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Community-Based Education to Promote Health and Well-Being for the Children of Migrant Construction Workers in Mumbai, India

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Abstract

The United Nations recognises education as a central measure for the attainment of the Sustainable Development Goals. Access to information and education is especially crucial for various marginalised sections of the society who often remain at the periphery of developmental initiatives. Mumbai Mobile Crèches (MMC) is a well-established non-profit organisation that has been catering for over four decades to the children of migrant construction workers in Mumbai, one of the most vulnerable populations of urban India. MMC annually provides comprehensive health care and education to over 4,500 migrant children by operating day care centres at construction sites. The paper focuses on the capacity building and community outreach initiatives of MMC that equip members from the construction workers' and other vulnerable communities to deliver improved health care and nutritional services to very young children. Comprehensive intervention that provides preventive, curative, and rehabilitative health care and nutritional services at a very young age (birth to six years) not only ensures healthy lives and well-being for children living in difficult circumstances but also sets the foundation for lifelong learning. These grassroots initiatives create opportunities for vulnerable communities to improve child health outcomes and thereby realise the true essence of education for sustainable development.

Keywords

education, sustainable development goals, children, capacity building, community outreach, NGOs

Introduction

In India, the state of the country's public health has long been a concern, and Indian leaders have committed themselves to achieving the Sustainable Development Goals set out by the United Nations' 2030 Agenda. The Sustainable Development Goal to ensure healthy lives and well-being aims to prevent deaths of new-born and under-five children, as well as achieve universal health coverage and access to information and education for all by 2030. Infant Mortality Rate (IMR) and the Under-Five Mortality Rate (U5MR) are the primary indicators demonstrating health outcomes for young children globally. Substantial progress has been made towards reducing the Under-Five Mortality Rate (U5MR) worldwide (43 deaths per

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1,000 live births (UNICEF, 2016). However, dropping the U5MR to at least 25 per 1,000 by 2030 appears to be a distant dream in India, which currently has an U5MR of 50 for the year 2015–16 (Government of India, 2015). India accounts for 22 per cent of all the world's under-five deaths (UNICEF, 2013), and children born in poverty are more likely to die before the age of five (WHO et. al., 2014).

Mounting evidence suggests that education can play a key role in improving health outcomes for individuals and societies at large especially in resource-poor settings (NIMS et. al., 2012). Education influences health through myriad interconnecting ways and has positive implications for health in varying social, cultural, and economic contexts. It promotes healthy living practices among people and helps in the formation of a healthy society and a wealthier economy (Feinstein et al., 2006). Accessibility to information, education and knowledge regarding health can influence health-seeking behaviour as well as compliance with therapy for the masses (Balarajan et al., 2011:511). Several studies however, indicate that certain minority, marginalised, and low-income, low-education groups have limited accessibility to health information. Improved educational outcomes among the disadvantaged population can therefore play a significant role in the reduction of health inequalities (Higgins et al., 2008). Evidence suggests that parents with at least basic educational attainments are able to seek and utilise available health services to their benefit and are thus better equipped to provide quality care required to promote optimal growth and development of their children (Venemann, 2007).

In addition, the children of educated or informed mothers are more likely to survive through the first five years of life compared to the children of mothers with no education or access to information (Population Reference Bureau, 2011). Interventions designed to enhance knowledge about maternal and child care practices are therefore especially crucial for the vulnerable communities. Rao and Sun (2015), add that quality Early Childhood Care and Education (ECCE) services are of paramount importance in the reduction of IMR and U5MR. Quality ECCE consists of structural and process dimensions, where structural settings include teacher-child ratios, staff qualification, teaching experience, stability, health and safety, and the physical setting, whereas process includes interaction between the child and teacher.

In this context, this paper describes the capacity building and community outreach initiatives of a non-profit organisation, Mumbai Mobile Crèches (MMC), which empower migrant construction workers and other vulnerable communities to improve their health practises and help deliver nutritional services to very young children through a comprehensive ECCE programme. Migrants have always lived in a volatile, unstable, complex, and ambiguous world. However, MMC has emphasised health education and a comprehensive nutrition programme to meet the challenges of a rapidly changing India.

Health of Migrants: A Public Health Concern

The 2001 Census of India recorded 309 million internal migrants while by 2007–08 the National Sample Survey Office recorded 326 million internal migrants in India (UNESCO, 2013). The recent estimates based on the census of 2011 indicate that the number of internal migrants in India is likely to touch 400 million by 2020 (Rajan, 2013). A large number of people from rural India, especially from the flood-affected, rain-dependent and drought-prone regions, are forced to migrate in search of a livelihood (Khandelwal et al., 2011:2).

Many of the migrant workers lack the identity and entitlement documents necessary to avail the benefits offered by the government (Srivastava, 2012). Migrant families often live in unhygienic and crowded conditions where the prevalence of infectious diseases, accidents, and environmental health hazards is high. Facilities at the work sites for drinking water, health care, and the education for the children of migrants are usually limited. Consumption

of poor-quality food is common and the extent of malnutrition among children is high (Smita, 2008). Children are exposed to innumerable health risks, and their migrant status puts them at high risk of morbidity due to missed immunisations and lack of growth monitoring and health check-ups.

While immunisation is one of the key factors ensuring child survival, the full immunisation rate for children in urban India is only 63.9 per cent (Government of India, 2015–16). The rest are either partially immunised or unimmunised. The children who don't get immunised are the ones who have limited access to health care services or whose parents have insufficient knowledge regarding accessibility (UNICEF, 2010). A study in Northern India showed that the complete immunisation status among the settled migrants was 60 per cent and as low as 39.7 per cent among the recently migrated population (Yadlapalli et al., 2010).

The construction industry is the single largest sector in urban India which absorbs displaced migrant workers. When workers migrate as a family unit, children tend to be worst hit as they must drop out of school. Living conditions at a construction work site often involve harsh and hazardous environments unfavourable for the growth and development of children. Older siblings often care for the younger ones and remain out of school at the destination regions (Deshingkar et.al., 2014). Migrant construction workers living on the construction sites along with their children are one of the most vulnerable groups of the Indian urban poor. Kumar (2013) explored conditions of construction workers at 82 sites based in Pune, Maharashtra, during 2010–11. The findings of the study revealed the deplorable conditions experienced by the children of construction workers. While parents worked for long hours, children were left to fend for themselves without any provision for crèches. Constant migration adversely affected their education.

Health for the Children of Migrants: MMC's Experience

MMC is the only organisation consistently serving the needs of the children of migrant construction workers in Mumbai and its surrounding areas for over four decades. Its mission is to provide a nurturing environment for the holistic development of the children by establishing day care centres at the construction sites. MMC runs 20-to 25-day care centres, reaching over 4,500 children annually, of which around 60 per cent are below the age of six.

MMC ensures the health and well-being for the children living on the construction sites by training members from the community of construction workers and other vulnerable communities to deliver a comprehensive ECCE programme. The training programme places great emphasis on building a solid knowledge base on the health and nutritional needs of the young children, especially those in vulnerable circumstances. These trained community members deliver a wide range of health and nutritional services for the children at the grassroots. MMC also has specific nutritional, health, and community outreach interventions on the ground, listed as follows:

MMC's ECCE Training Programme: A Catalyst for Child Health and Well-being

MMC recognises the value of comprehensive ECCE programmes with a strong emphasis on the health and nutrition component for the prevention of infant mortality and under five mortality, especially for the most vulnerable segment of children. MMC's year-long ECCE teacher training programme, called Bal Palika Training, equips members from the community of construction workers and other vulnerable communities to deliver comprehensive child care in diverse settings. This not only provides them with skills and knowledge regarding

healthy childcare practises, but also allows them some measure of financial independence and mobility outside the construction site.

Enlisting men and women who are living on construction sites into Bal Palika Training helps to build a foundation of trust and open communication between MMC and migrant families. Thus, the purpose of the training programme is multifaceted; it not only serves as the basis for effective functioning at the centre, but is also crucial in building skill sets and community awareness on construction sites. This training programme has been successfully run for over 30 years, and at present about 30 per cent of MMC teachers are Bal Palika Training alumni from the community of construction workers.

The training curriculum incorporates practical internships at MMC day care centres along with theoretical learning. This helps to provide trainees with a hands-on experience of delivering early childhood care. Veteran trainers employ a comprehensive curriculum for extensive training about the cognitive and social development of children, the importance of exclusive breastfeeding, complementary feeding and child nutrition, the importance of complete immunisation, various childhood illnesses, and the effects of under-nutrition and developmental milestones among children of different ages. Trainees then build upon this foundational knowledge with sessions focused on creating a stimulating and appropriate learning environment for children, practical teaching tools, managing a day care centre, and how to assess and evaluate children's progress. A great deal of emphasis is also laid on the importance of parental and community involvement to ensure optimal growth, and the health and well-being of the children.

In an effort to ensure the health and well-being for all the children, MMC provides need-based training to Anganwadi personnel and other non-profit professionals working with young children.

Delivering Health Care Interventions at the Grassroots: MMC's Approach

MMC envisions to ensure that every child is safe, healthy, educated, and enjoys their childhood. Pollutants, scarcity of basic amenities to maintain hygiene, lower levels of health awareness among the community, and lack of access to quality healthcare resources are predominant risk factors for the optimal development and growth of the children at construction sites. Exposure to such impoverished settings increases their susceptibility to various illnesses. MMC's ECCE programme is designed to ensure optimum health and nutrition for the children at construction sites. At MMC, trained teachers, health organisers, and doctors collaborate to provide comprehensive preventive, curative, and rehabilitative health interventions for the vulnerable children.

Nutritional Care for the Children

Adequate nutrition is essential during early childhood to ensure optimal growth and development. Nutrition deficit increases the risk to illnesses and weakens the growth of children. The primary goal of MMC's supplementary nutrition programme is to provide a substantive, well-balanced diet to the children at the centres. Through this, MMC aims to better the health status of children in terms of target weight and recommended caloric, vitamin, and mineral intake.

The children's nutritional health is improved with a carefully designed daily diet. Teachers provide a freshly cooked breakfast, mid-morning snacks, lunch, and an evening snack to all the children. The supplementary nutrition provides over 700 kilocalories and 30 grams of protein per day. Malnourished children are given a special diet, rich in proteins and calorific content, as per a doctor's recommendation. Parents see the food served to the children when they come to drop off or pickup their children from the centre. This encourages parents to

incorporate some of the nutrient-dense foods like fruits, and vegetables, in the diet of their children in proper amounts.

Micronutrients, although required in small quantities, are essential components for a healthy body. Micronutrient deficiencies can lead to stunted growth, impaired cognitive development and lowered immunity, increasing the risk of contracting diseases. Poverty often limits access to micronutrient dense foods and their absorption in the body for marginalised children. MMC responds to this challenge with a daily provision of micronutrient supplementation and periodic de-worming. Children receive calcium supplements, as they are often deficient in this essential nutrient, along with B-complex and multivitamins. Iron supplements are given to children as per a doctor's advice.

Health Care Initiatives for the Children

An array of preventive, curative, and rehabilitative health interventions are organised and facilitated to ensure the overall health and well-being of the children. Teachers and health organisers at MMC work in unison with doctors to facilitate age-appropriate immunisation for the children and to regularly monitor their growth.

Immunisation is one of the most important tools to protect children from serious illness and vaccine-preventable diseases in the country. MMC teachers facilitate immunisation by networking with the local primary-health centres. Immunisation is organised either at the day care centres or at the nearest primary-health centres, and teachers ensure the presence of parents. Parental involvement facilitates understanding of the value of the long-term protection of children from life-threatening diseases.

Growth monitoring, an effective tool for growth promotion, is one of the most important elements of MMC's work with children. Teachers record anthropometric measurements every month for all the children. Identifying undernourished children, providing nutritional supplements on doctors' advice, and rigorous follow up of these children are effective operational strategies adopted by MMC to combat malnutrition.

In the case of an undernourished child, specially trained MMC health organisers also undertake home visits to identify the social factors contributing to malnourishment. They conduct regular informal counselling sessions with the parents for appropriate feeding and caring practices to upgrade the child's nutritional status. Health organisers share vital nutritional information with the parents so that healthy eating practises can be introduced at home. This information includes, but is not limited to, discussing the importance of breastfeeding, recognising different developmental milestones and how they relate to nutrition, and encouraging healthy eating practises.

These sessions equip the families to cater to the dietary needs of their children and create an enabling environment for the optimal growth of the child. Home visits not only keep the parents well informed about the child's health but also equip them with knowledge to make informed decisions for the well-being of their child.

Doctors regularly screen children to identify and treat common illnesses and offer referral services when necessary. This helps to identify illnesses at the earliest, treat the child in time, and prevent repetitive exposure to other ailments. Doctors counsel parents to take adequate care of their sick children to prevent its long-term debilitating impact.

Health screening camps are organised by networking with health trusts and hospitals for early identification and diagnosis of dental, ear, and eye disorders among children. Referral services are provided for children needing special medical or clinical attention. MMC senior supervisors and health organisers educate and equip parents for any of the follow-up referral services required at public hospitals. Additionally, MMC staff members counsel parents for these treatment visits and work hard to keep parents motivated to attend follow-up visits. In certain cases, if a child needs surgery or intensive medical care, MMC helps arrange and pay

for these procedures. These initiatives help MMC address the social exclusion of vulnerable groups, which is one of the pressing challenges for the public health system.

Community Education for the Health and Well-Being of Children

Health education is vital to improving the health of the migrant community. MMC aims to reduce health disparities for the children of migrant labourers through its community outreach initiatives, which form the cornerstone of all the organisation's work. Parental education and engagement are indispensable for ensuring the well-being of the children.

Teachers also work to promote knowledge about health care on construction sites to encourage sustainable personal investment in healthcare among migrant families. They connect parents with local healthcare facilities to organise monthly immunisations, as well as to familiarise them with the available healthcare options in their area. Teachers plan health-education sessions for the community to address the knowledge gap regarding common illnesses and to promote improved health care practices.

Chai pan meetings are one of Mumbai Mobile Crèches' key means of disseminating information, building community relationships, and communicating with migrant workers living on construction sites. MMC teachers coordinate and facilitate these meetings for parents of children attending the centres and other community members on the construction site. These meetings take place once a month and each one focuses on a different topic which is relevant to the community.

The meetings are informal and allow for open discussions. Through these meetings, the teachers aim to raise awareness about important social, personal, or community issues, and provide relevant information about best practises and resources to address these issues. Teachers and other MMC field staffers identify topics based on the specific needs of the community. Some of the topics often covered include maternal nutrition, infant care and breast feeding, infant and young child feeding practices, vaccination, malnutrition, nutritional anaemia, hygiene and sanitation, water purification, diarrhoea, and common childhood illnesses and care.

Lokdoots, or street plays, are an important medium for MMC's health programme, helping a team to assess the needs of migrant communities and then effectively exchange information with migrant workers to implement effective solutions to community issues. Many construction workers are illiterate or semi-literate, so strategies involving the distribution of pamphlets or documents would be largely ineffective in communicating information about different initiatives or issues. Street plays are effective conduits for community work in that they circumvent the issue of illiteracy and speak to the highly oral Indian culture. MMC team members perform *lokdoots* on construction sites to provide information about important health, social, and economic issues. These *lokdoots* further discussions and collaborative work to help community members make positive changes in their own lives and in those of their communities.

Conclusion

Comprehensive multipronged models of care and inter-sectoral convergence are indispensable mechanisms in tackling the marginalisation of vulnerable children. Quality ECCE programmes with a strong emphasis on the health and well-being of children and community education are critical to ensure the survival and optimal growth and development of very young children. Community education interventions have great potential to realise the power of education as a driver for sustainable development goals.

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