

Promotion of Inclusive and Protective environment for children with special needs (CWSNs) through community based rehabilitation - (CBR) Intervention in Puducherry Union Territory, India

Activity: Training of pregnant women and lactating mothers

The training of pregnant women and lactating mothers on the causes of disability, intake of nutrition requirements for the birth of healthy children, and identification of disability in the early ages of child birth was conducted in 35 villages this year, for the prevention and rehabilitation of the children with special needs. One training was completed in each village at the end of first year.

About 993 persons participate in the programme. The **purpose** of the training was to explore issues regarding causes of disability, the effects of disability conditions, the consequences, and women's nutritional status because it is the most important life period of pregnant women and lactating mothers to care for the infant's growth and they must ensure that all is well for both infant and mother so that a healthy early stages founded.



Objectives

The objectives of the training were to enable the participants to

- Describe the prevailing women's nutritional situation in their villages.
- Explore the causes of malnutrition.
- Describe the malnutrition life cycle.
- Name messages on optimal women's nutrition required
- Explore the causes of disability
- Describe the preventive methods
- Identify foods available in the community
- Use a picture story to negotiate optimal women's nutrition practices with community members.

Training contents were mentioned as below

1. Maternal nutrition and health: The resource persons explained that nutrition for women in pre-pregnancy, pregnancy, and over the first two years of the child's life is of utmost importance for the survival, health and development of mothers and their children. In pregnancy, requirements of energy, protein, and essential micronutrients (vitamins and minerals) are increased not only to maintain the mother's own health, but to also support optimal physical and brain development in the foetus. Furthermore, nutrition reserves are built over pregnancy to produce breast milk for the post-child birth phase.

2. Scale of the problem (what happens when there is lack of nutrition and health care during the period?) (Pre-pregnancy, pregnancy, and over the first two years of the child's life)

3. The causes of disability (connect how malnutrition might cause disability)

Deficiencies of energy, protein, iron, calcium, iodine, vitamin A and folic acid during pregnancy predispose mothers to maternal complications and even mortality. These also contribute to foetal birth defects, low birth weight, restricted physical and mental potential, and foetal or new-born mortality.

4. Intake of nutrition requirements for the birth of healthy children

Key points regarding nutrition for pregnant and lactating women were explained as below

- Pregnancy is physiologically and nutritionally a highly demanding period. Extra food is required to meet the requirements of the foetus.
- A woman prepares herself to meet the nutritional demands by increasing her own body fat deposits during pregnancy.
- A lactating mother requires extra food to secrete adequate quantity/ quality of milk and to safeguard her own health.

Important nutrition tips for pregnant and lactating women were explained as below

- Eat more food during pregnancy.
- Eat more whole grains, sprouted grams and fermented foods.
- Take milk/meat/eggs in adequate amounts.
- Eat plenty of vegetables and fruits.
- Avoid superstitions and food taboos.
- Do not use alcohol and tobacco. Take medicines only when prescribed.
- Take iron, Folate and calcium supplements regularly, after 14-16 weeks of pregnancy and continue the same during lactation.

Nutrients that require special attention during pregnancy and lactation period

It was explained that the daily diet of a woman should contain an additional 350 calories, 0.5 gm. of protein during first trimester and 6.9 g during second trimester and 22.7 gm. during third trimester of pregnancy. Some micronutrients are specially required in extra amounts during these physiological periods. Folic acid, taken throughout the pregnancy, reduces the risk of congenital malformations and increases the birth weight. The mother as well as the growing foetus needs iron to meet the high demands of erythropoiesis (RBC formation). Calcium is essential, both during pregnancy and lactation, for proper formation of bones and teeth of the offspring, for secretion of breast-milk rich in calcium and to prevent osteoporosis in the mother. Similarly, iodine intake ensures proper mental health of the growing foetus and infant. Vitamin A is required during lactation to improve child survival. Besides these, nutrients like vitamins B 12 and C need to be taken by the lactating mother.

Identification of disability in the early ages of child birth: The resource persons explained that Timely identification of impairments, a secondary prevention, can reduce the impact of the impairment on the functional level of the individual and also in checking the impairments from becoming a disabling condition. Initially they need to be identified as soon as possible at home by the parents and outside (in the Anganwadi centres/ schools/ sub - health centres/ through camps), and then they need to be assessed through a team of specialists to plan necessary interventions

Screening New Born for hearing impairment: The resource persons explained that how to do screening of a new born child if the child has any sort of developmental delay. It was said that they have to instruct to the family members to check when new babies born in the family. So it was said to check the condition in the following manner i.e.,



- Is there anyone in the family with deafness since childhood?
- Did the mother take an abortifacient drug or any other medicine in large doses during the first three months of pregnancy?
- Is the birth weight below 1500 gms.
- Did the child have a delayed cry after birth?
- Did the child have significant jaundice (yellowness of eyes) during the first 10 days after birth?
- Does the child have a cleft in the lip or palate, or a malformed pinna?

Resource person also explained about, Screening Children in the age group of 6 months to 2 years, i.e.,

- Does a child turn towards the source of sound which is located either at the back or towards one side of the body?
- Does he/she have discharge from the ear?

The resource person also explained about Screening Children above 2 years age i.e.,

- Does he/she turn when called from behind?
- Uses gestures excessively
- The child does not speak or has a defective speech.
- The child does not understand the spoken language.
- The child has an ear discharge.

For Mental Retardation, it was explained to check whether

- Does the child respond to name/voice by 4th Month?
- Does the child smiles at others by 6th Month?
- Does the child hold the head steadily by 6th Month?
- Does the child sit without support by 12th Month?
- Can the child stand without support by 18th Month?
- Can the child walk well by 20th Month?
- Can the child talk 2 -3 word sentences by 3rd Year?
- Can a child eat/drink by himself by 4th year?
- Can he tell his name by 4th year?
- Does he have toilet control by 4th year?
- Does he avoid simple hazards?
- Does he get fits?

PHOTO GALLERY


