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SUTRADHAR QUARTERLY

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A non-profit early learning centre

LEARNING CORNER

Play therapy in hospitals

Revathi Suresh

'Play is voluntary. Play evolves. Play is about what the child can do actively rather than what activity can do for the child. Material facilitates play, but does the child want to play?' says Meera Oke, questioning the very idea of organised play seen in most preschools.

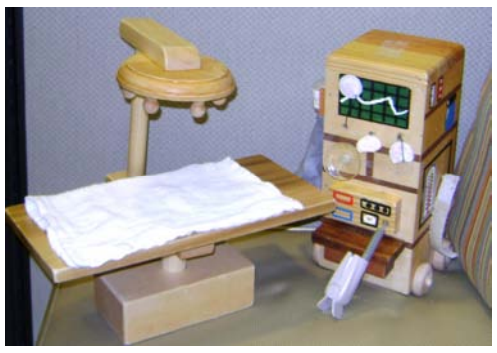
Dr Oke of the Centre for Human Growth and Development (CHUGRAD) in Pune, was in Bangalore recently to address an Open Forum on 'Play Therapy in Hospitals' organised by Sutradhar.

With a background in Human Development, Dr Oke is a strong advocate of spontaneous play. She believes that play is a natural medium for a child's self-expression. It not only reduces stress but also allows children to deal with conflict and fear.

What is play therapy?

Play therapy is not about providing a child with a lot of toys. It needs specially trained therapists because it involves the systematic use of a theoretical model where the therapeutic powers of play are used to prevent or resolve psychological issues. This is done by allowing the child to choose what she wants to play (or whether she wants to play at all) and therefore, be in control of the play process. All of this becomes particularly relevant in a hospital environment where a child experiences a frightening loss of control coupled with an upset routine. Unfamiliar people, equipment, a clinical atmosphere and intimidating doctors increase a child's sense of insecurity.

The CHUGRAD team has been successfully running a play therapy programme in a hospital in Pune since 2006. 'We focus on chronically ill children because they are hospitalised for extended periods of time,' Meera Oke says. The programme has been constructed to suit the Indian context and follows a bedside model where there is one on one interaction between the child and the therapist, though there is considerable emphasis on filial play where parents and siblings are encouraged to get involved too. Play material ranges from kitchen sets and medical sets to drawing and colouring material. There are also worksheets for older children who like to keep in touch with their school work, and find studying a 'normalising' process.



Play therapy helps children cope with hospitalisation.

The programme

The play therapist offers the child a basket of toys and allows her to decide what she wants to play with. Play with the medical set is particularly popular because of the role reversal it allows. The rag dolls are often poked and prodded, as the child lets off some of her own frustrations. CHUGRAD also uses play models of hospital equipment, so that children can familiarise themselves with the procedures they have to undergo.

There are 10 to 14 sessions per child and each one is discussed in detail with the concerned doctors and support staff. Feedback from nurses and doctors suggests that children are in a much better frame of mind when the play therapist visits, and more amenable to taking tests and procedures. Meera Oke emphasised the need for hospitals to take ownership of play therapy programmes so that continuity and stability do not become an issue.

CHUGRAD has initiated similar programmes at Manipal Hospital, Bangalore; Apollo and Malar hospitals in Chennai; and KEM in Pune. They have also set up a play therapy room in an adoption agency in Pune. Play therapy can be used in regular schools to help children with behavioural problems, and is beneficial to autistic children too.

The CHUGRAD programme is accredited by the Association for Play Therapy, USA. Individuals who wish to be trained by them can contact Dr Oke at meera.oke@chugrad.org

Visit www.chugrad.org to learn more.

TEACHER TALK

Tribute to a teacher

Arvind Gupta

My parents never went to school. But my mother ensured that all her children went to the best school. The best school in Bareilly (UP) was the St Maria Goretti Convent School. This co-educational school was run by nuns. There were nine girls and three boys in my class. Three students opted for advanced maths in the Senior Cambridge exam. This included me.

My maths teacher was Mrs Frey. We three students used to sit with her across a small table. The very first day she told us, 'Look kids I don't know much maths myself, so you'll have to figure things out for yourself, and learn from one another.' She knew that I was quite good at maths but weak in English. So she talked to me for hours in English and encouraged me to read more. She repeatedly told me, 'Arvind, I have faith in you!' This boosted my confidence and I passed my English examination with distinction.

Mrs Frey had the courage to be honest. She nudged us gently to relate things to real life. Once we were doing 'hexominoes'. Given six squares, how many original networks can one make? Copycats, rotations and reflections are discounted. After a while we figured out that there could be just 35 and no more. Then she asked us which networks could be folded to make a cube. For this we actually drew, cut and folded the networks. It was fun and great learning. Whereas our chemistry teacher made us 'mug' up things, this splendid maths teacher made us do 'experiments'.

Mrs Frey's elder son David studied in Sherwood School, Nainital. David and I were the same age. A few days before the final Senior Cambridge exams Mrs Frey along with David came home. To reach our house was not easy. One had to meander through numerous lanes and mazes. How Mrs Frey found our house I have no clue. My elder sister was Mrs Frey's old student. We were both overjoyed to see her and welcomed her. Mrs Frey announced, 'David is having some problems with maths and I thought I should take him to two of my brightest students!' My sister and I felt on top of the world with this 'honour'.

Many teachers get into a 'soup' by acting as know-alls. There is a 'banking' model of education where the teacher is portrayed as a 'jug' full of knowledge and the children as 'empty' cups. The task of the teacher is to pour knowledge into these empty cups. But true learning is far removed from this mechanistic schema. In real life, children understand best what they reconstruct themselves. So, a good teacher must be a fellow traveller – learning and simultaneously teaching. She should be willing to say, 'I don't know the answer, let's explore it together.'

Mrs Frey to the right...

...and her student who became a teacher

David Horsburgh – the creative educationist who set up the Neelbagh School in Andhra Pradesh – would often ask trainee teachers from north India to teach children Hindi and learn Telugu from them. Children would see their teacher struggle with Telugu, which was akin to their own struggle with Hindi. This produced a bond of deep empathy between teacher and children and made the teacher more humane. In the process, both the children and their teacher learnt.

Mrs Frey gave me high 'self-esteem'. It is this sense of 'self-worth' that made me choose a career far removed from my training as an engineer from IIT. For over thirty years I have tried to make science fun for children and I have loved every minute of it. For this I must thank Mrs Frey for giving me faith in my own abilities.

Arvind Gupta has been involved with hands-on ways of teaching science for many years. He currently heads a children's science centre in Pune. His books are available at Sutradhar.

SOME BOOKS BY ARVIND GUPTA

- Aha! Activities
- Leaf zoo
- Little toys
- Matchstick meccano
- Ten little fingers
- The toy bag
- Toy joy
- Pumps from the dumps
- Little science

WHAT'S NEW

A discussion group on sex education

Shubha Chacko

The debate on sex education in schools has revived thanks to a recent Rajya Sabha report of the commission headed by Venkaiah Naidu on sex education. This was a response to petitions filed against the Ministry of Human Resource Development's Adult Education Programme launched in 2005.

The committee states that, 'There should be no sex education in schools' since 'our country's social and cultural ethos are such that sex education has absolutely no place in it'. Sex education, the committee holds 'promotes promiscuity', and there is 'no justification' to teach it to children in the 14-18 years age group as it 'incites stimulation of instincts which are detrimental to society'. Instead it advocates 'instinct control' and 'dignity of restraint'.

In response to this, groups in Bangalore working on child rights, education, sexuality and human rights have come together to oppose the report, discuss how to respond to myths and misconceptions about sex education, and see how it can be implemented.

Sex education needs to be viewed within the ambit of child rights, as children have a right to know about their bodies and different aspects of life, including sexuality. 'True education enables you to make better choices and have more control over your life. Sex education is an important ingredient in this process,' says Sheila Devraj, child rights activist. To join the discussion, send a message to sexed-subscribe@yahoogroups.com.

SPOT LIGHT

ICDS: government seeks to set standards

Mandira Kumar

In a welcome move, the Government of India and the Department of Women and Child Development, Karnataka, have engaged consultants PricewaterhouseCoopers (PwC), to audit the services of the Integrated Child Development Scheme (ICDS). PwC have applied Quality Management Systems to this process.

The ICDS became operational in 1975 in Karnataka, and today runs 54,650 anganwadis in the state, providing services to women and children upto 6 years – in nutrition, health and preschool education. Its large financial outlay coupled with its potential reach and impact on the long term developmental outcomes of children make it a scheme worthy of attention.

On June 23, 2009, a one day consultation was organised by the Department of Women and Child Development, Karnataka, and PwC to deliberate on the audit findings and garner feedback from non profit groups, child development organisations, and field level staff of the ICDS.

PROJECT SEVOTTAM TO IMPROVE THE ICDS - 2009

The key findings of ICDS functioning in Karnataka:

- **Immunisation**: Low coverage in distant areas due to poor transportation.
- **Health check ups**: Not being carried out by a medical officer (MO) once a quarter. Practical problems as the doctor has to abandon his duties at the primary health centre for this, and is reluctant to travel to far-flung areas. Suggestions include prioritising key check ups – eg four ante-natal check ups. At present malnourished children are prioritised, but this is not ideal as normal children can easily falter. The system has poor record keeping of children referred to health centres/hospitals.
- **Health and nutrition education**: Anganwadi workers have voiced a need for a syllabus for this. It is impractical for new mothers to attend meetings once a week.
- **Supplementary nutrition and delivery of prophylactics**: From this year the budget for the ICDS has doubled. New nutrition norms suggest two feedings and greater calorific intake. Keeping these in mind, food provided can be reviewed. Cooking facilities are still inadequate, and delivery of food supplies is problematic. Iron and folic acid supplementation is handed out, but women do not consume this due to misconceptions. A shocking 60% of the state's pregnant women are anaemic and the figures are getting worse! Foods fortified with micronutrients can also be universally distributed.
- **Preschool education:** This is a crucial yet neglected service. Given the duties of the anganwadi worker, she is not always able to provide preschool education. Play materials are of poor quality and few in number. Providing an extra worker would help. Since evaluation has been a challenge, children's progress could be tracked using a checklist of developmental milestones. Keeping in mind parental expectations of education and the possibility of siblings at primary school, it may be wise to suggest that children above 5 years be outside the purview of the ICDS and at preparatory class in school.

Under debate was the need to set quality standards and targets for anganwadis keeping in mind practical problems in delivery, infrastructure, personnel etc.

The project titled SEVOTTAM is being piloted in the districts of Raichur and Chamrajnagar. The manual developed through this project can be applied to improving the ICDS in other states.

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