

APPENDIX : A

Anganwadi Worker's Proforma

1. Name
2. Area of Angawadi
3. Age Group
  - i) Under 25 years
  - ii) 26-30 years
  - iii) 31 years & above
4. Academic Qualifications
  - i) Illiterate
  - ii) Studies upto class VIII
  - iii) Under Graduate
  - iv) Graduate & Above
  - v) Post-Graduate
5. Professional/Technical Qualification
  - i) Child development
  - ii) Education (B.Ed., M.Ed.)
  - iii) Extension education & Community development
  - iv) Nutrition
  - v) Social welfare
- 6.a) Duration and place of training
  - b) Training methods and aids used
7. Length of the Services
  - i) Less than 5 years
  - ii) 6-10 years
  - iii) 11 and above
8. Any other information you would like to furnish

## APPENDIX : B

### Format of Formative Evaluation Checklist

Date of Programme :

Session of Programme :

Sr. No.	Milestones	Age	Sequence	Stimulation Activities	
				1	2

### Summative Evaluation Questionnaire

1. Do you feel it is essential to have some knowledge, about developmental milestones of infancy & infant stimulation ?  
Why ?
2. Have you found the programme beneficial ?
  - a) In what way ?
  - b) Would you recommend this training programme to other colleagues ? if yes, why ?
3.
  - a) Do you think that the surrounding home environment of the infant plays a crucial role in his development?
  - b) Does the mother of infant need to have some knowledge about developmental milestones of infancy and infant stimulation?

## APPENDIX C

### Programme Implementation Checklist

#### I. Organisational Skills

1. Decides the content of the programme from the total content.
  - i. Makes use of the content as it is given ( )
  - ii. Modifies the content according to the group needs and interest ( )
  - iii. Modifies the content and technique used according to needs and interest of the group ( )
2. Decides/Informs the day, date, time and venue for the programme.
  - i. Decides the above not well in advance i.e., a day before or on the actual day of the programme ( )
  - ii. Decides only the date and venue but forgets the time to be told ( )
  - iii. Decides the day, date, time and venue on week in advance of the actual programme ( )
3. Prepares a list of the mothers who need to be contacted.
  - i. Just makes a mental note of the mothers who need to be contacted ( )
  - ii. A written list is to be made of a few mothers who need to be contacted and the rest she makes a mental note ( )
  - iii. Makes a written list of the mothers to be contacted ( )
4. Strategies used for calling the mothers.
  - i. The message is sent through the children in Balwadi ( )
  - ii. Group meetings ( )
  - iii. Home visits ( )

## II. Implementation Skills

5. Has established a rapport before actually giving the details of the programme.
  - i. By formally introducing herself ( )
  - ii. Through their earlier home-visits and group meetings ( )
  - iii. Introduction of members of group ( )
6. The AWWs begins the sessions for the day
  - i. Immediately without any introduction of the programme as a whole ( )
  - ii. Gives a brief introduction of only the topic that will be dealt in the first sessions ( )
  - iii. Gives a description of the programme as a whole inclusive of various sessions ( )
7. Introduction of the topic to the mothers in the various sessions.
  - i. Gives a sketchy description of the session ( )
  - ii. Gives a very detailed explanation of the topic covering all aspects ( )
  - iii. Uses of participatory approach, first invites target group to give their opinion of the topic and what they consider are its dimensions. The AWW further supplements the information ( )
8. The AWW's tone and voice modulation while conducting the sessions.
  - i. Speaks in a monotonous tone
  - ii. Speaks in a soft tone but raised the pitch of her voice whenever emphasis needs to be given ( )
  - iii. Speaks in a loud and clear manner and varies the pitch frequently ( )

9. Self-confidence of the AWW while conducting the programme.
- i. Forgets part of the content and does not use aids at the right time ( )
  - ii. Tumbles while speaking and fails to establish eye-to-eye contact ( )
  - iii. Not nervous, can use visual aids effectively and talk simultaneously making eye-to-eye contact with the group ( )
10. Uses practical examples in getting content across.
- i. Rarely i.e. uses examples only in one session ( )
  - ii. Sometimes i.e. in two or three session ( )
  - iii. Always i.e. in all the sessions ( )
11. Encourages suggestions and responses from the group.
- i. Rarely i.e. uses examples only in one session ( )
  - ii. Sometimes i.e. in two or three session ( )
  - iii. Always i.e. in all the sessions ( )
12. Available resources used effectively - employing a wide variety of methods to develop better understanding of the programme content.
- i. Does not use any aids and materials in all the sessions ( )
  - ii. Uses a variety of methods i.e. a good balance between aids used in all sessions ( )
  - iii. Uses a variety of methods i.e. a good balance between aids used in all sessions ( )
13. Each session is conducted in a systematic manner.
- i. Content is not presented in a logical manner i.e. sequence, age, and stimulation activity. All aspects covered are disjointed ( )
  - ii. Only part of the content is presented in a logical manner where as the rest is disjointed ( )
  - iii. The entire content is presented in a logical manner and covers all relevant aspects ( )

14. Summing-up of the sessions.

- i. Ends the session without summarising the content covered in the programme ( )
- ii. Sums-up the session by just focussing on a few major aspects of the content covered ( )
- iii. Ends the session by summarising the content covered so far ( )

## APPENDIX - D

Observation Cum Interview Schedule\*Background Information :

## (A) Personal Information

Mother's Name :  
 Infant's Name :  
 Age of the Mother :  
 Age of the Infant :  
 Address :  
 Marital Status : Married/Unmarried/Widow/Divorced/  
 Separated.  
 Religion :  
 Mother tongue :  
 Work Status : Daily wage earner/Regular job/  
 self-employed.  
 Total Family Income :

## (B) Family Details :

Adult : Yes / No      Age      Education  
 Husband  
 Wife  
 Daughter  
 Son  
 Any other

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 \* Adapted from Khurana (1988) tool caretakers of  
 institutionalised children.

Interview Schedule

## (A) Play materials/equipment in the house

## a. Available play things for the infant

- i) Rattle/Musical instrument(s) (    )
- ii) Mobile(s) (    )
- iii) Dolls(s) (    )
- iv) Toy (specify) (    )
- v) Household objects (    )
- vi) Any other

b. Are the play materials safe for the infant ?  
(Safe i.e. no sharp edge; not rusted)

Yes (    )                      No (    )

## c. Condition of the play material

- i) Poor condition - (old and broken) (    )
- ii) Good condition (    )

## d. Selection of the play materials made by

- i) Mother (    )
- ii) Father (    )
- iii) Both (    )
- iv) Any other (specify) (    )

## e. Criteria for selection of play materials :

- i) Age of infant (    )
- ii) Personal liking (parents) (    )
- iii) Child's liking (    )
- iv) Buy whatever is available (    )
- v) Price of toy (    )
- vi) Durability of the toy (    )
- vii) Safety of the toy (    )

## f) 1) Where are the play materials kept ?

- i) Cupboard (    )
- ii) Shelf (    )
- iii) Near/Under the infants cot (    )
- iv) Bag hanging on the wall (    )
- v) In a box (metal, plastic cardboard) (    )
- vi) Show-case (    )
- vii) In a corner (    )
- viii) No specific place/corner (    )

## 2. When is it given and by whom ?



B) Home Interaction :

1. a. Mother interact with the infant while doing any household chores e.g. cooking.

i) Yes ( ) No ( )

- b. If yes then does the mother :

- i) Looks at infant ( )
- ii) Talk to the infant ( )
- iii) Takes the infant in arms ( )
- iv) Sings to the infant ( )
- v) Gives a toy to play ( )
- vi) Gives food to eat ( )
- vii) Places the infant in the godia & swings ( )
- viii) Call sibling to play with infant ( )
- ix) Ignores the infant ( )
- x) Beats the infant ( )
- xi) Any other (specify) ( )

2. Does the mother keep some time exclusively for the infant ?

i) Always ( ) ii) Never ( ) iii) Sometime ( )

3. If the infant messes up the house by either dropping something or playing with some thing, then the mother's reaction is :

- i) Scolds the infant ( )
- ii) Beats the infant ( )
- iii) Ignores the infant ( )
- iv) Doesn't mind it ( )
- v) Any other (specify) ( )

(C) Other Interactions :

1. a. If mother has to go out does she leave the infant with other persons of house/neighbourhood.

i) Yes ( ) ii) No ( )

2. If yes, then she leaves the infant with :

- i) Siblings ( )
- ii) Family member ( )
- iii) With neighbours ( )
- iv) Any other (specify) ( )

(x)

(D) Care of the infant :

1. Cleanliness of the infant

i) Yes ( ) ii) No ( )

2. Ways/means by which the mother puts the infant to sleep

- i) Sings a lullaby
- ii) Pats the infant
- iii) Swings the godia
- iv) Infant sleep on her/his own
- v) Any other (specify)

### Observation Checklist For Mother-Infant Interaction

Sr. No.	Mode of Response	Mother-Initiated	Infant-Initiated
<b>PHYSICAL</b>			
1	Affectionate Physical Contact		
2	Mother Stresses Musculature		
3	Motion Stimulation		
4	Picks, Carries in Arms		
5	Lifts		
6	Leads by Hand		
7	Breast-Feeding		
8	Physical Contact		
9	Push/Pull		
10	Physical Prohibition		
11	Any other		
<b>VERBAL</b>			
1	Affectionate Verbal Approach		
2	Verbal Soothing		
3	Verbal Utterances/sounds		
4	Talks		
5	Asks Questions		
6	Provides Auditory Stimulation		
7	Imitates Vocalization		
8	Calls		
9	Laughs		
10	Sings		
11	Verbal Instruction		
12	Verbal Approach		
13	Verbal prohibition		
14	Verbal Threat/Scold		
15	Crying/Screaming		
16	Any other		
<b>NON-VERBAL</b>			
1	Smile		
2	Eye-to-Eye contact		
3	Looks/Gazes		
4	Provides Visual Stimulation		
5	Encourages Feeding		
6	Gives Objects/Toys		
7	Gestures		
8	Swinging in Godia		
9	Takes Objects		
10	Ignores Each Other's Initiation		
11	Glares		
12	Prohibition by Gestures		
13	Threatening Gestures		
14	Any other		

## APPENDIX - E

Definitions of Interactions for the Observations ScheduleInitiation of Interaction

Any interaction that is initiated by mother or infant are defined as follows :

1. Mother-initiated<sup>\*</sup> interaction : Caretaker on her own invites infant's response by directing verbal, non-verbal or physical contact-seeking behaviours to the infant individually or in a group.
2. Infant-initiated interaction : Infant on his/her own invites caretaker's response by directing verbal, non-verbal or physical contact-seeking behaviours to the caretaker(s), individually or in a group.

(\* If the father or any other adult is involved in the interaction please make a note of it).

Modes of Interaction

Three modes of interactions viz., physical, verbal and non-verbal have been defined as follows :

Physical : Those interaction which include any form of physical or tactile contact initiated by mother or infant. This category includes the following :

1. Lifts : Mother lifts infants by touching the upper arms only.

2. Picks in arms : Mother lifts infant in arms with body contact between caretaker and infant.
3. Push/Pull : Mother (or infant) makes definite actions of pulling the infant (or mother) towards or pushing away by physical contact.
4. Physical contact : Mother or infant touch any part of the other's body. for eg., physical contact by the mother would also include touching the infant during bathing, combing hair etc.
5. Motion-stimulation : Mother uses her own body to rock the infant or to provide any repetitive motion stimulation. This is also scored when she is rocking the infant in a cradle or godia.
6. Mother stresses musculature : Mother holds or places infant in sitting or standing position so that infant is required to at least partially support his own weight.
7. Lead by hand : Mother makes infant walk by holding infant's hand and walking ahead with infant following behind.
8. Affectionate physical contact or (tactile stimulation) : Includes physical contact through actions like kissing, cuddling, hugging, caressing, patting or tickling that occurs between caretakers and infant.
9. Breast feeding : Mother breast feeds the infant.
10. Physical prohibitions : Mother restricts infant's behaviour using physical force including slapping, hitting, etc.

Verbal : Includes any sort of verbal utterances, even non-meaningful utterance made by mother or infant. These category include :

1. Verbal approach : Any verbal utterance in the form of a descriptive comment or declarative statement directed by mother or infant towards each other.
2. Affectionate verbal approach : Any verbal utterance in the form of verbal praise, verbal approval and verbal greetings directed by mother or infant towards each other.
3. Asks question : Any verbal utterance in the form of a question (interrogative statement) directed by mother or infant towards each other.
4. Calls : Any verbal utterances which constitute calling the mother (or infant) to come and attend to a particular event.
5. Verbal sounds : Any kind of non-meaningful sounds or babbling or cooing initiated by mother or infant towards each other.
6. Verbal instruction : Any verbal utterances in the form of commands stated affirmatively (e.g. do this, do that).
7. Verbal prohibitions : Any verbal utterance in the form eg. commands stated negatively (e.g. don't do this, don't do that).
8. Verbal scold : Any verbal utterance indicating anger directed towards the infant (e.g. chastising the infant for doing something wrong).

9. Verbal threat : Any verbal utterance by mother indicating withholding of privileges in consequence of the infant's behaviour (e.g. if you do this, I won't give you food).
10. Crying : Any distress sounds uttered by infant.
11. Verbal soothing : Any verbal utterance by the mother directed towards the infant to alleviate the latter's distress.
12. Sings : Mother sings a line or more of a rhyme to the infant.
13. Imitates vocalization : Mother or infant imitates each other's verbal utterances.
14. Laughs : Any laughing sounds made by mother or infant towards each other.

Non-Verbal : Those interactions which involve head, hand or body movements without physical contact and verbal instructions. They include :

1. Gestures : Those actions which include hand movements (as in pointing) or head movements (as in jerking head towards something or some place).
2. Smile : Mother changes from non-smiling to a smiling state in response to infant's vocalization or to infants smiles. Infant makes any spontaneous or social smile.
3. Eye-to-Eye contact : Both caretaker and infant maintain eye-to-eye contact with each other.
4. Looks : When mother (or infant) looks at each other without having eye-to-eye contact.

5. Glares : When mother looks angrily at the infant.
6. Gives objects : Mother (or infant) hands over objects like comb, plate or katori to the other.
7. Takes objects away : Mother (or infant) takes the objects from the others's hands.
8. Prohibitions by gestures : Restricting the child's activity through gestures (e.g. shaking hand from side to side or shaking the index finger in horizontal fashion).
9. Threatening gestures : Any gesture by caretaker indicating threat of physical punishment to the child (e.g. raising hand as if to hit or slap).
10. Encourages feeding : Mother facilitate child's feeding by helping to mash food (e.g. rice and dal) or breaking 'roti' into pieces on child's plate. Mother breast/bottle feeds the infant.
11. Mother initiates and provides visual stimulation : Mother initiates visual stimulus such as moving mobile, shaking a rattle in front of infant's face etc. The infant responds/acts on visual stimulation that mother has initiated or made available.

#### Quality of Interaction

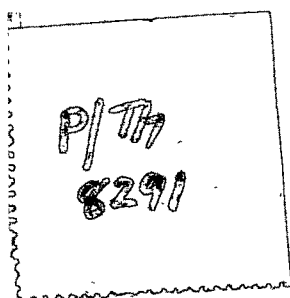
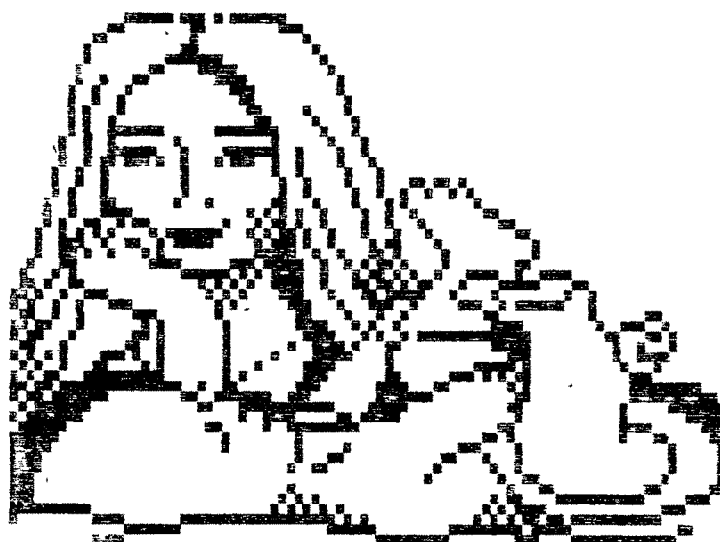
Three qualities of interaction viz., supportive, neutral, and restrictive have been defined for the mother as follows :

1. Supportive : Any behaviour of a mother which is nurturant, encouraging and facilitating for the child's behaviour and could be accomplished by a degree of effective involvement with the child, for e.g verbal praise.



2. Neutral : Any behaviour of the mother which indicates neutrality towards the child and could be accompanied by apathy or indifference to the child.
3. Restrictive : Any behaviour of a mother which is prohibitive and restricts, or blocks the child's behaviour and could be accompanied by hostility or punitiveness towards the child.

**HELPING MOTHERS TO HELP INFANTS :**  
**A MANUAL ON INFANT STIMULATION PROGRAMME**



OCTOBER, 1994

AMRAPALI BAKSI

## MODULE OF INFANT STIMULATION PROGRAMME

### FOREWORD

This module has been developed to aid Anganwadi Workers (AWWs) and other ECCD (Early Child Care and Development) personnel in implementation of the Infant Stimulation Programme to mothers of young children. The module is an outcome of a training programme conducted under a doctoral and three masters' dissertations in the Department of Human Development and Family Studies (HDFS), M.S. University, Baroda. The programme was developed for mothers, using Anganwadi Workers (AWWs) as mediators/information disseminators. The aim of the programme, therefore, has been to strengthen the infancy related component of the ICDS, (Integrated Child Development Services) by providing the relevant training to the AWWs. The module has thus evolved out of empirical work, i.e. after trying out the programme package with AWWs, mothers and infants.

### Organisation of the Manual

The manual can be broadly divided into the following sections :

- \* Theoretical background on infant development.
- \* Planning the Infant Stimulation Programme.
- \* Description of the programme content i.e. the motor and mental developmental milestones along with a few stimulation activities given in each session.
- \* General guidelines for implementing the programme.
- \* Specific communication strategies and audio-visual aids used during the programme.

## THEORETICAL BACKGROUND : INFANT DEVELOPMENT

The family is the primary institution in which the child is brought up, and it provides the environment which influences the child's development in the very early years. During these years, the mother is usually the primary caregiver, and hence, plays a crucial role in meeting the child's needs for growth and development. The parent-child interactions have greater significance during infancy than in older children, as :

- \* Development is far more rapid between birth and three years than during any other period of life, and
- \* the infant, more than the older child is dependent on a consistent, loving relationship.

The period of infancy is best understood in terms of three different stages. These are :

- 1 Young infants (birth to nine months),
- 2 Mobile infants (six to eighteen months).
- 3 Toddlers (sixteen to thirty-six months).

The three stages are not entirely discrete, but tend to overlap because children develop at different rates; but these three levels serve to emphasize how a young child's special needs and concepts are shaped by a particular stage of development. Thus the kind of experiences, environment and interactions that caregiver provides a child will have different emphasis and aims according to different ages, as indicated below :

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Note : The three stages have been delineated by California State Department of Education, Sacraments, (1988).

- \* A primary concern in working with young infants is to nurture feelings of security and trust through consistently warm, supportive, personal contact with each child.
- \* For mobile infants, the caregiver provides an environment in which the infant can explore and experiment.
- \* For toddlers who are experiencing greater awareness of separateness and independence, the caregiver can focus on activities that build feelings of initiative, creativity and individuality while at the same time helping the toddlers learn to interact co-operatively as members of a group.

#### PLANNING THE PROGRAMME

While planning the Infant Stimulation Programme several underlying factors and guidelines were kept in mind. These included aspects regarding :

- \* The communication environment.
- \* The communication content.
- \* The communication strategy.

##### 1. The Communication Environment

While planning any programme it is important to keep in mind the characteristics of the sample audience, as well as of the trainers, and the nature of the relationship between the two. Thus who is being trained, their background, the socio-economic and cultural context in which the families live and act, their familiarity with the programme, etc., all assume importance. Also important is the need for establishing rapport with the

concerned community, and to identify ways of reducing community resistance to outside programmes.

Steps taken to improve the communication environment.

- \* Pilot studies were undertaken to collect base line information.
- \* The sample group was pre-tested to know their level of understanding about infant care, development and stimulation. AWWs were interviewed and mother-infant interactions were observed.
- \* Initial visits to meet mothers in the community were made with AWWs/helpers as contact persons.
- \* The first session of the programme was devoted to rapport building with the group to ensure acceptance by them.

2. The Communication Content

Most Early Child Care & Development (ECCD) messages bear the risk of losing out in competition with the more familiar or more immediately usable information such as health or nutrition messages. The audience thus needs to be oriented regarding importance of the programme. In addition the programme messages should also be able to capture the interest of the audience.

Steps taken to orient the audience.

- \* The first rapport building session was also utilized to explain the importance of the programme, and the audience's roles as adults.
- \* The information about the programme was imparted in ways that captured the attention of the audience. For e.g.

weaving the concepts of mental and motor development into a story theme familiar to the audience such as the childhood activities of mythological characters such as "Luv-Kush" (sons of Lord Ram).

### 3. The Communication Strategy

For any programme to be useful, its content should not only reach the audience, but they should also retain it in their minds. Various strategies were utilized in this programme to make it more easily comprehended and retained, for example, puppets, drama, flash cards and traditional folk methods were often used. Some of the communication strategies commonly used during the programme are listed below :

- \* Use of easily comprehensible, local language.
- \* Use of culturally relevant materials.
- \* Presenting one concept at a time and maintaining linkages between concepts.
- \* Reinforcing concepts through use of materials, aids immediate evaluation of AWWs after each session and prior to that of next session.

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Refer Appendix A for a detailed description of some of the strategies used.

## THE INFANT STIMULATION PROGRAMME

The training programme includes information on salient milestones for motor and mental development in the age range of 0-30 months and stimulation activities to foster infant's development. (Refer Figure 1).

### TRAINING PROGRAMME FOR MOTOR DEVELOPMENT

The training programme for motor development was conducted in five sessions, each of which is described below. Wherever any special communication strategy has been used, it has been mentioned at the end of the session.

#### SESSION I : INTRODUCTION

The first session was an introductory one. It was used for building rapport between the trainers and the trainees as well as for orienting the workers to the programme.

Communication strategy : The session was conducted in the form of a song to hold the audience attention. Rapport building was achieved through the activity of puppet making which was also a useful skill for the workers.

#### SESSION II : HEAD AND CHEST CONTROL (0-9 MONTHS)

This session described the developmental progression lifting head to sitting independently of infants from 0-9 months.

It also included suggested activities and interaction for the stimulation of infants during this period.



FIGURE 6 : Sessions of the Training Programme for AWWs and Mothers

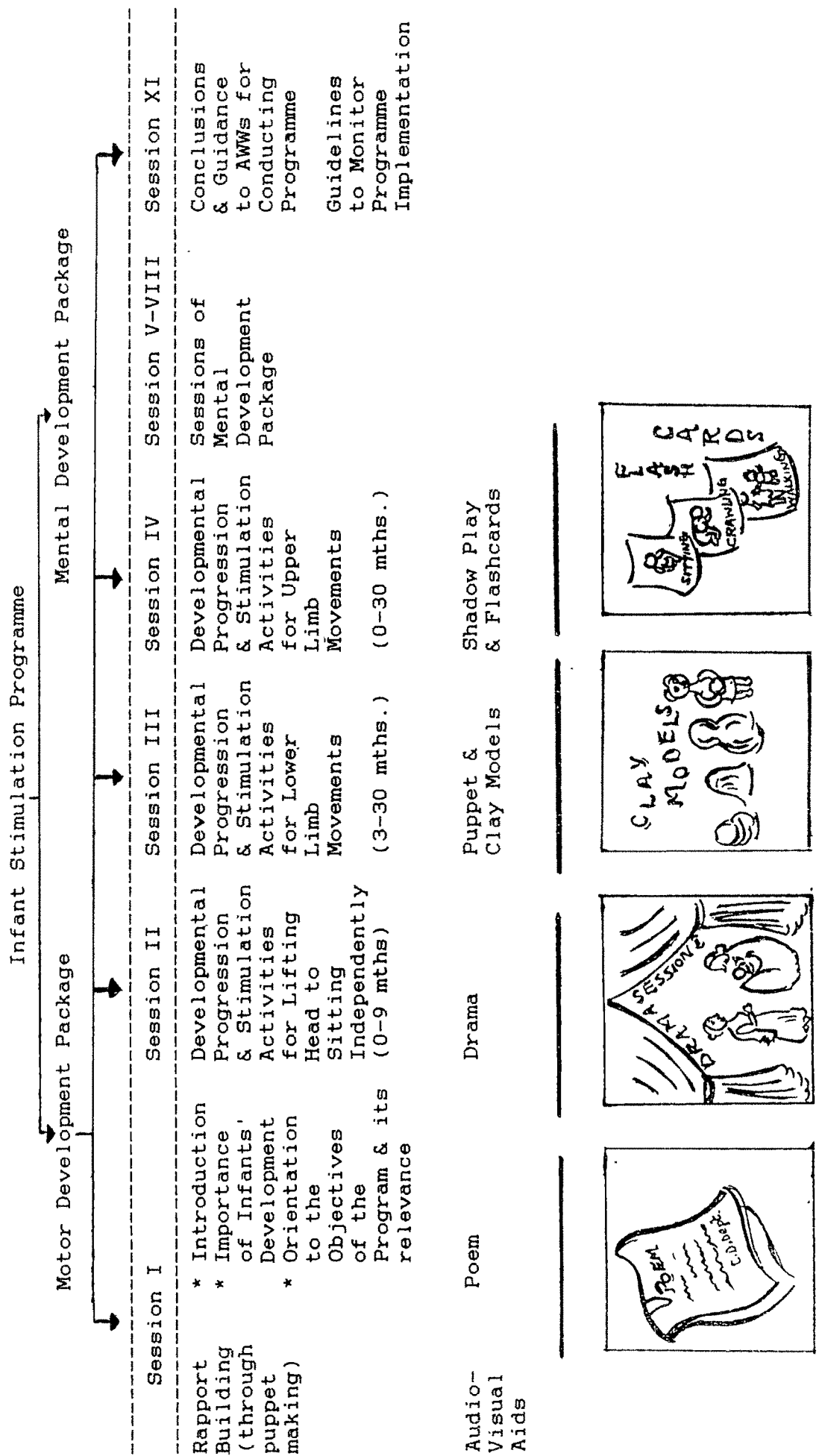
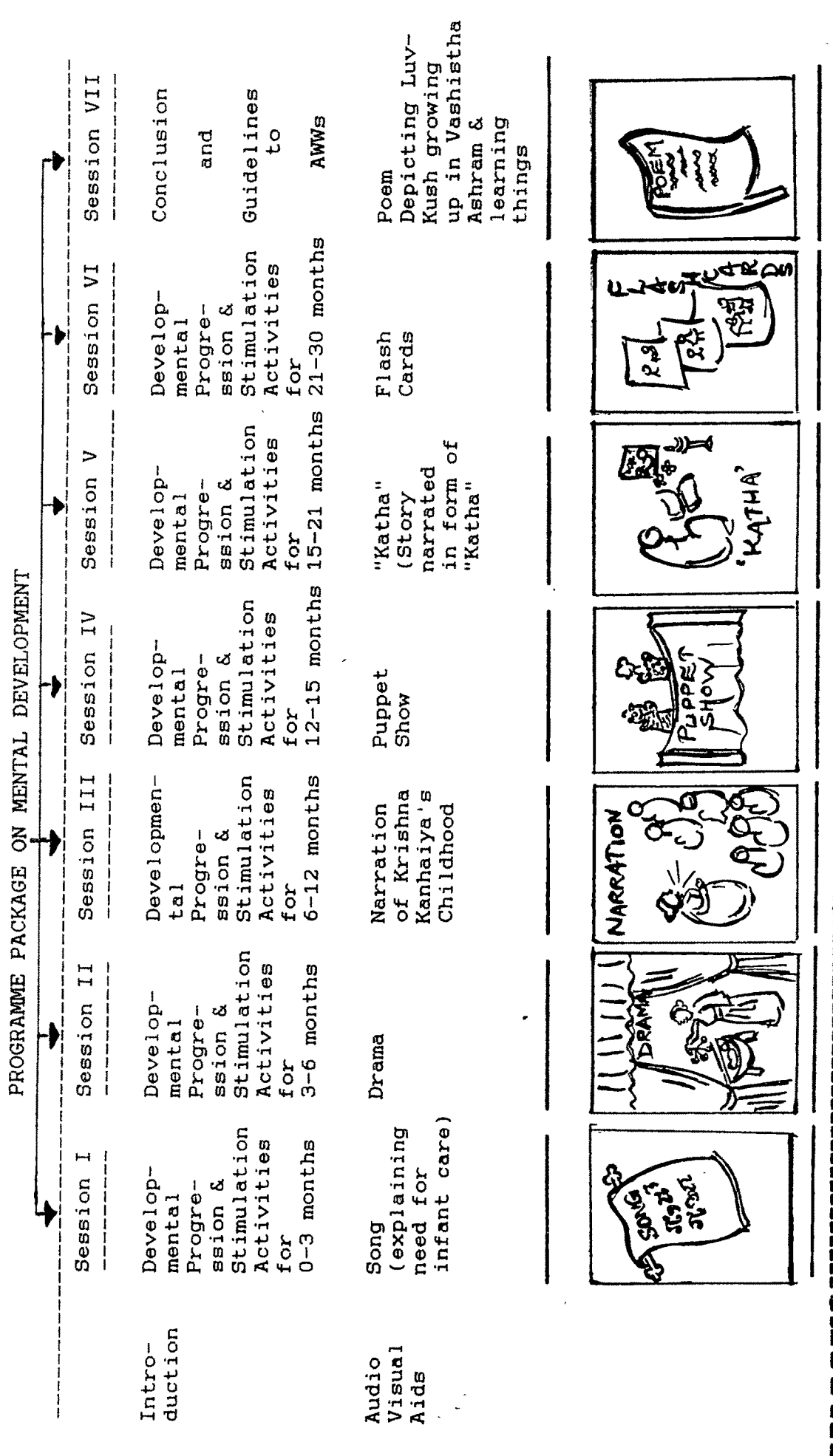


Figure 6 cond...



## The Infant

## Activities for Stimulation

### 0-3 months

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>* Can lift head from shoulder held at shoulder</li><li>* Can hold head erect</li><li>* Can adjust head position when held at shoulder</li><li>* Can hold head erect and steady</li></ul> | <ul style="list-style-type: none"><li>* To help the infant hold her head erect and steady, make her sit on your lap, or hold her upright cupping the back of her head with hands.</li></ul> |
|--|---|

### 3-6 months

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>* Sits with support</li><li>* Sits alone for sometime (30 seconds or more)</li></ul> | <ul style="list-style-type: none"><li>* To help the infant to maintain a sitting position, make her sit in a corner or high chair with a pillow for support. Gradually reduce the support and encourage the infant to sit alone.</li></ul> |
|--|--|

### 6-9 months

- \* Sits alone steadily with good Co-ordination.

Communication strategy : A puppet show based on the theme of Lord Krishna's childhood was used to depict the attainment of the milestones and their facilitation in the first nine months of life.

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NOTE : # These activities can be used with all infants, the female gender has been used her for the sake of convenience.

### SESSION III : LOWER LIMB MOVEMENTS (0-30 MONTHS)

#### The Infant

#### Activities for Stimulation

##### 0-6 months

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>* Crawling movements</li></ul> | <ul style="list-style-type: none"><li>* Infants can be given a massage regularly.</li><li>* Dangling a brightly coloured toy in front of an infant may facilitate crawling. Place the infant on her stomach for this activity.</li><li>* Wheeled toys, balls and objects which can be easily rolled can reinforce crawling movements.</li></ul> |
|--|---|

##### 0-9 months

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>* Stands with support</li><li>* Early stepping movements</li></ul> | <ul style="list-style-type: none"><li>* Placing the favorite food item, or a colourful toy on the edge of low table or bed may tempt the infant to pull to standing position. with support.</li></ul> |
|--|---|

##### 9-15 months

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>* Pre-walking skills</li><li>* Walks with help</li><li>* Standing alone</li></ul> | <ul style="list-style-type: none"><li>* Provide support to the infant either by holding the infant's hands or shoulders from under the arms.</li><li>* Singing jingles with a good rhythm like "pa.... pa .. pagli ..." might encourage the infant to take a few steps forward.</li><li>* Encourage the infant to walk by holding the edge of furniture.</li></ul> |
|---|--|

##### 15-18 months

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>* Walks alone</li><li>* Walks sideways</li><li>* Walks backwards</li></ul> | <ul style="list-style-type: none"><li>* Make the infant stand with her back against the wall, just a few steps away from you. Invite the infant to walk towards you by calling out her name. Gradually increase the distance between you and the infant. Providing the infant with a wheeled toy attached to a string may foster walking.</li></ul> |
|--|---|

#### 18-21 months

- \* Stands on one foot with help.
- \* Walks upstairs with help
- \* Walks down stairs with help
- \* To enable the infant to hop and jump the caretaker can engage the infant in simple games, for example the infant can be asked to jump like a frog or a monkey.

#### 21-24 months

- \* Walks downstairs alone
- \* Walks upstairs alone

#### 24-27 months

- \* Walks with one foot on board
- \* Stands on right/left foot alone
- \* Walk on line

#### 27-30 months

- \* Jumps off floor with both feet
- \* Walks on tip-toe
- \* Jumps from chair
- \* Runs, hops and skips

Communication strategy : Puppets and clay models which were made by the trainees, were used to depict the various stages in limb movements during this session.

#### SESSION IV : UPPER LIMB MOVEMENT (0-30 MONTHS)

##### The Infant

##### Activities for Stimulation

###### 0-3 months

- \* Reaches for suspended objects
- \* Suspend mobiles wooly balls, bangles, rings and empty cartons over the infants crib. Let the infant reach for/hold these objects

###### 3-6 months

- \* Can hold objects using his palm and fingers
- \* Provide the infant empty containers and boxes, as well as with several objects such as beads, pebbles & bottle caps. Show the infant how to put in and take out these objects from the container.
- \* Lifts objects and transfers object from hand to hand

###### 6-9 months

- \* Uses thumb and fingers to hold the objects.
- \* Activities like picking up flowers, leaves and vegetables, and putting/sorting them in a basket is enjoyed by the infant.
- \* Pick objects by scooping
- \* Nesting and assembly toys provide an opportunity to the infant to use the thumb and fingers to hold objects and scoop them. The same toys can also be used by the infant in stacking, fitting, pulling, lining up, joining and arranging.
- \* Bangs while playing
- \* Picks up small object using forefinger and thumb.
- \* Holds more than one object in hand

Communication strategy : Shadow play and a set of 12 flashcards were used to explain the stages of upper limb movements.

#### SESSION V : CONCLUDING SESSION ON MOTOR DEVELOPMENT

The concluding session for the first part of the programme included :

- \* Certain guidelines for workers on communicating with infants, and

- \* Instructions on using flash cards, dramatization, puppetry and songs.

Details of the above have been given in the Appendix C to the manual.

### TRAINING PROGRAMME FOR MENTAL DEVELOPMENT

The second part of the training programme on mental development includes seven sessions. Before starting the first session, a song was sung as an introduction to the sessions to follow (see Appendix B). The activities in this part of the programme have been grouped together in the sessions, according to the age of the infant.

#### SESSION I : 0 - 3 MONTHS

The Infant	Activities for Stimulation
* Responds to sound/voice of a person by turning head towards the person.	* Brightly coloured mobiles with bells and beads attached to them can be hung over the infant's crib. The appropriate height to hang these mobiles over the crib should be 8-9 inches.
* Smiles socially i.e when a person smiles at the infants the infant smiles back.	
* Recognizes mother's face.	
* Inspects and observes the surrounding	* To encourage the infant to turn head towards the source of sound, the caretaker can call the infant by name, or use object like rattles, kahnjiri, and plates and spoon to make sound that will attract the infants' attention.
* Moves eyes towards light	* Placing the infant on the floor may encourage free movements.

- \* Changing the place of the crib will allow the infant to inspect the surrounding from different places.

Communication strategy : A drama in the form of a dialogue between two friends was used as a medium to explain the mental development that occurs during the first three months.

#### SESSION II : 3 - 6 MONTHS

The Infant	Activities for Stimulation
* Vocalizes one syllable	* Provide the infant with toys which produce sound like rattles, khanjiri, and plastic bottles filled with beads.
* Discriminates/recognizes strangers	
* Playfully responds to reflection	
* Vocalizes and smiles in response to mother's talk.	* The infant likes playing with paper, so old magazines, newspapers and paper balls may be provided.
* Manipulates objects in play	
	* Encourage the infant to respond to reflection in mirrors, steel plates, tin sheets and for brass vessels.
	* Games like peek-a-boo (hiding behind some object and peeping out) would be enjoyed by the infant.
	* Talking to the infant while carrying out routine child-care activities will help the infant to vocalize.
	* Imitating the sounds produced by the infant can encourage further vocalization.



Communication strategy : A puppet show depicting the characters of Lord Krishna and mother Yashodha were used to convey the messages during this session.

### SESSION III : 6 - 12 MONTHS

The Infant	Activities for Stimulation
* Co-operates in games, for e.g clapping hands.	* Show the infant picture of objects, or point to actual objects in the environment. Name the objects while pointing to them.
* Utters simple vocalization like da, ma.	
* Looks at pictures in magazines or books	* As in the earlier stage, repeating the infants vocalization may help.
* Attempts to imitates simple actions and sounds	* Imitation of simple actions is enjoyed by the infant.
	* Encourage the infant to interact with other children in the family or neighbourhood. Activities like water play and sand play can facilitate interaction.
	* Indigenous materials such as plastic bottles and bottle caps can be given to the infant to play with.

Communication strategy : A drama using the theme of a daughter-in-law and mother-in-law discussing the young infant was used to convey the messages in this session.

#### SESSION IV : 12 - 15 MONTHS

The Infant	Activities for Stimulation
* Turns pages of books and magazines	* Leafing through picture books with the infant and naming the objects in it could help the infant to recognize and name objects
* Likes to scribble with chalk, pencil or crayon	
* Uses expressive jargon to indicate needs and points at objects	* The caregiver can hide objects in the palm of her hand and ask the infant to look for it. Other simple games like the one involving finger play "Addko Dadko Di...." can also be used
* Uses two-word phrases	

Communication strategy : A story narrated in the traditional folk dance method of "Bhavai" was used to depict the mental milestones of infants ages 12-15 months old.

#### SESSION V : 15 - 21 MONTHS

The Infant	Activities for Stimulation
* Follows simple instructions.	* Give the infant an empty box and a number of small objects like bottle caps. Encourage the infant to fill the box, empty it's contents and then re-fill it. Also try to get the infant to open and close the box.
* Identifies and names objects in environment	
* Can stack objects and manipulate them	* Give the infant boxes or containers of different sizes, which can be stacked one on top of the other.

Communication strategy : Flash cards depicting the mental milestones of infants (15-21 months) were used.

## SESSION VI : 21 - 30 MONTHS

The Infant	Activities for Stimulation
* Uses two words phrases.	* The infant can be taken to places like a garden, zoo, railway station, vegetable market and shown around.
* Is curious regarding the environment.	
* Understands the concept of one	* To satisfy the infant's curiosity, provide simple answers to the infant's question. Also give specific explanations to the infant for performing or not performing a particular task.
* Increases identification of objects in the environment	* The infant can be allowed to do simple tasks like putting on own clothes, or putting away toys.

Communication Strategy : A poem depicting Luv-Kush (sons of Lord Ram) growing up in an Ashram is used to depict mental development of infant, ages 21-30 months.

## SESSION VII : CONCLUDING SESSION ON MENTAL DEVELOPMENT

The concluding session of the programme consisted of teaching communication strategies to the AWWs to implement the programme to mothers as well as providing them with general guidelines on dealing with infants (Refer Appendix & for details).

## APPENDIX A

### SCRIPT OF SESSION II (MOTOR DEVELOPMENT)

Purpose : Understanding the developmental progression from head control to sitting independently in infant (0-9 months).

Method/Aids used : Glove puppets were used to describe the developmental progression. A traditional Gujarati lullaby (See Appendix B) was modified to reinforce the programme messages.

Contents : Most of you must be celebrating Janmashtami, the day Lord Krishna was born. Today I am going to narrate the early childhood of Lord Krishna and how mother Yashodha nurtured him.

During the initial months after birth, young Krishna would spend most of his time sleeping in his "Palna" (crib) and when he would be awake, he would watch his surroundings by moving his head in all directions. Within a fortnight he had learned to lift his head from his shoulder. By then he could also adjust his posture when held in the arms.

In three months time Krishna Kanaiya was able to hold his head erect and steady while Yashodha Maiya held him in her arms. This enabled him to observe his surroundings with greater ease and in the process young Krishna was learning about his surrounding environment.

By the time Kanaiya was three and a half months old, he was able to sit on the bed if some support was given to his back. Initially when Yashodha Maiya would remove the support Kanaiya would fall back. But in a couple of months, Kanaiya could sit for a short period of time without being held or given support.

As days passed by Krishna would keep everyone engaged with his gurgles. By six months, Krishna could sit alone steadily with good co-ordination. Thus sometimes Yashodha Maiya would make Krishna sit on the floor and give him toys to play while she did her household work.

Suggested Stimulation Activities : The various informal activities that were used by Yashodha Maiya to enhance Kanaiya's development are as follows:

- \* When Krishna used to be lying down in his 'palna', Yashodha would call out his name or clap her from behind and young Krishna would make efforts to turn his head towards the source of sound. She would also sing lullabies for him.
- \* Yashodha would show Krishna an attractive object, for e.g. 'basuri', ball, doll and so on and then gradually move it away from within his range of vision. Krishna would move his head to follow the object.
- \* Sometimes Yashodha would jingle a khanjiri or bell or make sounds with a katori and spoon near Kanaiya's ears. She would also move it in circular movements. Thus not only did Krishna's eyes follow the sound producing object but he would also move his head.

- \* Yashodha Maiya would at times place Krishna on his stomach on the floor and then call out to him for eating butter. In an attempt to see Yashodha Maiya, Kanaiya would lift his head erect with raised shoulders.
- \* For encouraging Krishna to sit, Yashodha would make Krishna sit on her lap and then gradually would place a pillow behind his back. Yashodha would also place him on the floor and surround him with pillows and rolled blankets, to give him support to sit for sometime.

Expected outcome : The AWW's and mothers should have gained an understanding of the developmental progression related to head movements (0-3 months) and sitting (3-9 months). They also should have gained insights in the various stimulation activities to foster the same.

## APPENDIX B

### Modified Traditional Gujarati Lullaby

ઈયલ ઈયલ નાની ઈયલ  
ગાસ પંર બેસી ખાયે પાન , ખાયે પાન  
નાની ઈયલ થઈ ગઈ બડી (૨)  
સંબાળજે સંબાળજે લને ખાય ના બિલાડી  
કોશોરામાં લપટાઈ ઈયલ  
એમાંથી નીકળ્યું વ્હાલું પતંગિયું  
ઉડવું ફરવું રંગબેરંગી  
નીકળ્યું પતંગિયું નીકળ્યું પતંગિયું.

હલ્લુ લલુ હાલા રે  
ખમા મારા નાના બાળને  
જુલે જુલે માથું નાનું બાળ  
પારંગિયે જુલે (૨)  
હલ્લુ લલુ -----  
નાનકડું બાળ માથું ખામેથી ઉંચું થાય  
વ્હાલાને ઉંચકું ટાંગે અક્કડ કરે માથું (૨)  
ત્રેગ માસ ના વ્હાળા વાયાં  
હલ્લુ લલુ હાલા રે  
બેઠો રે બેઠો મારો વ્હાલો બેટો  
ટેકો દઈ બેઠો રે મારો વ્હાલો બેટો  
છ માસ ના વ્હાળાં વાયાં  
હલ્લુ લલુ હાલા રે.

## APPENDIX C

### COMMUNICATION STRATEGIES AND AUDIO-VISUAL AIDS USED IN PROGRAMME

#### 1. DRAMA

Drama can be used effectively to convey programme messages. It has the following advantages over direct instruction/teaching:

- \* Drama is always better than verbal inputs as it attracts and holds the attention of mothers, who may be reluctant to sit through dry lectures. "I read, I forget ; I hear, I understand ; I see, I remember" is time-tested.
- \* Drama has a reality aspect for the mothers. Use of everyday happenings and themes helps the mothers to identify with the characters, and hence with the messages of the programme.
- \* Repetition of messages in lectures can get monotonous and boring, but in drama, repetition reinforces the message in an interesting way.

#### Guidelines for Dramatization

- \* Participants should dress up to suit the character depicted in the script.
- \* The participants should always face the audience while acting.
- \* Participants should practice voice-modulation and their voices should be neither too loud nor too soft, but should be clearly audible to the audience.
- \* Appropriate facial expressions play an important role in presenting the drama effectively.



## 2. PUPPET

Puppet shows have been popular all over the world, but especially so in India. It is a popular recreation, especially in villages and urban slums. As a teaching strategy, puppets have all the advantages of the drama method, namely : (i) three dimensionality, (ii) use of all senses and (iii) entertainment value. In addition, it has the following features : (i) The use of a 'play-way' method with miniature forms enacting the roles of the script and (ii) the ability to depict many situations which would otherwise have been difficult to show in a drama setting, for e.g., baby Krishna enjoying his reflection in water while he bathes.

### Guidelines for Using Glove Puppets :

- \* They should be shown in a well lighted room.
- \* The puppet screen should be high enough so that the people manipulating it are not seen.
- \* The puppets are manipulated mainly by using 3 fingers i.e. index, thumb and middle finger. The index finger should be used to make the movements of the puppets head, while the thumb and the middle fingers serve as arms to make the puppet's hand movements.
- \* Entry of the puppet should be from any one side of the screen.
- \* The puppets should face the audience during the show.
- \* The puppet delivering the dialogues should be shown making head movements. Voice modulation too plays an important role.

- \* The movement of the puppet should be well co-ordinated with the dialogues. e.g. if the puppet has to deliver the dialogue, "oh! what a huge monster". The manipulator can show the action for huge by gradually lifting the head backwards and opening the arms, while saying the word "huge".

### 3. SONGS AND MUSICAL INSTRUMENTS

The major advantages of using songs and instruments are :

- \* Association of message with rhythm and
- \* attention holding value.

#### Guidelines for Using Songs

- \* Sing songs in rhythm, with an interesting tune.
- \* The song should be clearly audible
- \* Involve the audience by encouraging them to clap in rhythm.
- \* Use a variety of simple musical instruments (khanjiri, bell manjira) for maintaining the rhythm.

### 4. FLASHCARDS

Flashcard is an effective audio-visual aid to convey programme messages and it is also simple to use.

#### Guidelines for Using Flashcards

- \* The sitting arrangement of the audience should be in the form of a semi-circle. The semi-circle should be such that the audience sitting at each end, should not be more than 20 feet away from the person showing the flashcards.

- \* Flash-cards should be shown in a well-lighted room, and the person showing the flash-cards should not block the light.
- \* The person showing the flash cards should be seated a little higher than the audience.
- \* Before beginning, the cards should be stacked face - up in proper sequence:
- \* The cards should be held high so that the audience can see it clearly.
- \* Rehearsal the presentation several times before using it in front of the audience.
- \* Other audio-visual aid can be used on the same subject, to emphasize the items shown on the flash-cards.
- \* After the cards have been shown, a question-answer session should follow.
- \* Flash cards should be used for a groups of not more than 30 people at a time.

## APPENDIX D

### GUIDELINES FOR CONDUCTING THE PROGRAMME

- \* Begin the programme with the introductory session. It will not only be an ice-breaking session for the mothers but it will also orient them about the details of the programme.
- \* The order of the session should follow a developmental progression.
- \* The stimulation activities suggested in each session are not the only ways to promote a particular developmental milestone. Additional activities suggested by workers and mothers that are appropriate substitutes can be used.
- \* It is better to conduct each session independently rather than combine two sessions for better retention.
- \* Respective aids for each session have been specified but there can be variation and modification in the aid used as far the content remains unchanged.
- \* Recapitulation session may be held before a new session begins. It will help mothers to recollect the content of the previous session and will also help in evaluating the mothers on their understanding of the message.

## APPENDIX E

### GUIDELINES FOR CAREGIVERS ON WORKING WITH INFANTS

- \* Developmentally appropriate stimulation for infants is based on caregivers observation of child's special interests and developmental progress. (See Appendix E)
- \* Infant caregiver should prepare the environment for children to learn through active exploration and interaction with adults, other children and material.
- \* Caregiver should provide a variety of activities and materials and increase the difficulty, complexity and challenge of an activity as children develop understanding and skills.
- \* Caregivers should give continuous loving care so that the child feels comfortable, secure and safe as it is essential for the child's socio-emotional development. She should give more praise for effort than for achievement.
- \* Caregivers should respond quickly to infants' needs and desires and when learning opportunities arise she should remain available to help.
- \* Caregivers should be consistent in their dealings with the child. She should be alert to signs of undue stress in infants' behaviour and be aware of appropriate stress reducing activities.
- \* Caregiver should facilitate the development of self-esteem by expressing respect, acceptance and comfort for children, regardless of the child's behaviour. She should inculcate

positive beliefs in children regarding their skills, encourage them to be learning oriented, help them acquire resources dealing with stress of failure and understanding that intelligence is not given but can be acquired through persistence.\*

- \* The child should never be threatened that his caregiver/mother will stop loving him or reject him though he may be shown disapproval for any misconduct.
- \* Give the child ever increasing responsibility, like all skills that needs to be practiced. But this should fit the child's age understanding and temperament. Provide new experience, talk to him, sing lullaby; they enrich his growing mind.
- \* The caregiver should facilitate the effort or completion of a task by providing support, physical proximity and verbal encouragement. Infants learn most as active participants.
- \* The caregiver should facilitate infants interaction with materials and activities and extend the infants learning by asking questions or making suggestion that stimulate infants thinking.
- \* Outdoor experience should be provided for infants of all ages.
- \* The caregiver should provide a balance of rest and active movement for the infant throughout the day.

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\* Silva, 1990

## APPENDIX F

### HOW INFANTS LEARN ?

Infants learn about the world mainly from four sources :

- \* Infants learn very early from their mothers' caregiving, by interacting with mothers and gradually extending this interaction with other members of the family and other adults.
- \* Infants learn by observing and interacting with other infants. They watch and imitate each other, listen to each other and at times reflect another's emotions. All this experience are stored in the memory for future reference.
- \* Infants learn by exploring the environment. They enjoy variety and challenge in their world with a stable framework. When they feel secure in a safe environment they proceed from the known to the untried and learn to solve problems, for example how to take out playthings from a box, how to put on a switch and thus put the lights on.
- \* Infants learn by trial-and-error experimentation with objects and through play. They learn by generalizing old solutions to new problems.

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