



THINKING HEALTHY

A manual for psychosocial management of perinatal depression

WHO generic field-trial version 1.0, 2015

Series on Low-Intensity Psychological Interventions – 1



**World Health
Organization**

Thinking Healthy

A manual for psychosocial management of perinatal depression

WHO generic field-trial version 1.0, 2015

Series on Low-Intensity Psychological Interventions – 1



**World Health
Organization**

© World Health Organization 2015

All rights reserved. Publications of the World Health Organization are available on the WHO website (www.who.int) or can be purchased from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: bookorders@who.int).

Requests for permission to reproduce or translate WHO publications –whether for sale or for non-commercial distribution– should be addressed to WHO Press through the WHO website (www.who.int/about/licensing/copyright_form/en/index.html).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Contact for feedback and communication:

Department of Mental Health and Substance Abuse at WHO (mhgap-info@who.int)

Suggested Citation: World Health Organization. *Thinking Healthy: A Manual for Psychosocial Management of Perinatal Depression* (WHO generic field-trial version 1.0). Geneva, WHO, 2015.

Table of contents

Introduction and background reading for CHWS.....	10
Conducting thinking healthy sessions	21
Opening Session: Engaging the family & introducing Thinking Healthy	23
Module 1: Preparing for the baby - pregnancy	
Session 1.1: Mother’s personal health	32
Session 1.2: Mother’s relationship with the baby	41
Session 1.3: Mother’s relationship with people around her	47
Module 2: The baby’s arrival – the first month	
Session 2.1: Mother’s personal health	54
Session 2.2: Mother’s relationship with the baby	60
Session 2.3: Mother’s relationship with people around her	66
Module 3: Early infancy – second to fourth month	
Session 3.1: Mother’s personal health	74
Session 3.2: Mother’s relationship with the baby	81
Session 3.3: Mother’s relationship with people around her	88
Module 4: Middle infancy – fifth to seventh month	
Session 4.1: Mother’s personal health	96
Session 4.2: Mother’s relationship with the baby	102
Session 4.3: Mother’s relationship with people around her	108
Module 5: Late infancy – eighth to tenth month	
Session 5.1: Mother’s personal health	116
Session 5.2: Mother’s relationship with the baby	122
Session 5.3: Mother’s relationship with people around her	128

Preface

The World Health Organization launched the Mental Health Gap Action Programme (mhGAP) in 2008 and published its first version of the mhGAP- Intervention Guide in 2010. This guide covers assessment and management of mental, neurological and substance abuse disorders by non-specialist providers, such as general physicians, clinical officers and nurses. A series of training manuals were also developed to facilitate capacity building based on the original Intervention Guide.

WHO has now extended this work through the development of a series of manuals describing evidence-based “low-intensity psychological interventions which are modified evidence-based psychological treatments and the present manual is the first of the Series.

The term “low-intensity” indicates a less intense level of specialist human resource use. It means that the intervention has been modified to use much less resources compared to conventional psychological treatments by specialists. As a result, aspects about the intervention are changed to make them feasible in communities that do not have many specialists. Such modifications can thus create more accessible mental health care that reaches a larger number of people. Examples of low-intensity psychological interventions include brief, basic, paraprofessional-delivered psychological treatments as well as self-help books and self-help e-mental health programs. There is an increasing evidence base for such programs.

Women across the globe deserve to enjoy equal health. When they become mothers their health needs should be addressed in all aspects. The Millennium Development Goals have highlighted the importance of maternal and child health and the post 2015 development agenda and the UN Commission on the Status of Women 2014 further stress on gender equality and women’s empowerment, a strategic direction strongly supported by WHO. About 20% of mothers in low and middle income countries suffer from a mental disorder after childbirth. This is almost double the percentage in high income contexts. WHO’s Global Mental Health Action Plan 2013-2020 endorsed by the World Health Assembly in 2013 recommends comprehensive, integrated and responsive mental health and social care and implementation of strategies for promotion and prevention and refers to integrated child and maternal mental health as examples.

This is a manual for training community health workers on how to support mothers with depression through evidence based cognitive behavioral techniques that are recommended by the mhGAP programme. The innovative manual was developed in Pakistan and later applied in many other countries. WHO in collaboration with Prof Rahman and with the advice from an international group of experts, has now produced a generic version of the manual for global use. I hope that you will use this manual, after necessary adaptations for your context and share your feedback with us so that we can further strengthen future revisions.

Dr Shekhar Saxena

Director,

Department of Mental Health and Substance Abuse,
World Health Organization, Geneva

Acknowledgements

Atif Rahman (University of Liverpool & Alder Hey Children's Hospital, UK; Human Development Research Foundation, Pakistan) is the author of the original Thinking Healthy Manual. He prepared the first draft of the current WHO generic field-trial version for global use, which was adapted by WHO secretariat, circulated to international reviewers and again edited by the secretariat.

M.Taghi Yasamy (WHO) coordinated the project in WHO.

Mark van Ommeren (WHO) provided advice on this adaptation.

INTERNATIONAL REVIEWERS

Theresa S Betancourt (Harvard University, USA), Neerja Chowdhary (International Medical Corps, India), Jane Fisher (Monash University, Australia), Theoddeus Iheanacho (Yale University, USA), Revathi Krishna (Sangath, India), Anisha Lazarus (Sangath, India), Bhava Poudyal (International Committee of the Red Cross, Sri Lanka), Fahmida Tofail (International Centre for Diarrhoeal Disease Research, Bangladesh) and William Yule (Institute of Psychiatry, Psychology and Neuroscience, UK).

WHO SECRETARIAT

M.Taghi Yasamy, Nazneen Anwar, Anna Cross (intern), Devora Kestel, Nalini Lazarus (intern), Sebastiana Nkomo, Mark van Ommeren, Pooja Pradeep (intern), Shekhar Saxena, Chiara Servili, Yuta Seyota, Sarah Watts (intern).

A

WHAT IS “THINKING HEALTHY”

Thinking Healthy manual is a supplement to the World Health Organization’s mhGAP Intervention Guide (mhGAP-IG). The mhGAP-IG was developed for use in non-specialized health-care settings. It includes guidance on evidence-based interventions to identify and manage a number of priority mental health conditions. One of the priority conditions is Depression in the perinatal period. The mhGAP-IG describes in detail what to do but does not go into descriptions of *how to do*. Training materials have been developed on how to use mhGAP-IG. The purpose of the Thinking Healthy Manual is to provide detailed instructions on how to implement the evidence-based guidelines contained in the mhGAP-IG for the management of perinatal Depression.

The mhGAP-IG guidelines for management of perinatal Depression include the following:

- Psychosocial interventions should be the first-line of management of depression during pregnancy and breastfeeding. Antidepressant medication should be avoided as much as possible in this population – The Thinking Healthy is an evidence-based psychosocial intervention for Depression tailored to the perinatal period.
- Incorporate general principles of care – The Thinking Healthy approach provides instructions for empathic, clear and sensitive communication with women and their families, and mobilizing and providing social support.
- Provide psycho-education – The Thinking Healthy approach provides psycho-education in a way that avoids over-medicalization. Commonly understood terms such as stress and burden are used instead of depressive disorder or illness to avoid stigma.
- Provide cognitive behavior therapy (CBT) if available – The Thinking Healthy approach uses pictures and structured activities to deliver a simplified form of therapy based on principles of Cognitive Behaviour Therapy.
- Provide adjunct treatments such as structured physical activity, relaxation, and problem-solving if available – The Thinking Healthy approach integrates these activities into the daily routine of the mother.
- Reactivate social networks – The Thinking Healthy approach emphasizes the importance of social support throughout the intervention.
- Give attention to over-all well-being. The Thinking Healthy approach attends to physical as well as psychological health of the mother, in addition to emphasizing the importance of the mother-infant relationship in this period.

B

WHO IS THE THINKING HEALTHY MANUAL FOR

The Thinking Healthy Manual is designed for integration into maternal and child health care programmes in primary care. It is aimed at community health workers. It requires no previous knowledge or experience of mental health care. The manual contains instructions for how community health workers can incorporate the mhGAP guidelines for management of perinatal depression into their routine work.

BACKGROUND INFORMATION FOR COMMUNITY HEALTH WORKERS

What is perinatal depression?

Research has shown that stresses of everyday life, especially around pregnancy and birth, can affect the thinking style and behaviour of many mothers, so that coping with the many tasks of child-care become difficult. These problems with thinking, behaviour and coping are sometimes diagnosed as perinatal depression. In such conditions, the woman experiences depressed mood, loss of interest and enjoyment, and reduced energy leading to diminished activity. In order to be diagnosed with depression, the woman must experience these symptoms for most of the time for at least 2 weeks. Many mothers with depression also suffer from anxiety symptoms and medically unexplained somatic symptoms. They have difficulties carrying out their usual work, domestic or social activities due to symptoms of depression. In high income countries 1 in 10 women develop perinatal depression whereas in 1 in 5 women in developing countries suffer from perinatal depression.

Why is it important to manage perinatal depression?

Such a condition during pregnancy and when breastfeeding requires urgent attention. This is because, in addition to the suffering caused to the woman, the condition can also impact on the health and development of the infant. For example, research has shown that infants of depressed mothers are more likely to be undernourished, and have higher rates of diarrhoea.

Psychosocial interventions can make a great difference. Research has shown that with appropriate help and support, most mothers can get over their depression. Community Health Workers can assist depressed mothers to change their unhealthy patterns of thinking and behaviour, leading to an improvement in their mood and functioning, and prevention of later problems in their infants.

Thinking Healthy approach to psychosocial management of perinatal depression

This manual provides simple instructions on how to integrate the management of perinatal depression into the work of a community health worker. The Thinking Healthy approach is based on some general principles that must be observed for the successful integration and delivery of the intervention.

These principles should be emphasised throughout training and supervision.

- **Move away from the purely medical care model:** Many community health workers are used to working with physical conditions and follow a medical approach where they perform a procedure (e.g., administer vaccination or prescribe medicine). In Thinking Healthy, perinatal depression is treated by psychosocial interventions. This requires a different approach to one that most primary care centers are used to - one that relies on having conversations with the mother rather than giving her pills or injections. It is therefore crucial that both the health worker and the family move away from the purely medical model of care.
- **Be community-based:** It is preferable to 'treat' the mother in the community or at home rather than at the health center. Community Health Workers routinely see mothers at home during pregnancy and after childbirth, and are often trusted and respected by the mother and family. They are therefore the most suitable people to deliver this type of intervention.
- **Focus on mother and infant well-being rather than maternal depression:** Many women and their families do not see

depression as a problem requiring intervention. Some would perceive it as a stigmatising. It is therefore useful to avoid medical terms such as 'depression' or 'illness/disorder' when talking to mothers and families. Women and their families relate better to everyday terms such as stress and burden. Also, 'maternal well-being' is likely to be universally understood.

- Optimal development of the infant can provide the pivot around which families can be engaged: Family members may disagree on many things but infant health is usually a common agenda. Within this agenda, efforts to improve the physical and psychological health of the primary caregiver, the mother, can be addressed without much resistance or stigma. This is why the structure of the modules and sessions for Thinking Healthy is based on the developmental stages of the infant.
- Empower and activate mothers: Mothers must not become passive recipients of advice but actively participate in seeking and practicing health-promoting activities that the programme suggests. The structured and pictorial Thinking Healthy approach is easy to follow, also by non-literate mothers. The practical activities will give the mothers and families tangible goals to achieve, which can be monitored in a supportive way to encourage mothers and families to achieve these goals.
- Encourage family participation: It is important to not just be focused on the mother, but also include all family members. Health promoting activities involve the whole household and cannot be practiced in isolation.
- Work in an integrated and holistic way: Most CHWs have a heavy workload. This intervention must therefore be integrated into existing work so that rather than being an extra burden, it facilitates their day-to-day activities. The Thinking Healthy programme has been designed in a way that it can be integrated with the health education material contained in most community health workers' routine training. Thus they will be building on their existing knowledge, but delivering it in the Thinking Healthy format. The Thinking Healthy approach gives the Health Workers a useful Behaviour Change Communication tool, which they may find useful in their day-to-day work. Where necessary, the Thinking Healthy manual is cross-referenced with the key Maternal and Child Health messages so that both routine care and Thinking Healthy can be delivered at the same time.

Note: Most CHWs working in the area of maternal and child health are trained in areas such as maternal nutrition, breastfeeding, appropriate weaning, and immunization etc. If the health worker delivering the Thinking Healthy programme has not received such training, then the training programme would need to be supplemented with such training.



A key pre-requisite of THINKING HEALTHY Empathy and good communication skills

Empathy means listening attentively, being respectful and showing understanding of the person's feelings and experiences. It helps make the mother feel comfortable in the CHW's presence that she can trust and confide in them. Once she knows that the CHW cares, she will listen to them, and the CHW's words will have an effect. Listening in this manner to a depressed mother has been shown to help these mothers understand and deal with her difficulties.

Only if the mother and the family trust the CHW will they engage with them and tell them their problems and work with them to find solutions.

Tips to good communication

1. CHWs should think about the appropriate time in the day for their visit. This should be done in consultation with the mother and the family.
2. CHWs should start all the visits with the usual greetings. They should inquire about general health of the mother and other family members. They should be genuinely interested. This will show the mother that the CHW cares for her.
3. CHW should stress to the mother/family that the conversations will remain confidential and that the mother has a right to privacy.
4. In many settings, it is often impossible to see a mother on her own or in a private setting. The health worker should acknowledge the presence of the others (even if they were not expecting them during a particular visit), and greet them. Involve them in the discussion if they wish to be involved. Family members should know that the CHW's visit is for the benefit of both the mother and their child. They will know this only when the CHW effectively communicates with them about this. They will give the CHW more space once they begin to trust them.
5. CHWs should be mindful of the seating arrangement. They should always sit at the mother's level. They should always speak in a soft and friendly tone.
6. The CHWs should emphasize that a mother is the most important expert for her child's health and development - after all, she is the one who gave birth to the child and who spends the most time with her. The CHWs should praise her extensively for her efforts on even the smallest things that she does for the child.
7. The CHWs should start each visit by talking about the last visit. They should remind the mother about topics that were discussed and actions suggested in the previous visit. They should inquire whether the mother remembered that discussion and whether she was able to carry out the activities suggested in that visit. If yes, then they should compliment her. If not, they should ask about the reasons in a non-judgmental and non-critical and helpful manner. Then, they should listen to her carefully. Listening to the mother is the most important part of the discussion. It is only through careful and patient listening that they can get to the real causes of problems and have an effective visit.
8. The CHW should encourage the mother and her family to talk openly about what they think and feel, by asking open ended questions for example: How do you feel? How have you been feeling since we last met?
9. After listening to the mother, they should summarise what they understood about her problems. In this way, the woman will know that the CHW has heard and tried to understand her problems. She will also have the opportunity to correct the CHW if he/she did not understand her problem correctly.
10. Where culturally accepted, CHWs should make eye contact while talking to the mother and family members. Making eye contact while listening to others and telling one's own point of view communicates truthfulness and sincerity. Moreover, non-verbal cues like nodding, or verbally saying 'good' or 'well done' also makes communication effective.
11. Some mothers and families can find it very difficult to talk about sensitive matters. At times, the CHW may be frustrated if the mothers and families do not show a change. Staying positive is important, even if the results are not immediate. Being positive will help the CHW to keep on trying despite these difficulties.
12. Remember; always listen first before offering advice.
13. Finally the CHW should ask the mother or the family if they have any questions.

The key element of Thinking Healthy - Cognitive Behaviour Therapy (CBT)

Thinking Healthy uses strategies (plans and activities) of CBT to bring about a change in the mothers symptoms and functioning. The training does not turn the community health workers into CBT therapists – it only allows them to apply these strategies in their day-to-day work with women in the perinatal period. Only a very basic understanding of CBT, as outlined in this section, is required by CHWs to practice this.

What is CBT?

Cognitions refer to our thoughts and Behaviours refer to our actions.

Cognitive Behaviour Therapy (CBT) is an evidence-based (coming from scientific research) and structured (step by step) form of talking therapy that aims to alter the cycle of unhealthy thinking (cognitions), leading to unhelpful emotions and the resulting undesirable actions (behaviour).

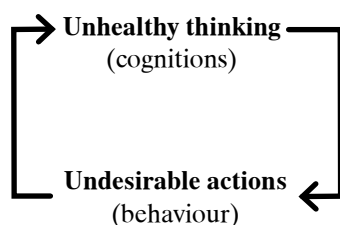


Fig 1: The cycle of unhelpful cognitions(thoughts) leading to undesirable behaviour

Research has shown that CBT is very effective in breaking this cycle in people with a number of problems such as depression, poor confidence, lack of assertiveness, difficulty in solving day to day problems and lacking support from others

The cycle is broken in three ways:

- Changing ways of thinking – a mother’s thoughts, beliefs, ideas, attitudes, assumptions, mental imagery, and ways of directing her attention – for the better. This is the *cognitive* aspect of CBT.
- Helping the mother make the link between unhealthy thoughts and emotions that are quite strong and can lead to unhelpful behaviours.
- By achieving the above, helping the mother meet the challenges and opportunities of raising her baby with a clear and calm mind – and then taking actions that are likely to be effective. This is the *behavioural* aspect of CBT.

A powerful CBT technique to change unhealthy thinking styles is imagery. The mother is encouraged to recall an image from real life that contains unhealthy cognitions and consequent ineffective behaviour. She is then encouraged to modify the image by thinking in a more helpful manner. Thus use of images and imagination can be employed in people whose strength is not verbal language. Thinking Healthy uses carefully adapted illustrations to help the mothers and families visualise these images.

Thinking Healthy provides clear structure and focus to dealing practically with health and psychosocial problems that mothers commonly face during the perinatal period. They take on valuable practice projects to speed up their progress. These assignments – which are developed as much as possible with the mothers’ active participation – extend and multiply the results of the work done during a session.

How are CBT principles used in Thinking Healthy?

The 3 steps to Thinking Healthy

Thinking Healthy breaks down these CBT principles into 3 simple steps. Each session employs the three-step approach that is repeated throughout the programme.

STEP 1

Learning to identify unhealthy thinking: In order to promote positive thinking, it is important to be aware of the common types of unhealthy thinking styles that gradually develop as a result of life problems or experiences. Using carefully researched and culturally appropriate illustrations, mothers are educated about such unhealthy thinking styles and learn to identify them.

Note: Some of the unhealthy thoughts illustrated in the manual are concerned with traditional practices and attitudes that act as barriers to achieving maternal and infant well being, rather than personal thinking styles. Our experience is that CBT techniques can help alter such attitudes too, in addition to personal thinking styles.

STEP 2

Learning to replace unhealthy thinking with helpful thinking: Identifying such unhealthy thinking styles enables mothers to examine how they feel and what actions they take when they think in this way. Again, using culturally appropriate illustrations, the intervention helps mothers question the accuracy of such thoughts and suggest alternative thoughts that are more helpful.

STEP 3

Practicing Thinking and Acting Healthy: The intervention suggests activities to help mothers practice helpful thinking and more helpful behaviour. Carrying out these activities is essential for the success of the programme. Mothers receive health education and other materials tailored to their individual needs to help them progress between sessions. A Health Calendar is used to assist the mothers in monitoring these activities in between sessions.



Flexibility in the use of the 3 steps

Learning to identify unhealthy thoughts and replacing them with helpful thoughts - Steps 1 and 2 in the above model, may at times be difficult to practice, both for CHWs as well as mothers.

In such situations, it is not necessary to push CHWs or mothers too hard. Steps 1 and 2 can be simplified in the following way:

The CHW can draw the attention of the mothers and families to the characters in the pictures, pointing out the differences in the ways of thinking and consequent behaviours in the two sets of pictures, and leave it at that. In this way, the CHW just 'plants the seeds' of alternative ways of thinking and behaving, and moves quickly to Step 3, i.e., practicing desired behaviours or actions.

Encouraging the mother to carry out the activities and practice work (Acting Healthy) in a structured way as described in Step 3; enlisting support from the family to assist the mother with these activities; helping her overcome the problems she encounters in carrying out these activities; and offering encouragement for small steps that the mother takes, are very powerful methods of managing Depression. Collectively, these methods are sometimes called Behavioural Activation.

Behavioural Activation relies less on the efforts to alter unhealthy thinking (Steps 1 and 2), and more on getting the mother to practice more helpful behaviours (Step 3). Thus, Thinking Healthy offers a flexible approach that can be tailored to individual mothers and families.

Tailoring Thinking Healthy strategies to individual needs of mothers and families

Thinking Healthy uses a number of other evidence-based strategies (see Section A) that assist with the management of Depression. With experience, the CHW will be able to plan strategies that bring the most benefits to the individual mother, or those that are most required. For example, in some mothers, reactivating social networks may be most valuable, while in others, paying attention to their personal health may be what is most required. Some families will require extra attention with psycho-education – for example, it may be necessary to spend some time in each session to reiterate the importance of maternal psychosocial distress for the health of the mother and the infant. The CHW should tailor Thinking Healthy to the individual needs of the mother and family.

There are a number of activities (Practice Work) suggested between each session. Not all the activities have to be strictly carried out by every mother. Even if one or two activities are followed, the mother should be praised lavishly for her efforts and encouraged to try out the other activities. CHWs should help the mother and family with suggestions that help them overcome problems and barriers in carrying out these activities.

The family members especially the husband has a critical role in supporting the mother. Encouragement and support from the family is vital for the mother achieving a better state of mind. The CHW should encourage the family, especially the husband to provide practical assistance to the mother and avoid criticising or blaming her.

Modular structure of Thinking Healthy

The 3 areas

Thinking Healthy has an introductory session, followed by five modules covering the period from the second or third pregnancy trimester to the first year of the infant's life. The contents of the sessions and activities for the mother are tailored according to the age and developmental stage of the infant and the needs of the mother at each stage.

Each module has three sessions, each session covering one of the three areas relevant to mother and infant health during pregnancy and after childbirth – the mother's personal well-being, the mother-infant relationship, and the relationship with and support from significant others. Each session incorporates the 3 Steps to Thinking Healthy to help the mother negotiate each of these 3 areas.

- **Mother's well-being:** Mothers who are depressed or under stress often ignore their personal health, e.g., their diet and rest. Often, they do not have the energy or motivation to seek appropriate health care for themselves or their children. They get caught up in a cycle of inactivity, which further damages their health and worsens the depression. This also increases the risk for low birth weight and other health problems in the infant. Each module contains a session addressing the mother's personal health.
- **Mother-infant relationship:** Mother-infant relationship includes responding appropriately to the infant's emotional needs, frequent physical interaction, establishing eye contact, verbal communication, and creating a stimulating physical environment for the child through toys, pictures and books. Similarly, feeding behaviours (both breast and bottle), such as appropriate nipple insertion and removal, positive affect during feeding, and provision of nourishing foods (as opposed to comforting foods such as sweets) are also aspects of this interaction and make important contributions to the growth of the infant and young child. The quality of this reciprocal relationship is important for optimal health of both mother and infant. Each module contains a session to address mother-infant relationship.

- Relationship with people around the mother and infant: Research shows that the social network or support system available to the mother is important in determining her mood, general health, and the quality of care she is able to provide to her infant. Social support can be divided into intimate versus community. Intimate support comes from members of the immediate household (husband, in-laws) while community support may come from the neighborhood or community associations or even health workers. Social structures such as marriage, religious or cultural institutions, and community centers could function as systems of support. Stressed or depressed mothers often find it difficult to engage and maintain social networks. Each module contains a session to address the social support of mother and infant.

A proposed timetable of Thinking healthy sessions

A proposed timetable of the Thinking healthy sessions is shown in Table 1. The structure can be modified so that the sessions can be integrated into routine visits of CHWs.

The introductory session can be delivered over 1 or 2 home visits.

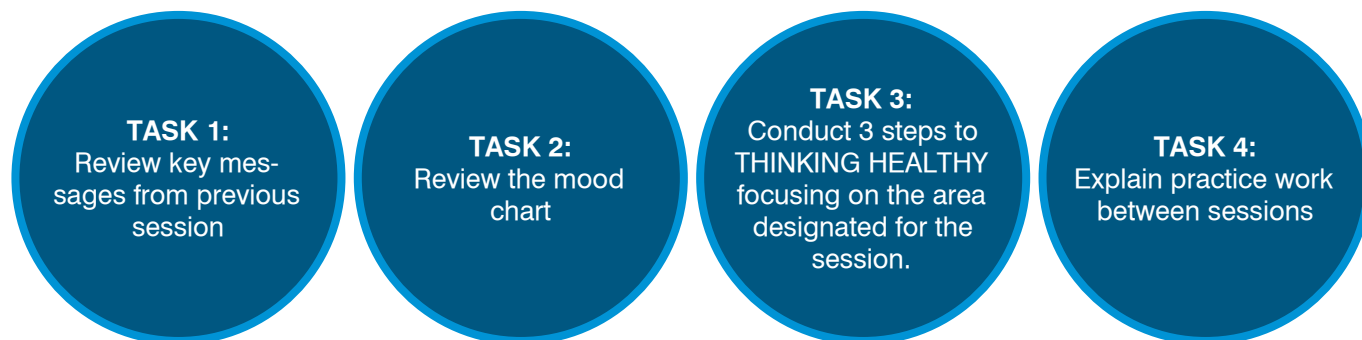
The timing of the sessions can be altered to fit in with the routine visit schedule of community health workers. Each session takes between 45 minutes to one hour to deliver.

MODULES	SESSIONS	IDEAL FREQUENCY	APPROXIMATE PERIOD
Introductory session	Opening Session	Delivered in 1 or 2 visits	14 – 40 weeks prenatal
Module 1 Preparing for the baby	Sessions 1.1-1.3	Weekly	14 – 40 weeks prenatal
Module 2 The baby's arrival	Sessions 2.1-2.2-7	Fortnightly	3 rd to 5 th week postnatal
Module 3 Early infancy	Sessions 3.1- 3.3	Monthly	2 nd to 4 th month postnatal
Module 4 Middle infancy	Sessions 4.1- 4.3	Monthly	5 th to 7 th month postnatal
Module 5 Late infancy	Sessions 5.1- 5.3	Monthly	8 th to 10 th month postnatal

Table 1: Timetable of the Thinking healthy sessions

Structure of a Thinking healthy session

After the introductory session, each session is divided into 4 tasks that a CHW is asked to carry out with the mother and family.



Thinking healthy Tools

Reference manual

The reference manual, of which this is the introductory chapter, gives clear step-by-step instructions to the health worker on how to conduct each session. Thus, the reference manual also serves the purpose of a Training Manual. It explains the theoretical rationale of the programme, serves as reference for the CHWS and forms the basis for their training and supervision programme.

Health Calendar

It is essential that the mother monitors herself and carries out the practice work between sessions. The calendar, consisting of pictorial and verbal key messages of each session, serves as a visual cue for the mother and key supporting family members to follow the programme between sessions. In addition, the calendar has monitoring tools that help the mother chart her own progress, and that of her infant's throughout the programme. It is ideal if a copy of the Health Calendar is left with the mother in Opening Session.

The Health Calendar is also a job-aid for the health worker, allowing her to conduct the session in a structured way. While the Reference Manual is a detailed guide for training and supervision, the Health Calendar contains the key messages for a particular session and is the only tool that the CHW requires to deliver a session. It is important that the sessions are delivered in the same way to all mothers. It is also important to ensure that both health workers and mothers are adhering to the given instructions as much as possible. The Health Calendar will not only assist the mother in charting her progress, but also assist the health worker to ensure that the programme is actually being delivered appropriately.

D TRAINING AND SUPERVISION REQUIREMENTS TO PRACTICE THINKING HEALTHY

The training of CHWs can be tailored according to the individual programme in which Thinking Healthy is to be integrated. The following guidelines should be observed when designing the training and supervision programme:

- The minimum duration of the training should not be less than 5 days. The target duration is 10 days.
- The training should ideally be carried out in small groups not exceeding 15 participants.

- The training should ideally be carried out by a pair of trainers.
- The trainer/supervisor should ideally have received Thinking Healthy training herself and practiced it for 12 months in the community under supervision. Mental health background or CBT expertise is not necessary.

The training should include:

- Brief lectures introducing the key concepts outlined in this chapter.
- Group discussions on the key concepts.
- Role plays – this is the most important component of training. Community Health Workers should work in pairs to practice delivery of tasks associated with each session.

Guidelines for supervision include:

- Supervision is the most important aspect of implementation. It is recommended that supervision is conducted at least once a month, and each supervision session should be half a day.
- It should be facilitated by the trainers/supervisors who should ideally have received THINKING HEALTHY training themselves and practiced it for 12 months in the community under supervision.
- The supervisors should facilitate brain-storming sessions to enable health workers and supervisors to generate indigenous solutions to difficult problems and to share experiences and observations.
- Encourage the use of traditional wisdom and indigenous idioms of expression where beneficial.
- Allow CHWs to share difficulties, and recognize successes.
- It is important that Thinking Healthy is delivered as it was designed to be delivered, and CHWs continue to revise the key principles and skills during supervision. This should be done through brief role-plays in which the supervisors ask the CHWs to enact various scenarios from their day-to-day practice of Thinking Healthy, followed by a discussion that allows the CHWs to reflect on their knowledge and skills. A simple checklist can also be used by the supervisor to provide constructive feedback to the CHWs.
- It is important to note that a greater amount of time should be spent on group discussions and role play scenarios. Lectures should take up a smaller amount of time compared to group discussions and role play.

ADAPTING THINKING HEALTHY TO THE LOCAL CONTEXT AND SYSTEMS

This version of the manual is designed for use in low-income settings typical of many developing countries. The principles employed are universal and can be adapted to the local context. This can be done by sharing the manual with key stakeholders, including CHWs, mothers and local experts, and soliciting their opinions about local idioms of expressions, illustrations and activities that require adaptation. Words that are not easily understood or carry a negative connotation in the local culture can be substituted for alternative words with the same meaning.

Adaptations may also be required to integrate Thinking Healthy into the local 'systems' of care. Thinking Healthy was developed and evaluated in the context of a typical community based programme consisting of regular home-visits by CHWs in the perinatal period. The sessions were designed to be integrated into such routine home-visits. The evidence for effectiveness of the programme was also based on the current structure that delivers the programme in 16 home-

based sessions. We therefore consider this to be the optimal 'dose' of the intervention. We recognise that the intervention may be used in other systems that are different from the one in which Thinking Healthy was tested. Implementers in their countries can also decide on whom they target for the intervention. For example, target groups could include mothers who have previously been screened for depression, specific groups of mothers at high risk, or all mothers. This may require further adaptations to the programme in terms of the timings, frequency, duration and overall number of sessions. Adaptations might also consider changing the format to group delivery, or delivery through mobile and electronic health, or self-help platforms. This is permissible as long as fidelity to the key principles and dosage of the intervention is reasonably adhered to. It would be desirable to document these changes and report the results so that later editions can incorporate such adaptations.



CONDUCTING THINKING HEALTHY SESSIONS

A STEP-BY-STEP GUIDE FOR COMMUNITY HEALTH WORKERS



OPENING SESSION

ENGAGING THE FAMILY & INTRODUCING THINKING HEALTHY

Learning Objectives of this session

The purpose of this session is to provide psycho-education and engage the mother and family in this programme. The THINKING HEALTHY approach and its components will be explained. Ground rules will be established for future sessions. The required activities for the session will be carried out and practice work given.

As this session introduces the programme to the mother and family, it is important to set aside about an hour to deliver it properly.

Involve family members (especially the husband and mother-in-law and the woman's mother) if possible.

Remember the importance of good communication.

TASK 1

The first introduction

This is important. You may find it helpful to engage the mother and family by beginning with the benefits of the programme to the child. Start by saying that the progress of any society depends upon the good health of its future generation. If our children are healthy and bright, they can deal with challenges of life and become assets for the family and community. When they go to school, they will be able to learn more effectively. If they become farmers, they can be more productive. For a healthy future, the baby requires special care when it is in the mother's womb, and in the first year of life. That is when the foundations for the future are being laid.

Introduce the importance of maternal psychosocial wellbeing by emphasising that the mother is key to the infant's health and development during this period, her physical and mental health will determine how the baby will progress. The support of the whole family is important in ensuring the mother and infant's well-being.

Do not be condescending. Say that the family probably knows many good ways of bringing up children, and you would like to SHARE (not dictate) some new ideas.

TASK 2

Introducing the 3 areas of Thinking healthy



Picture A

Explain that you will meet mother, baby and family 15 times in the next year. Show Picture A to mother. Ask her to focus on the top middle bubble. Explain that mothers who are stressed often ignore their personal health, e.g., their diet and rest. Often, they do not have the energy or motivation to seek appropriate health care for themselves or their children. They get caught up in a cycle of inactivity, which further damages their health and worsens their situation. Poor personal health increases the risk for low birth weight and other health problems in the infant. Therefore 5 out of 15 meetings will focus on the mother's personal physical and psychological health.

Now ask her to focus on the top left bubble. Explain that the quality of relationship between mother and baby is important for optimal health of both mother and infant. Aspects of this relationship include not just appropriate feeding but response to the infant's emotional needs, frequent physical interaction and creating stimulating physical environment for the child. These activities make important contributions to the growth and well being of the infant and young child. Five out of 15 sessions will address mother-infant relationship.

Now ask her to focus on the top right bubble. Explain that the social network or support system available to the mother is important in determining the quality of care she is able to provide to her infant. Stressed or depressed mothers often find it difficult to engage and maintain social networks. By losing out on this support, both mother and baby are at increased risk of stress and poor health. Therefore 5 out of 15 sessions will help the mother and family optimize the available support.

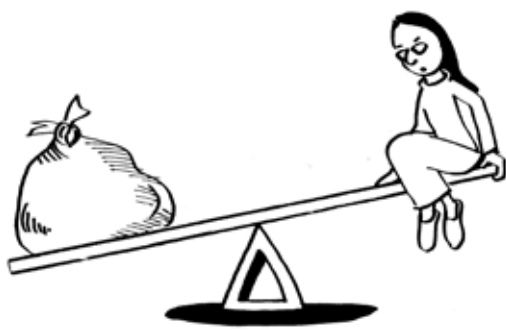
Focusing on bottom middle bubble, say that research has shown these 3 areas to be important for mother and baby's health. Ask the mother and family for their views and if they agree these areas are important.

Ask if family would like to know how this programme can help. Allow time for discussion.

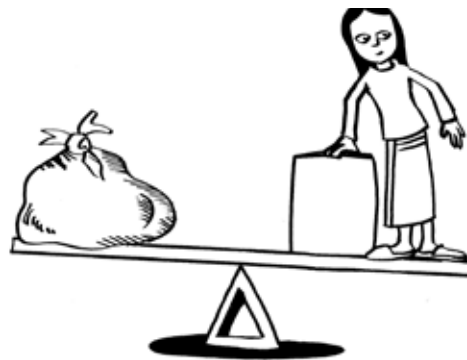
This is a natural point to break the session if you or the family would like to.

TASK 3

Shifting the agenda of the family from problems to finding solutions.



Picture A



Picture B

Show the mother Picture A. Say this is a stressed mother weighed down by life's problems. Ask the mother if this is how she sometimes feels.

Now show her picture B. Ask her to note that the problems have not gone away. But the woman in the picture is up on her feet trying to balance life's problems. Explain that this programme, shown by the box in the picture, has been designed to help mothers try to achieve this.

Explain that this programme cannot make life's problems disappear. It does not offer monetary support or medicines. However it can help mothers and families help themselves to achieve better health for the mother and the baby. Life's problems will not go away but may seem more manageable after a while.

Give the mother time to look at the images. Don't be too directive. Give family members the opportunity to voice their opinions. Do not challenge at this stage. Listen sympathetically.

Now ask the mother and family if they would like to know more about how the Thinking healthy programme can help them achieve solutions

TASK 4

Introducing the basic principles of Cognitive Behaviour Therapy that will be used in each session.

Explain that every action starts as a thought in our mind. The thought usually determines our feelings, actions and behaviour. The behaviour then has consequences.

Explain that stresses of everyday life, especially around pregnancy and birth, can affect the thinking styles of many mothers, so that coping with life problems may seem difficult. These unhealthy thinking styles especially affect the 3 areas discussed, namely personal health, mother-baby interaction, and relationship with others. When it becomes difficult to change these styles of thinking, and the resulting feelings and behaviour starts to have undesired effects on these three areas, help may be required.

This programme can help mothers try to change these unhealthy styles of thinking and behaving into positive ones so that coping with life tasks, especially those of bringing up the baby, becomes easier.

This is done in 3 steps:



Picture A

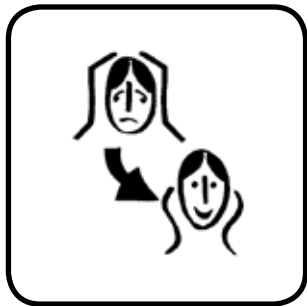
Step 1

Learning to identify unhealthy thoughts

Ask the mother to focus on picture A, the symbol for this step. Explain that in order to promote healthy thinking, it is important to be aware of the common types of unhealthy thinking styles. By conducting research on many thousand of ordinary people like us, scientists have defined the following types of unhealthy thinking styles. Make the mother familiar with the symbol below for learning to identify unhealthy thoughts and go through the following examples in Box 1. Tell the mother that we will talk a bit more about such thoughts and their effects later in the session.

Box 1

SYMBOL	UNHEALTHY THINKING STYLE	TYPICAL THOUGHTS
	Blaming oneself If things go wrong, it is always your fault	If my child falls ill, it is always my fault, I am not a good mother
	Not giving oneself credit. If things go well, its luck or somebody else's doing	Its only luck that my children are healthy
	Gloomy view of future. Believing or predicting that bad things are going to happen	Nothing can stop my children from getting diarrhoea this summer
	Mind reading Unhealthy view of how others see you	Others think badly of me
	Thinking in extremes If things can't be perfect there's no point trying	As I am uneducated, I will never be a capable mother
	Not believing in one's capability	I can never achieve this task
	Giving up before trying	I am no good at this



Picture B



Picture C



Picture D

The Three Steps to Thinking Healthy

Step 2

Learning to replace unhealthy thinking with positive or healthy thinking:

Ask the mother to focus on picture B. Explain that identifying the above unhealthy thinking styles enables us to examine how we feel and what actions we take when we think in this way. The programme will help the mother question the accuracy of such thoughts and suggest alternative thoughts that are more helpful. With practice the mother can learn to challenge and replace unhealthy thinking with healthy thinking. Make the mother familiar with the symbol for learning to replace unhelpful or unhealthy thinking with helpful or healthy thinking.

Step 3

Practice healthy thinking and acting:

Ask the mother to look at picture C. Explain that the programme suggests activities and practice work to help mothers to practice thinking and acting in a healthy manner. Carrying out these activities is essential for the success of the programme. Mothers will receive health education and other materials tailored to their individual needs to help them progress between sessions. Help the participant become familiar with the symbol for learning to practice healthy thinking and behaviour.

Now show the mother picture D. Summarise the 3 steps and ask if she understands the concept. Explain that the same 3 steps will be used for each of the 3 areas throughout the programme.

Ask the mother and other family members if they have any questions. Then ask if they agree to take part in the programme.

If they agree, move to the remaining four tasks for this session. If they need more time to think about participating, end the session here and arrange another time to conduct the rest of the session.

TASK 5

Ground rules for taking part in programme

Go through each rule making sure the mother understands and agrees.



Rule 1

Active participation

Explain that the programme does not offer financial support or medicines, but helps mothers to help themselves and their infants. It can only succeed if the mothers actively participate, with the support of other family members.



Rule 2

Being on time

Explain to the mother that in order to participate actively, it is very important to make a commitment to the sessions and make herself available on the agreed time.



Rule 3

Do the practice work

Explain that practicing what is learnt in the sessions is an essential step. The mother should try, as best as she can, to complete the given tasks. These would eventually help improve her well-being, and that of her baby. Ask the family members to support the mother in doing the practice work.



Rule 4

Tell your CHW if you are unwell or have problems with the training

Encourage the mother to bring up any concerns with you. Tell her to let you know if she is unwell or having problems with the programme.

TASK 6

Introducing the Health Calendar and practice work

This task is important too. It also further reinforces the message that the programme will work best if the mother and her family are active participants.



Show the mother and family members the Health Calendar. Explain that the pictures in the front will serve as reminders of what was discussed in the first session while the monitoring charts will help mother and family monitor progress of the practice work between sessions. Explain it is important not to destroy or lose the Calendar, as at the end of the year, it will be a useful record of the mother and baby's health.

TASK 7

Identifying a family member or friend to assist mother



Ask the mother to identify one or more persons in the family who can assist her with activities and practice work. Remind them that the activities in-between sessions are essential for the programme's success.

TASK 8

Explain practice work between sessions 0 and 1

Objective: To teach the mother to make links between thoughts and feelings, and to monitor her mood on the mood chart between sessions.

Instructions: The MOOD CHART is one of the monitoring Job Aid that forms part of the health calendar. It consists of a visual scale of emotional state represented by 5 different facial expressions ranging from 'very well' to 'very poorly'.

Return to Box 1 on Page 27. Go through the unhealthy thinking styles with the mother and ask if she has any of these thinking styles. Discuss how she feels when she has such thoughts. Discuss how she usually acts when she has such thoughts and feelings. Ask her to think of a recent example when she had such thoughts, and to rate how she felt on the visual scale in the Mood Chart.

Ask the mother to go through this exercise once every day and rate her mood and feelings on the visual scale by putting a mark in the box for that day. Ask her to note or remember the types of thoughts that negatively affect her feelings and actions. Explain that you would discuss them at the following session.

Ask the mother and family members if they have any questions about the issues discussed in this session.

Tell the mother and family that in your next visit, you will begin work on Module 1 – preparing for the baby.

Give the mother a date for the next session and mark it on the designated space on the Health Calendar.





MODULE 1

PREPARING FOR THE BABY

Session 1.1 – Mother's personal health

Learning objectives of this session

The purpose of this session is to review the principles of Thinking healthy and to apply the approach to the mother's personal health. This session is important because for the first time, you will be helping the mother in practical application of the concepts learned in the first session.

Job aid required: Health Calendar

TASK 1

Review the previous session

Briefly summarise the key messages from the first session.

Do this sequentially, using the pictures on the Health Calendar as the focus of discussion. When this is done repetitively, the family will start to associate the pictures with the concepts and these will serve as visual cues between sessions, helping the mother form her own mental images which can be discussed.

TASK 2

Review the Mood Chart

Go through the Mood Chart with the mother. Ask if she had noticed any particular unhealthy thoughts in the last week. If yes, praise her for successfully completing the first step. Ask her how these thoughts made her feel and act. Listen attentively and sympathetically.

Now ask if she had tried to replace these with alternative thoughts. If not, discuss, and encourage her and other family members to come up with suggestions.

Again, briefly explain the importance of the mother's personal physical and psychological health for the baby therefore this is the area you would like to address first of all.

TASK 3

Thinking Healthy about the mother's personal health



STEP 1

Learning to identify unhealthy thoughts about the mother's personal health



Picture A

Due to my circumstances there is nothing I can do to improve my health

Using the relevant section of Health Calendar, ask the mother to focus on the woman in picture A and describe the caption that reads out her thoughts. Discuss what these circumstances might be, e.g., poverty, illiteracy, domestic problems.



Picture B

There is no point in making an effort

Now ask the mother to focus on Picture B. Discuss how these problems have induced a state of hopelessness and helplessness in the woman.



Picture C

Greater probability of poor mother & infant health

Now focus on Picture C. Discuss the consequences of giving up.

Do not blame the woman in the picture. Say that this is a very natural human response to stresses and problems. However, it is important to identify the thinking styles and related feelings early, so that the actions and consequences can be changed.

Now Ask the mother if she has had such thoughts.

This would be a good time to discuss with the mother the process of childbirth and how and which services would be provided.

The CHW can also use the Safe Child Birth Checklist published by the WHO.

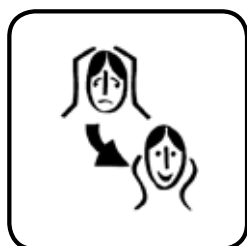
To access this check list please follow this link:

<http://www.who.int/patientsafety/implementation/checklists/childbirth/en/>

If necessary, prompt the mother with the examples of unhealthy thoughts, actions, and consequences given below.

You may add to these examples from your own experience of working with women in your area.

THOUGHT	FEELING/ACTION	CONSEQUENCE
Being ill is in my fate	Helplessness, sadness I will not get vaccinated, as there is no point.	Greater risk of illness (tetanus) for both mother and baby
What does an illiterate person like me know about health matters	Poor confidence, self- esteem. No effort made to learn about health matters	Greater risk of poor health for both mother and family
Poor folk like us are born to be unhelpful	Hopelessness. No attempt made to make maximum use of whatever resources are available	Greater risk of poor health
I am not in control of my general health or pregnancy	Not paying attention to one's symptoms or signs of poor health	Greater risk of serious health problems developing



STEP 2

Learning to replace unhealthy thinking with healthy thinking



Picture D

My health matters – Even if I have limited options, I can try to improve my diet with what is available

Focusing on picture D, read out the caption. Discuss if Picture D is a better alternative to Picture A.



Picture E

My health worker can help me with this

Focusing on Picture E, tell the mother you are there to help her.



Picture F

Small changes can lead to a healthier you and baby

Discuss that it's important not to think in terms of 'all or none'. Even small changes (such as those to be discussed in this programme) can make big differences to the health of the whole family

Now discuss the unhealthy thoughts about personal health that mother may have described in step 1. Ask the mother to think of alternative thoughts.

Ask the mother to think of alternative thoughts for examples described in step 1. If mother is unable to think of any, prompt her with the following alternative thoughts, feelings/actions, and consequences.

THOUGHT	FEELING/ACTION	CONSEQUENCE
Looking after my health, to a large extent, is in my control	Making an effort to do positive things for one's health, e.g. vaccination	Protection against a potentially fatal illness
It is not necessary to be educated to learn about health matters	Active effort to learn about and follow health principles, e.g. balanced diet.	Better health for mother and baby
Even a poor person can make an effort to stay healthy	Making an effort to make the best use of available resources	Better health for mother and baby
Looking out for problems in pregnancy and getting help early is my responsibility and will help the doctor/health worker/nurse help me	Looking out for early problem signs and actively seeking help	Decreased risk of pregnancy related problems









STEP 3

Practicing thinking and acting healthy

Activity 1




As a CHW you likely will have been taught about maternal nutrition. Tell the mother that you would like to prepare a balanced diet chart from foodstuff easily available in the household. Engage the whole family in this exercise. Use the diet chart provided in the Health Calendar. An example of a diet chart is given below. Include only those items that are available in the household. Explain that a balanced diet does not mean expensive or excessive diet.

TIME	CHOICE OF FOOD ITEMS	DAILY MONITORING						
		1	2	3	4	5	6	7
BREAKFAST 								
BEFORE LUNCH 								
LUNCH 								
TEA TIME 								
DINNER 								
BEDTIME 								

Most CHWs working in the area of maternal and child health are trained in such areas as maternal nutrition, breast-feeding, appropriate weaning, and immunization etc. If the health worker delivering the Thinking Healthy Programme has not received such training, then the training programme would require to be supplemented with such training.

Activity 2

Using the Health Calendar, educate mother and family about the importance of rest and relaxation, and reduced physical work especially lifting heavy objects and demanding agricultural work for the health of the unborn baby. Teach the mother slow breathing and other ways to relax (walking, taking a nap) Discuss with mother and family members how to organize everyday chores in a way that the mother gets time for rest and relaxation. Note down these periods in the Health Calendar. Remind the mother and family that a small amount of time spent on your personal health everyday means a healthier you and a healthier baby.

TYPE OF ACTIVITY	FREQUENCY	DAILY MONITORING						
		1	2	3	4	5	6	7
<p>SLOW BREATHING</p> 	2-3 times daily for 10-15 minutes.							
<p>WALKING</p> 	Once daily 15-20 minutes.							
<p>SLEEP</p> 	Full night’s sleep and a nap in the afternoon.							

Slow Breathing

Any of the steps to slow breathing.

Relaxing the body if it is tense (shake the body and limbs, roll shoulders, gently move head from side to side).

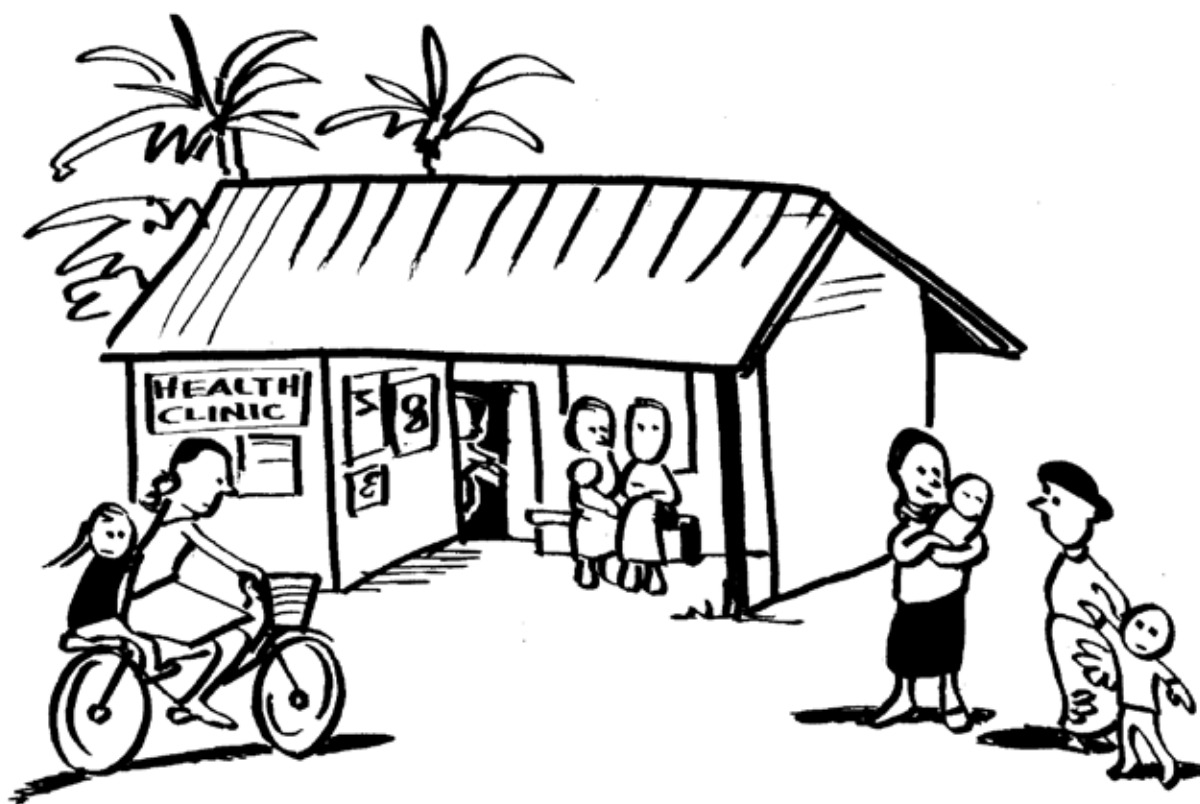
Breathing from the stomach (pushing it out when inhaling and in when exhaling).

Slowing the rate of breathing (three seconds in and three seconds out).

TASK 3

Give directions to the nearest antenatal health centre and midwifery service. Help the family plan how to reach it.

Refer to your general training and educate mothers about problems that may occur in last trimester of pregnancy. Instruct her on how to seek appropriate help for such problems.



Task 4

Explain practice work between sessions

Advise mother to make her best efforts to carry out the following activities between sessions. Encourage the family to support mother with these activities and instruct the designated family member/s to gently persuade and help mother to comply if she has difficulties.

Practice work 1

As for Opening Session, ask the mother to rate her overall thoughts and feelings on the visual scale for each day of the week by putting a mark on the chart provided in her Health Calendar. Ask her to note or remember the types of thoughts that unhealthily affect her feelings and actions most often. Explain that you would discuss them at the next session.

Practice work 2

Follow the diet chart she has prepared with your help. She should monitor her diet by placing a mark before the box for each day.

Practice work 3

Follow the rest and relaxation chart prepared in this session for the rest of the week. She should monitor this by placing a mark before the box for each day.

Give the mother a date for the next session and mark it on the Health Calendar.

SESSION 1.2 - MOTHER'S RELATIONSHIP WITH THE BABY

Learning objectives of this session

The purpose of this session is to review the progress from the first session and to apply the Thinking Healthy approach to the mother's relationship with her unborn baby

Job Aid required: Health Calendar

Remember the importance of good communication.

Task 1

Review previous session

Summarise the key messages from the previous session.

Task 2

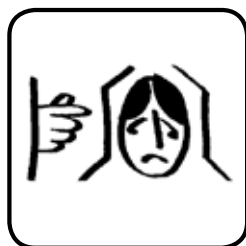
Review the Mood Chart

Go through the Mood Chart with the mother. Ask if she had noticed any particular unhealthy thoughts about her personal health in the last week. If yes, praise her for successfully completing the first step. Ask her how these thoughts made her feel and act. Listen attentively and sympathetically.

Now ask if she had tried to replace these with alternative thoughts. If not, discuss, and encourage her and other family members to come up with suggestions.

Task 3

THINKING HEALTHY about the mother's relationship with her baby



STEP 1

Learning to identify unhealthy thoughts about the mother's relationship with her baby

Say that you will now help mother use these steps in the second important area for mother and child health. Briefly explain the importance of the mother's relationship with the baby for both mother and child health. Explain that the relationship starts to develop while the child is in the womb.



Picture A

I don't have any positive feelings for my Unborn baby – I must be a bad mother

Using the relevant section of the health calendar, ask the mother to focus on the woman in picture A and describe the caption that reads out her thoughts. Discuss that it is normal to have such feelings sometimes, but it is a problem if they become a preoccupation.



Picture B

I feel so bad about myself

Now ask the mother to focus on Picture B. Discuss how these feelings have induced a state of guilt in the woman.



Picture C

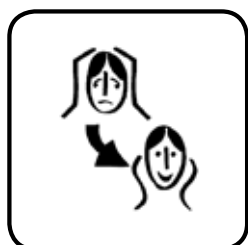
May be more difficult to have positive feelings for the baby after he/she is born

Now focus on Picture C. Discuss how this thought has led to feelings of self-blame. The stress caused by such feelings is harmful for mother and baby.

Say that such feelings may develop in many mothers as a response to stresses and problems. However, it is important to identify the thinking styles and related feelings early, so that the consequent behaviours can be changed.

Now ask the mother if she has had such thoughts. Note these down in the space provided in the Health Calendar. If necessary, prompt the mother with the examples of unhealthy thoughts, actions and consequences, given below.

THOUGHT	FEELING/ACTION	CONSEQUENCE
The baby is growing automatically. I don't need to care for her/him till After he/she is born.	Not caring about baby's prenatal development	Baby may not have optimal prenatal environment
My tension and anxiety will not harm my baby.	Not making an effort to reduce one's stress.	Baby's health affected
I can't be bothered about myself, let alone think of the baby.	No effort made to care for oneself and unborn baby.	Risk of poor health in both mother and baby.
I don't feel a relationship with my baby. It will happen when he or she is Born	Not trying to develop a bond with your unborn baby	More difficulty in developing a bond when baby is born



STEP 2

Learning to replace unhealthy thinking with healthy thinking



Picture D

It is not necessary that positive feeling exist from the start, rather I can give such feelings a chance to grow.

Focusing on picture D, read out the caption. Discuss if Picture D is a better alternative to Picture A.



Picture E

Taking small steps will help to develop positive feelings towards baby.

Such alternative thoughts can help reduce feelings of guilt. By reducing this stress in her, the mother is helping her unborn baby's development. Say that later in the session, you will be discussing what other steps the mother can take to build her relationship with the unborn baby.



Picture F

Easier to develop a positive bond with the baby after he/she is born

Discuss that it's important not to be ashamed and hide such feelings. Help the family understand that their reactions to the pregnancy will influence how the woman feels towards the unborn baby.

Now discuss the unhealthy thoughts that the mother may have described in step 1.

Ask the mother (and family) to think of alternative thoughts for these. Note down these suggestions.

Ask the mother to think of alternative thoughts for examples described in step 1.

If mother is unable to think of any, prompt her with the following alternative thoughts, feelings/actions, and consequences.

THOUGHT	FEELING/ACTION	CONSEQUENCE
My unborn baby also needs my care	Active attention to baby's needs.	Healthy baby born
In spite of my difficulties, I have to try and reduce my tension and anxiety for my baby.	Trying to deal with difficulties and reduce tension with relaxing activities	Positive effects on mother and baby's health
If not for myself, I have to look after my health for my baby's sake.	Efforts to look after my health	Healthy mother and baby.
If I try, I can develop a deep bond with my baby	Making an active effort to develop a bond	Strong and healthy mother-infant relationship



STEP 3



Practicing Thinking and Acting Healthy

Activity 1

Check the diet chart. Discuss problems the mother may have had in following it. Change items in the chart if mother wants. Praise mother and family lavishly if she has been able to follow it, even partially.

Activity 2

Check rest and relaxation monitoring chart. Discuss problems mother may have had in following it. Modify if necessary. Add or substitute the following relaxing activities, which could also help with her feeling about her unborn baby.

<p>SINGING OR HUMMING A LULLABY AND VISUALIZING A BABY GOING TO SLEEP</p> 	<p>3 or 4 times every day</p>							
<p>SLOW BREATHING</p> 	<p>Once a day, e.g. before going to bed</p>							

Activity 3

Educate mothers about problems that may occur in last trimester of pregnancy. Instruct her on how to seek appropriate help for such problems.

Task 4

Explain practice work between sessions

Advise mother to make her best efforts to carry out the following activities between sessions. Ask the family to support mother with these activities and instruct the designated family member/s to gently encourage and help mother to comply if she has difficulties.

Practice work 1

As for previous session, ask the mother to rate her overall thoughts and feelings on the visual scale for each day of the week by putting a mark on the chart provided in her Health Calendar. Ask her to note or remember the types of thoughts that unhealthily affect her feelings and actions most often. Explain that you would discuss them at the next session.

Practice work 2

Follow the diet chart she has prepared with your help. She should monitor her diet by placing a mark before the box for each day.

Practice work 3

Follow the rest and relaxation chart prepared in this session for the rest of the week. She should monitor this by placing a mark before the box for each day.

Give the mother a date for the next session and mark it on the Health Calendar.

SESSION 1.3 - MOTHER'S RELATIONSHIP WITH PEOPLE AROUND HER

Learning objectives of this session

The purpose of this session is to review the progress from the last session and to apply the THINKING HEALTHY approach to the mother's relationship with people around her, i.e., her immediate family, relatives, friends and the community.

Job Aid required: Health Calendar

Remember the importance of good communication.

Task 1

Review of previous session

Summarise the key messages from the previous session.

Task 2

Review Mood Chart

Go through the Mood Chart with mother. Ask if she had noticed any particular unhealthy thoughts about her relationship with the baby in the last week. If yes, praise her for successfully completing the first step. Note these down. Ask her how these thoughts made her feel and act. Listen attentively and sympathetically.

Now ask if she had tried to replace these with alternative thoughts. If not, discuss, and encourage her and other family members to come up with suggestions.



STEP 1

Learning to identify unhealthy thoughts about the mother's relationship with people around her

Task 3

THINKING HEALTHY about the mother's relationship with people around her

Say that you will now help mother use these steps in the third important area for mother and child health, i.e., the mother's relationship with people around her. Briefly explain the importance of the mother's relationship with the people around her.



Picture A

People don't care about me

Using the relevant section of the Health Calendar, ask the mother to focus on the woman in picture A and describe the caption that reads out her thoughts.

Discuss that it is normal to have such feelings sometimes, but a problem if they become a preoccupation.



Picture B

I won't bother meeting people

Now ask the mother to focus on Picture B. Discuss how these feelings may lead to social withdrawal in the woman.



Picture C

Lack of social support for mother and baby

Now focus on Picture C. Discuss how a cycle of bad feelings can develop between the mother and important people around her. This may lead to both distancing themselves from each other.

Say that such feelings may develop in many mothers as a response to stresses and problems. It is important for the mother, and also family members and friends, to understand such feelings and be sympathetic to the mother.

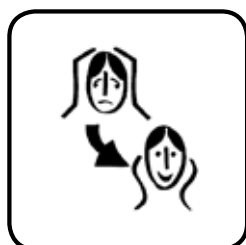
By identifying such thinking styles and related feelings early, the unhelpful consequences can be changed.

Now ask the mother if she has had such thoughts about people around her.

Be very careful not to get involved in family politics. Stress that social support is important for the baby's development and everyone in the family should work for it.

The mother may not want to disclose such feelings, especially in front of family. Don't force her. Instead, discuss the examples of unhealthy thoughts, actions and consequences, given below.

THOUGHT	FEELING/ACTION	CONSEQUENCE
Family tensions can affect me but will not harm my unborn baby.	Irritability. Not making efforts to reduce family tensions.	Stress in the mother that can be harmful for the baby
An expecting mother should not be going out of the house	Stops going out of the house.	May lose important sources of social support and health care.
No one likes to talk to me.	Starts to avoid other people.	May lose important source of social support.
I don't meet other people because I feel inferior.	Avoiding other people.	Become isolated



STEP 2

Learning to replace unhealthy thinking with helpful thinking



Picture D
All people are not alike

Focusing on the woman in picture D, read out the caption. Discuss if Picture D is a better alternative to Picture A.



Picture E

I will try to talk to a few people I like.

Such alternative thoughts can help reduce unhealthy feelings towards other people. Even if social contact is limited to one or two people, it will help mother share her feelings with others and maintain social relationships.



Picture F

Social support for mother and baby

Discuss how other family members may need to be extra-understanding at this important period for the baby's development. Their support is crucial for the infant's physical and psychological development.

Now discuss her own unhealthy thoughts about her relationship with people around her that the mother may have described in step 1.

Ask the mother (and family) to think of alternative thoughts. Note down these suggestions.

Ask the mother to think of alternative thoughts for examples described in step 1.

If mother is unable to think of any, prompt her with the following alternative thoughts, feelings/actions, and consequences

THOUGHT	FEELING/ACTION	CONSEQUENCE
For the sake of the baby, my family and I will have to make an effort to reduce tensions.	Efforts to reduce family tensions	Healthy effects on mother and baby.
As long as I am in a safe and healthy environment, I can visit other people during pregnancy.	Actively participate in social activities outside home.	Social support structures remain intact.
I may feel like this right now, but there are people who like me and want to talk to me.	I will make an effort to approach such people and initiate the conversation.	Remain in touch with people around you who can be of help in times of need.
Everyone is born equal, why should I feel inferior.	Feeling confident about meeting others.	Remain in touch with people around you who can be of help in times of need.

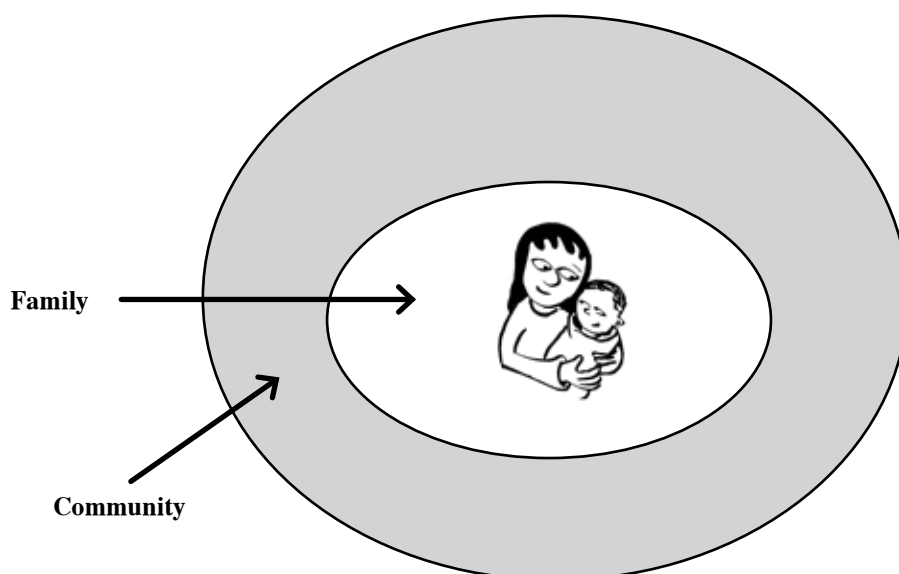


STEP 3

Practicing thinking and acting healthy

Activity 1

Assess and monitor social support system, using this diagram. Write down the name of the main person/s who support the mother in each domain



Activity 2

Check the diet chart. Check that she has been taking her iron tablets. Discuss problems mother may have had in following it. Change items in the chart if mother wants. Praise mother and family lavishly if she has adhered to it.

Activity 3

Check rest and relaxation monitoring chart. Discuss problems mother may have had in following it. Modify if necessary

Task 4

Explain practice work between sessions

Advise mother to make her best efforts to carry out the following activities between sessions. Encourage the family to support mother with these activities and instruct the designated family member/s to gently persuade and help mother to comply if she has difficulties.

Practice work 1

As for previous session, ask the mother to rate her overall thoughts and feelings on the visual scale for each day of the week by putting a mark on the chart provided in her Health Calendar. Ask her to note or remember the types of thoughts that unhealthily affect her feelings and actions most often. Explain that you would discuss them at the next session.

Practice work 2

Follow the diet chart she has prepared with your help. She should monitor her diet by placing a mark before the box for each day.

Practice work 3

Follow the rest and relaxation chart prepared in this session for the rest of the week. She should monitor this by placing a mark before the box for each day.

Practice work 4

If feasible, form a group of women in your locality who are expecting or have young children. Call this group the Mother and Baby Health Group'. Try to meet once every week.



Give the mother a date for the next session and mark it on the Health Monitoring Calendar.



MODULE 2
THE BABY'S ARRIVAL

SESSION 2.1 – MOTHER'S PERSONAL HEALTH

Learning objectives of this session

The purpose of this session is to assess the mother and baby's health after birth, listen to her problems, and help her apply the THINKING HEALTHY programme to her personal health in the first month after birth.

Job Aid required: Health Calendar

Remember the importance of good communication.

Task 1

Review previous session

Briefly summarise the key messages from Module 1.

Do this sequentially, using the pictures on the Health Calendar as the focus of discussion

Task 2

Review Mood Chart

Go through the Mood Chart with mother. Ask if she had noticed any particular unhealthy thoughts or feelings in any of the 3 areas discussed in Training Module 1. If yes, praise her for successfully completing the first step. Note these down. Ask her how these thoughts made her feel and act. Listen attentively and sympathetically.

Now ask if she had tried to replace these with alternative thoughts. If not, discuss, and encourage her and other family members to come up with suggestions.

Task 3

THINKING HEALTHY about the mother's personal health



STEP 1

Learning to identify unhealthy thoughts about the mother's personal health

Briefly explain the importance of the mother's personal physical and psychological health for the baby in the first year of life. State that the baby's arrival is a time of change that can be stressful and therefore the mother needs to pay special attention to her health.



Picture A

*I have too much to do already.
I can't be bothered about my health*

Using the relevant section of the Health Calendar, ask the mother to focus on the woman in picture A and describe the caption that reads out her thoughts.

Say that such thoughts are normal after the baby's arrival but can become a problem if mother feels overwhelmed most of the time.

Do not blame the woman in the picture for being lazy or disorganised. Ask if this is how the mother sometimes feels.



Picture B

*Not caring about your health, e.g.
getting rest or taking a balanced diet.*

Picture B: Discuss how these problems have induced a state of despondency and helplessness in the woman.

It is important to identify the thinking styles and related feelings early, so that the actions and consequences below can be changed.



Picture C

*Difficulty in caring for baby due to
tiredness and weakness.*

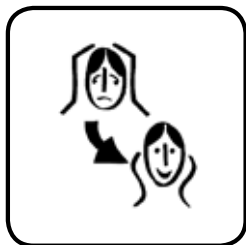
Picture C: Discuss the consequences of such a state of mind.

Discuss that even though the baby is the priority, the mother has to look after herself. If the mother is not healthy, the baby's health will suffer.

Now ask the mother if she has had such thoughts.

If necessary, prompt the mother with the examples of unhealthy thoughts, actions, and consequences given below.

THOUGHT	FEELING/ACTION	CONSEQUENCE
I am too tired to think clearly or do anything productive	Giving up and not trying	Stresses build up, leading to even more problems
Other people or the government are responsible for my health	Relying on others instead of making an effort oneself	Greater chances of poor health
My health is not in my control	Not paying attention to one's symptoms or signs of poor health	Greater risk of serious health problems developing
I am not good enough to be a Mother	Guilt, poor self-esteem. I don't deserve to be healthy	You may have poor health which can have consequences for the baby



STEP 2

Learning to replace unhealthy thinking with healthy thinking

Focusing on the woman in picture D, read out the caption. Discuss if the thought in Picture D is a healthier alternative to the one in Picture A.



picture d

If I spend a small amount of time on my health everyday, I will remain strong and be able to do my everyday chores

Discuss the possible difficulties the mother in picture A would have in thinking like the mother in picture D.



Picture E

Organizing oneself in a way that some time can be spared for healthy or relaxing activities.

With the help of mother and family, discuss how these difficulties could be overcome.

Calculate the actual time it takes mother per day to follow the diet and rest/relaxation activities discussed in previous sessions. Discuss if investing this time for the mother's health is worth doing.



Picture F

Better health and easier coping with caring for baby and other life demands.

Discuss that it's important not to think in terms of 'all or none'. Even small changes (such as those to be discussed in this programme) can make big differences to health of the whole family.

Now discuss the unhealthy thoughts about personal health that mother may have described in step 1 or in the examples given. Ask the mother to think of alternative thoughts.

If mother is unable to think of any, prompt her with the following alternative thoughts, feelings/actions, and consequences.

THOUGHT	FEELING/ACTION	CONSEQUENCE
Doing just a little everyday (as much as I can) is better than just sitting and worrying	Trying to do a small task successfully and building this up	Cycle of inactivity broken
If I don't care about care about my health, why should others or the government bother	Active efforts to achieve what I can for my health	Better health for mother and baby
Looking out for early signs of poor health getting help early is my responsibility and will help the doctors help me	Looking out for early problem signs and actively seeking help	Decreased risk of post-delivery health problems
Under the circumstances, I try to do my best for my children	Part of being a good mother is looking after my personal health	A healthier mother means healthier children.



STEP 3

Practicing thinking and acting healthy

Activity 1

Teach the mother to do the following post-delivery exercises. However make sure that mothers who do regular physical labour such as agriculture or walk long distances anyway do not over exert themselves. This activity may not be necessary for such mothers. Prepare a weekly monitoring chart and instruct mother to place a mark against every day that these exercises are completed. Attach the Exercise Monitoring Chart to the Health Calendar in the place provided.

EXERCISES		DAILY MONITORING						
		1	2	3	4	5	6	7
<p>EXERCISE 1</p>	<p>Lie on your back with knees bent Breathe in slowly and deeply Lie the legs straight and bend and stretch your toes Roll the feet in circles in both directions Again bend the knees and pull your abdomen so that your back is pressed against bed, hold this position while you count six, then relax Exhale before starting each</p>							
<p>EXERCISE 2</p>	<p>This can be done sitting or lying Exhale; pull up the muscles through which your baby was born.Its just like as you contract muscles when you try to stop the flow of urine. Hold the contraction while you count six, and then relax. Exhale before starting, repeat five times.</p>							
<p>EXERCISE 3</p>	<p>Lie with your right knee bent and right foot on bed, left leg straight. Slide the heel of your left leg down the bed, as far as possible, and then slide the whole leg up the bed. Only your waist muscles must work,repeat with the other leg, and do four times with each leg.</p>							

Activity 2

Check the diet chart. Discuss problems mother may have had in following it. Change items in the chart if mother wants. Praise mother and family lavishly if she has adhered to it.

Activity 3

Check rest and relaxation monitoring chart. Discuss problems mother may have had in following it. Modify if necessary.

Activity 4

Advise mother about breast-feeding.

Task 4

Explain practice work between sessions

Advise mother to make her best efforts to carry out the following activities between sessions. Encourage family to support mother with these activities and instruct the designated family member/s to gently persuade and help mother to comply if she has difficulties.

Practice work 1

Follow the Exercise chart prepared in this session for the rest of the week. She should monitor this by placing a mark before the box for each day.

Practice work 2

Follow the diet chart she has prepared with your help. She should monitor her diet by placing a mark before the box for each day.

Practice work 3

Follow the rest and relaxation chart. Encourage family members to help mother find time for this activity. She should monitor this by placing a mark before the box for each day.

Practice work 4

As for previous session, ask the mother to rate her overall thoughts and feelings on the visual scale for each day of the week by putting a mark on the chart provided in her Health Calendar. Ask her to note or remember the types of thoughts that unhealthily affect her feelings and actions most often. Explain that you would discuss them at the next session.

Practice work 5

Continue to attend the Mother and Baby Health Group' if it has been formed.

Give the mother a date for the next session and mark it on the Health Monitoring Calendar.

SESSION 2.2 - MOTHER'S RELATIONSHIP WITH THE BABY

Learning objectives of this session

The purpose of this session is to review the progress from previous sessions and to apply the THINKING HEALTHY approach to the mother's relationship with her baby in the first month of life.

Job Aid required: Health Calendar

Remember the importance of good communication.

Task 1

Review previous session

Summarise the key messages from the previous session

Task 2

Review Mood Chart

Go through the Mood Chart with mother. Ask if she had noticed any particular unhealthy thoughts about her personal health in the last week. If yes, praise her for successfully completing the first step. Note these down. Ask her how these thoughts made her feel and act. Listen attentively and sympathetically. Now ask if she had tried to replace these with alternative thoughts. If not, discuss, and encourage her and other family members to come up with suggestions.

Task 3

THINKING HEALTHY about your relationship with your baby



STEP 1

Learning to identify unhealthy thoughts about your relationship with your baby

Say that you will now help mother use the THINKING HEALTHY approach to build up her relationship with her baby. Briefly explain the importance of this relationship for both mother and child health.



Picture A

The baby is too young to have feelings for me. All he/she needs is feeding and cleaning.

Using the relevant section of Health calendar sections 2.1., ask the mother to focus on the woman in picture A and describe the caption that reads out her thoughts.

Discuss the mother and family's opinion about this statement.



Picture B

Harder to interact with the baby

Now ask the mother to focus on Picture B.

Ask the mother to point out the features in the picture that indicate a lack of bond with the baby.



Picture C

This affects both your and baby's health

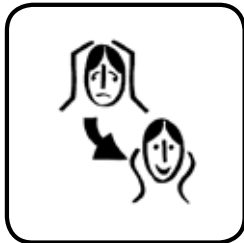
Now focus on Picture C. Discuss the effects of mother's feelings on the infant.

Say that sometimes a mother might not have any positive feelings about her baby. It is important not to feel guilty about it. However, it is important to identify the thinking styles and related feelings early, so that the consequences can be changed.

Now ask the mother if she has had such thoughts about her baby. Note these down in the space provided in the Health Calendar.

If necessary, prompt the mother with the examples of unhealthy thoughts, actions and consequences, given below.

THOUGHT	FEELING/ACTION	CONSEQUENCE
My family is not happy because of the sex of the baby	Sadness. Less motivation to care for the baby.	Mother's and baby's health may suffer.
I sometimes feel I don't want this baby, and feel hatred rather than love towards this baby.	Guilt. Feeling ashamed about this feeling and not sharing it with others.	The bad feelings may grow and make you feel stressed which is bad for both you and baby.
My baby will get ill if it's in her fate	Helplessness. No point get baby immunized. You can't fight fate	Greater risk of potentially fatal illness for the baby.
My baby's health is going to suffer because the evil eye of envious people	Putting more efforts into countering the evil eye than looking after baby	Less than full attention to baby's needs



STEP 2

Learning to replace unhealthy thinking with healthy thinking



Picture D

*My baby responds to my feelings when I interact with him/her.
This is pleasurable for me.*

Focusing on the woman in picture D, read out the caption. Discuss if the thought in Picture D is a better alternative to the one in Picture A.

Discuss if the mother has experienced such feelings when interacting with the baby. Demonstrate this with baby if necessary.



Picture E

Tuning in to baby's reactions to your feelings and vice versa

Such activities can help improve lift the mother's mood and greatly assist the baby's psychological development.

Say that later in the session, you will be discussing what other steps the mother can take to build her relationship with her baby.



Picture F

This positively affects both your and baby's health

Not only the mother but also the father and other family members can assist with baby's development by positively interacting with the baby.

Now discuss the unhealthy thoughts that the mother may have described in step 1.

Ask the mother (and family) to think of alternative thoughts for these. Note down these suggestions.

Ask the mother to think of alternative thoughts for examples described in step 1.

If mother is unable to think of any, prompt her with the following alternative thoughts, feelings/actions, and consequences.

THOUGHT	FEELING/ACTION	CONSEQUENCE
This is old thinking. I have been blessed with a healthy baby girl who will contribute so much to the family and our society.	Good motivation to care of the baby girl.	Contentment and good mental health for mother, best care for baby.
It is not necessary that positive feeling exist from the start, rather I can work on it.	Taking small steps to develop positive feelings towards baby.	A greater chance of a positive relationship when baby is born.
It's my baby's good fate that he can be protected from illnesses by immunization.	I will get him/her immunized.	Protection against a potentially fatal illness.
My baby's health will be good if I give it the best possible care.	I will give my full attention to the baby. This is the best way to counter the evil eye.	Full focus on baby's needs






STEP 3

Practicing thinking and acting healthy

Activity 1

Teach the mother to carry out activities below that will strengthen her relationship with the baby. Prepare a weekly monitoring chart and instruct mother to place a mark against every day that these activities are completed. These activities may be combined with the rest and relaxation activities. Attach the Baby-Interaction Monitoring Chart to the Health Calendar in the place provided

TYPE OF ACTIVITY	SUGGESTED FREQUENCY	DAILY MONITORING						
		1	2	3	4	5	6	7
<p>EXERCISE 1</p> 	<p>Very gentle massage At least once a day while making soothing sounds or saying loving words to the baby (or choose another activity)</p>							
<p>EXERCISE 2</p> 	<p>Talking or singing to baby 3 or 4 times every day, e.g., after feeding (or choose another activity) Listen to the sounds and watch the gestures your baby makes and copy them</p>							
<p>EXERCISE 3</p> 	<p>Playing with the baby 3 or 4 times every day after feeding (choose activity) e.g. by showing him-her objects from your house or things that are colourful or make a sound. Hold them close enough so that your baby can reach out and grasp them</p>							

Activity 2

Check the diet chart. Discuss problems mother may have had in following it. Change items in the chart if mother wants. Praise mother and family lavishly if she has adhered to it.

Activity 3

Check rest and relaxation monitoring chart. Discuss problems mother may have had in following it. Modify if necessary.

Activity 4

Advise mother about breast-feeding.

Task 4

Explain practice work between sessions

Advise mother to make her best efforts to carry out the following activities between sessions. Encourage family to support mother with these activities and instruct the designated family member/s to gently persuade and help mother to comply if she has difficulties.

Practice work 1

Follow the Baby-Interaction Chart prepared in this session with your favourite activities for the rest of the week. She should monitor this by placing a mark before the box for each day.

Practice work 2

Ask the mother to try to continue to follow the Diet Chart she has prepared with your help. She should monitor her diet by placing a mark before the box for each day.

Practice work 3

Follow the Rest and Relaxation chart. Encourage family members to help mother find time for this activity. She should monitor this by placing a mark before the box for each day.

Practice work 4

As for previous session, ask the mother to rate her overall thoughts and feelings on the visual scale for each day of the week by putting a mark on the chart provided in her Health Calendar. Ask her to note or remember the types of thoughts that unhealthily affect her feelings and actions most often. Explain that you would discuss them at the next session.

Practice work 5

Continue to attend the Mother and Baby Health Group⁴ if it has been formed.

Give the mother a date for the next session and mark it on the health monitoring calendar.

Session 2.3 – Mother's relationship with people around her

Learning objectives of this session

The purpose of this session is to review the progress from the last session and to apply the Thinking Healthy approach to the mother's relationship with people around her, i.e., her immediate family, relatives, friends and community.

Job Aid required: Health Calendar

Remember the importance of good communication.

Task 1

Review previous session

Summarise the key messages from the previous session.

Task 2

Review Mood Chart

Go through the Mood Chart with mother. Ask if she had noticed any particular unhealthy thoughts about her relationship with the baby in the last week. If yes, praise her for successfully completing the first step.

Ask her how these thoughts made her feel and act. Listen attentively and sympathetically.

Now ask if she had tried to replace these with alternative thoughts. If not, discuss, and encourage her and other family members to come up with suggestions.

Task 3

Thinking Healthy about the mother's relationship with people around her



STEP 1

Learning to identify unhealthy thoughts about the mother's relationship with people around her

Briefly explain the importance of the mother's relationship with the people around her, especially in the context of her need for social support and the benefits of social interaction for the baby.



Picture A

My newborn baby might come to harm if I let too many people see her

Using the relevant section of Health Calendar, ask the mother to focus on the woman in picture A and describe the caption that reads out her thoughts.

Discuss that it is normal to have such feelings sometimes, but a problem if



Picture B

Mother and baby socially isolated

they become a preoccupation.

Now ask the mother to focus on Picture B. Discuss how these thoughts may



Picture C

Mother loses social support and baby loses social interaction

lead to social withdrawal in the woman.

Now focus on Picture C. Discuss how social isolation is bad for both mother and baby.

Say that such feelings of not wanting to meet other people may develop in many mothers as a response to stresses and problems. It is important for the mother, and also family members and friends, to understand such feelings.

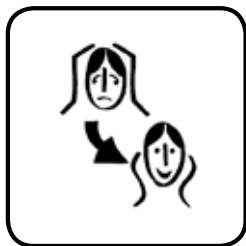
Identifying and changing such thinking styles and related feelings early can

prevent unhelpful consequences.

Now ask the mother if she has had such thoughts about people around her.

Be very careful not to get involved in family politics. Stress that social support is important for the baby's development and everyone in the family should work for it.

THOUGHT	FEELING/ACTION	CONSEQUENCE
I feel anxious and shy discussing my problems with others.	Not sharing problems with others.	Increased stress, which is bad for both you and the baby.
Only I should look after the baby - it is not the fathers job	Discouraging father even if he wants to	Baby loses father's involvement which can greatly help its development
A person comes to this world alone and has to face problems on her own.	Not sharing problems with others.	Increased stress, which is bad for both you and the baby.
I don't feel like meeting other people because no one understands me.	Not making an effort to meet or talk to people.	Gradually distancing from people and losing their support



STEP 2

Learning to replace unhealthy thinking with healthy thinking



Picture D

Human beings are happier if they have supportive people around them.

The mother may not want to disclose such feelings, especially in front of family. Don't force her. Instead, discuss the examples of unhelpful thoughts,

MODULE 2: THE BABY'S ARRIVAL | SESSION 2.3 – MOTHER'S RELATIONSHIP WITH PEOPLE AROUND HER



Picture E

Support from others in looking after the baby can help reduce my burden

actions and consequences, given below.

Focusing on the woman in picture D, read out the caption. Discuss if the thought in Picture D is a better alternative to the one in Picture A.



Picture F

Better health and easier coping with caring for baby and other life demands

Such helpful thoughts can encourage the mother to seek social support from people around her. Even if this is limited to one or two people, it will help the mother avoid isolation.

Discuss how other family members, especially the father, may need to be extra-supportive at this important period of the baby's development. Their support is crucial for the infant's optimal physical and psychological development.

Now discuss any unhealthy thoughts the mother may have about her relationship with people around her. Ask the mother (and family) to think of alternative thoughts.

THOUGHT	FEELING/ACTION	CONSEQUENCE
I can share my feelings with a few people whom I trust.	Making an effort to share problems with people.	Stress from life problems reduced by sharing.
Father's involvement is good for the baby's psychological development	Encourage the father to attend to the baby as it is good for the baby to experience the father providing care like bathing the baby or settling the baby to sleep.	Father's involvement helps baby's development
Sometimes, it is easier to cope with the help of others.	Making an effort to get people around you help with your problems.	Better coping of problems.
I might feel good if I talk to one or two family members' trusted friends	Actively trying to meet one or two people you get on with.	Not being isolated.



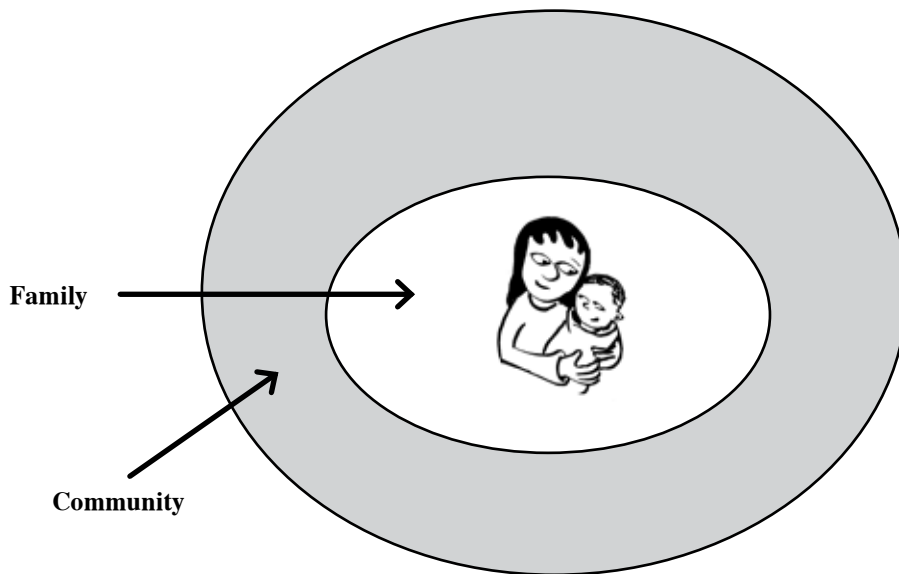
Ask the mother to think of alternative thoughts.

If mother is unable to think of any, prompt her with the following examples.

STEP 3

Practicing thinking and acting healthy

Activity 1




Re-assess and monitor social support system, using this diagram. Praise family and community members who have been most supportive.

Activity 2

Check the diet chart. Discuss problems mother may have had in following it. Change items in the chart if required. Give positive feedback to the mother and family if they have made efforts to look after the mother's nutrition.

Activity 3

Check the rest and relaxation monitoring chart. Discuss problems the mother may have had in following it. Modify if necessary.

	Playing with baby at least once a day or more							

Activity 4

Check the Baby-Interaction Chart. Include the father in these activities at least once a day.

Activity 5

Advise mother about breast-feeding.

Task 4

Practice work between session

Advise mother to make her best efforts to carry out the following activities between sessions. Encourage family to support mother with these activities and instruct the designated family member/s to gently persuade and help mother to comply if she has difficulties.

Practice work 1

As for previous session, ask the mother to rate her overall thoughts and feelings on the visual scale for each day of the week by putting a mark on the chart provided in her Health Calendar. Ask her to note or remember the types of thoughts that unhealthily affect her feelings and actions most often. Explain that you would discuss them at the next session.

Practice work 2

Follow the diet chart she has prepared with your help. She should monitor her diet by placing a mark before the box for each day.

Practice work 3

Follow the rest and relaxation chart prepared in this session for the rest of the week. She should monitor this by placing a mark before the box for each day.

Practice work 4

Follow the Baby-Interaction Chart prepared in this session for the rest of the week. She should monitor this by placing a mark before the box for each day.

Practice work 5

Continue to attend the Mother and Baby Health Group⁴ if it has been formed.

Give the mother a date for the next session and mark it on the Health Calendar.



MODULE 3
EARLY INFANCY

Session 3.1 - MOTHER'S PERSONAL HEALTH

Learning objectives of this session

The purpose of this session is to assess the mother and baby's health during early infancy (second to fourth month), listen to her problems, and help her apply the THINKING HEALTHY programme to her personal health in the first few months after birth.

Job Aid required: Health Calendar

Don't forget the importance of good communication.

Task 1

Review previous session

Briefly summarise the concepts discussed in Training Module 2.

Do this sequentially, using the pictures on the Health Calendar as the focus of discussion.

Task 2

Review Mood Chart

Go through the Mood Chart with mother.

Ask the mother if she had noticed any particular unhealthy thoughts in any of the 3 areas discussed in Training Module 2. Ask her how these thoughts made her feel and act. Listen attentively and sympathetically.

Now ask if she was able to replace these thoughts with alternative healthy thoughts. If not, discuss, and encourage her and other family members to come up with suggestions.

Task 3

THINKING HEALTHY about personal health

STEP 1



Learning to identify unhealthy thoughts about the mother's personal health

Briefly explain the importance of the mother's personal physical and psycho-

logical health for the baby in the first year of life. State that early infancy is an important period in an infant's development, but a stressful period for the mother as she adjusts to the baby's many demands. It is therefore important not to neglect one's personal health at this crucial period.



Picture A

I don't have time to care about my health

Using the relevant section of Health Calendar, ask the mother to focus on the woman in picture A and describe the caption that reads out her thoughts.

Say that such thoughts and feelings are normal when looking after a young baby but can become a problem if mother feels overwhelmed most of the time.

Do not blame the woman in the picture for being lazy or disorganised.

Ask if this is how the mother sometimes feels.



Picture B

People will say I care more for myself than my baby if I spend time looking after myself

Now ask the mother to focus on Picture B. Discuss how this mother feels guilty about looking after herself. However, her health is suffering from not paying attention to her health.

It is important to identify the thinking styles and related feelings early, so that the actions and consequences below can be changed.



Picture C

You actually become ill as a result of not looking after your health

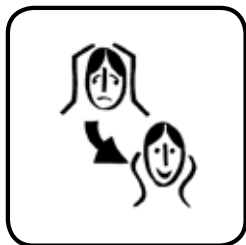
Focus on Picture C and discuss the consequences of such a state of mind. The mother actually does become ill from neglecting her health.

Discuss that even though the baby is the priority, the mother has to look after herself. If the mother becomes ill, the baby's health may suffer.

Now ask the mother if she has had such thoughts about her health. Note these down in the space provided in the Health Calendar.

If necessary, prompt the mother with the examples of unhealthy thoughts, actions, and consequences given below.

THOUGHT	FEELING/ACTION	CONSEQUENCE
I am too tired to think clearly or do anything productive	Fatigue. Giving up and not trying	Stresses build up leading to even more problems
I am very worried about things and I can't relax at bedtime	Anxiety. Unable to relax or sleep	Excessive anxiety can lead to health problems in you and baby
I am so tense I won't be able to sleep well.	Anxiety. Tossing and turning in bed and having worrying thoughts	Excessive stress and tension can cause aches and pains in the body.
I have aches and pains in my body.	I must be ill and there is nothing I can do about it.	A cycle of stress and inaction leads to actual health problems.



STEP 2

Learning to replace unhealthy thinking with healthy thinking



Picture D

If I spend a small amount of time on my health everyday, I will remain strong to look after my baby

Focusing on the woman in picture D, read out the caption. Discuss if the thought in Picture D is a healthier alternative to the one in Picture A.

Discuss the possible difficulties the mother in picture A would have in thinking like the mother in picture D.



Picture E

Organizing oneself in a way that some time can be spared for healthy or relaxing activities

Picture B: With the help of mother and family, discuss how these difficulties could be overcome.

Calculate actual time it takes the mother per day to follow the diet and rest/relaxation activities discussed in previous sessions.



Picture F

Better health and easier coping with caring for baby and other life demands

Picture C: Discuss that it's important not to think in terms of 'all or none'. Even small changes (such as those to be discussed in this programme) can make big differences to health of the whole family.

Now discuss the unhealthy thoughts about personal health that the mother may have described in step 1 or in the examples given. Ask the mother to think of alternative thoughts. If the mother is unable to think of any, prompt her with the following alternative thoughts, feelings/actions, and consequences.

THOUGHT	FEELING/ACTION	CONSEQUENCE
If I look after my health, I will feel less tired	Hope. Efforts to improve health, e.g., nutrition	Cycle of inactivity broken leading to improved health
My worries can wait until tomorrow. I can't do anything about them now	Reduced anxiety. Efforts to relax	Relaxation and rest leads to improved health.
Even if I don't sleep, I can relax	Reduced anxiety. Doing relaxing activities on your own or with the baby	The cycle of anxiety and sleeplessness broken
My aches and pains are from tension and lack of rest.	I am not ill. Some of this may be stress. Relaxation will help reduce the aches and pains.	Better health for mother and baby



STEP 3

Practicing thinking and acting healthy

Activity 1

How to improve sleep



It is often difficult to get enough sleep when the baby is young. However, the mother should make an effort to improve the quality of sleep. Some suggestions that may be helpful for sleeping well are given below. Put a tick against one you might have tried and that helped.

THOUGHT	TICK IF ANSWER IS 'YES'
Don't go to bed until I am drowsy	
Get up at about the same time every morning (baby allowing)	
Don't take long naps during the day	
Don't drink tea, coffee or soft drinks later than 6 hours before bedtime.	
Make the sleep environment is comfortable, eg mattress, pillow, temperature, light, noise.	
Spend some time exercising and relaxing everyday.	

Now teach the mother to fill in this Sleep Monitoring Chart every morning.

	DAILY MONITORING						
	1	2	3	4	5	6	7
My thoughts disturbed my sleep last night							
I tried to replace unhealthy thoughts with healthy ones							
I tried some tips for sleeping well.							

Activity 2

Check the diet chart. Discuss problems mother may have had in following it. Change items in the chart if mother wants. Praise mother and family lavishly if she has adhered to it.

Activity 3

Check rest and relaxation monitoring chart. Discuss problems mother may have had in following it. Modify if necessary

Activity 4

Check the Baby-Interaction Chart. Discuss as necessary.

Task 4

Explain practice work between sessions

Advise mother to make her best efforts to carry out the following activities between sessions. Encourage family to support mother with these activities and instruct the designated family member/s to gently encourage and assist if she has difficulties.

Practice work 1

Follow the Sleep Monitoring Chart prepared in this session.

Practice work 2

Follow the diet chart she has prepared with your help. She should monitor her diet by placing a mark before the box for each day.

Practice work 3

Follow the rest and relaxation chart. Encourage family members to help mother find time for this activity. She should monitor this by placing a mark before the box for each day.

Practice work 4

Follow the Baby-Interaction Chart prepared in this session for the rest of the week. She should monitor this by placing a mark before the box for each day.

Practice work 5

As for previous session, ask the mother to rate her overall thoughts and feelings on the visual scale for each day of the week by putting a mark on the chart provided in her Health Calendar. Ask her to note or remember the types of thoughts that unhealthily affect her feelings and actions most often. Explain that you would discuss them at the next session.

Practice work 6

Continue to attend the 'Mother and Baby Health Group' if it has been formed.

Give the mother a date for the next session and mark it on the Health Calendar.

Session 3.2 – MOTHER'S RELATIONSHIP WITH THE BABY

Learning objectives of this session

The purpose of this session is to review the progress from previous sessions and to apply the THINKING HEALTHY approach to the mother's relationship with her baby in the first few months of life.

Job Aid required: Health Calendar

Don't forget the importance of good communication.

Task 1

Review previous session

Summarise the main points learned in the previous session

Task 2

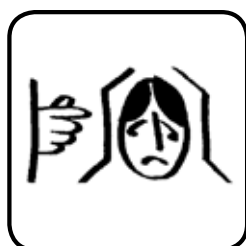
Review Mood Chart

Go through the Mood Chart with mother. Ask if she had noticed any particular unhealthy thoughts about her personal health in the last week. If yes, praise her for successfully completing the first step. Note these down. Ask her how these thoughts made her feel and act. Listen attentively and sympathetically.

Now ask if she had tried to replace these with alternative thoughts. If not, discuss, and encourage her and other family members to come up with suggestions.

Task 3

THINKING HEALTHY about your relationship with your baby



STEP 1

Learning to identify unhealthy thoughts about your relationship with your baby

Say that you will now help mother use the THINKING HEALTHY approach to build up her relationship with her baby. Briefly explain the importance of this relationship for both mother and child health.



Picture A

The baby is all work and no fun

Using the relevant section of the Health Calendar, ask the mother to focus on the woman in picture A and describe the caption that reads out her thoughts.

State that it is normal to have these feelings sometimes, but can be a problem if they become a preoccupation.

Ask the mother if she has had such thoughts.



Picture B

I don't have any time to do enjoyable things.

Now ask the mother to focus on Picture B. Note that angry and resentful feelings can result.



Picture C

Mother-infant relationship may suffer

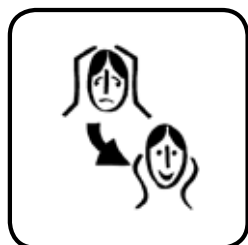
Now focus on Picture C. Discuss the effects of mother's feelings on the mother- infant relationship.

Say that sometimes a mother might lack any feelings for her baby. It is important not to feel guilty about it. However, it is important to identify the thinking styles and related feelings early, so that the consequences can be changed.

Now ask the mother if she has had such thoughts about her baby.

If necessary, prompt the mother with the examples of unhealthy thoughts, actions and consequences, given below.

THOUGHT	FEELING/ACTION	CONSEQUENCE
If the baby becomes ill it will be my fault.	Increased anxiety. The baby can sense this and may become irritable, increasing the mother's anxiety even more.	Mother-infant relationship may suffer.
As the baby can't understand language, I shouldn't talk to the baby until he/she does.	Less verbal communication with the baby.	Both mother and baby miss a pleasurable and healthy activity.
We can't afford fancy toys for our baby	It can't play and I cannot do anything about it	Mother and baby miss a pleasurable and healthy play activity.
The baby may come to harm if exposed	Excessive anxiety. Baby may be bundled up all day so that he/she doesn't come to any harm.	Less opportunity for baby to experience different sensations.



STEP 2

Learning to replace unhealthy thinking with healthy thinking



Picture D

I can try to enjoy my baby's company

Focusing on the woman in picture D, read out the caption. Discuss if the thought in Picture D is a better alternative to the one in Picture A. Discuss if the mother has experienced such pleasurable feelings when interacting with the baby. Demonstrate this with baby if necessary.



Picture E

*It can be fun, and good
for the baby, too!*

Such activities can help lift the mother's mood and greatly assist the baby's psychological development.

Say that later in the session, you will be discussing what other steps the mother can take to build her relationship with her baby.



Picture F

Happier mother, healthier baby

Not only the mother but also the father and other family members can assist with baby's development by positively interacting with it.

Now discuss the unhealthy thoughts that the mother may have described in step 1.

Ask the mother (and family) to think of alternative thoughts for these. Note down these suggestions.

Ask the mother to think of alternative thoughts for examples described in step 1.

If mother is unable to think of any, prompt her with the following alternative thoughts, feelings/actions, and consequences.

THOUGHT	FEELING/ACTION	CONSEQUENCE
I can try my best to protect my baby against illness.	Learning how to prevent and deal with baby's illnesses as early as possible	Healthy baby and less stress for mother
The baby loves it when I talk to her about what's happening. When I listen to the baby's sounds and I copy them and then talk back to her / him	Talking to baby about things going on around him/her.	Baby enjoys trying to imitate mother's sounds and smiles. This helps baby learn more words when he/she starts talking.
The baby doesn't need fancy toys to play with. He/she loves interesting things like plastic bottles or colourful objects.	Baby given interesting things to touch and play with.	Both mother and baby can use these objects. The baby's brain grows well.
The baby needs opportunities to stretch his/her arms and legs and discover what her body can do.	After making its environment safe and comfortable, the baby is allowed to explore itself and the space Around him/her.	Experiences different sensations and becomes more intelligent.



STEP 3




Practicing thinking and acting healthy

Activity 1

As in session 2.1, teach the mother to carry out activities for early infancy that will strengthen her relationship with the baby. Prepare a weekly monitoring chart and instruct mother to place a mark against every day that these activities are completed. These activities may be combined with the rest and relaxation activities. Attach the Baby-Interaction Monitoring Chart to the Health Calendar in the place provided.

Activity 2

Check the diet chart. Discuss problems mother may have had in following it. Change items in the chart if mother wants. Praise mother and family lavishly if she has adhered to it.

TYPE OF ACTIVITY	SUGGESTED FREQUENCY	DAILY MONITORING						
		1	2	3	4	5	6	7
<p>EXERCISE 1</p> 	<p>Playing with baby using age appropriate material 3 or 4 times every day, e.g, after feeding</p>							
<p>EXERCISE 2</p> 	<p>Talking or singing to baby whenever you attend to him/her</p>							
<p>EXERCISE 3</p> 	<p>Gentle Massage at least once a day</p>							

Activity 3

Check rest and relaxation and sleep monitoring charts. Discuss problems mother may have had in following them. Modify if necessary.

Activity 4

Check the Baby-Interaction Chart. Discuss as necessary.

Activity 6

Breast-feeding: Advise mother about breast-feeding.

Task 4

Explain practice work between sessions

Advise mother to make her best efforts to carry out the following activities between sessions. Encourage family to support mother with these activities and instruct the designated family member/s to gently encourage and assist mother to comply if she has difficulties.

Practice work 1

Follow the Baby-Interaction Chart prepared in this session for the rest of the week. She should monitor this by placing a mark before the box for each day.

Practice work 2

Ask the mother to try to continue to follow the Diet Chart she has prepared with your help. She should monitor her diet by placing a mark before the box for each day.

Practice work 3

Follow the Rest and Relaxation chart. Encourage family members to help mother find time for this activity. She should monitor this by placing a mark before the box for each day.

Practice work 4

As for previous session, ask the mother to rate her overall thoughts and feelings on the visual scale for each day of the week by putting a mark on the chart provided in her Health Calendar. Ask her to note or remember the types of thoughts that unhealthily affect her feelings and actions most often. Explain that you would discuss them at the next session.

Practice work 5

Continue to attend the 'Mother and Baby Health Group' if it has been formed. If a mother and baby health group has not been formed, encourage the woman to meet other expecting mothers or those with infants on a regular basis.

Give the mother a date for the next session and mark it on the designated space on the Health Monitoring Calendar.

Session 3.3 – MOTHER'S RELATIONSHIP WITH PEOPLE AROUND HER

Learning objectives of this session

The purpose of this session is to review the progress from the last session and to apply the THINKING HEALTHY approach to the mother's relationship with people around her, i.e., her immediate family, relatives and friends.

Job Aid required: Health Calendar

Don't forget the importance of good communication.

Task 1

Review previous session

Summarise the main points learned in the previous session

Task 2

Review Mood Chart

Go through the Mood Chart with mother. Ask if she had noticed any particular unhealthy thoughts about her relationship with the baby in the last week. If yes, praise her for successfully completing the first step. Ask her how these thoughts made her feel and act. Listen attentively and sympathetically.

Now ask if she had tried to replace these with alternative thoughts. If not, discuss, and encourage her and other family members to come up with suggestions.

Task 3

THINKING HEALTHY about the mother's relationship with people around her

STEP 1



Learning to identify unhealthy thoughts about your relationship with people around you

Briefly explain the importance of the mother's relationship with the people around her, especially in the context of her need for social support, the benefits of social interaction for the baby, and her ability to seek appropriate care from health professionals.

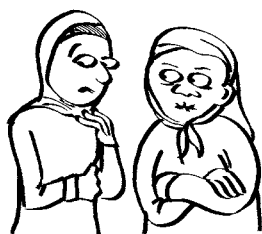


Picture A

I don't have the confidence to talk about my health problems with my family or the doctor

Using the relevant section of the Health Calendar, ask the mother to focus on the woman in picture A and describe the caption that reads out her thoughts.

Discuss that it is normal for some people not to make a fuss about their health problems. Others may dislike going to hospitals, but it can become a problem if this prevents them from seeking appropriate care



Picture B

I am better off not discussing my health problems with anyone

Now ask the mother to focus on Picture B. Discuss how these feelings may lead to avoidance of discussion of one's health problems.



Picture C

A small illness may become a very big one

Now focus on Picture C. Discuss how neglecting one's health can lead to serious problems.

Explain that this does not mean one should go to hospital for every minor ailment. Rather, one should not feel shy or afraid of sharing concerns about health with an experienced family member or health worker.

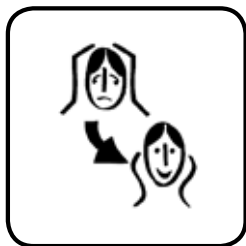
Say that this not only applies to health problems but other 'life' problems, too. Say that later in the session, you will carry out an activity that will help the mothers seek appropriate care for herself and her baby.

Now ask the mother if she has had such thoughts about discussing her or her baby's health problems with others. Note these down in the space provided in the Health Calendar.

Be very careful not to encourage "illness behaviour", i. e, becoming excessively worried or preoccupied with one's health in the absence of any serious illness.

Discuss the examples of unhealthy thoughts, actions and consequences, given below.

THOUGHT	FEELING/ACTION	CONSEQUENCE
People don't understand my problems	Its no use discussing problems with them	Not sharing your problems
I don't want to create conflicts by talking about my problems.	Keeping my feelings to oneself	Increased stress and tension that is bad for both baby and you.
I have to be responsible for everything.	Taking extra burden on yourself.	Increased stress and tension that is bad for both baby and you.



STEP 2

Learning to replace unhealthy thinking with healthy thinking



Picture D

If I am worried about my health I must talk to somebody otherwise it may become serious and become a problem for everyone

Focusing on the woman in picture D, read out the caption. Discuss if the thought in Picture D is a better alternative to the one in Picture A.

MODULE 3: EARLY INFANCY | SESSION 3.3 – MOTHER'S RELATIONSHIP WITH PEOPLE AROUND HER



Picture E

I must discuss my health problem with people. I may get good advice

Picture E: Such alternative thoughts can encourage mother to seek appropriate help from people around her.



Picture F

Illness treated in time and mother (or baby) remains healthy

Picture F: Discuss how other family members may need to be supportive and understanding in this important period for the mother and baby.

Now discuss her own unhealthy thoughts about her relationship with people around her that the mother may have described in step 1.

Ask the mother (and family) to think of alternative thoughts.

Ask the mother to think of alternative thoughts for examples described in step 1.

If mother is unable to think of any, prompt her with the following alternative thoughts, feelings/actions, and consequences.

THOUGHT	FEELING/ACTION	CONSEQUENCE
Maybe I don't make enough effort to feel understood	I should try harder to explain things that bother me	While not every one will understand, some will, and will support me.
I will discuss my problems with someone I trust and seek their advice such as the CHW I see regularly.	Talking about problems with someone trusted.	Even if the problems are not resolved, talking will reduce stress and tension.
The world will not fall apart if I talk about my problems instead of trying to solve others'.	Talking about problems with someone trusted.	Reduced stress and tension.



STEP 3

Practicing thinking and acting healthy

Activity 1

Educate mother of the importance of explaining symptoms precisely to the doctor. Do a role-play exercise in which the mother plays an unwell person who visits the doctor, played by the health worker. Health worker teaches mother to explain her symptoms and then ask questions about the treatment. Repeat until mother feels well rehearsed.

Ask the mother to repeat the role-play exercise with a member of her family at least once between sessions.

Activity 2

Check the diet chart. Discuss problems mother may have had in following it. Change items in the chart if mother wants. Praise mother and family lavishly if she has adhered to it.

Activity 3

Check rest and relaxation and sleep monitoring charts. Discuss problems mother may have had in following them. Modify if necessary.

Activity 4

Check the Baby-Interaction Chart. Include the father in these activities at least once a day.

Activity 5

Breast-feeding: Refer to your training manual page xx. Advise mother about breast-feeding.

Task 4

Explain practice work between sessions

Advise mother to make her best efforts to carry out the following activities between sessions. Encourage family to support mother with these activities and instruct the designated family member/s to gently persuade and help mother to comply if she has difficulties.

Practice work 1

As for previous session, ask the mother to rate her overall thoughts and feelings on the visual scale for each day of the week by putting a mark on the chart provided in her Health Calendar. Ask her to note or remember the types of thoughts that unhealthily affect her feelings and actions most often. Explain that you would discuss them at the next session.

Practice work 2

Follow the diet chart she has prepared with your help. She should monitor her diet by placing a mark before the box for each day.

Practice work 3

Follow the rest and relaxation chart prepared in this session for the rest of the week. She should monitor this by placing a mark before the box for each day.

Practice work 4

Follow the Baby-Interaction Chart prepared in this session for the rest of the week. She should monitor this by placing a mark before the box for each day.

Practice work 5

Continue to attend the 'Mother and Baby Health Group' if it has been formed.

Give the mother a date for the next session and mark it on the Health Monitoring Calendar.



MODULE 4
MIDDLE INFANCY

Session 4.1 – MOTHER'S PERSONAL HEALTH

Learning objectives of this session

The purpose of this session is to assess the mother and baby's health during middle infancy (fifth to seventh months), listen to her problems, and help her apply the THINKING HEALTHY programme to her personal health during her infant's crawling phase.

Job Aid required: Health Calendar

Don't forget the importance of good communication.

Task 1

Review previous session

Briefly summarise the concepts discussed in Training Module 3.

Do this sequentially, using the pictures on the Health Calendar as the focus of discussion.

Task 2

Review Mood Chart

Go through the Mood Chart with mother.

Ask if she had noticed any particular negative thoughts or patterns in any of the 3 areas discussed in Training Module 2. Ask her how these thoughts made her feel and act. Inquire if she was able to replace these thoughts with alternative healthy thoughts. Praise her for her success in implementing these steps.

Listen attentively and sympathetically. Note down her thoughts for later discussion.

Task 3

THINKING HEALTHY about the mother's personal health



STEP 1

Learning to identify unhealthy thoughts about the mother's personal health

Briefly explain the importance of the mother's personal physical and psychological health for the baby in the first year of life. State that middle infancy is an important period in an infant's development, but a stressful period for the mother as she adjusts to the baby's many demands. It is therefore important not to neglect one's personal health at this crucial period.



Picture A

I or (my baby) are unwell because of the 'evil eye' from someone

Using the relevant section of the Health Calendar, ask the mother to focus on the woman in picture A and describe the caption that reads out her thoughts.

- Say that such thoughts and feelings are common in many cultures but can become a problem if mother is distressed most of the time by such thoughts.
- Do not challenge strongly held cultural beliefs.
- Ask if this is how the mother sometimes feels



Picture B

I will feel better only if this spell is broken

Now ask the mother to focus on Picture B. Discuss how such feelings can cause anxiety in the whole family. Rather than focus attention on health issues, they can be excessively preoccupied with superstitious thoughts.



Picture C

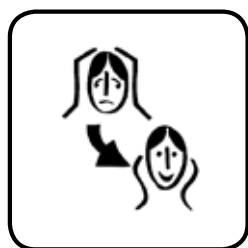
Added stress and tension and waste of resources

Focus on Picture C and discuss the consequences of such a state of mind. There is a risk that some unscrupulous practitioners may exploit the mother and family. Thus resources that could be spent on healthcare could be misused.

Now ask the mother if she has had such thoughts about her health. Note these down in the space provided in the activity calander

If necessary, prompt the mother with the examples of negative thoughts, actions, and consequences given below.

THOUGHT	FEELING/ACTION	CONSEQUENCE
Being ill is in my fate	I will not see the doctor, it's a waste of time	Greater risk of illness becoming serious
What does an illiterate person like me know about health matters	No effort made to learn about health matters	Greater risk of poor health
Poor folk like us are born to be unhealthy	No attempt made to make maximum use of whatever resources are available	Greater risk of poor health
My health doesn't matter. Its my family's health that's important	Paying all the attention to the family's health	Becoming ill, with the result that family has to look after you.



STEP 2

Learning to replace unhealthy thinking with healthy thinking



Picture D

I can do a number of things to improve my health

Focusing on the woman in picture D, read out the caption. Discuss if the thought in Picture D is a healthier alternative to the one in Picture A. Discuss the possible difficulties the mother in picture A would have in thinking like the mother in picture D.



Picture E
Seek modern care- don't rely on traditional help only

Picture E: Educate family about cause of common illnesses affecting mother and baby.

Do not challenge commonly held strong cultural beliefs. In rare instances where there are clearly harmful cultural practices discuss this with health authorities to find an appropriate method to deal with it.



Picture F
Modern care has proven benefits

Discuss that it's important not to think in terms of 'all or none'. Modern and traditional care can exist side by side.

Now discuss the negative thoughts about personal health that mother may have described in step 1 or in the examples given. Ask the mother to think of alternative thoughts.

If mother is unable to think of any, prompt her with the following alternative thoughts, feelings/actions, and consequences.

THOUGHT	FEELING/ACTION	CONSEQUENCE
Looking after my health, to a large extent, is in my control	Making an effort to do positive things for one's health, e.g., diet, exercise, appropriate health care	Protection against a potentially fatal illness
It is not necessary to be educated to learn about health matters	Active effort to learn about and follow health principles, e.g. hygiene	Better health for mother and baby
Even a poor person can make an effort to stay healthy	Making an effort to make the best use of available resources	Better health for mother and baby
If my health is good, I will be better able to look after my family	Spending a small amount of time looking after my own health	Remaining healthy and being able to provide better care to the family



STEP 3

Practicing thinking and acting healthy

Activity 1

Discuss commonly held cultural beliefs about baby's health with mother and family. Give medical explanations for common ailments, especially diarrhoea in children. Train mother about use of ORS for diarrhoea.

Activity 2

Check the diet chart. Discuss problems mother may have had in following it. Change items in the chart if mother wants. Praise mother and family lavishly if she has adhered to it.

Activity 3

Check rest and relaxation monitoring chart. Discuss problems mother may have had in following it. Modify if necessary.

Activity 4

Check the Baby-Interaction Chart. Discuss as necessary.

Activity 5

Advise mother about breast-feeding and weaning.

Task 4

Explain practice work between sessions

Advise mother to make her best efforts to carry out the following activities between sessions. Encourage family to support mother with these activities and instruct the designated family member/s to gently encourage and assist mother to comply if she has difficulties.

Practice work 1

Follow the Sleep Monitoring Chart prepared in this session.

Practice work 2

Follow the diet chart she has prepared with your help. She should monitor her diet by placing a mark before the box for each day.

Practice work 3

Follow the rest and relaxation chart. Encourage family members to help mother find time for this activity. She should monitor this by placing a mark before the box for each day.

Practice work 4

Follow the Baby-Interaction Chart prepared in this session for the rest of the week. She should monitor this by placing a mark before the box for each day.

Practice work 5

As for previous session, ask the mother to rate her overall thoughts and feelings on the visual scale for each day of the week by putting a mark on the chart provided in her Health Calendar. Ask her to note or remember the types of thoughts that negatively affect her feelings and actions most often. Explain that you would discuss them at the next session.

Practice work 6

Continue to attend the 'Mother and Baby Health Group' if it has been formed.

Give the mother a date for the next session and mark it on the Health Calendar.

Session 4.2 – MOTHER'S RELATIONSHIP WITH HER BABY

Learning objectives of this session

The purpose of this session is to review the progress from previous sessions and to apply the THINKING HEALTHY approach to the mother's relationship with her baby in middle infancy.

Job Aid required: Health Calendar

Task 1

Review previous session

Summarise the main points learned in the previous session

Task 2

Review Mood Chart

Go through the Mood Chart with mother. Ask if she had noticed any particular negative thoughts about her personal health in the last week. If yes, praise her for successfully completing the first step. Ask her how these thoughts made her feel and act. Listen attentively and sympathetically.

Now ask if she had tried to replace these with alternative thoughts. If not, discuss, and encourage her and other family members to come up with suggestions

Task 3

THINKING HEALTHY about your relationship with your baby



STEP 1

Learning to identify unhealthy thoughts about the mother's relationship with her baby

Say that you will now help mother use the THINKING HEALTHY approach to build up her relationship with her baby. Briefly explain the importance of this relationship for both mother and child health.



Picture A
*My baby is always ill because
I am not a good mother*

Using the relevant section of the Health Calendar, ask the mother to focus on the woman in picture A and describe the caption that reads out her thoughts.

State that it is normal to have these feelings sometimes, but can be a problem if they become a preoccupation.

Ask the mother if she has had such thoughts



Picture B
*Whatever I do will fail
because I am useless*

Picture B. Discuss how such thoughts can lead to feelings of low self esteem and worthlessness. One may even feel anger and resentment towards baby for being ill.

Due to these feelings, the mother may stop trying to take positive actions for the child's health.



Picture C
*Mother and child caught up in an
illness-helplessness cycle*

Picture C. Discuss the consequences of such thoughts and feelings. Feelings of worthlessness leading to helplessness leading to even more illness, thus perpetuating the cycle.

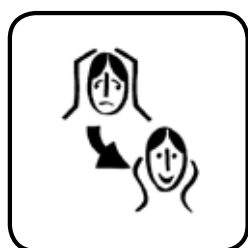
Do not imply that it is the woman's fault. Such thoughts can be a reaction to everyday stress and life difficulties.

However, it is important to identify the thinking styles and related feelings early, so that the actions and consequences can be changed.

Now ask the mother if she has had such thoughts about her baby.

If necessary, prompt the mother with the examples of negative thoughts, actions and consequences, given below.

THOUGHT	FEELING/ACTION	CONSEQUENCE
Girl babies need less attention and care than boys	Less attention to girls compared to boys	Girls are less healthy than boys
My baby will get ill. It is in our fate	There is no point getting my baby immunised, I can't fight fate.	Greater risk of potentially fatal illness baby
Excessive picking up and playing with the baby will spoil her/him.	Not playing with baby	The baby's brain will not grow as well, making it harder for her/him to learn and make relationships as she/he grows up
My tension and anxiety will not harm my baby	Not making an effort to reduce my stress	Baby's health affected



STEP 2

Learning to replace unhealthy thinking with healthy thinking



Picture D

Babies do get sick but I can take steps to protect my baby

Focusing on the woman in picture D, read out the caption. Discuss if the thought in Picture D is a better alternative to the one in Picture A.



By taking positive action, the mother will be doing all she can for the baby.

Picture E

Taking preventive steps will reduce the chances of my baby becoming ill



This activity will help break the cycle of illness-helplessness.

Picture F

Cycle of illness-helplessness broken

Now discuss the negative thoughts that the mother may have described in step 1.

Ask the mother (and family) to think of alternative thoughts for these.

Ask the mother to think of alternative thoughts for examples described in step 1.

If mother is unable to think of any, prompt her with the following alternative thoughts, feelings/actions, and consequences.

THOUGHT	FEELING/ACTION	CONSEQUENCE
Girls need as much attention as boys to become bright and intelligent women	Equal attention to boys and girls	Both boys and girls healthy
Its my baby’s good fate that he can be protected from illnesses	I will get him/her immunized	Protection against a potentially fatal illness
Interacting with the baby makes her more intelligent	Mother and family members pick up and play with baby	Psychological development improves
In spite of my difficulties, I have to try and reduce my tension and anxiety for my baby	Trying to deal with difficulties and reduce tension with relaxing activities	Positive effects on mother and baby’s health



STEP 3

Practicing thinking and acting healthy

Activity 1

Check the Baby-Interaction Chart. Modify the activities according to the child's developmental level.

Activity 2

Check rest and relaxation monitoring chart. Discuss problems mother may have had in following it. Modify if necessary.

Activity 3

Check the diet chart. Discuss problems mother may have had in following it. Change items in the chart if mother wants. Praise mother and family lavishly if she has adhered to it.

Activity 4

Advise mother about breast-feeding and weaning.

Task 4

Explain practice work between sessions

Advise mother to make her best efforts to carry out the following activities between sessions. Encourage family to support mother with these activities and instruct the designated family member/s to gently persuade and help mother to comply if she has difficulties.

Practice work 1

Follow the Baby-Interaction Chart prepared in this session for the rest of the week. She should monitor this by placing a mark before the box for each day.

Practice work 2

Follow the Exercise Chart prepared in this session for the rest of the week. She should monitor this by placing a mark before the box for each day.

Practice work 3

Ask the mother to try to continue to follow the Diet Chart she has prepared with your help. She should monitor her diet by placing a mark before the box for each day.

Practice work 4

Follow the Rest and Relaxation chart. Encourage family members to help mother find time for this activity. She should monitor this by placing a mark before the box for each day.

Practice work 5

As for previous session, ask the mother to rate her overall thoughts and feelings on the visual scale for each day of the week by putting a mark on the chart provided in her Health Calendar. Ask her to note or remember the types of thoughts that negatively affect her feelings and actions most often. Explain that you would discuss them at the next session.

Practice work 6

Continue to attend the 'Mother and Baby Health Group' if it has been formed.

Give the mother a date for the next session and mark it on the Health Monitoring Calendar.

Session 4.3 - MOTHER'S RELATIONSHIP WITH PEOPLE AROUND HER

Learning objectives of this session

The purpose of this session is to review the progress from the last session and to apply the THINKING HEALTHY approach to the mother's relationship with people around her, i.e., her immediate family, relatives and friends.

Job Aid required: Health Calendar

Task 1

Review previous session

Summarise the main points learned in the previous session.

Task 2

Review Mood Chart

Go through the Mood Chart with mother. Ask if she had noticed any particular negative thoughts about her relationship with the baby in the last week. If yes, praise her for successfully completing the first step. Note these down. Ask her how these thoughts made her feel and act. Listen attentively and sympathetically.

Now ask if she had tried to replace these with alternative thoughts. If not, discuss, and encourage her and other family members to come up with suggestions

Task 3

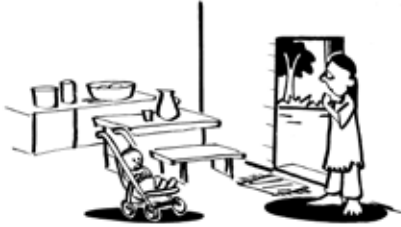
THINKING HEALTHY about the mother's relationship with people around her



STEP 1

Learning to identify unhealthy thoughts about the mother's relationship with people around her

Instructions: Briefly explain the importance of the mother's relationship with the people around her, especially in the context of her need for social support, the benefits of social interaction for the baby, and her ability to seek appropriate care from health professionals.



Picture A

If I go out people will gossip

Using the relevant section of the Health Calendar, ask the mother to focus on the woman in picture A and describe the caption that reads out her thoughts.

Discuss that if a woman is very stressed, they may lose the confidence to go out of their house



Picture B

*I will not leave the house
no matter what*

Picture B. Such thoughts may lead the woman to becoming house bound.

Discuss if there could be situations when the woman would need to leave the house on her own. E.g., her baby was seriously ill and no one else was available.



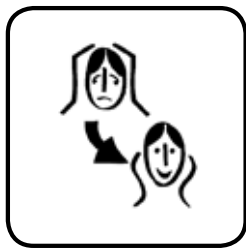
Picture C

*Reliance on others could
have serious consequences*

Picture C. Discuss the possible consequences of total reliance on others for such essential functions

Now ask the mother if she has had such thoughts about going out of the house for some essential function. Discuss the examples of negative thoughts, actions and consequences, given below.

THOUGHT	FEELING/ACTION	CONSEQUENCE
You can't trust anyone	I will not have any contact with anyone outside the home.	Reluctance to meet even health workers such as the vaccinator.
I don't feel like meeting other people.	Not making an effort to meet or talk to people.	Gradually distancing from people and losing their support
People will always disappoint you	Avoiding people.	Losing support.



STEP 2

Learning to replace unhealthy thinking with healthy thinking



Picture D

It is OK for me to venture out even if I am anxious.

Focusing on the woman in picture D, read out the caption. Discuss if the thought in Picture D is a better alternative to the one in Picture A.



Picture E
I will get the baby immunised from the health centre.

Such alternative thoughts can encourage mother to seek appropriate help from outside sources of help such as her health centre.



Picture F
Not having to rely on others all the time

Picture F. A confident and well-informed mother will breed confidence in her children.

A mother can only be confident if she has support of the whole family

Now discuss her own negative thoughts about her relationship with people around her that the mother may have described in step 1.

Ask the mother (and family) to think of alternative thoughts.

Ask the mother to think of alternative thoughts for examples described in step 1.

If mother is unable to think of any, prompt her with the following alternative thoughts, feelings/actions, and consequences.

THOUGHT	FEELING/ACTION	CONSEQUENCE
I should not make up my mind about people until I have had an opportunity to judge them.	I will meet people but will be cautious about trusting them blindly.	Talking to the vaccinator about what he/she does and making up your mind afterwards.
I might feel good if I talk to one or two family members' trusted friends	Actively trying to meet one or two people you get on with.	Not being isolated.
There is some good in almost everybody.	I should talk to people I like without having too much expectations.	Maintain social support.



STEP 3

Practicing thinking and acting healthy

Activity 1

Educate mothers about common health problems in children of this age and their management. Give her a list of nearby government health centres and hospitals.

Activity 2

Check the diet chart. Discuss problems mother may have had in following it. Change items in the chart if mother wants. Praise mother and family lavishly if she has adhered to it.

Activity 3

Check rest and relaxation monitoring chart. Discuss problems mother may have had in following it. Modify if necessary.

Activity 4

Check the Baby-Interaction Chart. Include the father in these activities at least once a day.

Activity 5

Advise mother about breast-feeding.

Task 4

Practice work between sessions

Advise mother to make her best efforts to carry out the following activities between sessions. Encourage family to support mother with these activities and instruct the designated family member/s to gently persuade and help mother to comply if she has difficulties.

Practice work 1

As for previous session, ask the mother to rate her overall thoughts and feelings on the visual scale for each day of the week by putting a mark on the chart provided in her Health Calendar. Ask her to note or remember the types of thoughts that negatively affect her feelings and actions most often. Explain that you would discuss them at the next session.

Practice work 2

Follow the diet chart she has prepared with your help. She should monitor her diet by placing a mark before the box for each day.

Practice work 3

Follow the rest and relaxation chart prepared in this session for the rest of the week. She should monitor this by placing a mark before the box for each day.

Practice work 4

Follow the Baby-Interaction Chart prepared in this session for the rest of the week. She should monitor this by placing a mark before the box for each day.

Practice work 5

Continue to attend the 'Mother and Baby Health Group' if it has been formed.

Give the mother a date for the next session and mark it on the Health Monitoring Calendar.



TRAINING MODULE 5

LATE INFANCY

Session 5.1 – MOTHER'S PERSONAL HEALTH

Learning objectives of this session

The purpose of this session is to assess the mother and baby's health during late infancy (eighth to tenth months), listen to her problems, and help her apply the THINKING HEALTHY programme to her personal health.

Job Aid required: Health Calendar

Task 1

Review previous session

Briefly summarise the concepts discussed in Module 4.

Do this sequentially, using the pictures on the Health Calendar as the focus of discussion.

Task 2

Review Mood Chart

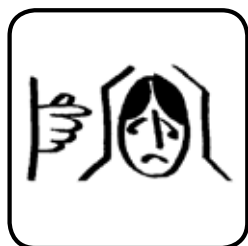
Go through the Mood Chart with mother.

Ask if she had noticed any particular negative thoughts or patterns in any of the 3 areas discussed in Module 4. Ask her how these thoughts made her feel and act. Inquire if she was able to replace these thoughts with alternative healthy thoughts. Praise her for her success in implementing these steps.

Listen attentively and sympathetically. Note down her thoughts for later discussion.

Task 3

THINKING HEALTHY about the mother's personal health



STEP 1

Learning to identify unhealthy thoughts about the mother's relationship with people around her

Briefly explain the importance of the mother's personal physical and psychological health for the baby in the first year of life. State that late infancy is an important period in an infant's development, but a stressful period for the mother as she adjusts to the toddler's many demands. It is therefore important not to neglect one's personal health at this crucial period.



Picture A

*My illness must be a punishment
for my deeds*

Using the relevant section of the Health Calendar, ask the mother to focus on the woman in picture A and describe the caption that reads out her thoughts.

Say that stresses of everyday life can make some people believe that they are responsible for their misfortunes. They can be so preoccupied with such thoughts that they start feeling ill.

Ask if this is how the mother sometimes feels.



Picture B

I don't deserve to get well

Picture B. Discuss how such thoughts can make a person become resigned to their situation rather than to try and get out of it.



Picture C

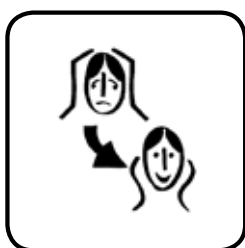
*Trapped in cycle of
illness-hopelessness*

Picture C. Discuss how such thoughts and feelings can become prolonged. The longer this goes on, the more difficult it becomes to break out of the cycle.

Now ask the mother if she has had such thoughts about her health.

If necessary, prompt the mother with the examples of negative thoughts, actions, and consequences given below.

THOUGHT	FEELING/ACTION	CONSEQUENCE
There are many things wrong in my life	Nobody can do anything about it so no point trying	Increased stress and anxiety
I am always tired. This must mean I have a serious illness.	I can't afford expensive treatment such as drips and injections so there is no hope	Inactivity and further neglect of health
If only we had more money, none of us would have health problems	No attempt made to make maximum use of whatever resources are available	Greater risk of poor health
I have too many problems, looking after health is low on my priority	I will pay some attention to health as soon as I have some time	Health neglected



STEP 2

Learning to replace unhealthy thinking with healthy thinking



Picture D

I can do a number of things to improve my health

Focusing on the woman in picture D, read out the caption. Discuss if the thought in Picture D is a healthier alternative to the one in Picture A.

Discuss the possible difficulties the mother in picture A would have in thinking like the mother in picture D.



Picture E
*I can ask my health worker
 to give me advice*

Picture E: If the mother says that illnesses and health are predetermined by one's fate, gently challenge this with the help of this picture.



Picture F
*The more informed I am the better
 decisions I can take about my health*

Picture F: An informed mother can take important decisions for her and her child's health.

Now discuss the negative thoughts about personal health that mother may have described in step 1 or in the examples given. Ask the mother to think of alternative thoughts.

If mother is unable to think of any, prompt her with the following alternative thoughts, feelings/actions, and consequences.

THOUGHT	FEELING/ACTION	CONSEQUENCE
I can focus on what is good in my life and what I can do	I can try to make positive changes to my life	Reduced depression and stress
Tiredness is most commonly caused by overwork, poor diet and lack of exercise	Simple activities could help me feel more energetic.	Attention to diet, rest and exercise
Even a poor person can make an effort to stay healthy	Making an effort to make the best use of available resources	Better health for mother and baby
If one is not healthy, even small problems seem big	It only takes a little time everyday to look after my health	A healthy person is better able to solve problems



STEP 3

Practicing thinking and acting healthy

Activity 1

Educate family about cause of common illnesses affecting mother and baby, and their management. Refer to your training manual. Educate about malpractice by unscrupulous practitioners, e.g. IV infusions and injections for weakness, risk of hepatitis from re-used syringes. Refer to your training manual.

Activity 2

Check the diet chart. Discuss problems mother may have had in following it. Change items in the chart if mother wants. Praise mother and family lavishly if she has adhered to it.

Activity 3

Check rest and relaxation monitoring chart. Discuss problems mother may have had in following it. Modify if necessary.

Activity 4

Check the Baby-Interaction Chart. Discuss as necessary.

Activity 5

Advise mother about breast-feeding and weaning.

Task 4

Explain practice work between sessions

Advise mother to make her best efforts to carry out the following activities between sessions. Encourage family to support mother with these activities and instruct the designated family member/s to gently encourage and assist the mother to comply if she has difficulties.

Practice work 1

Follow the Sleep Monitoring Chart prepared in this session.

Practice work 2

Follow the diet chart she has prepared with your help. She should monitor her diet by placing a mark before the box for each day.

Practice work 3

Follow the rest and relaxation chart. Encourage family members to help mother find time for this activity. She should monitor this by placing a mark before the box for each day.

Practice work 4

Follow the Baby-Interaction Chart prepared in this session for the rest of the week. She should monitor this by placing a mark before the box for each day.

Practice work 5

As for previous session, ask the mother to rate her overall thoughts and feelings on the visual scale for each day of the week by putting a mark on the chart provided in her Health Calendar. Ask her to note or remember the types of thoughts that negatively affect her feelings and actions most often. Explain that you would discuss them at the next session.

Practice work 6

Continue to attend the "Mother and Baby Health Group" if it has been formed.

Give the mother a date for the next session and mark it on the Health Monitoring Calendar.

Session 5.2 – MOTHER'S RELATIONSHIP WITH HER BABY

Learning objectives of this session

The purpose of this session is to review the progress from previous sessions and to apply the THINKING HEALTHY approach to the mother's relationship with her baby in late infancy.

Job Aid required: Health Calendar

Task 1

Review previous session

Summarise the main points learned in the previous session.

Task 2

Review Mood Chart

Go through the Mood Chart with mother. Ask if she had noticed any particular negative thoughts about her personal health in the last week. If yes, praise her for successfully completing the first step. Ask her how these thoughts made her feel and act. Listen attentively and sympathetically.

Now ask if she had tried to replace these with alternative thoughts. If not, discuss, and encourage her and other family members to come up with suggestions

Task 3

THINKING HEALTHY about the mother's relationship with her baby



STEP 1

Learning to identify unhealthy thoughts about mother's relationship with her baby

Say that you will now help mother use the THINKING HEALTHY approach to build up her relationship with her baby. Briefly explain the importance of this relationship for both mother and child health.



Picture A

Nothing is in my control....I am helpless

Using the relevant section of the Health Calendar, ask the mother to focus on the woman in picture A and read out the caption.

Ask the mother and other family members to comment on these thoughts.



Picture B

I can't look after all my kids – its too much work

Picture B. Discuss how this mother with many young children might find it difficult to meet all their demands.

Ask the mother and family for their comments. Ask why this mother should find it difficult.



Picture C

Mother's health suffers, children's needs are neglected

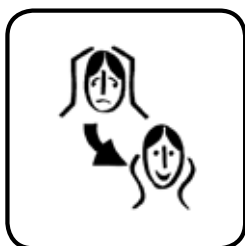
Picture C. Discuss the possible health consequences of the above on both mother and children.

Ask the mother to think in terms of both physical and psychological development.

Now ask the mother if she has had such concerns.

If necessary, prompt the mother with the examples of negative thoughts, actions and consequences, given below.

THOUGHT	FEELING/ACTION	CONSEQUENCE
My physical health does not matter, its my children’s health that is important	Ability to care compromised if mother’s health is poor	Children health, both physical and psychological is affected
Children’s ability and intelligence is given. It is not in my control	I cannot do anything to improve things	In this competitive age, a child may lose out on opportunities to realize his or her full potential
I have never been a good mother to any of my children	Blaming myself for every problem.	Looking after children feels unrewarding
My tension and anxiety will not harm my baby	Not making an effort to reduce one’s stress	Baby’s health affected



STEP 2

Learning to replace unhealthy thinking with healthy thinking



Picture D

As parents we are responsible for every child we bring to this world

Focusing on the woman in picture D, read out the caption. Discuss if the thought in Picture D is a better alternative to the one in Picture A.



Picture E

Birth spacing ensures that we can give full attention and resources to each child during the early years when they are developing very fast

Picture E: Discuss advantages a child might have if mother had more time and energy for each child.



Picture F

Intelligent and healthy children will likely have a better future

Picture F: Ask family to give their comments. Do not confront or impose your views. Listen sympathetically.

Now discuss the unhealthy thoughts that the mother may have described in step 1.

Ask the mother (and family) to think of alternative thoughts for these.

Ask the mother to think of alternative thoughts for examples described in step 1.

If mother is unable to think of any, prompt her with the following alternative thoughts, feelings/actions, and consequences.

THOUGHT	FEELING/ACTION	CONSEQUENCE
If I am healthy, I can give full attention to my children	More time and energy for interaction, stimulation and care	More intelligent and healthy child
About half of any child’s ability and intelligence is determined by his or her environment	We should find ways and resources to improve his/her environment	Such children will have greater chances of realizing their full potential
I am feeling like this at this moment. Most times I take good care of my children	Thinking realistically if there is a problem	Better problem-solving and more effective and rewarding childcare
In spite of my difficulties, I have to try and reduce my tension and anxiety for my baby	Trying to deal with difficulties and reduce tension with relaxing activities	Positive effects on mother and baby’s health



STEP 3

Practicing thinking and acting healthy

Activity 1

Check the Baby-Interaction Chart. Modify the activities according to the child's developmental level.

Activity 2

Check rest and relaxation monitoring chart. Discuss problems mother may have had in following it. Modify if necessary.

Activity 3

Check the diet chart. Discuss problems mother may have had in following it. Change items in the chart if mother wants. Praise mother and family lavishly if she has adhered to it.

Activity 4

Advise mother about breast-feeding and weaning.

Task 4

Explain practice work between sessions

Advise mother to make her best efforts to carry out the following activities between sessions. Encourage family to support mother with these activities and instruct the designated family member/s to gently persuade and help mother to comply if she has difficulties.

Practice work 1

Follow the Baby-Interaction Chart prepared in this session for the rest of the week. She should monitor this by placing a mark before the box for each day.

Practice work 2

Follow the Exercise Chart prepared in this session for the rest of the week. She should monitor this by placing a mark before the box for each day.

Practice work 2

Ask the mother to try to continue to follow the Diet Chart she has prepared with your help. She should monitor her diet by placing a mark before the box for each day.

Practice work 3

Follow the Rest and Relaxation chart. Encourage family members to help mother find time for this activity. She should monitor this by placing a mark before the box for each day.

Practice work 4

As for previous session, ask the mother to rate her overall thoughts and feelings on the visual scale for each day of the week by putting a mark on the chart provided in her Health Calendar. Ask her to note or remember the types of thoughts that negatively affect her feelings and actions most often. Explain that you would discuss them at the next session.

Practice work 5

Continue to attend the "Mother and Baby Health Group" if it has been formed.

Give the mother a date for the next session and mark it on the Health Monitoring Calendar.

Session 5.3 MOTHER'S RELATIONSHIP WITH PEOPLE AROUND HER

Learning objectives of this session

The purpose of this session is to review the progress from the last session and to apply the THINKING HEALTHY approach to the mother's relationship with people around her, i.e., her immediate family, relatives and friends.

Job Aid required: Health Calendar

Task 1

Review previous session

Summarise the main points learned in the previous session

Task 2

Review Mood Chart

Go through the Mood Chart with mother. Ask if she had noticed any particular negative thoughts about her relationship with the baby in the last week. If yes, praise her for successfully completing the first step. Ask her how these thoughts made her feel and act. Listen attentively and sympathetically.

Now ask if she had tried to replace these with alternative thoughts. If not, discuss, and encourage her and other family members to come up with suggestions

Task 3

THINKING HEALTHY about the mother's relationship with people around her



STEP 1

Learning to identify unhealthy thoughts about mother's relationship with people around her

Briefly explain the importance of the mother's relationship with the people around her, especially in the context of her need for social support, the benefits of social interaction for the baby, and her ability to seek appropriate care from health professionals.



Picture A

My family/husband don't understand me

Using the relevant section of the Health Calendar, ask the mother to focus on the woman in picture A and describe the caption that reads out her thoughts.

Discuss what might be the reason this woman thinks so.



Picture B

If I try to talk to them it will create further conflict

Picture B. Communication may break down. This worsens the situation.



Picture C

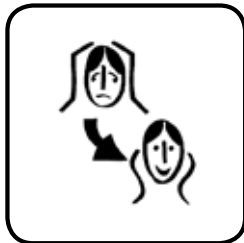
Mother and family/husband don't function as a team, which is not good for the baby's development

Picture C. Discuss the effects of such a situation on the child.

Now ask the mother if she has any such concerns.

Do not become part of the conflict. Keep the focus of discussion on the importance of family conflict on child development

THOUGHT	FEELING/ACTION	CONSEQUENCE
Family members spoil the baby.	I will try to prevent them from playing with the baby	Baby loses opportunities social interaction
People don’t understand my problems	Its no use discussing problems with them	Not sharing your problems
Talking will not solve my problems	I will keep to myself	Stress increases. This effects both mother and child’s health
I don’t have any friends	I am all alone.	Isolation and lack of support



STEP 2

Learning to replace unhealthy thinking with healthy thinking-



Picture D

Although we may have our differences, we must talk about our children’s welfare which is paramount to us all

Focusing on the woman in picture D, read out the caption. Discuss if the thought in Picture D is a better alternative to the one in Picture A.



Picture E

We can try to bridge our differences for the sake of our children

Such alternative thoughts can encourage family members to forget their differences for the sake of their children



Picture F

Family works as a team, which is good for baby’s development

Picture F: The mother and baby both benefit from this support. It is important to note and discuss that sometimes/unintentionally family members (e.g. husbands and in-laws) do not recognize the woman’s dignity or needs . The CHW should use this opportunity when appropriate to stress the role of fathers as well when caring for the baby and how a child would benefit from input by both parents.

Discuss mother’s concerns that she may have described in step 1.

Ask the mother (and family) to think of solutions.

Ask the mother to think of alternative thoughts for examples described in step 1.

If mother is unable to think of any, prompt her with the following alternative thoughts, feelings/actions, and consequences

THOUGHT	FEELING/ACTION	CONSEQUENCE
Safe and loving attention is good for the baby	When baby is playing with other family members, I can have some time for myself	Both mother and baby gain from family’s involvement
Maybe I don’t make enough effort to feel understood	I should try harder to explain things that bother me	While not every one will understand, some will, and will support you
I can share my problems with others	I will talk to a trusted confidante about my problems	Stress reduced
I can try to make friends with women in my group	I am not alone with my problems	Support of others can help with many problems



STEP 3

Practicing thinking and acting healthy

Activity 1

Educate mothers about common health problems in children of this age and their management. Give her a list of nearby government health centres and hospitals.

Activity 2

Check the diet chart. Discuss problems mother may have had in following it. Change items in the chart if mother wants. Praise mother and family lavishly if she has adhered to it.

Activity 3

Check rest and relaxation monitoring chart. Discuss problems mother may have had in following it. Modify if necessary.

Activity 4

Check the Baby-Interaction Chart. Include the father in these activities at least once a day.

Activity 5

Advise mother about breast-feeding.

Task 4

Explain practice work for this session

Advise mother to make her best efforts to carry out the following activities between sessions. Encourage family to support mother with these activities and instruct the designated family member/s to gently persuade and help mother to comply if she has difficulties.

Practice work 1

As for previous session, ask the mother to rate her overall thoughts and feelings on the visual scale for each day of the week by putting a mark on the chart provided in her Health Calendar. Ask her to note or remember the types of thoughts that negatively affect her feelings and actions most often. Explain that you would discuss them at the next session.

Practice work 2

Follow the diet chart she has prepared with your help. She should monitor her diet by placing a mark before the box for each day.

Practice work 3

Follow the rest and relaxation chart prepared in this session for the rest of the week. She should monitor this by placing a mark before the box for each day.

Practice work 4

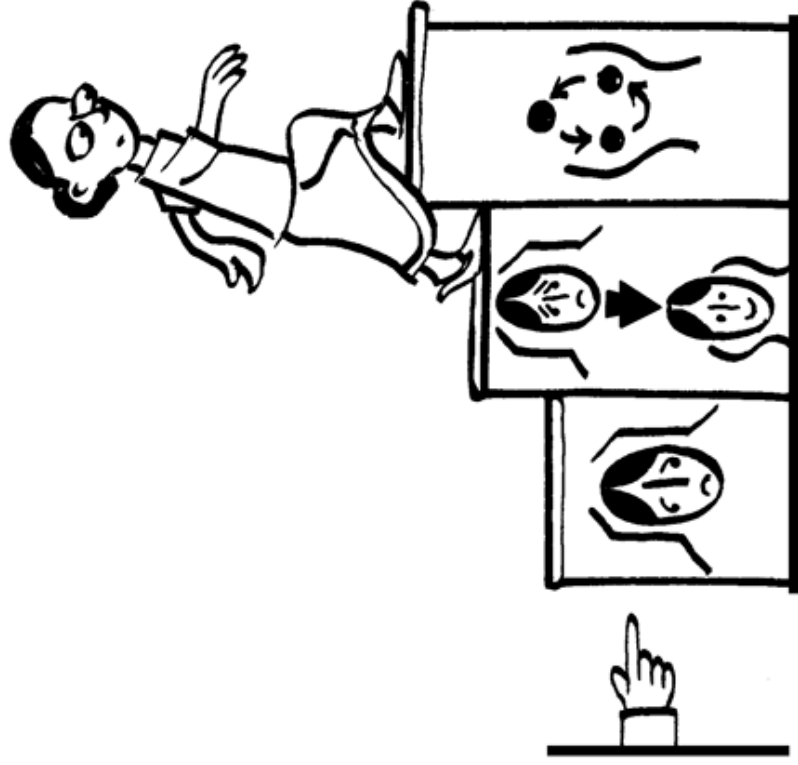
Follow the Baby-Interaction Chart prepared in this session for the rest of the week. She should monitor this by placing a mark before the box for each day.

Practice work 5

Continue to attend the 'Mother and Baby Health Group' if it has been formed.






Explain that this is the last session of the programme. However you would continue to see the family routinely as part of your duties as the community health worker, and you will continue to help the mother think and act healthy.

The family should keep the Health Calendar and refer to it from time to time.



THREE STEPS OF THINKING HEALTHY

Mood Chart Tick each Box everyday

	Very good								
	Good								
	Neither good nor bad								
	Bad								
	Very bad								

Session 1.1 PREPARING FOR THE BABY

Your Personal Health



Picture A

Due to my circumstances, there is nothing I can do to improve my health



Picture B

There is no point in making an effort



Picture C

Greater probability of mother and infant health



Picture D

I can do something for my health/nutrition whatever their circumstances



Picture E






I can consult my health worker about my nutrition considering what is available









Picture F

Small changes can lead to a healthier baby and you

Mood Chart Tick each Box everyday

	Very good								
	Good								
	Neither good nor bad								
	Bad								
	Very bad								

Diet Chart Tick each Box everyday

TIME	CHOICE OF FOOD ITEMS	DAILY MONITORING							
		1	2	3	4	5	6	7	
Breakfast 									
Before lunch 									
Lunch 									
Tea time 									
Dinner 									
Bedtime 									

Session 1.2 PREPARING FOR THE BABY

Thinking healthy about your relationship with the baby



Picture A

My unborn baby does not know my feelings



Picture B

I don't need to develop any feelings for the baby till after its born



Picture C

May be more difficult to have positive feelings for the baby after it is born



Picture D

Its good for my unborn baby's development if I have positive feelings , towards it



Picture E

Effort made foster and encourage positive feelings






Picture F

Easier to develop a positive bond with the baby after it is born







Rest and Relaxation

Tick each Box everyday

TYPE	FREQUENCY	DAILY MONITORING						
		1	2	3	4	5	6	7
Slow Breathing 	2-3 times daily for 10-15 minutes							
Walking 	Once daily 15-20 minutes							
Sleeping 	Full night's sleep and a nap in the afternoon							

Diet Chart

Tick each Box everyday

TIME	CHOICE OF FOOD ITEMS	DAILY MONITORING						
		1	2	3	4	5	6	7
Breakfast 								
Before lunch 								
Lunch 								
Tea time 								
Dinner 								
Bedtime 								

Session 1.3 PREPARING FOR THE BABY

Thinking healthy about your relationship with people around you



Picture A

People don't care about me



Picture B

I won't be bother meeting people



Picture C

Lack of social support for mother and baby



Picture D

All people are not alike



Picture E






I will try to talk to a few people I like



Picture F

Social support for mother and baby

Mood Chart Tick each Box everyday

	Very good								
	Good								
	Neither good nor bad								
	Bad								
	Very bad								

Session 2.1 THE BABY'S ARRIVAL

Thinking Healthy



Picture A

I have already too much to do, I can't be bothered about my health.



Picture B

Not caring about your health e.g. getting rest or taking a balanced diet



Picture C

Difficulty in caring baby due to tiredness and weakness



Picture D

If I spend a small amount of time for my health every day, I will remain healthy and strong and do my everyday chores



Picture E






Organizing oneself in a way that some time can be spared for healthy or relaxing activities









Picture F

Better health and easier coping with caring for baby and other life demands

Mood Chart Tick each Box everyday

	Very good								
	Good								
	Neither good nor bad								
	Bad								
	Very bad								

Diet Chart Tick each Box everyday

TIME	CHOICE OF FOOD ITEMS	DAILY MONITORING						
		1	2	3	4	5	6	7
Breakfast 								
Before lunch 								
Lunch 								
Tea time 								
Dinner 								
Bedtime 								

Session 2.2 THE BABY'S ARRIVAL

Thinking healthy about your relationship with baby



Picture A

The baby is too young to have feelings for me. All it needs is feeding



Picture B

Not enough effort to bond with the baby



Picture C

This affects both your and baby's health



Picture D

My baby responds to my feelings when I interact with it. This is pleasurable for me



Picture E




Turning into baby's reactions to your feelings and vice versa






Picture F

This positively affects both your and baby's health






Exercise Chart Tick each Box everyday

EXERCISES	FREQUENCY	DAILY MONITORING						
		1	2	3	4	5	6	7
Exercise 1 								
Exercise 2 								
Exercise 3 								







Relation with child Tick each Box everyday

TYPE OF ACTIVITY	SUGGESTED FREQUENCY	DAILY MONITORING						
		1	2	3	4	5	6	7
	Massage at least once a day or choose another activity							
	Talking or singing to baby 3 or 4 times a day e.g. after Feeding (or choose another activity)							
	Playing with baby 3 or 4 times a day e.g after Feeding (choose activity)							

Mood Chart Tick each Box everyday

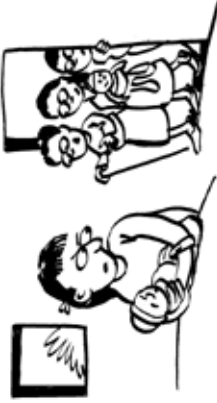
	Very good								
	Good								
	Neither good nor bad								
	Bad								
	Very bad								

Diet Chart Tick each Box everyday

TIME	CHOICE OF FOOD ITEMS	DAILY MONITORING						
		1	2	3	4	5	6	7
Breakfast 								
Before lunch 								
Lunch 								
Tea time 								
Dinner 								
Bedtime 								

Session 2.3 THE BABY'S ARRIVAL

Thinking healthy about relationship with people around you



Picture A

My newborn baby might come to harm, if I mix with other people.



Picture B

Mother and baby socially isolated



Picture C

This effects both your and baby's health



Picture D

Human beings are healthy and happy if they are with other supportive people



Picture E




Support of others in child care can greatly reduce your burden






Picture F

Better health and easier coping with caring for baby and other life demands

Exercise Chart Tick each Box everyday

EXERCISES	FREQUENCY	DAILY MONITORING						
		1	2	3	4	5	6	7
Exercise 1 								
Exercise 2 								
Exercise 3 								

Relation with child Tick each Box everyday

TYPE OF ACTIVITY	SUGGESTED FREQUENCY	DAILY MONITORING						
		1	2	3	4	5	6	7
	Massage at least once a day or choose another activity							
	Talking or singing to baby 3 or 4 times a day e.g. after Feeding (or choose another activity)							
	Playing with baby 3 or 4 times a day e.g after Feeding (choose activity)							

Session 3.1 EARLY INFANCY

Thinking healthy about your personal health



Picture A

I am too tired to care about my own health



Picture B

I am a weak person



Picture C

You actually become ill as a result of not looking after your health



Picture E

Organizing oneself in a way that some-time can be spared for healthy or relaxing activities



Picture D




Difficulty in caring for baby due to tiredness and weakness







Picture F

Better health and easier coping with caring for baby and other life demands






Exercise Chart Tick each Box everyday

EXERCISES	FREQUENCY	DAILY MONITORING						
		1	2	3	4	5	6	7
Exercise 1 								
Exercise 2 								
Exercise 3 								

Relation with child Tick each Box everyday

TYPE OF ACTIVITY	SUGGESTED FREQUENCY	DAILY MONITORING						
		1	2	3	4	5	6	7
	Massage at least once a day or choose another activity							
	Talking or singing to baby 3 or 4 times a day e.g. after Feeding (or choose another activity)							
	Playing with baby 3 or 4 times a day e.g. after Feeding (choose activity)							
	Playing of father with child							

Mood Chart Tick each Box everyday

	Very good								
	Good								
	Neither good nor bad								
	Bad								
	Very bad								

Sleep Monitoring Chart Tick each Box everyday

STATE OF MIND	DAILY MONITORING						
	1	2	3	4	5	6	7
My thoughts disturbed my sleep last night							
I tried to replace unhelpful thoughts with healthy ones							
I tried some tips for sleeping well.							

Session 3.2 EARLY INFANCY

Thinking healthy about your relationship with baby



Picture A

The baby is all work and no fun



Picture B

I don't have any time for fun



Picture C

This makes me feel bitter



Picture E

It can be fun and good for the baby too






Picture F

Happier mother, healthier baby




Picture D

I can try to enjoy my baby's company






Exercise Chart Tick each Box everyday

EXERCISES	FREQUENCY	DAILY MONITORING						
		1	2	3	4	5	6	7
Exercise 1 								
Exercise 2 								
Exercise 3 								

Relation with child Tick each Box everyday

TYPE OF ACTIVITY	SUGGESTED FREQUENCY	DAILY MONITORING						
		1	2	3	4	5	6	7
	Massage at least once a day or choose another activity							
	Talking or singing to baby 3 or 4 times a day e.g. after Feeding (or choose another activity)							
	Playing with baby 3 or 4 times a day e.g. after Feeding (choose activity)							

Mood Chart Tick each Box everyday

	Very good								
	Good								
	Neither good nor bad								
	Bad								
	Very bad								

Sleep Monitoring Chart Tick each Box everyday

STATE OF MIND	DAILY MONITORING						
	1	2	3	4	5	6	7
My thoughts disturbed my sleep last night							
I tried to replace unhelpful thoughts with healthy ones							
I tried some tips for sleeping well.							

Session 3.3 EARLY INFANCY

Thinking healthy about your relationship with people around you



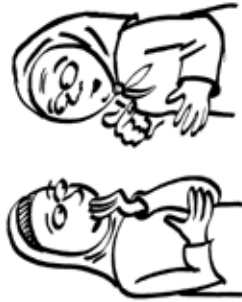
Picture A

I don't have the confidence to share my health, problems with my family or the doctor



Picture B

I am better off not discussing my problems with anyone.



Picture D

If I am worried about my health I must talk to somebody, otherwise it may become serious and become a problem for everyone



Picture C

A small illness may become a big one



Picture F







Illness treated in time and mother remains healthy






Picture E

I must discuss my problem with others, I may get good advice






Diet Chart Tick each Box everyday

TIME	CHOICE OF FOOD ITEMS	DAILY MONITORING						
		1	2	3	4	5	6	7
Breakfast 								
Before lunch 								
Lunch 								
Tea time 								
Dinner 								
Bedtime 								

Relation with child Tick each Box everyday

TYPE OF ACTIVITY	SUGGESTED FREQUENCY	DAILY MONITORING						
		1	2	3	4	5	6	7
	Massage at least once a day or choose another activity							
	Talking or singing to baby 3 or 4 times a day e.g. after Feeding (or choose another activity)							
	Playing with baby 3 or 4 times a day e.g after Feeding (choose activity)							

Mood Chart Tick each Box everyday

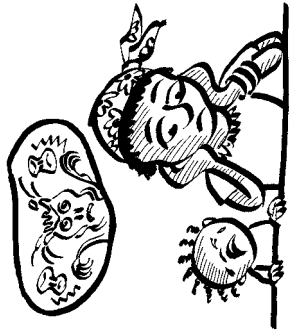
	Very good									
	Good									
	Neither good nor bad									
	Bad									
	Very bad									

Sleep Monitoring Chart Tick each Box everyday

STATE OF MIND	DAILY MONITORING						
	1	2	3	4	5	6	7
My thoughts disturbed my sleep last night							
I tried to replace unhelpful thoughts with healthy ones							
I tried some tips for sleeping well.							

Session 4.1 MIDDLE INFANCY

Thinking healthy about your personal health



Picture A

I feel unwell because of 'tawiz' from an evil person



Picture B

I will feel better only if I break this spell



Picture C

Added stress and tension and waste of resources



Picture D

I can do a number of things to improve my health



Picture E







Taking positive action along with dua






Picture F

Modern and traditional care can both be pursued for best result

Diet Chart Tick each Box everyday

TIME	CHOICE OF FOOD ITEMS	DAILY MONITORING						
		1	2	3	4	5	6	7
Breakfast 								
Before lunch 								
Lunch 								
Tea time 								
Dinner 								
Bedtime 								

Relation with child Tick each Box everyday

TYPE OF ACTIVITY	SUGGESTED FREQUENCY	DAILY MONITORING						
		1	2	3	4	5	6	7
	Massage at least once a day or choose another activity							
	Talking or singing to baby 3 or 4 times a day e.g. after Feeding (or choose another activity)							
	Playing with baby 3 or 4 times a day e.g. after Feeding (choose activity)							

Session 4.2 MIDDLE INFANCY

Thinking healthy about your relationship with baby



Picture A

My baby is always ill with diarrhea because I am a worthless mother



Picture B

What I do will fail because I am useless



Picture C

Mother and child caught up in an illness-helplessness cycle



Picture D

Babies commonly get diarrhea but I can take some steps to protect my baby from it



Picture E







Taking these steps will reduce the chances of my baby developing diarrhea






Picture F

Cycle of illness-helplessness broken






Diet Chart Tick each Box everyday

TIME	CHOICE OF FOOD ITEMS	DAILY MONITORING						
		1	2	3	4	5	6	7
Breakfast 								
Before lunch 								
Lunch 								
Tea time 								
Dinner 								
Bedtime 								

Relation with child Tick each Box everyday

TYPE OF ACTIVITY	SUGGESTED FREQUENCY	DAILY MONITORING						
		1	2	3	4	5	6	7
	Massage at least once a day or choose another activity							
	Talking or singing to baby 3 or 4 times a day e.g. after Feeding (or choose another activity)							
	Playing with baby 3 or 4 times a day e.g. after Feeding (choose activity)							

Mood Chart Tick each Box everyday

	Very good								
	Good								
	Neither good nor bad								
	Bad								
	Very bad								

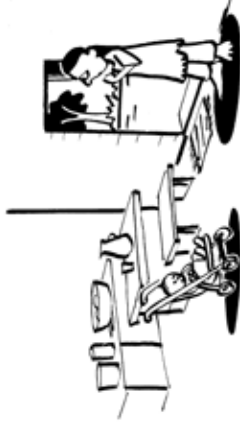
Session 4.3 MIDDLE INFANCY

Thinking healthy about your relationship with people around you



Picture A

If I go out of the house, people will think I am an immoral person



Picture B

I will not leave the house, no matter what



Picture C

Reliance on others, eg. husband who may not always be available, for health care



Picture D

Going out of the house on my own does not make me an immoral person



Picture E







There are times when I have to leave the house e.g. to get baby immunized, and my family understands this






Picture F

Not having to rely on others all the time to seek health care

Diet Chart Tick each Box everyday

TIME	CHOICE OF FOOD ITEMS	DAILY MONITORING						
		1	2	3	4	5	6	7
Breakfast								
Before lunch								
Lunch								
Tea time								
Dinner								
Bedtime								

Relation with child Tick each Box everyday

TYPE OF ACTIVITY	SUGGESTED FREQUENCY	DAILY MONITORING						
		1	2	3	4	5	6	7
	Massage at least once a day or choose another activity							
	Talking or singing to baby 3 or 4 times a day e.g. after Feeding (or choose another activity)							
	Playing with baby 3 or 4 times a day e.g. after Feeding (choose activity)							

Session 5.1 LATE INFANCY

Thinking healthy about your personal health



Picture A

My illness is a punishment for my deeds



Picture B

I will never get well



Picture C

Trapped in cycle of illness - hopelessness



Picture D

I can do a number of things to improve my health



Picture E







Taking positive actions along with dua






Picture F

Modern and traditional care can both be pursued for best result

Diet Chart Tick each Box everyday






TIME	CHOICE OF FOOD ITEMS	DAILY MONITORING						
		1	2	3	4	5	6	7
Breakfast 								
Before lunch 								
Lunch 								
Tea time 								
Dinner 								
Bedtime 								

Relation with child Tick each Box everyday

TYPE OF ACTIVITY	SUGGESTED FREQUENCY	DAILY MONITORING						
		1	2	3	4	5	6	7
	Massage at least once a day or choose another activity							
	Talking or singing to baby 3 or 4 times a day e.g. after Feeding (or choose another activity)							
	Playing with baby 3 or 4 times a day e.g after Feeding (choose activity)							

Mood Chart

Tick each Box everyday

	Very good								
	Good								
	Neither good nor bad								
	Bad								
	Very bad								

Session 5.2 LATE INFANCY

Thinking healthy about your relationship with baby



Picture A

My job is to have as many children as I can. What happens to them is God's will



Picture B

It is difficult to look after all the children



Picture C

Mother's health becomes poor, children's need are neglected



Picture D

As parents we are responsible for every child we bring to this world, this is God's will too



Picture E







Birth spacing ensures that we can give full attention to our child






Picture F

Intelligent and health, children will have a good future

Diet Chart Tick each Box everyday

TIME	CHOICE OF FOOD ITEMS	DAILY MONITORING						
		1	2	3	4	5	6	7
Breakfast								
Before lunch								
Lunch								
Tea time								
Dinner								
Bedtime								

Relation with child Tick each Box everyday

TYPE OF ACTIVITY	SUGGESTED FREQUENCY	DAILY MONITORING						
		1	2	3	4	5	6	7
	Massage at least once a day or choose another activity							
	Talking or singing to baby 3 or 4 times a day e.g. after Feeding (or choose another activity)							
	Playing with baby 3 or 4 times a day e.g after Feeding (choose activity)							

Session 5.3 LATE INFANCY

Thinking healthy about your relationship with people around you



Picture A

My family/husband doesn't understand me



Picture B

If I try to talk to them I will create further conflict



Picture C

Mother and family/husband don't function as a team, which is very bad for baby's development



Picture D

Although we may have our differences, we must talk about our children's welfare which is paramount to us all



Picture E




We can try to bridge our differences for the sake of our children








Picture F

Family works as a team, which is good for baby's development

Relation with child Tick each Box everyday

TYPE OF ACTIVITY	SUGGESTED FREQUENCY	DAILY MONITORING						
		1	2	3	4	5	6	7
	Massage at least once a day or choose another activity							
	Talking or singing to baby 3 or 4 times a day e.g. after Feeding (or choose another activity)							
	Playing with baby 3 or 4 times a day e.g after Feeding (choose activity)							

Mood Chart Tick each Box everyday

	Very good							
	Good							
	Neither good nor bad							
	Bad							
	Very bad							

THINKING HEALTHY

A manual for psychosocial management of perinatal depression

WHO generic field-trial version 1.0, 2015

Series on Low-Intensity Psychological Interventions – 1

WHO/MSD/MER/15.1



World Health
Organization