interventions (Sinha, 2006).

Despite the efforts of ICDS, children in India continue to be vulnerable to the vicious cycle of malnutrition and disease/infection. According to the India's National Family Health Survey 3, 2.6 million children under 5 die every year from common preventable illnesses. Only forty-six percent of children are exclusively breastfed during the first six months of life. Approximately, 46 percent of all children under three are underweight and almost 80 percent of children between 6-35 months of age are anemic. These data clearly suggest that India's children are not growing and thriving, and that early childhood development practices have not been adopted in their care.

Theoretical Orientation

The diffusion of innovations has been used to explain the spread of ideas and products through influencing social groups. Rogers (1995) describes diffusion as the "process by which an innovation is communicated through certain channels over time among members of a social system," and innovation as "an idea, practice, or object that is perceived as new by an individual or other unit of adoption" (p.5). Diffusion of an innovation occurs through 5 stages beginning with knowledge, persuasion, and decision (Rogers, 1995). Knowledge occurs when the individual learns about the innovation and its functions. Persuasion occurs when individuals form their opinions of the innovation. Decision occurs when individuals perform activities that are related to the adoption or rejection of the innovation (Haider & Kreps, 2004). These stages are advanced by prior conditions, characteristics of the

decision-making unit, and perceived characteristics of the innovation, as indicated by the innovation-diffusion process (see Figure 1). This process illustrates how the diffusion of innovations makes use of previous practices and social norms of the targeted community, as well as perceived characteristics of the innovation (Haider & Kreps, 2004). Understanding cultural factors that are preventing spread of the innovation is necessary for the efficacy of the innovation-diffusion process. This is because cultural factors can include potential facilitators and barriers to introducing the innovation into the community. Therefore, it is necessary to understand the cultural norms affecting proper early childhood development practices.

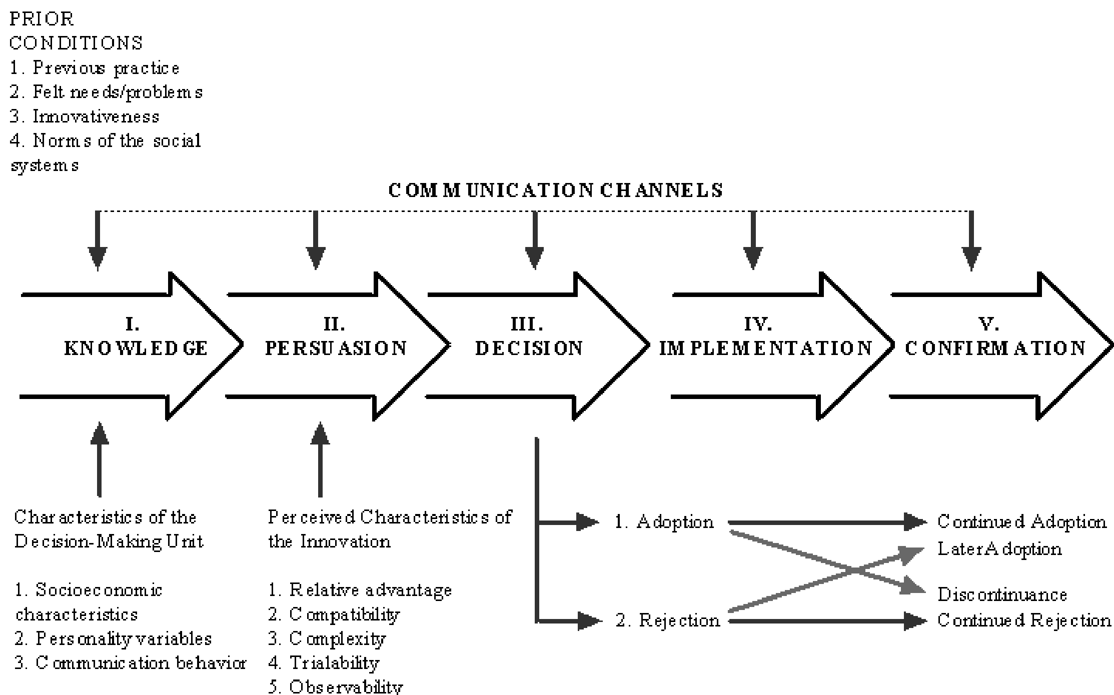

Figure 1. Innovation-Decision Process (Rogers, 1995)

Likewise, in order to understand perceptions about the characteristics of the innovation, such as its advantage relative to current practices, it is important to identify these previous practices. The intervention is practices related to promoting

early childhood development. Other perceptions regarding proper early childhood development practices, for example the perceived compatibility or complexity of these practices, act as promoters or barriers to persuade or dissuade adoption of the innovation.

Research Objectives

The purpose of the present research was to investigate perceptions of early childhood development activities and practices, including facilitators and barriers to activities promoting early childhood development in India, using qualitative methods and the theory of diffusion of innovations. This formative research focused on the current local beliefs and practice around early child development among primary caregivers and anganwadi workers in rural communities in India. The literature shows that improvements to the ICDS program need to be made in order to reduce developmental delays influenced by malnutrition, inadequate and improper services (UNICEF, 2007). The proposed study will identify beliefs, feelings, and attitudes toward child development and the current understanding about the various domains of development (i.e., physical, cognitive, language, and socio-emotional) and how they are interconnected; identify early childhood development practices that are currently occurring in the targeted regions; and identify factors that encourage or discourage primary caregivers of young children and anganwadi workers to practice activities promoting early child development(e.g., physical, cognitive, language, and socio-emotional activities).

Specific research questions include: What are the beliefs, feelings, and attitudes towards early childhood development among primary caregivers and

anganwadi workers? According to primary caregivers and anganwadi workers, what early childhood developmental practices are currently occurring in the area? What factors are encouraging or discouraging activities promoting early child development?

Literature Review

This literature review will outline the recent scholarship on the importance of early childhood development, particularly in the context of rural communities in India.

Early Childhood Development

Early childhood is the most intensive period for brain development. During this period, adequate stimulation and nutrition are necessary to ensure proper development in the first three years of life (Renis & Goldman, 1980). These are the years that a child's brain is the most sensitive to environmental influences. If the environment contains proper nutrition as well as affection and stimulation, the child will develop and learn adequately (Renis & Goldman, 1980). This illustrates how early childhood development results from multidirectional interactions between biological factors (genes, brain growth, neuromuscular maturation) and environmental influences (parent-child relationships, community characteristics, cultural norms) over time (Shonkoff & Phillips, 2000). Thus, when children spend their early years in a less stimulating, or less emotionally and physically supportive environment, brain development is affected, which leads to cognitive, social, and behavioral delays (WHO, 2009). As a result, understanding the interaction of all domains of development is critical in addressing early childhood needs.

The traditional domains of development: physical, cognitive, socio-emotional, and language are interrelated and interdependent. Recently published research conducted in Bangladesh found that psychosocial stimulation was equally as important for motor skill development as good nutrition (Hamadani et al., 2006).

Physical growth after the age of six has been shown to be highly dependent upon hormonal secretions triggered by affection and social interaction (Zeanah et al., 2005). Additionally, research has determined that growth failure in children can be as much the result of emotional neglect as poor diet (Johnson, 2000).

Early childhood development also shows a direct correlation with early learning, school readiness, retention, and success in primary school (EFA, 2007). Effective early childhood development programs enhance children's physical well-being, cognitive and language skills, and social and emotional development, thus increasing their propensity for learning. Consequently, investing in early childhood development programs is essential to the development of the national economy (Young, 1996). Increasing children's ability to learn will increase the return on investment in their later education by making education more effective. Equal opportunities in learning will increase the likelihood that a child will attend school and become an adult with higher income and better health (WHO, 2009; Young, 1996). Additionally, Heckman and Masterov (2005) argue that investing in older, disadvantaged populations generates less overall return than investing in younger populations. As a result, supporting early childhood development generates a more positive impact on the individual's wellbeing than at any other later stage of life.

Nonetheless, more than 200 million children under five years old fail to reach their full cognitive and social potential (Grantham-McGregor et al., 2007). Most of these children live in South Asia and sub-Saharan Africa (WHO, 2009). Many children are likely to under-achieve in school and, subsequently, to have low income as adults. As a result, they are also likely to have children at a young age, and

provide poor health care, nutrition, and stimulation to their children, thus contributing to the intergenerational transmission of poverty and poor development (WHO, 2009).

Integrated Child Development Services

The intergenerational transmission of poverty is seen clearly in India and is illustrated through the ineffectiveness of India's integrated early childhood program, ICDS. ICDS aims to improve the health, nutrition, and development of children. The program offers health, nutrition and hygiene education to mothers, non-formal preschool education to children aged three to six, supplementary feeding for all children and pregnant and nursing mothers, growth monitoring and promotion, and links to primary healthcare services such as immunization and vitamin A supplements (UNICEF, 2007). These services are delivered in an integrated manner at the anganwadi or childcare center. The term angandwadi developed from the idea that proper early childcare and development can be maintained through low cost materials located in an 'angan' or courtyard. The anganwadi center is operated by a modestly paid "anganwadi worker," and assisted by an "anganwadi helper" (UNICEF, 2007). The cost of ICDS averages to $10-22 per child per year.

The objectives of the ICDS scheme are the following: to improve nutritional and health 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. The objectives are to be achieved through the following services: supplementary nutrition, immunization, health check-ups, referral services, pre-school non-formal education, and nutrition and health education (UNICEF, 2007).

While the ICDS program is one of the most important programs in India, reaching out to the most neglected sections of the population, its coverage needs to be assessed and altered in order to target high rates of developmental, physical, and cognitive delays among young children in India. Since the ICDS scheme is already instated, assessing the gaps of the services provided can provide benefits for future health and developmental outcomes. According to Measham and Chatterjee (1999), evaluations of the ICDS services have found its impact on the nutritional status to be limited. The reasons for this include: “inadequate coverage of children below three years of age, irregular food supply and feeding, poor nutrition education to mothers, inadequate training of workers, overload and unsupportive supervision of the anganwadi worker, and poor linkages between the ICDS program and health system” (p. 20). As a result, the quality of the ICDS services needs to be improved. Measham and Chatterjee explained ICDS has not brought about the behavioral changes necessary to prevent malnutrition in young children or low birth weight babies. This could be because ICDS is a highly centralized program, and “its top-down approach constitutes a major reason why the program’s intended community ownership and management are virtually nonexistent” (p. 35).

In addition, Sinha (2006) argued that for ICDS to be effective in reducing infant mortality, combating malnutrition, and improving child health, there must be: "(a) a firm conviction that every mother and child has a right to health and well-being and that this is non-negotiable; (b) an assertion of the state's obligation to ensure that all mothers and children have access to basic healthcare and nutrition; (c) a change in the existing social norms that allow the violation of the rights of mothers and children; and (d) uncompromising public action on the rights of mothers, adolescent girls, and children" (p. 3689). Sinha also claimed that while there is emphasis placed on the universal coverage of the ICDS, anganwadi centers are still not acknowledged as an institution to protect the rights of children and mothers. In order to address this, understanding the social norms of the community is necessary. Sinha pointed out that gender discrimination influences the status of women and children along with pregnancy, nutrition, and early childcare, which ultimately has a significant impact on the status of maternal and child health outcomes. As a result, Sinha claimed improvements in child health must begin by addressing the lack of norms and absence of a supportive environment. In order to change norms, community participation is necessary. This can be accomplished by utilizing concepts of the diffusion of innovations theory.

Diffusion of Innovations

A search of the literature did not produce any studies in which diffusion of innovations was employed in the context of understanding the early childhood developmental practice in developing countries, particularly in India. As a result, it is necessary to understand the nature of early childhood developmental practices,

rather than focusing on methods of diffusing proper practices to the targeted population. Farr and Aimes (2008) demonstrated the importance of understanding cultural norms through performing a formative evaluation based in diffusion of innovations theory. In order to plan and implement a communitywide collaborative to work on improving medically underserved children's access to care, determining the nature of the social network among children's health collaborative organization was necessary. The results of study showed that a functioning collaborative among organizations did not exist, but organizations would be willing to participate in a collaborative in order to improve child health needs and access to heath care. Therefore, for this study, the focus will also be on understanding the cultural norms that impact early childhood development practices.

Methods

Research Design and Participants

This study does not constitute human subject research according to the definition used by the IRB and therefore the IRB ruled that it was exempt from IRB approval. This study will also use a variety of qualitative methods to obtain important information that will help CARE to adapt current materials on early childhood development and better understand the barriers and enhancers of primary caregivers to improve early childhood development and develop program interventions designed to address these barriers. Qualitative data were collected through focus group discussions and key informant interviews in two intervention districts in Chhattsigarh, India: Korba and Janjgir. CARE selected blocks within the intervention districts, Korba and Janjir.

The key informant interviews were conducted with ICDS supervisors, Child Development Project Officer (CDPOs), Auxiliary Nurse Midwife (ANMS), Accredited Social Health Activist (ASHA), Panchayat Raj Institutions (local governance), and Health and Sanitation Committee members (see Figure 2). The two Panchayat Raj interviews and one ASHA interview was conducted per village. Four CDPOs, ICDS supervisors, and ANM interviews were conducted at block level in both Janjgir and Korba district.

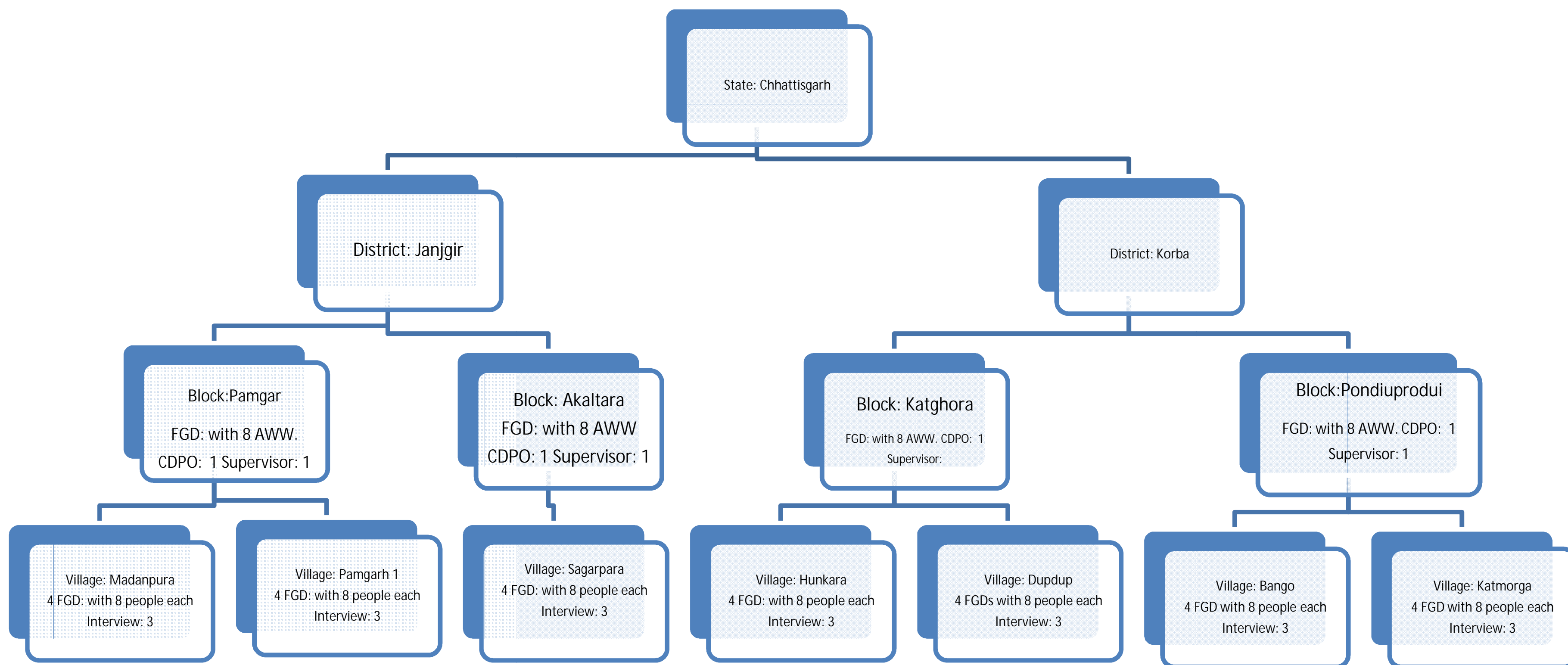

Figure 2. Schematic Presentations of Research Design

Focus group discussions were conducted in the following groups: 1) pregnant/lactating mothers and mothers with children between 0-6; 2) Fathers; 3) Fathers-in-law; 4) Mothers-in-law; 5) Anganwadi workers. The focus group discussions were conducted in all the groups in each village, except the anganwadi workers, which was only conducted once per block level (see Figure 2). Two blocks were targeted in each district. Within each block, two villages were targeted. Each focus group discussion contained approximately 6-10 participants. As a result, a total of approximately 126 individuals were targeted.

Research Location

Jangir District

The block of Pamgarh is located in the district of Janjgir-Champa. It is nearly 30km away from the district headquarter. This is a scheduled caste block and is located in a rural and remote area. The community is mainly dependent upon the agriculture related activities and mostly a one time crop. Most of the families are below poverty line. Many families migrate to other states in India for livelihood purposes. Some of the families are also engaged in petty shop, small vegetable cultivation, dairy and back yard poultry for economic activities.

The block of Akaltara is also located in the district of Janjgir-Champa. It is nearly 27 km away from the district headquarter. This is a block with more of the population of other backward classes and scheduled Casts. Most of the area is rural with some sectors having difficulty reaching other geographical areas. Due to the

distance and poor conditions of roads, it is very difficult to reach from one location to another location. Additionally, this block has the largest power plant, WARDHA. Most of the families are below poverty line and are laborers in the power plant. The community is mainly dependent upon agricultural related activities and mostly one time crop. In addition, many families migrate to other states for livelihoods purposes during lean agricultural seasons. Some of the families are also engaged in petty shop, small vegetable cultivation, dairy and back yard poultry for economic activities.

Korba district

The block of Katghora contains both urban and rural populations because of the coalmines of that are located in this region. The block headquarters is 30 kms from Korba. This is a tribal block having a rural literacy rate of 48.2% (census 2001) and the predominant tribes are Kawar, Bijwar and Gond. This community is also mainly dependent upon the agricultural related activities and mostly one time crop. Most of the families are below poverty line. Since this block is near to Korba, people also go to work in the mines, thermal power plants etc. Some of the families are also engaged in dairy and poultry related activities for livelihood.

The block of Pondiuprora is a tribal block that is situated 42 Km from Korba district headquarter in the north range of Katghora forest division. The local tribes are Kawar ,Urao, Gond, Dhanwar, Manji, Tawar, Pando, Beharar, Bigga, pahadi Korwa. Forest plays an important role in the economic, social and cultural activities of the community as most of them depend on forest wealth. Throughout the year they get various forest produce like – Mahua, Dori, Char, Jamun, Tendu leaves,

Mango, Murhi, Lakh, Saal seeds, Kosam, Sari phool etc. The majority of the families are below poverty line. The geographical area of the block is very large, hilly and covered with thick forest.

Research Instruments

Focus group discussions and key informant interviews guides were developed to address questions relating to the following themes: child needs, pre-natal care, ante-natal care, post-natal care, child development, services and responsibilities of anganwadi centers and workers, and livelihood options available. The questions for the tools were informed by a thorough literature review and assistance from staff at CARE India and USA, and validated by experts. The questions developed were open-ended, to illicit more information on the community's perceptions surrounding the specified topics. In addition, the questions were developed in English, then translated into Hindi. Once translated, the Hindi versions of the tools needed considerable refinement. The tools had to be brought to the level at which the Hindi could be understood by the field investigators and further implemented in the field. CARE field staff and a consultant hired by CARE India did refinement of the tools. Separate focus group discussion guides were developed for each of the targeted groups with the exception of fathers and father-in-laws, for whom the same guide was used.

Procedure

Research was carried out in June 2011 and July 2011. CARE India's existing presence in the state helped with program development. Two CARE field staff provided logistical support for the district visits.

Prior to conducting the interviews and focus group discussions, the participants were debriefed on the goals and purpose of the discussion or interview session. One moderator and one note-taker facilitated the focus group discussions. One note-taker and moderator were selected for Korba district, while another note-taker and moderator were selected for Janjgir district. Both teams of note-taker and moderator spoke fluent Chhattisgarhi, the local language spoken in the targeted regions. The key informant interviews, on the other hand, were conducted by the district managers of Korba and Janjgir from CARE India. These interviews were done in Hindi.

The moderators and note-takers underwent a training workshop prior to conducting the focus group discussions. A four-day training workshop to train CARE staff and field investigators on using the focus group discussion and key informant interview guides was conducted in Janjgir, Chhattisgarh, from 18th June 2011 to 21st June 2011. The major foci of the workshop were: a warm up exercise and energizers, introduction to the themes of the tools, overview of the concept and function of focus group discussions and interviews, providing the theoretical basis for the themes where the participants needed further inputs, providing insights into the psycho-social-economic issues that might facilitate or hinder the elicitation of information from the field participants, role play –visualizing the possible situations

in the field and followed by brain storming session, and detailed analysis of the tools by the group. This was followed by pilot testing of the tools in the field. After the simulation exercise in the field for both the focus group discussions and the key informant interviews, a brainstorming session followed by discussion and self-evaluation took place in order to gain better insight into the actual handling of the situation during data collection.

Additionally, eight anganwadi centers were chosen, four for each district with two designated as performing well and two as having difficulty based on available data. This was to elicit a wide range of responses for the focus group discussions and key informant interviews. The anganwadi workers in the targeted region primarily chose the participants in the focus group discussion. This was because the anganwadi workers are familiar with community members and, consequently, had better access to the community.

Data Analysis

For the purposes of this study, only transcripts and notes from the Korba district from 1) pregnant/lactating mothers and mothers with children between 0-6; 2) Fathers; 3) Fathers-in-law; 4) Mothers-in-law were from Korba were analyzed. This is because these focus group discussions were audio recorded, consequently the data from these discussions offered adequate information to be analyzed. In addition, since participants from Korba are tribal and live in areas that are more elevated and forest dense, understanding the attitudes and perception of early childhood development along with practices and barriers and facilitators that influence early childhood development distinctive to Korba will provide more

results that relate specifically to the target population. Additionally, key informant interview were not analyzed due to the lack of audio recordings and also because the study focuses on beliefs and attitudes towards early childhood development practices of primary caregivers.

Notes from the focus group discussion and key informant interviews were taken in Hindi, although the participants primarily spoke in Chhattisgarhi. The district coordinator from Korba and Janjgir translated the Hindi notes into English. The English version was primarily used for data analysis purposes. The key informant interviews and focus group discussion were audio-taped in Korba district. For the purpose of the analysis, both notes and recordings from Korba were used. In addition, observations made by the researcher during the focus group discussions are included in the analysis.

Thematic analysis was used to analyze the data because of its flexibility and its ability to highlight similarities and differences across the data (Braun & Clarke, 2006). This analytic method allowed the researcher to explore the participants' perceptions of early childhood development. Thematic analysis also describes patterns across the data. Because there is little known about attitudes and perceptions of child development, thematic analysis helped the researcher identify and understand themes, patterns, and relationships among the data and within and across different targeted groups.

The researcher developed codes based upon the first two focus groups and interviews. A codebook was drafted based on the themes and subthemes that emerged from the data. Once these emerging themes were identified, the codebook

was developed based on the themes and subthemes that emerged from the data. Once the codebook was developed, the researcher coded the transcripts. The researcher hand coded each transcript and noted the appropriateness of each code. Following the coding, the researcher identified the number of observations of each theme and subtheme.

Qualitative methods allowed the researcher to explore an area of public health where little research had been conducted. Through open-ended interview questions and probes, the researcher was able to make unanticipated discoveries. This was crucial, since little research had been performed in this area of public health. According to Patton (2002), an open-ended interview "permits one to understand the world as seen by the respondents…[and] enable[s] the researcher to understand and capture the points of view of other people without predetermining those points of view through prior selection of questionnaire categories" (p. 21). Qualitative methods also allowed the researcher to collect data through observation and adapt the study design in response to findings or changes in the study. In addition, qualitative methods allowed the researcher to select information-rich cases to illuminate the topic under study through purposive sampling.

In comparison to qualitative methods, quantitative methods were not appropriate because little is understood about providers' attitudes towards early childhood development among caregivers, early childhood development practices currently occurring in the area, or factors encouraging or discouraging activities promoting early childhood development. As a result, use of a quantitative instrument was less useful because the researcher must first discover what topics

are relevant to the research question. Qualitative methods are necessary in order to explore the area of interest, an objective that would have been difficult to accomplish with a quantitative survey.

Results

There were seven major themes that emerged from all the focus groups. These included early childhood development and nutrition, early childhood development and physical growth, health services related to early childhood development, cleanliness and early childhood development, financial constraints, anganwadi and/or school responsibility, and child protection. Additional themes were raised in several of the focus groups. The theme, discipline, was raised in the father's group and the themes parental responsibility and love/nurture were raised by father-in-laws and mother-in-laws. These themes are further categorized by Beliefs, Attitudes, and Feelings toward Early Childhood Development, Early Childhood Development Practices, Barriers and Facilitators.

Beliefs, Attitudes, and Feelings toward Early Childhood Development

Early Childhood Development and Nutrition

In defining the term early childhood development, participants' responses focused heavily on nutrition. Nutrition is defined as the diet of the young child and child-feeding practices, such as breastfeeding. Participants discussed the importance of nutrition for the child's growth and development.

> "Nutrition is very important for child development, otherwise the child becomes weak. It will help in the development of body." (Mothers, Hunkara)

However, distinctions were made based upon the child's age. For example, older children (3-6 years of age) are described as being able to eat "food, " while younger

children (0-3 years of age) are given milk or water. In addition, many participants claimed not to have difficulties accessing food for their child in the communities.

> The child needs milk, water, dal, food, roti, and potatoes. Food should be given on time. Young children should be given milk and older kids should be given food. There are fruits, complan, and cerelac. Everything is there. (Mothers, Hunkara)

It was also recommended that food be given in a timely manner. According to the participants, ensuring that the food is given at a proper time will allow the child to be fed adequately and appropriately. When the child is fed in a timely manner, he or she will have a sufficient amount of food, which is necessary to prevent malnutrition and stunting. Participants association of lack of food with weakness exemplifies this. In turn, those who are weak are prone to illness and do not develop properly.

> Nutrition is very important. As it is very important for us, it is equally important for the children. Whatever is lacking, we have to fulfill it. Like, we should give fruits, milk, egg, fish. If the children don't get right food they became weak. If their stomach is full then only will they play. Timely breastfeeding is important. (Mothers, Dapdap)

> Nutrition is very important. If the child becomes ill, then the child becomes weak. Then, how will the child develop? (Mothers, Kathmorga)

> The food and nutrition is very important and the child should get more food. If child does not get food the child shouts. In the evening, if the child does not get food, the child becomes weak, and dry (Father-in-laws, Kathmorga)

Consequently, caregivers strongly associated nutrition with proper child development. This was further supported through observing mothers breastfeeding their children during the focus group discussion. Mothers would bring their children to the focus group discussions. When a child would begin crying, the mother would

put the child under her sari and start breastfeeding. While breastfeeding, they would continue with dialogue.

<u>Early Childhood Development and Physical Growth</u>

All respondents also related early childhood development to increases in height and weight and other body changes that occur as a child matures. These changes in the body represent physical growth. According to the participants, physical growth is significant in child development. Activities that are commonly discussed are related to motor development, particularly gross motor skills. Gross motor skills involve large muscles of the body that enable functions such as walking, sitting, and climbing. Participants associated attaining gross motor skills with achieving proper child development.

> The weight of child increases, height increases. Every month the child develops: like 1-2 months, the child learn to laugh, 3-4 months the child starts turning, and 5-6 months the child starts sitting. In 3-4 months the child makes motions. (Mothers, Hunkara)
>
> We can recognize the development of the child every month. The child starts to shake the body, turns, starts getting up to sit, then slowly starts walking. The child roams here and there and, thus, the child develops. (Fathers, Bongo)

Early Childhood Development Practices

<u>Cleanliness and Early Childhood Development</u>

Participants stated that the practice of maintaining cleanliness is necessary for ensuring child development. Cleanliness is associated with performing hygienic practices, such as bathing. The child is bathed daily to increase hygiene.

> I give our child a daily bath and then food, and send to AWC. (Mothers, Bongo)

Cleanliness is also related to increasing sanitation in the household and also the village. Providing a clean environment protects the child from items in the caregiver's home and surrounding area that could possibly cause physical harm.

> Here there are lots of problems for young children. We always have to keep a watch on the children, like where they are going. Nowadays, snakes, crabs and more are there. We need to keep our house and surrounding clean. (Fathers, Dapdap).

> All work to be done in time – clean water, surroundings should be clean to prevent from diseases. If somebody has these, then it is safe. For example, if for days they go for labor, what safe environment they can give? All think about good sanitation. Like our house should be clean. And, every day as the woman gets up, it is her work to broom and clean. (Father-in-laws, Hunkara)

Some participants also mentioned the importance of sanitation in preventing disease and illness among children. Consequently, cleanliness is also related to providing health services for the community.

> Childhood safety is very vital. And, to prevent from disease, we have to see sanitation of the village. (Fathers, Bango)

> Hygiene is very important, as the lack of it will make the child sick and the child will not develop. (Mothers, Dapdap)

Child protection

When asked about early childhood development practices, many participants also stated the importance of protecting the child from environmental factors that cause harm, for example animals, mud, and wells, to name a few. Through this, participants can ensure that the child develops appropriately.

> We should take care of the children and protect them from water and fire, from cows and buffalos. And when the child goes to catch crabs (Mothers, Bongo).

To protect the child, participants shared the importance of keeping their

environment clean. By cleaning, children will not be as frequently exposed to harmful environmental conditions. The surrounding areas of some of the anganwadi centers were very muddy. In addition, animals, such as snakes, cows, crabs, and goats, were present around the anganwadi centers.

Early Childhood Development and Physical Growth

Massage

According to the participants, massage plays an important role in physical growth for young children. Massaging enhances development by encouraging movement, coordination, and growth. As a result, the participants incorporate massage into their daily childcare practices.

> When young children are given massage, then we feel that they are growing. And a young child grows daily. If we look at the child on the 1st day then on the 5th day, the child's growth can be seen. (Mother-in-laws, Hunkara)

In addition, massages are performed with oils. These oils can be categorized into different types, e.g., red oil and forest oil. A commonly mentioned oil is "Dabur lal " oil. According to the Dabur Company, Dabur lal oil is an Aryuvedic baby massage oil, which is "proven safe and effective for better overall physical growth of babies." (Dabur). Participants claimed that these oils are needed for massaging the child.

> After bathing of the child we massage the child with Dabur lal oil… (Mothers, Bango)

> Massage the child with oil from Dori (forest product) and within a month the child starts moving hands and legs. (Mother-in-laws, Kathmorga)

Barriers and Facilitators

Each of themes listed below have sub-themes that act as either a barrier or facilitator.

Health services related to Early Childhood Development

Conventional Medicine

Participants also stated that health services, particularly allopathic medicine, play a significant role in early childhood development. Allopathic medicine refers to conventional medicine, for example, usage of drugs, surgical procedures, and radiation. As a result, when a child becomes ill, the participant suggests taking the child to the hospital or physician.

> When the child falls sick, then take [the child] to Pondiuprora for treatment at the hospital (Mothers, Bongo).
>
> Health of the child is also very important and checkup at the hospital is necessary. (Fathers, Dapdap).

Participants also described the health services provided in the community. For example, each village has a mithanin, which literally means friend, who monitors health services and provides health education to the community.

> There is Mithanin, who visits house, and calls children for immunization, and assists women for delivery at the hospital, and also gives some medicines. (Mothers, Bongo).

In addition, when asked what should be done for child development, participants commonly mentioned immunization. Immunization is crucial for ensuring the child's health. In addition, administering the immunization in a timely

manner is necessary for child development. Some participants also noted that immunizations are necessary when a child becomes ill.

> If the child falls sick and needs medicine, without injection the child will not become right (Mother-in-laws, Kathmorga).

Traditional Medicine

Traditional medicine refers to knowledge, skills and practices based on theories, beliefs, and experiences of indigenous cultures that are used to maintain health and prevent, diagnose, improve or treat physical and mental illness (WHO). Practices related to traditional medicine are alternatives to conventional medicine. There is often a focus on herbal treatment. Some participants reported using traditional medicine to treat illnesses for their children.

> Many children are affected by jaundice and we take them to the compounder (local person who gives treatment in the village). (Father-in-laws, Kathmorga)

> For keeping the child safe, we give herbal medicine from the jungle (Mother-in-laws, Kathmorga)

Despite the influence of traditional medicine, many participants spoke about the insufficiencies of traditional medicine in comparison to conventional medicine.

> The child should also get check-ups. In our Jungle area, frequent medical checkups for children need to be organized. (Fathers, Kathmorga)

> Earlier we gave herbal medicines. Nowadays, treatment at hospital is done… Nowadays the Baiga (traditional healer) is not earning, as medicine and injection is important (Mother-in-laws, Bongo).

Financial constraints

Income was cited as an important tool needed by caregivers to provide for their children. With a sufficient amount of income, caregivers possess the ability to purchase material goods, such as clothing, books, and toys, along with medicine and adequate amounts of food for their children.

> Money is also important, because if there is money we can purchase things of child development. With money, we can purchase things for our children. When child grows and goes to school there are lots of things they need: shoes, dress, backpack, all these things. To furnish all these things you need money. You should be able to get food three times. If there is money and finances and good food then the child will grow well. (Mothers, Hunkara).

In addition, some participants associated child development with increasing expenses for the child. For example, when the child grows older he or she will go to school. When going to school, participants need to purchase books, clothes, and other materials. Older children also need more food than younger children. Purchasing additional food involves more expenses.

> As the age of child increase the expenses also increase and the needs get changed. Younger children's expenses are less and big children's expenses are more. For small children the expense is on buying lal (red) oil for massage, for big children they need fruits, food, and every day money for them (Fathers, Bango).

As a result, financial constraints act as a barrier to proper child development practices. According to the participants, without a sufficient amount of income, needs for the child cannot be met.

> [For] the small farmer / laborer who does not have money, then there is problem for development of the children. At times the need of the children cannot be met. When school opens and there are expenses of children to meet (dress, fees), and at same time agricultural time also comes, what we can do? Which do we need to control? If we are not able to take much care of children then there is problem in development. Money is the root cause (Father-in-laws, Hunkara).

To meet the financial needs of populations living in rural India, the Indian government has implemented the Mahatma Gandhi National Rural Employment Guarantee Act, also referred to as Rojgar Guarantee Scheme. This act serves to enhance the livelihood security of households in rural areas of India whose adult members volunteer to do unskilled manual work (NERGA) by providing at least one hundred days of employment in every financial year. While the government has implemented this act, participants do not always receive payments on time, which inhibits their ability to purchase items for their child. When these purchases cannot be made, child development is affected.

> We were not able to do many things. We only do the above said things and the rest, if the govt. gives supports then it is okay. We are doing agricultural work and it is okay. In the years 2008 and 2009 we worked under Rojgar Scheme and until now we have not gotten the money. It is about Rs. 5500. We asked the Sarpanch and we failed [to get it]. It is said that the government work is like that. (Fathers, Kathmorga)

> If we work in Rojgar Guarantee scheme and the money is delayed by 6 months, the needs of the children cannot be met. (Mother-in-laws, Kathmorga)

Migration

Participants noted that, often, migration is necessary to secure income. The type of migration that occurs is internal, referring to participants crossing state boundaries and staying at the host state for a minimum period of time. Internal migration occurs primarily for employment purposes and refers to participants,

primarily fathers and mothers, traveling to larger cities for approximately six months to a year. Low and variable agricultural production, coupled with lack of employment opportunities, causes the participants to leave their homes.

> There is a problem of money. Yes, people go to Ambikapur, Korba, and Katghora for earnings. The money is necessary as the person goes out for work for purchase of necessary things. (Mothers, Kathmorga)

Participants also recognized the effects of migration on child development. When caregivers migrate to other states and leave their child, the child receives less attention and care, ultimately affecting proper growth and development of the child.

> Migration has great effect on child development. When child is left in the house and parents migrate, the child's studies, the child's intake of food in time, and sanitation is affected. Change in the environment of water affects the child. Economically weak parents are not able to take care of their children (Fathers, Hunkara)

Although many participants migrate, new coal mines and power plants that are developing in Korba offer employment opportunities that eliminate the need for migration.

Social Support

Social support refers to the assistance provided by other people. The supportive resources made available to the participants are primarily tangible (e.g. financial assistance). With social support, participants are able to purchase items for their children.

> If there is need of money, we take it from our relatives and take care of the needs (Fathers, Dapdap).

Additionally, financial assistance received from family members and/or neighbors is

usually in the form of a loan, where the participant has to pay back the amount borrowed.

> We all are concerned about the child's growth. The neighbors, if good, also help. If we do not have money we borrow from others (Mothers, Katmorga).
>
> The economic situation also affects [the child] as they take plates, lota (utensils in smallcontainer form) as collateral when they take a loan from others. (Mother-in-laws, Hunkara)

Anganwadi and/or School Responsibility

According to the participants, the anganwadi center plays a significant role in early childhood development. When the child grows, the participant sends the child to the anganwadi center. The anganwadi center provides food, immunization, and childcare for young children. As a result, sending the child to the anganwadi center is an important component of child development and growth.

> Anganwadi center helps in child development. From the anganwadi center the child gets on-time food and we are free during that one time. (Fathers, Dapdap)

The majority of the participants identified the anganwadi center as a valuable resource in the community for child development. Participants send their young child to the anganwadi center as part of a daily routine.

> In the morning, mothers feed the children with tea and roti. Then they give a bath to the child. Then, after giving food, they send the child to the anganwadi center (Fathers, Bongo).

Along with the anganwadi center, the anganwadi worker and helper were also considered vital. Both anganwadi worker and helper facilitate the services of

the anganwadi center. Nonetheless, many participants were not satisfied with the services provided.

> Mothers don't get anything from the anganwadi. Anganwadi has "ready to eat" food but it hasn't come in many days. There is an anganwadi here and nothing else. There is nothing in the anganwadi besides food. And, anganwadi is far, so the children do not want to go. (Mothers, Hunkara)

> The anganwadi worker gives information, but needs to spend time. From AWC we get food, immunization, polio. At AWC there should be toys and clothes. There should be good education and food. (Mothers, Bongo)

The observations also indicated that some of the anganwadi centers have more resources (e.g. toys, books) than others. Also, some centers are located in closer proximity to residents than others.

In contrast, when a child becomes older, he or she should no longer be sent to the anganwadi center, but to primary school.

> Little children go to AWC and bigger ones go to school. The school children wear uniforms. They wear pants and shirts. (Mother-in-laws, Bongo)

Primary school is for older children. Those attending primary school are required to wear a uniform and purchase items, such as books and pens, for learning purposes. Attending both the anganwadi center and primary school is necessary for proper development. Many participants associated their child's success with achieving education from the services provided through both the anganwadi center and primary school. Consequently, most participants send their child to the anganwadi center and primary school.

Additional Themes from Father-in-laws and Mother-in-laws

Parental Responsibility

In contrast to other caregiver groups, some father-in-laws and mother-in-laws claimed that mothers and fathers serve as the primary caregivers. This is because they have better knowledge of their child's needs. Consequently, child rearing and caring becomes the responsibility of the parents.

> Only their parents know that the child is healthy. And, how the parents teach, that's the way the child develops. If they teach good ways, then the child learns and the child comes into line. Like, don't go there, what to do, what not to do (Father-in-laws, Hunkara).

Others claimed that mother-in-laws and father-in-laws serve a greater role in child development, because they spend more time with the children.

> Our children's thoughts come from Dada, Dadi, or elders. The parents leave them to us (grandfather and grandmother) (Mother-in-laws, Hunkara).

The following illustrates how father-in-laws and mother-in-laws said that they would care for the child if the parents were not physically available, either due to employment or migration reasons, and also when the child is too young to attend the anganwadi center or primary school.

> The children are looked after at home and the grandparents also look after the children. Thus, the children are safe (Mother-in-laws, Bongo).

> To look after the young children, the elders are at home. And big children are taken to AWC or school. (Father-in-laws, Kathmorga).

Love/Nurture

In contrast to mothers and fathers, mother-in-laws and father-in-laws described the importance of loving the child. Ensuring that the child is loved and nurtured will facilitate child development.

> If the child's tear falls into the earth, then the child's heart breaks and becomes weak. (Mother-in-laws, Kathmorga).

Many mother-in-laws and father-in-laws declared that it's their responsibility to show love to their grandchildren. Showing love is also associated with instilling proper values. Yet, these values are often times instilled through discipline.

> We look after the children with love and affection. The children, if they go anywhere, ask us if they may go. And when they mature, they call us old man, but we like it (Father-in-laws, Bongo).

> Grandmothers and Grandfathers have greater roles. They are giving good values, love, above the parents. If the child listens or not, it is the responsibility of us to give good values to them: what to do, what not to do, where to go, not to go. If the child is intelligent or foolish, it is the responsibility of dada, dadi to give education to the children (Father-in-laws, Hunkara).

Additional Themes from Fathers

Discipline

In contrast to the mothers group, some fathers iterated the importance of disciplining the child to ensure that the child grows properly.

> Teach the children from a young stage. The child cannot speak, but can be taught through sign language. Look into their health needs. Today's medicines have to be given so that the child can be well .As per their capacities, the child should be given full care. Also, see that children should not do any wrong things. They should do good things. (Father, Hunkara)

Consequently, father state that their role in child development is more related to emotional development and character building, similar to mother-in-laws and father-in-laws. Mothers, on the other hand, state how nutrition and physical growth is related to child development.

Discussion

This study sought to explore the themes surrounding beliefs, attitudes, and feelings toward early childhood development, early childhood development practices, and factors encouraging and discouraging early childhood development activities. The findings of the study improve our understanding of early childhood development practices and beliefs in Chhattisgarh, India.

Beliefs, Attitudes, and Feelings toward Early Childhood Development

Early childhood development is defined in several ways. Most participants relate early childhood development to characteristics they can visually recognize, for example height and weight increases. Factors related to cognitive and social/emotional development were not discussed as heavily among the participants, particularly the parents. The study's findings suggest that the importance of psychosocial stimulation is not discussed among members of the community. For example, massaging the child is specifically related to physical growth. In fact, advertisements of commonly used massaging oils, such as Dabur oil, even highlights the effect of using oil to support physical growth. In contrast, massaging the infant to stimulate the infant's senses to help improve attention span and memory and brain development is not identified. The lack of discussion surrounding cognitive and social/emotional development may be because the services provided by the ICDS focus on improving the nutritional and health young children in order to reduce mortality, morbidity, and malnutrition (UNICEF, 2007).

The study's findings also illustrate the role of father-in-laws and mother-in-laws in child rearing. Some father-in-laws and mother-in-laws claim that they are heavily involved in raising the child, while others suggest that it's the parents responsibility. Father-in-laws and mother-in-laws also state the importance of loving the child. This love can be demonstrated through discipline. Some fathers claim that providing the child with proper values is a way to ensure that the child develops properly. The benefits of positive and responsive parenting, such positive reinforcement, displays of warmth and affection, and consistent disciplinary strategies, have been widely documented and relate to socio-emotional and cognitive development (Bornstein, 1995). Thus, although respondents did not directly discuss socio-emotional and cognitive development, behaviors associated with improving these aspects of child development are recognized. Despite this, the study's findings illustrate that participants do not recognize the importance positive and responsive parenting for child development.

Early childhood development practices

The study's findings illustrate early childhood development practices occurring in the targeted area. Respondents shared the importance of ensuring adequate and proper food and nutrition to prevent "weakness." Weakness is associated with illness, stunting, and malnutrition. Respondents also described the importance of health services, such as immunization, to ensure proper development. Some respondents indicated a preference for conventional medicine over traditional medicine, involving a traditional healer and herbal treatments. However, location and accessibility influence the type of health service being utilized. Some

respondents stated they need more health services in their village to improve child health outcomes.

The findings also suggest that the practice of maintaining cleanliness through bathing the child and increasing sanitation practices is necessary to protect the child and ensure proper development. Respondents believe that poor living conditions affect child health outcomes. This suggests that participants understand how environmental factors impact health, which encourages disease prevention methods rather than treatment methods.

Barriers and Facilitators of Child Development

The findings illustrate the impact of financial constraints on early childhood development practices. Respondents spoke of how inadequate income prevents them from purchasing items needed to ensure proper development. While the Indian government has administered the Rojgar Guarantee Scheme, its services are not regulated and maintained, causing respondents to lose trust in government services. The impact of governmental services needs to be further explored to have a better understanding of the gaps in the services provided. Responses also show how financial constraints can put children at risk because of deficiencies in resources associated with poverty. This can happen through poor nutrition including calcium, vitamins, and protein deficiencies. By necessitating migration, it can also hinder positive parenting. All of this is essential for child development. Despite financial concerns, respondents claim to have high levels of social support through neighbors and relatives. Levels of social support present in the community suggest that, along with caregivers, the larger community is also invested in

facilitating proper child development. Further research needs to investigate the degree to which village environments in Chhattisgarh, India, provide successful nurturance for their children. It has often been suggested that the village life provides a social/emotional environment and a sense of belonging that reinforce children's well-being in what might, otherwise, be an unbearable encounter with the living conditions of their society (WHO, 2009)

Respondents mentioned the importance of the anganwadi center and school in child development. However, the study's findings suggest that the services being provided at anganwadi centers and schools need improvement at various levels. Some respondents noted that accessibility effects attendance; while others stated that lack of resources, for example toys and books, hinder anganwadi performance. The study's findings suggest that improvement could be made if caregivers were more heavily involved with the services being provided through the anganwadi center and school system. Consequently, as indicated by the literature, through decentralization, community participation can be increased, particularly if the beneficiaries themselves are involved with the program initiatives.

Limitations

This study has several limitations. Among them is the lack of generalizability. As a qualitative study it is not generalizable to populations outside of the sample. For this study, the data will prove valuable only to primary caregivers in Korba, Chhattisgarh. In addition, demographic data of the participants were not gathered. Consequently, key characteristics of the respondents cannot be determined. The

recruitment venues utilized in this study may also influence the lack of diversity among participants. Further, the use of a non- probability sampling method further diminishes the capacity of this study to be generalized externally.

Furthermore, focus group findings can be influenced by social desirability. A focus group is intended to create a forum for everyone to share his or her thoughts and experiences. It is possible that some participants may withhold or change information, due to the presence of their peers. Additionally, the presence of a facilitator who is an outsider to that community, who is not from the targeted village, along with influences associated with the facilitator's gender, can also introduce bias and alter participant responses. Other social desirability factor may also have affected the participants. For example, they may have tailored their response to align with the goals of the researcher. In addition, the focus group discussions were conducted at anganwadi centers, which could have caused participants to alter their response to satisfy the angawandi workers present in the surrounding area.

Keeping in mind how participants may potentially alter their responses in a group setting, one-on-one interviews may provide different data. While focus group interaction provided an interesting dialogue between participants and offered a community perspective, several individuals, particularly in the mothers' groups, would refrain from dialogue. This is due to gender dynamics that are present in the target region. Further research with in-depth interviews may provide additional information to assess early childhood development practices and beliefs.

Additionally, language barriers may have influenced the results. The focus group discussions and in-depth-interviews were conducted in Chhattisghiri. The transcripts were written in Hindi and then translated to English. Through this process, information may have gotten lost.

An additional limitation of the findings of this study is the lack of assessed reliability. Only the PI coded the transcripts. Cross-coding by another source would aid in determining the reliability of the codes and data. This would ensure that, based on the data collected from the groups, the most salient and important ideas and themes are for addressing the research questions were identified. Since the reliability of the codes created was not assessed, the findings of this study based on the codebook could differ from those found in from the transcripts by additional parties.

Implications

The study will have implications for designing an early childhood development program or enhancing and adapting existing programs to better suit the needs of primary caregivers in Chhattisgarh. Additionally, the study provides information on enhancers and barriers primary caregivers encounter in their effort to improve early development practices. This information will be useful for designing program interventions to address these barriers. The study also provides information on whether or not primary caregivers understand the importance of early childhood development and what type of program is desired in the community. The findings of this study suggest that knowledge and dialogue related

to early childhood development are focused heavily on aspects of physical development; consequently focus on social, emotional, and cognitive development needs to be heightened. In addition, practices that primary caregivers believe are essential for child development should be incorporated in program implementation strategies. Examples of these are massaging and bathing. Through the application of these findings, the study has the ability to assist in developing culturally relevant early childhood development interventions.

The findings also identify the current early childhood development practices in the targeted regions and that primary caregivers in Chhattisgarh, India are heavily involved with their children's growth. Consequently, the caregivers would be willing to receive an intervention and a partnership with community members can inform and enhance future interventions.

This study provides a context for comparing grounded theory with the diffusion of innovation theory. The findings that emerged through grounded theory confirm and reinforce the concepts suggested by Diffusion of Innovations, confirming the relevance of the theory. In addition, the findings indicate that anganwadi centers that have high participation, more resources, and higher accessibility can assist the anganwadi centers that are deficient in these areas through the process of diffusion. For example, those anganwadi centers that are in advanced stages of the innovation-decision process, such as implementation and confirmation, can assist those in the beginning stages of knowledge, persuasion, and decision.

Due to the lack of published literature surrounding early childhood development in rural India, this study is exploratory in nature. However, the themes found in this study can be used to guide future investigations regarding early childhood development practices and beliefs in this population. For example, based on the results of this exploratory study, survey instruments can be created and used to quantify the early childhood development practices along with related, barriers to and facilitators of proper development. This could lead to a better understanding of early childhood development within this population.

Additionally, the findings of this study indicate to what extent further research on early childhood developmental practices is necessary before designing an intervention. They provide a greater understanding of how child development is seen and approached in the targeted communities. Understanding how early childhood development practices can be incorporated in existing anganwadi centers is crucial. Early childhood development is necessary for young children to grow and thrive, physically, socially, emotionally, and cognitively. By researching the attitudes of primary caregivers about early childhood development, holistic programs, that include child health, nutrition, hygiene, rights and protection, and economic strengthening, along with early childhood development components, can be created and implemented. The programs will ultimately assist in reducing rates of malnutrition and mortality and increase the propensity for early learning and school retention.

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Appendix 1

Moderator Guide and Script: Mothers

Introduction

First, we would like to thank all of you for participating in this focus group. I am (NAME). I work for (ORGANIZATION). I will be moderating the discussion today.

The goal of this session is to obtain your feedback and get ideas on how to enhance early childhood developmental practices in your community. The valuable comments and suggestions you provide today will assist in the development of an integrated program to promote early childhood health and development.

Opening

For the next hour or so, we will be discussing a variety of things related to children's growth and development. In order to make sure we hear all of your comments, we will be taking notes and tape recording your discussion. We would like everyone to talk and contribute as much as possible, and we remind you that everything discussed during this session is confidential and should not be shared outside of this group. And if there is anything that you are uncomfortable discussing, we can stop the interview, take a break, or skip to another question.

Participant Introduction

On that note, please introduce yourselves- first names are fine.

Focus Group Questions

I. Warm up

How long have you lived in this community?

What do you want to see for the future of children in your community?

II. Knowledge and Practice on Child and Caregiver Needs

Now we'd like to talk with you about Child and Caregiver Needs:

When you think of children from the age of 0-6, what do they need to grow up healthy and happy?

- -What are the priorities for caring for young children?
- -What do you feel is the most important that you do as a parent/grandparent?

-How are these needs met in your community?

How do child's needs change as they grow from a baby to when they leave for primary school?

-When we think of children 0-6, how do their needs differ? Child 0-2? Child 3-6?

What challenges do you see young children 0-6 facing that might interfere with getting these important needs met?

-How about challenges parents might have that interfere with getting these important needs met?

What are some of the resources in this community that support the well being of children 0-6?

How about their caregivers?

III. Knowledge and Practice on Pre-natal Care

Now we'd like to talk to you about the behavior of mothers during Pre-natal, Delivery, and Post-natal stage:

What are the current pre-natal practices that mothers follow in the community?

-What are the barriers that mothers face in following these practices?
-How can those barriers be overcome?
-What helps mothers follow safe pre-natal practices?

In your community, what do mothers do when pregnancy is confirmed?

-What extra care is required during pregnancy?
-What are the barriers in obtaining extra care?
-How can those barriers be overcome?

What food is given to pregnant women?

-Do women need to eat more during pregnancy? Why or why not?

IV. Knowledge and Practice on Delivery

Where and who should conduct deliveries? Why?

In what situations women prefer either home or institutional delivery?

In case of home delivery, what precautions need to be taken?

V. Knowledge and Practice on Post-Natal Care

What are the current post-natal practices that mothers follow in the community?

-What are the barriers that mothers face in following these practices?

-How can those barriers be overcome?
-What helps mothers follow safe post-natal practices?

When should the baby be breastfed after delivery?

Are babies given any extra nourishment as soon as they are born? What?

What are mothers given to eat after the delivery?

VI. Knowledge and Practice on Child Development

Now we'd like to talk to you about Child Development:

What does early childhood development mean to you?
-How do young children develop?

Tell me about the different areas in which children develop.
-For example, how do you know when a child is developing well physically?
-How about their thinking skills?
-How about their communication or language skills?
-How do you know when a child is developing well socially and emotionally?

How do you tell when a child is not well, not just sick, but developing wrong?

How important is nutrition for child development?
-How about health? Economic strengthening? Child protection?

What are current early childhood development practices in the community and the households?
-How involved are fathers, father-in-laws, and mother-in-laws in child rearing?

What are obstacles to providing/ receiving proper early childhood development practice?
-How does migration affect this?
-How do economic burdens affect this?

What makes it easier for you to promote early childhood development?
-What would help you to promote early childhood development?

Who makes most of the decisions on child health in the household?
-How about on maternal health decisions?
-How about on economic issues and livelihoods?

What are current hygiene and sanitation practices in the communities?
-What are the barriers in performing safe water and sanitation practices?

-What makes it easier to perform safe water and sanitation practices?

VII. Services provided by Anganwadi centers and workers

Now we'd like to talk to you about Anganwadi centers

How well are the current anganwadi centers functioning?

-What kind of services do AWC provide?
-How satisfied are you with the services rendered by AWC?
-To what extent are children and families using and accessing AWC?
-What is working well?
-What may be needed to improve the functioning of current AWC?
-What happens when mothers go outside of the home to work? Who cares for the children?

How well is the current ICDS working?

-What are some of the things that are working well?
-What are some of the things that could be improved/some of the challenges?
-Where is the ICDS working well and where are there more challenges? What are these challenges? How might they be addressed?

VIII. Livelihood Options Available

What are some of the current livelihoods practices and resources available in these communities (e.g. SHGs, gov't and social security, insurance, pensions, skill-building, schemes developed as part of ICDS, etc)?

-Are they well known?
-Do people know how to access them?
-Are they being used effectively?
-What are some of the barriers and facilitators to getting linked with these resources? What have been some of the barriers to previous economic initiatives?
-How might we better facilitate referrals and linkages with these schemes?
-How are decisions made within the household about how money is spent? --What are some of the household expenses?

Would caregivers/ mothers be interested in coming to monthly meetings to discuss their children's growth and development, learn about key practices they can do for their children; support each other?

-How long do you think they would be willing to meet?
-What parts of the day might work best?

Do people migrate to other locations in search of livelihood? If yes, how do their families fend themselves? What is duration of their migration and to which cities, etc?

IX. Wrap up Questions

What is the most rewarding aspect of being a parent (grandparent, father, expecting mother, etc)?

Is there anything I have not asked that you think I should?

Do you have any questions for me?

Appendix 2

Moderator Guide and Script: Mother-in-laws

Introduction

First, we would like to thank all of you for participating in this focus group. I am (NAME). I work for (ORGANIZATION). I will be moderating the discussion today.

The goal of this session is to obtain your feedback and get ideas on how to enhance early childhood developmental practices in your community. The valuable comments and suggestions you provide today will assist in the development of an integrated program to promote early childhood health and development.

Opening

For the next hour or so, we will be discussing a variety of things related to children's growth and development. In order to make sure we hear all of your comments, we will be taking notes and tape recording your discussion. We would like everyone to talk and contribute as much as possible, and we remind you that everything discussed during this session is confidential and should not be shared outside of this group. And if there is anything that you are uncomfortable discussing, we can stop the interview, take a break, or skip to another question.

Participant Introduction

On that note, please introduce yourselves- first names are fine.

Focus Group Questions

I. Warm up

How long have you lived in this community?

What do you want to see for the future of children in your community?

II. Knowledge and Practice on Child and Caregiver Needs

Now we'd like to talk with you about Child and Caregiver Needs:

When you think of children from the age of 0-6, what do they need to grow up healthy and happy?

- -What are the priorities for caring for young children?
- -What do you feel is the most important that you do as a parent/grandparent?

-How are these needs met in your community?

How do child's needs change as they grow from a baby to when they leave for primary school?

-When we think of children 0-6, how do their needs differ? Child 0-2? Child 3-6?

What challenges do you see young children 0-6 facing that might interfere with getting these important needs met?

-How about challenges parents might have that interfere with getting these important needs met?

What are some of the resources in this community that support the well being of children 0-6?

How about their caregivers?

III. Knowledge and Practice on Pre-natal Care

Now we'd like to talk to you about the behavior of mothers during Pre-natal, Delivery, and Post-natal stage:

What are the current pre-natal practices that mothers follow in the community?

-What are the barriers that mothers face in following these practices?

-How can those barriers be overcome?

-What helps mothers follow safe pre-natal practices?

In your community, what do mothers do when pregnancy is confirmed?

What extra care is required during pregnancy?

-What are the barriers in obtaining extra care?

-How can those barriers be overcome?

To what extent are mother-in-laws aware of the danger signs during pregnancy?

What food is given to pregnant women?

-Do women need to eat more during pregnancy? Why or why not?

IV. Knowledge and Practice on Delivery

Where and who should conduct deliveries? Why?

In what situations women prefer either home or institutional delivery? Who takes this decision?

In case of home delivery, what precautions need to be taken?

V. Knowledge and Practice on Post-Natal Care

What are the current post-natal practices that mothers follow in the community?
- What are the barriers that mothers face in following these practices?
- How can those barriers be overcome?
- What helps mothers follow safe post-natal practices?

When should the baby be breastfed after delivery?

Are babies given any extra nourishment as soon as they are born? What?

What are mothers given to eat after the delivery?

VI. Knowledge and Practice on Child Development

Now we'd like to talk to you about Child Development:

What does early childhood development mean to you?
- How do young children develop?

Tell me about the different areas in which children develop.
- For example, how do you know when a child is developing well physically?
- How about their thinking skills?
- How about their communication or language skills?
- How do you know when a child is developing well socially and emotionally?

How do you tell when a child is not well, not just sick, but developing wrong?

How important is nutrition for child development?
- How about health? Economic strengthening? Child protection?

What are current early childhood development practices in the community and the households that mother-in-laws are involved with?
How important is early interaction with children at home?

What are obstacles to providing/ receiving proper early childhood development practice?
- How does migration affect this?
- How do economic burdens affect this?

What makes it easier for you to promote early childhood development?
- What would help you to promote early childhood development?

Who makes most of the decisions on child health in the household?
- How about on maternal health decisions?
- How about on economic issues and livelihoods?

What are current hygiene and sanitation practices in the households and communities?

-What are the barriers in performing safe water and sanitation practices?
-What makes it easier to perform safe water and sanitation practices?

VII. Services provided by Anganwadi centers and workers

Now we'd like to talk to you about Anganwadi centers

How well are the current anganwadi centers functioning?

-What kind of services do AWC provide?
-How satisfied are you with the services rendered by AWC?
-To what extent are children and families using and accessing AWC?
-What is working well?
-What may be needed to improve the functioning of current AWC?
-What happens when mothers go outside of the home to work? Who cares for the children?

How well is the current ICDS working?

-What are some of the things that are working well?
-What are some of the things that could be improved/some of the challenges?
-Where is the ICDS working well and where are there more challenges? What are these challenges? How might they be addressed?

VIII. Livelihood Options Available

What are some of the current livelihoods practices and resources available in these communities (e.g. SHGs, gov't and social security, insurance, pensions, skill-building, schemes developed as part of ICDS, etc)?

-Are they well known?
-Do people know how to access them?
-Are they being used effectively?
-What are some of the barriers and facilitators to getting linked with these resources? What have been some of the barriers to previous economic initiatives?
-How might we better facilitate referrals and linkages with these schemes?
-How are decisions made within the household about how money is spent?
What
are some of the household expenses?

IX. Wrap up Questions

What is the most rewarding aspect of being a parent (grandparent, father, expecting mother, etc)?

Is there anything I have not asked that you think I should?

Do you have any questions for me?

Appendix 3

Moderator Guide and Script: Fathers and Father-in-laws

Introduction

First, we would like to thank all of you for participating in this focus group. I am (NAME). I work for (ORGANIZATION). I will be moderating the discussion today.

The goal of this session is to obtain your feedback and get ideas on how to enhance early childhood developmental practices in your community. The valuable comments and suggestions you provide today will assist in the development of an integrated program to promote early childhood health and development.

Opening

For the next hour or so, we will be discussing a variety of things related to children's growth and development. In order to make sure we hear all of your comments, we will be taking notes and tape recording your discussion. We would like everyone to talk and contribute as much as possible, and we remind you that everything discussed during this session is confidential and should not be shared outside of this group. And if there is anything that you are uncomfortable discussing, we can stop the interview, take a break, or skip to another question.

Participant Introduction

On that note, please introduce yourselves- first names are fine.

Focus Group Questions

I. Warm up

How long have you lived in this community?

What do you want to see for the future of children in your community?

II. Knowledge and Practice on Child and Caregiver Needs

Now we'd like to talk with you about Child and Caregiver Needs:

When you think of children from the age of 0-6, what do they need to grow up healthy and happy?

-What are the priorities for caring for young children?
-What do you feel is the most important that you do as a parent/grandparent?

-How are these needs met in your community?

How do child's needs change as they grow from a baby to when they leave for primary school?

-When we think of children 0-6, how do their needs differ? Child 0-2? Child 3-6?

What challenges do you see young children 0-6 facing that might interfere with getting these important needs met?

-How about challenges parents might have that interfere with getting these important needs met?

What are some of the resources in this community that support the well being of children 0-6?

How about their caregivers?

III. Knowledge and Practice on Pre-natal Care

Now we'd like to talk to you about the behavior of mothers during Pre-natal, Delivery, and Post-natal stage:

What are the current pre-natal practices that mothers follow in the community?

-What are the barriers that mothers face in following these practices?
-How can those barriers be overcome?
-What helps mothers follow safe pre-natal practices?

In your community, what do fathers do when pregnancy is confirmed?

What extra care is required during pregnancy?

-What are the barriers in obtaining extra care?
-How can those barriers be overcome?
-To what extent are fathers aware of the danger signs during pregnancy?

What food is given to pregnant women?

-Do women need to eat more during pregnancy? Why or why not?

IV. Knowledge and Practice on Delivery

Where and who should conduct deliveries? Why?

In what situations do fathers prefer either home or institutional delivery?

In case of home delivery, what precautions need to be taken?

V. Knowledge and Practice on Post-Natal Care

What are the current post-natal practices that mothers follow in the community?
-What are the barriers that mothers face in following these practices?
-How can those barriers be overcome?
-What helps mothers follow safe post-natal practices?

When should the baby be breastfed after delivery?

Are babies given any extra nourishment as soon as they are born? What?

What are mothers given to eat after the delivery?

VI. Knowledge and Practice on Child Development

Now we'd like to talk to you about Child Development:

What does early childhood development mean to you?
-How do young children develop?

Tell me about the different areas in which children develop.
-For example, how do you know when a child is developing well physically?
-How about their thinking skills?
-How about their communication or language skills?
-How do you know when a child is developing well socially and emotionally?

How do you tell when a child is not well, not just sick, but developing wrong?

How important is nutrition for child development?
-How about health? Economic strengthening? Child protection? Do you see any linkages?

What are current early childhood development practices in the community and the households that fathers and father-in-laws are involved with?
-How involved are fathers, father-in-laws, and mother-in-laws in child rearing?

What are obstacles to providing/ receiving proper early childhood development practice?
-How does migration affect this?
-How do economic burdens/poverty/dysfunctional services affect this?

What makes it easier for you to promote early childhood development?
-What would help you to promote early childhood development?

Who makes most of the decisions on child health and needs in the household?
-How about on maternal health decisions?
-How about on economic issues and livelihoods?

What are current hygiene and sanitation practices in the household and communities?

- What are the barriers in performing safe water and sanitation practices?
- What makes it easier to perform safe water and sanitation practices?

VII. Services provided by Anganwadi centers and workers

Now we'd like to talk to you about Anganwadi centers

How well are the current anganwadi centers functioning?

- What kind of services do AWC provide?
- How satisfied are you with the services rendered by AWC?
- To what extent are children and families using and accessing AWC?
- What is working well?
- What may be needed to improve the functioning of current AWC?

How well is the current ICDS working?

- What are some of the things that are working well?
- What are some of the things that could be improved/some of the challenges?
- Where is the ICDS working well and where are there more challenges? What are these challenges? How might they be addressed?

VIII. Livelihood Options Available

What are some of the current livelihoods practices and resources available in the community (e.g. SHGs, gov't and social security, insurance, pensions, skill-building, schemes developed as part of ICDS, etc)?

- Are they well known?
- Do people know how to access them?
- Are they being used effectively?
- What are some of the barriers and facilitators to getting linked with these resources? What have been some of the barriers to previous economic initiatives?
- How might we better facilitate referrals and linkages with these schemes?
- How are decisions made within the household about how money is spent? Who makes the final decision? What are some of the household expenses?

Do people migrate to other locations in search of livelihood? If yes, how do their families fend themselves? What is duration of their migration and to which cities, etc?

Would fathers be interested in coming to monthly meetings to discuss their children's growth and development, learn about key practices they can do for their children; support each other?

-How long do you think you/fathers would be willing to meet? Weekly, fortnightly, monthly?

-What parts of the day might work best?

IX. Wrap up Questions

What is the most rewarding aspect of being a parent (grandparent, father, expecting mother, etc)?

Is there anything I have not asked that you think I should?

Do you have any questions for me?