

Pediatrics

Group Discussion with Mothers in a Pediatric Ward

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The fact that parents play the most important role in the care of children is evident. Reduction in the extremely high morbidity and mortality rate among infants and children in India depends largely on them. If we can help parents to learn about the normal growth and developmental needs of children and how to prevent illness in childhood, they will have a great deal to contribute not only to their own children, but to the community as well.

One of the ways to help the mothers to increase their knowledge about the needs of children, is to conduct group discussions with them. In this setting, they can discuss freely their concerns and the problems which they face in the everyday care of their children. They can share their experiences with each other and gain information and relief of anxiety in the process of sharing. Under the leadership of a qualified person, their discussions will have purpose and direction, and real learning will result.

In our hospital, mothers, in most instances, or other relatives stay with their children all the time. It occurred to us that this was a wonderful opportunity for the nurse in the hospital to help these mothers. We have made a start and the group discussion plan is developing very well.

In preparation for beginning the discussion we tried first to find out some of the problems the mothers might have, their needs, and what would interest them most. One of the mothers helped us by giving some suggestions after her

informal talks with some of the other mothers in the ward. One point was clear, that is, they all wanted to know how they could prevent their children from getting sick. Some wanted to know about their growth, how to discipline them, how and what to feed them at different age levels and so on. The topics we finally selected included these points and others.

After we had some idea what would interest mothers, we next considered how, where, and when these discussions could be fitted into other ward activities. So far we have been conducting these group discussions twice a week from 10 to 11 a.m. During that time a lady appointed by the hospital to play with, and teach the children, is in the ward. All the convalescent and ambulatory children gather around her to play and to study. The morning needs of the children would have been met, and the children restricted to bed are resting, reading, or playing in bed. The mothers are more likely to be at ease and to show interest in joining the group, when their children are comfortable and happy.

We try, as far as possible, to bring the discussion to a close at the end of half an hour in order to keep the group's interest; they become distracted when it lasts much longer. We selected the ward laboratory for our meeting spot, because it was large enough to hold the group and yet provided quietness and freedom from distraction.

Our students do all the teaching. It is an excellent learning experience for

them, as well as for the mothers. Various teaching methods are used in addition to simple discussion: Visual aids, demonstrations, etc. The student who leads the discussion prepares herself by reading and collecting the necessary information for discussion a day or two ahead of time. An outline for each topic is prepared, suggesting content, teaching methods, and references, and these are kept in a ward file. They have been widely used and found beneficial. After her individual preparation, the student discusses her plans with the ward sister, who tries to help her anticipate the kind of questions and problems the mothers are apt to present, and suggests ways of handling these. If a demonstration is to be used, the student does the demonstration at least once before her class.

The topics which serve as the focus for our discussions begin with the care of the new born infant and end with the adolescent in the family. They range from growth and development to the care of the ill child. They include immunization practices and other measures for the prevention of disease, play, food, and so on. We have discussed and demonstrated the use of greens and citrus juices, cereals, egg yolk, vegetables, meat, etc., in the infant's diet. The discussions which have aroused the most interest perhaps, have been those, which are concerned with the addition of solid food to the diet in the first year of life. They have been of real value, not only for mothers, but for the nursing and medical staff and students. This was an entirely new idea to most of us, but the mothers responded very well; some started to give the suggested food beginning the next day.

When we first started these discussions, we demonstrated the preparation of egg yolk and fed a three months old baby. We had a thrilling experience, although we learned a little late that students need practice before such demonstrations. The student who did this demonstration had not fed a baby before and when she saw the baby taking the first spoonful of egg very well and liking it, the student and the mother

were so surprised that they forgot to offer the next spoonful to the child!

Most of our mothers need help in the way of information, but they also need help in accepting the ideas which are so different from their usual way of doing things. The students are helped to get the mothers to contribute and to develop the discussion on that basis. This stimulates the interest of the mothers and gives them a chance to express their views about the matter, to get over their resistance to change, and to share their many common problems. In most of the discussions we have had good participation from the mothers. They have felt free enough to say what they think and do. In some instances, they even have demonstrated how certain practices are being carried out customarily in their homes. For example, when we talked about the care of the new born, one old lady demonstrated to us what the barber women do to mothers during labour. It was so impressive and realistic that the student taking the class that day thought that the old lady must be a barber woman herself, but she was not.

When we talked about immunization procedures they expressed their fear of the unknown. They may have been told, but no one previously had helped them to really understand what to expect in a reaction to small-pox vaccination. They told us they usually apply cowdung over the vaccinated area; so that there would not be a sore. We told them that to have this reaction is good and to be hoped for, and that even very healthy people get this reaction. They were amazed, but quite willing to accept this new knowledge.

At another time, we learned that the white of the egg is used to put into the child's eyes and to rub the head. Some mothers believe that this is good for the eyes. This was news to us. We suggested it would not do any harm to rub it on the head, if they wished, but to be sure to give the yolk of egg to the infant to eat. They all laughed. We also suggested that they could make better use of the

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