

EARLY CHILDHOOD DEVELOPMENT IN GEORGIA

Findings from
the National Baseline Study

The views expressed herein are those of the authors and can therefore in no way be taken to reflect the official opinion of UNICEF.

© Copyright c United Nations Children's Fund 2007

UNICEF
9 Eristavi Str. UN House
0179, Tbilisi, Georgia
Tel: 995 32 – 23 23 88, 25 11 30
E-mail: tbilisi@unicef.org
www.unicef.org/georgia

Designed by: Alyona Eltisheva

July, 2007

TABLE OF CONTENTS

4	BACKGROUND
5	PURPOSE AND OBJECTIVES OF THE STUDY
6	METHODOLOGY
8	KEY FINDINGS AND CONCLUSIONS
10	Household Characteristics
11	Childcare Situation
12	Children's Play
14	Early Stimulation and Supporting the Cognitive Development of the Child
16	Responsiveness, Communication and Affection Towards the Child
17	Child Discipline
19	The Father's Involvement in the Development of the Child
20	Injuries and Safety in the Home
21	Sources of Child Development Information for Families
22	Breastfeeding
23	Nutrition and Mealtime Practices
24	Use of Iodized Salt
26	Immunization
26	Health Behaviors and Services
28	Preschool Education and Integrated Education
31	PROPOSED FUTURE ACTION AND NEXT STEPS

BACKGROUND

In 2004, UNICEF Georgia initiated a study designed to increase the overall understanding of parental knowledge, attitudes and practices related to Early Childhood Development (ECD) in Georgia. The study focused on families with young children (0-6 years old). The study was conducted as a part of the efforts to develop a program strategy as previously outlined in the Master Plan of Operation 2001-2005.

The study was designed and implemented in two phases. During the first phase, UNICEF consultant Dr. Selim Iltus visited Tbilisi and worked closely with a multi-sectoral ECD group. During these workshops, the study's research domains were identified and the survey questions finalized. A national research firm – IPM – was hired to carry out data collection and entry.

The second phase of the study consisted of a detailed data analysis carried out by Dr. Iltus, and the subsequent presentation of results to all stakeholders. During this time, a three-day seminar was conducted with the ECD group in which the findings were evaluated, program options were discussed and strategic recommendations were formulated.

In November 2006, a three-day multi-sectoral consultation facilitated by an expert group from Yale University and with the support of the UNICEF Georgia Office took place in Gudauri. Over 40 representatives from a variety of sectors – including the Georgian Parliament, the Ministry of Labour, Health and Social Affairs, the Ministry of Education and Science, academia, professional associations, NGOs and international development partners – participated in the event which acted as a catalyst for the creation of the ECD 2007-2009 National Strategic Action Plan. This plan articulates a shared vision and acts as a road map for the development of a comprehensive ECD strategy by effectively infusing ECD principles and standards of care into sectoral and cross-sectoral policies, plans and reforms to ensure a holistic approach to early child health and development with a comprehensive coverage of all its domains.

One of the action plan's operational strategy objectives is the establishment of a Coordination and Monitoring Alliance under the auspice of the Georgian Parliament's Health and Social Affairs Committee. Five thematic working groups supported by the in-kind technical assistance of the group leaders and alliance members will be working under the aegis of the Alliance Board of Advisors. The findings presented in this report should be viewed by the five working groups as the starting point for expressing ideas and elaborating suggestions and recommendations regarding ECD. Implementation of these recommendations would also help to support the efforts of the Government of Georgia in achieving greater results for young child survival and development in a more effective, gradual and efficient way, and for these results to reach the most vulnerable and disadvantaged segments of the population.

PURPOSE AND OBJECTIVES OF THE STUDY

This report summarizes the findings of a national survey of sample families with children under 6 years of age and presents a series of recommendations based on those findings.

The ECD programme in Georgia aims to improve care practices, in a gender-sensitive way, by providing information and skills to parents and communities. Within this context, this study focuses on the needs, perceptions and expectations of parents and the community in general with regard to Early Childhood Development issues related to health, nutrition, early stimulation and learning, and protection.

The findings of the study will be used primarily as the basis for an inter-sectoral action plan elaborating strategic program initiatives and updating ECD policies, standards and services. The findings will also be used as a baseline for evaluating the effectiveness of the implemented strategies and new policies.

Other specific research goals include:

- To document existing child-rearing beliefs and parent practices;
- To understand the gaps that exist in family ECD practices;
- To assess the feasibility of different program ideas;
- To develop policy recommendations for ECD in Georgia;
- To generate ideas for designing new program initiatives and to enhance the existing ECD programs.

Findings related to school-readiness and preschool education are intentionally excluded from this report as an in-depth study of these topics is being carried out in 2007 and they will be covered in a separate complementary report that will be issued by UNICEF at the end of 2007.

METHODOLOGY

A survey methodology incorporating door-to-door family visits and interviews with the primary caregiver in each household was used. The total sample size was 747 families and a two-stage cluster sampling with preliminary stratification was applied as a sampling strategy. The 2002 Georgian National Census was used as the basis for the selection of participants.

At the first stage, each region to be surveyed was categorized based on its predominant type of settlement (urban/rural). In urban areas census units are considered as Primary Sampling Units (PSU). In rural areas, villages were used as PSU's. Households are considered secondary sampling units of the study. Based on geographic, economic and cultural criteria, six regions were identified for inclusion in the study:

- Tbilisi; Gldani, Nadza Ladevi, Isani, Samgori, Didube, Chugureti
- Kakheti
- Samegrelo
- Racha, Lechkumi, Svaneti
- Kvemo Kartli
- Gori

A "Random Walking" method was applied to the sampling of households in Primary Sampling Units. As secondary sampling units, households with children of 0-6 years of age were selected, and the child's primary caregiver was interviewed. 5 interviews per PSU were conducted.

The following ECD domains were covered by the survey:

- Care situation (identification of primary and secondary caretakers and their roles);
- Emotional development of the child, parental affection and communication;
- The child's play practices and adult participation in play;
- The father's involvement in childcare and development;
- The family's sources of child development information;
- Breastfeeding practices;
- Child nutrition and the feeding behavior of the mother, including family meal practices;
- Hygiene practices;
- Immunization;
- Health behaviors and access to health services;
- Child disciplining practices;
- School readiness and kindergarten attendance;

- Child protection issues related to children with disabilities;
- Physical conditions of the home and assessment of its suitability for healthy child development;
- Home injuries and safety.

The interviews were conducted by trained IPM interviewers, through the application of a face-to-face interviewing method. Primary caregiver interviews were carried out at the respondent's place of residence. Questionnaires were translated into both the Georgian and Russian languages, making it possible to carry out the survey in regions populated predominantly by non-Georgians (in particular, certain areas of Kvemo Kartli).

Survey instruments were pre-tested, in order to check wording, comprehension of questions by respondents, question order, skipping instructions, etc. In total, 46 pilot interviews were conducted in the regions identified by UNICEF. Regional group leaders received question-by-question training from the project manager at the IPM head office in Tbilisi where all participants took part in simulated interviews. Afterwards, completed questionnaires were reviewed and discussed by the group. Additional training sessions in each region were then conducted by regional group leaders.

A three-stage quality control process was carried out: 15% of the questionnaires were completed in the presence of a field supervisor; 15% of the interviews in two randomly selected regions – Kakheti and Samegrelo – were conducted by back checking the interview sites; and telephone control was applied to 10% of the interviews administered in urban areas.

The overall quality of the data was very high. Data entry, cleaning and analysis was performed in SPSS for Windows.

KEY FINDINGS AND CONCLUSIONS

The study sample was almost equally divided between urban (52%) and rural (48%) families. 87% of the respondents were mothers, 7% were grandmothers and the remaining 6% were other adult caregivers living in the household.

FAMILY COMPOSITION, PARENTAL EDUCATION AND EMPLOYMENT

Understanding family size and composition is critical for ECD program development. As raising children requires the participation of all family members, family composition is closely related to family resources so the presence of older siblings or a grandmother, for example, make a big difference. Similarly, parental education and the mother’s work situation are key variables to be considered in ECD programming that targets families.

HOUSEHOLD SIZE

Households in Georgia tend to be relatively big. According to this survey, 40% of the country’s households consist of six or more people and the percentage of families with 4 members or fewer is only 33%. As expected, homes in rural areas tend to be made up of more people than their typical urban counterparts. The average size of an urban household is 5.1 members while this number increases to 5.4 for rural families.

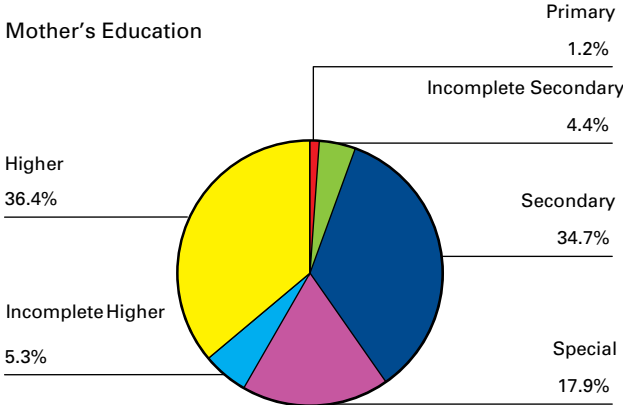
RESPONDENT’S AGE AND MARITAL STATUS

The ages of the mothers interviewed ranged from 13 to 51, although most were between the ages of 18 and 36. The average age was 28. The fathers’ ages ranged from 17 to 67, with most being between 22 and 42 years old. 96% of the mothers were married, and of these 7% (50 mothers) considered themselves to be married despite the fact that they had never officially registered a change in their civil status. Given that this is a sensitive issue, it can be assumed that the number of unofficially married mothers is actually higher.

EDUCATION

Only 5.6% of the mothers interviewed had less than a secondary education and 36% had completed higher education degrees.

Breakdown of Mothers’ Education within the Sample (n=747)



The percentage of fathers who have less than a secondary education is 3.1. 36% of the fathers have completed higher education programs. This number is exactly equal to that of the mothers, indicating that there are no differences between males and females in terms of access to higher education.

EMPLOYMENT

78% of the mothers said that they were housewives with no other employment. 15% of the mothers said they were wage employed, and of these 64% live in urban areas. Unemployment rates among fathers are also high. 31% of the fathers interviewed said they were unemployed. 27% said they were wage employed, mostly in the agricultural sector. 35% of the fathers said they were self-employed.

INCOME

15% of the families interviewed had incomes of less than GEL 50 per month and 42% said they made between GEL 50 and 200. The remaining 41% said they earn more than GEL 200 each month.

The relationship between income and the health of the child – as reported by the mother – is striking. When asked about their children’s health issues, 48 families in the sample reported that their children had permanent / chronic health problems. Of these, 42 were from families which reported making less than GEL 400 per month.

Poverty’s negative impact on children is clear from parental reports. Only 22% of the parents stated that they were able to completely pay for all their children’s needs, while 27% felt that they were unable to pay for the needs of their child.

Programmatic Implications and Recommendations

In Georgia, there seems to be two basic types of family, each of which faces different challenges related to childrearing. One type is the small (3-4 person) urban family, where the mother does not seem to have the support of a large family network. The second type is larger (5-8 persons), and is more likely to be rural. This split indicates a need for varied program approaches if these families are to be effectively targeted and differences in daily lifestyles may necessitate different program entry points. In larger families for example, it may be necessary to address and change the behavior patterns of family members other than the parents (grandmothers and older siblings).

The relatively high level of parental education also has significant programmatic implications and training materials that are primarily developed for uneducated populations will not be effective in this setting. In Georgia, it would be most appropriate to develop education packages that are interactive and participatory. The right approach would be to allow parents to “discover” the best behavior patterns through observation and discussion, rather than telling them “what to do.”

Unemployment rates are very high for both parents and many unemployed mothers who stay home with their children would like to have paid work. These mothers are

quite frustrated and just because they have time to spend with their children does not necessarily mean that they get involved with their children in a productive manner. This issue should be addressed.

General recommendations include:

- The development of separate specialized intervention strategies for small urban families that have limited family support and large rural families with a good family support network.
- While developing parent training materials, the high level of education must be taken into consideration. Materials should be challenging and participatory and “didactic” approaches should be avoided.
- Through both community-level organization and direct training, the energy of unemployed mothers should be channeled so that these mothers are able to interact with their children in a mutually beneficial way.

HOUSEHOLD CHARACTERISTICS

- 40% of the homes in Georgia are between 50 to 100 sq. m. in size. 30% are smaller than this and 40% larger.
- Urban homes are significantly smaller than homes in rural settings ($p < .001$).
- Most homes have 3 to 4 rooms.
- 89% of homes have a separate kitchen.
- Most homes are heated by stove (70% wood, 22% gas) while only 0.6% of the homes in Georgia have central heating.
- Half of the homes have centralized sewage and the rest use pit latrines.
- 69% of the homes have running water and 67% of these households drink water from a piped source. In rural areas, 38% of families get drinking water from a piped source. Others use pumps or an open source.
- 5% of the children covered in the survey have private bedrooms and 59% share their bedrooms with adults.
- 68% of the homes have an outdoor play area.
- 60% of the homes have some kind of books available, 44% have children’s books, and 40% have newspapers.
- 65% have manufactured toys.
- 19% have art supplies (paper, crayon, etc.).
- 6% of the homes have handmade toys available.

Programmatic Implications and Recommendations

Drinking water quality emerges as a critical issue for half of the families, especially rural ones.

Given the relatively large family sizes present, the area of the home is quite limited for most families. This is also reflected in the children’s sleeping arrangements. Given these conditions, the utilization of outdoor space becomes critical for play.

The absence of children’s books, art supplies and toys in many households is a major concern as these resources are essential for child development.

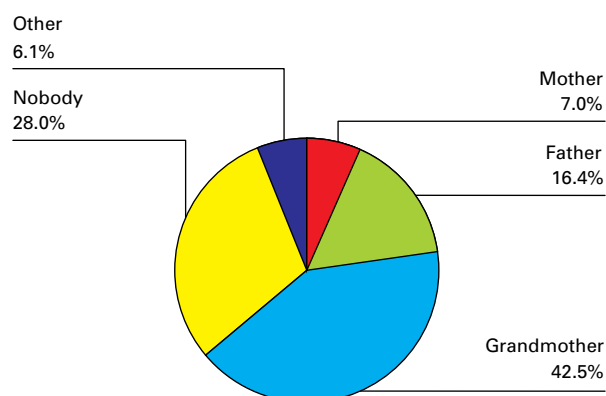
General recommendations include:

- Ensure that the parents are aware of the issues related to using and storing drinking water, especially where piped water is not available.
- Encourage / teach parents how to develop a safe and stimulating outdoor play space for young children.
- Encourage / teach parents to create a dedicated area for the child within the home. This can be a corner of the bedroom or the living room. The area should be furnished with simple homemade toys and objects that are age appropriate. Easy supervision should be an important criterion for selecting and organizing this “child space.”
- Explore ways to increase the number of educational resources such as children’s books, paper, pens and toys in the home. Local initiatives such as toy/book libraries should be supported. Drives for the donation of these materials could be another solution. Most importantly, parents should understand and adopt the practice of reading to and looking at picture books with their children and all parent training programs should have a very strong component promoting this activity.

CHILDCARE SITUATION

Primary caregivers in Georgia are overwhelmingly mothers (91%), followed by grandmothers (7%). Secondary caregivers are primarily grandmothers (42%), followed by fathers (17%).

Who is the Secondary Caregiver?



In urban areas, the father is more likely to take care of the children in the absence of the mother. This role is taken over by the grandmother in rural areas. Fathers mostly take the role of the secondary caregiver in small households and in the absence of the grandmother.

Programmatic Implications and Recommendations

In 35% of the households considered no secondary caretaker is identified, raising a concern about the ability of the mother to provide quality childcare by herself.

In many families, the role of the grandmother is critical yet very rarely do training programs target grandmothers. Training materials developed for mothers are very likely not as effective for grandmothers, since their attitudes and interactions with children differ significantly.

General recommendations include:

- Explore the possibility of organizing community-based childcare facilities. These do not have to be full-time institutions similar to government-operated daycare centers or kindergartens. Rather, they can be more informal drop-in centers where mothers who need such a service can use it for a limited amount of time and on an irregular basis. These centers can also be used to disseminate information and engage young children in creative activities.
- Develop a pilot training program that targets grandmothers with specialized training instruments. Assess and evaluate the effectiveness of this approach.

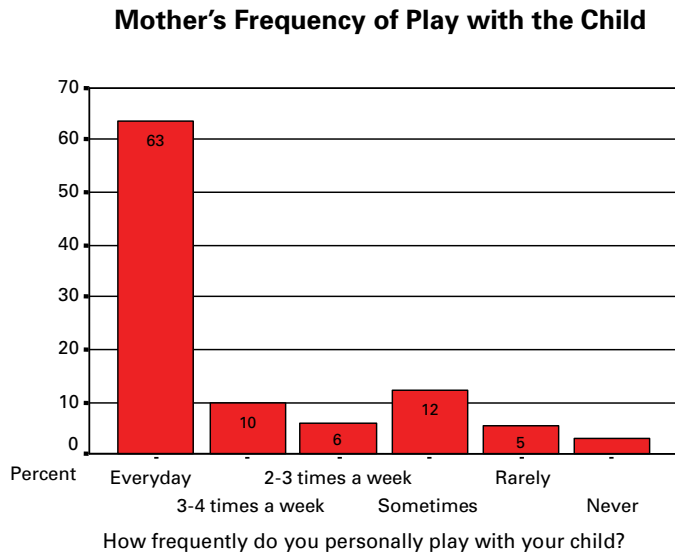
CHILDREN'S PLAY

Play is essential for the healthy and full development of the child. For children under one year old, playing with the child is mostly the mother's responsibility and in 74% of homes with a child under one, mothers do play with the child most of the time. This is followed by grandmothers (9%) and sisters (6%).

During the second and third years of life, the mothers' role as the primary person who plays with the child drops to 59% and the remaining 41% is now shared by the grandmother (12%), sisters (10%), brothers (6%), and the father (5%).

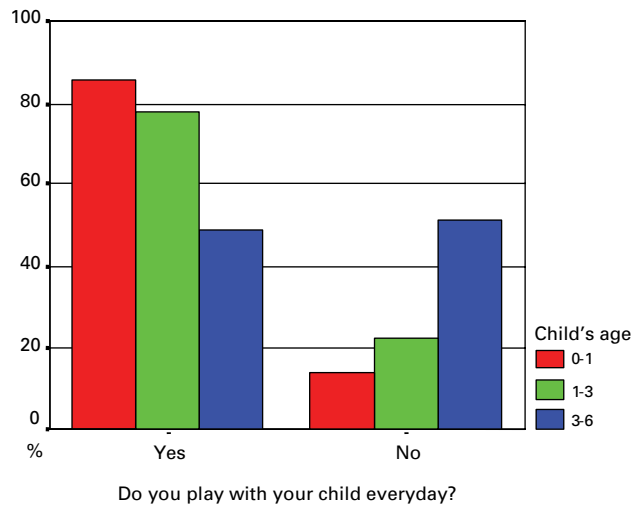
Between the ages of 4 to 6, the child plays more with others than with the mother (4%) and play partners are still brothers (16%), sisters (15%), the grandmother (11%) and the father (8%).

63% of the mothers surveyed play with their child everyday. However, almost 20% of mothers do not seem to play with their children at all.



Most frequent play seems to take place during the first year of life and as the child grows, the parents' tendency of playing with him/her drops significantly. While 82% of mothers with children under 1 year old play with their kids every single day, this number drops to 50% for children between the ages of 3 and 6.

Parents Who Play with the Child Everyday – by Child's Age



This finding was also mirrored in the results of the question which asked mothers if they had played with their children the day before. 87% mothers with children aged 0 to 1 said "yes" to this question while only 55% of mothers with children aged 3 to 6 answered affirmatively.

It was also determined that parents who live in rural areas tend to play with their children much more frequently than families who live in urban areas.

The frequency of play is also reflected in the parent's education as 69% of mothers with a higher education play with their children on a daily basis, while this number drops to 65% for mothers with special education and to around 58% for mothers with a secondary education or less.

The percentage of fathers who play with their children on a daily basis is highest among those who received special education (90%), followed by those with a higher education (63%) and a secondary education (55%). This may be due to the fact that fathers with a higher education are more likely to be employed full time and therefore have less time to allocate to their children.

Programmatic Implications and Recommendations

The existing data does not give us detailed information regarding the actual quality of play, although a high rate of play during the first year of life is likely to be limited to holding the child and showing the child affection.

The steep drop off in the frequency of parental/caregiver play with older children is a concern. To maximize the child's cognitive development, play with all members of the family should be encouraged and improved and adults should use homemade objects and increase their level of interaction with the child during play.

General recommendations include:

- Parent training materials should give appropriate attention to the creation of homemade, age-appropriate play objects and how to use them.
- Health professionals who make home visits should be briefed to stress the importance of playing with the child. They should also be trained to illustrate to the caregiver how play objects could be constructed and best utilized. This kind of training should not be theoretical; it should be "applied" with concrete examples.
- The feasibility of developing community-based toy libraries should be explored.

EARLY STIMULATION AND SUPPORTING THE COGNITIVE DEVELOPMENT OF THE CHILD

Children in Georgia are rarely taken out of the home during the first year of life. Only 32% of the families interviewed indicated that they take their infants out regularly to a park or similar setting. For children less than one year, touching and tickling is the most common method of play – 87% of families do it everyday.

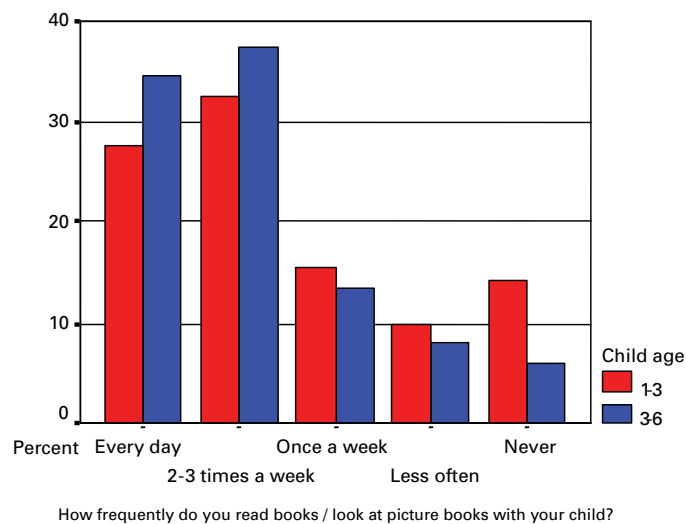
Reading to the child or looking at picture books with children under one year old is rarely practiced and 65% of the caregivers interviewed indicated that they never engage in such activities. Similarly, only 35% of children in this age group are sung to on a regular basis.

For ages 2-6, we see more families getting involved in activities such as taking the child out, reading books with the child, drawing pictures, etc. Depending on the family com-

position and the age of the child, families generally get involved in these activities at least a few times a week, however 35% of the families never or very rarely engage in these types of activities with their children.

It is critical for the development of the child that the parents read to them on a regular basis. In Georgia, about 30% of families with children aged 2 to 6 years old read to their child on a daily basis and another 30% do this two or three times a week. When age groups are compared, it becomes clear that it is more common for children who are between 3 and 6 to be read to, compared to children aged between 1 and 3.

Frequency of Reading to Children (Children aged 1-3 and 3-6)



The frequency in which the child is read to or taught by the caregiver(s) is closely related to the availability of books, puzzles, and other educational materials in the home. Research shows that families who have reading materials in the home are more likely to read to their children more frequently. Data shows that in 30% of the homes surveyed there were no books (for either adults or children). Similarly, presence or lack of newspapers and magazines is a good indicator of a family's reading habits. In the survey, newspapers and magazines were observed in 40% of the homes.

Finally, the presence or absence of pictures on the walls of the home is a good indicator of a family's perceptions and attitudes towards art. Based on this criterion, it can be said that not many Georgian families place a strong importance of the visual arts as only 24% of the homes visited had any kind of pictures, artwork, photos or posters displayed on their walls.

Although the availability of reading materials for adults tends to reflect the parents' attitudes towards education, in terms of ECD it is even more critical to have age-appropriate children's books in the home. In the survey, only 44% of the homes had children's books and/or reading materials available. Also significant was the fact that only 19% of the homes had art supplies (paper, pencil, crayons and paint) on hand for children to use.

Programmatic Implications and Recommendations

Parental practices that result in a lack of sufficient early stimulation seem to be a major problem for a large segment of families in Georgia. This, coupled with a lack of child-appropriate picture books, stimulating toys and puzzles as well as art supplies, is likely to result in a significant loss of intellectual capacity in developing children.

The Government of Georgia, aware of the importance of early education, is looking into preschools as a solution. However, while a preschool education is important, it is not a full substitute for a rich and stimulating family environment. More importantly, the most critical age for early stimulation are the first two years of life.

The most effective approach to this problem would be to change parental practices within the home so that children are exposed to mentally stimulating tools and behaviour patterns from an early age.

General recommendations include:

- Establish early stimulation, play and adult interaction with children as an important component of parent education programs.
- Appropriately train the professionals who do visit homes to convey the right messages to parents.
- Support the government and NGOs in developing and disseminating age-appropriate reading material for children.
- Establish a course in the pedagogical university that focuses on early childhood cognitive development.

RESPONSIVENESS, COMMUNICATION AND AFFECTION TOWARDS THE CHILD

Parental communication is one of the most critical activities for a child's social and emotional development. In Georgia, 56% of the mothers interviewed said that they always answer their child's questions. This number broken down by age, however, shows that while questions posed by 3-6 year olds are frequently answered, about 30% of mothers of children aged 1-3 say that the child would not be able to understand their answers and as a result they do not respond to their children's questions.

The three most common reasons given by mothers for not answering their children's questions are 1) "I am generally too tired"; 2) "I do not understand the question" and; 3) "I do not have time."

Some mothers also start talking to their children very late, assuming that the child will not be able to understand them. 13% of the mothers interviewed said they waited until at least the end of their child's second month before they started talking to them, while 10% wait until the fourth month. About half the mothers interviewed said they did not talk to their child during pregnancy.

When asked if they could remember something that their child made or did during the previous week that made them happy, 31% of all mothers failed to recall any particular incident. Mothers of younger children (0-1) were better at recalling specific incidents compared to mothers of older children.

During breastfeeding, 55% of mothers look into their children's eyes and only 23% talk to the child.

Programmatic Implications and Recommendations

Similar to early education, the rates of parental responsiveness are significantly low. The data suggests that the reasons for this are related to parental misconceptions regarding children's capacities and abilities. Many mothers seem to believe that as young children do not obviously respond to speech or shows of affection, there is no reason to engage them in such activities. It is critical for parents to understand the importance of all forms of communication during their children's early years.

General recommendations include:

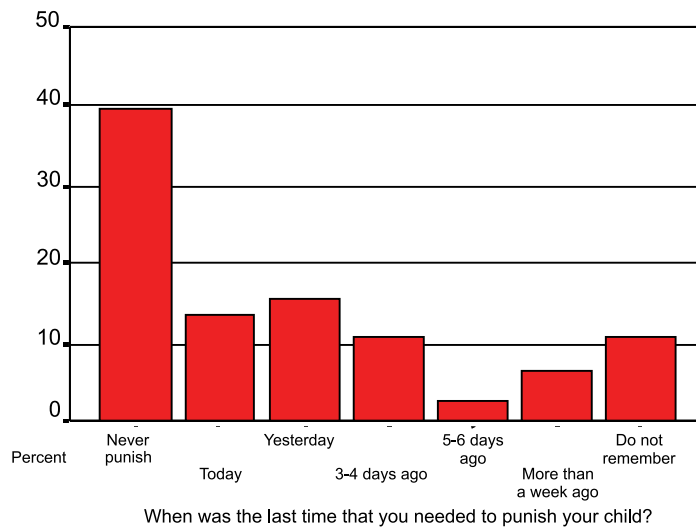
- Highlight the importance of early communication with the child in parent training programs.
- Discuss and evaluate the feasibility of a communication campaign that focuses on this issue and promotes the right message in an effective way.

CHILD DISCIPLINE

In Georgia the mother seems to be primarily responsible for teaching children right and wrong (75%). This task also falls partially to grandmothers (7%), although surprisingly the father seems to be missing from the disciplinary picture and is minimally involved in teaching the child right and wrong.

The most common form of punishment seems to be slapping (38%) followed by sending the child to a corner (17%). Despite the fact that most parents state that corporal punishment is not necessary for raising a child correctly, many seem to practice it regularly.

In response to the question of when they had last punished their child, 40% of the mothers interviewed said that they had never punished them while about 30% responded by saying that they had punished their child that day or the day before.

Time of the Most Recent Punishment of the Child (Ages 1-6)

Programmatic Implications and Recommendations

Corporal punishment seems to be a widely practiced disciplinary technique in Georgia although the data shows a discrepancy between parental beliefs and practices. While most parents say that corporal punishment is unnecessary, many who say this seem to practice it anyway. It is possible that this is due to the stress caused by other elements of everyday life and the consequent amount of pressure many mothers are under.

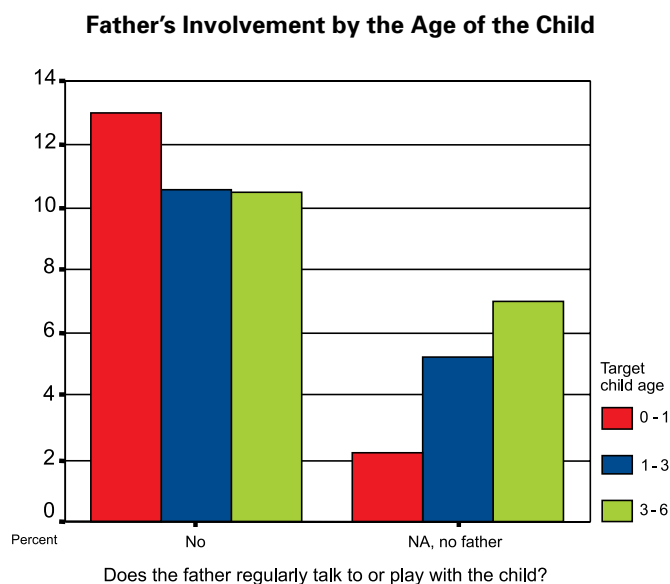
While this problem cannot be completely resolved, parental training as well as implementation of certain improvements within the home environment may help to address the situation. For example, creating a quiet, safe play area for the child in order to get him/her out of the mother's way during the busiest hours of the day (meal preparation times) may be of some use. Any implemented program should consider a way to encourage each family to analyze their situation, explore their reasons for hitting the child and try to come up with individual solutions.

General recommendations include:

- Develop a family-level intervention strategy to reduce corporal punishment.

THE FATHER'S INVOLVEMENT IN THE DEVELOPMENT OF THE CHILD

Findings indicate that 84% of fathers are in some way involved with the child and that the regular and periodic involvement of the father increases as the child gets older.



Despite this finding, the quality of the interaction between the father and the child is a big concern. For example, while disciplining the child seems to be a major role for the father, 75% of the fathers interviewed stated that they never read to their children. Even though they do not actually punish the child on a day-to-day basis, according to the mothers 75% of the fathers are involved in disciplining their children by deciding on the type of the punishment.

Programmatic Implications and Recommendations

Research indicates that a father's positive involvement makes a big difference in the overall development of the child. On the other hand, we also know that most parent training programs are directed only at mothers, and those which are designed also with fathers in mind often still reach only the mothers. Therefore, it is important to take measures to ensure the involvement of fathers in such programs. To achieve this, the program entry-points should be carefully thought out particularly as most traditional entry points (clinics, schools) are not usually suitable for reaching fathers.

General recommendations include:

- Develop parent training programs that target the father as well as the mother.
- Pick program entry points that are most likely to reach fathers.
- Enrich such programs by including exercises and activities that can be carried out by both parents and that are interesting and fun.

CHILD INJURIES AND HOME SAFETY

As there is no national child injury tracking system in Georgia, assessing injuries and safety in the home is not an easy task. The survey relied on the reports made by the mothers and observations of the home environment by the interviewers to assess the child injury and home safety situation.

11% of the mothers questioned in the study said they had taken their child to a hospital due to an injury in the home. 4.3% of the mothers had done this more than once. 14% of the mothers interviewed said that there were dangerous areas in their home and 22% reported that there were dangerous areas in their yard.

The interviewers also assessed homes in terms of visible dangers to children. Sharp objects such as knives stored in spots accessible to children were observed in 27% of the homes. In 15% of the homes, poisonous materials such as bleach or other chemicals were stored in areas easily accessible to young children. 17% of the homes have high unprotected windows. 12% of the homes have open fires and 26% have hot cooking surfaces easily reached by children.

Programmatic Implications and Recommendations

By Western standards, the rate of hospital visits due to injury in Georgia (11%) does not seem very high. By comparison, in Canada the number of children between the ages of 0 and 4 taken to a hospital due to an unintentional injury was 9% in 1993. However, such comparisons may not be meaningful due to the significant differences that exist between these two countries. It can be argued that as Canada has a much more developed healthcare system and a higher level of fixation on child health, parents there – if compared to Georgian parents – would be much more likely in case of a minor injury to take their children to a hospital. This in turn would point to the likelihood of a much higher percentage of serious childhood injuries in Georgia.

Repeat injury rates are quite high in Georgia (4.3%), compared to Western standards which tend to hover between 1-2%. This may indicate the existence of a high at-risk group of children in terms of home injuries.

A very high percentage of parents indicated the existence of “dangers” in their home and yard. This probably means that these parents are depending primarily on “supervision” (an approach that we know fails frequently) as the primary means of safety management. The number of child accessible dangers observed in the home is also very high and points to a potentially dangerous situation for children’s health.

In conclusion, although the survey data alone is not sufficient to determine the scale of child injuries in Georgia, there are many indications that this might be a serious problem. Hospital emergency rooms are the most reliable source of data on this topic and it is strongly recommended that a more in-depth study be carried out, based on hospital reports.

General recommendations include:

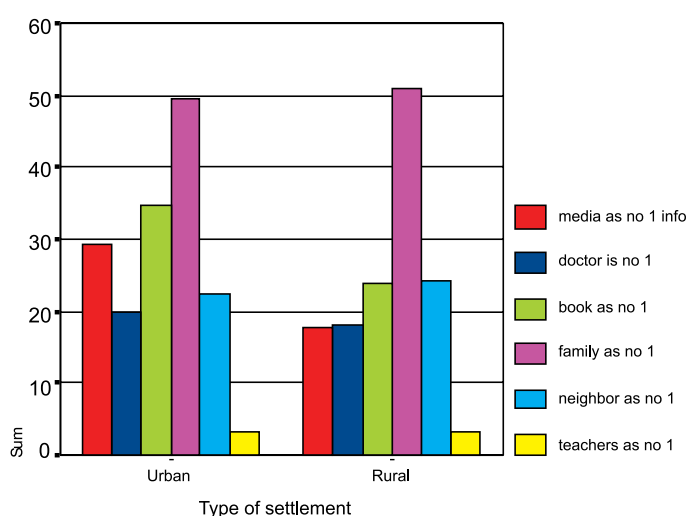
- Explore the scale and scope of childhood injuries in Georgia, based on hospital emergency room statistics.
- Establish a nationwide “childhood injury surveillance system” where data from multiple hospitals can be centralized and reported annually.

SOURCES OF CHILD DEVELOPMENT INFORMATION FOR FAMILIES

Parents mention that the following are the primary sources of information on child development (in order of importance); 1) Other family members; 2) Books and literature; 3) Medical professionals; 4) The mass media.

There seem to be no major differences between where urban and rural families get their child development information and other family members are the main information source for half of the families in either group. The main difference is that urban families tend to rely on media and books more than rural families.

Primary Source of Child Development Information by Settlement (Number of families)



18% of the mothers interviewed stated that the child development information they receive is insufficient.

Programmatic Implications and Recommendations

Results indicate that when it comes to raising children, the influence of family members is much higher than that of health professionals and doctors. Although, it was also determined that doctors are trusted and, when encountered, parents are likely to follow their recommendations. Therefore, it is possible to interpret this finding in a different way: parents come across many issues and problems related to their children on a daily

basis and in many cases they often have no choice but to turn to other – usually older – family members. In other words, the information coming from health professionals does not have the frequency or breadth that most parents need.

General recommendations include:

- Ensure that health professionals are able to deliver information on child development that reflect and cover the needs of families.
- Explore the feasibility of using the media to transmit child development information.
- Findings indicate that written materials are a common source of information for many families. Therefore it is likely that they would refer to well-designed reading materials on child development if these materials were made available to them.

BREASTFEEDING

Children are breastfed for 8 months on average. However, the median for breastfeeding is only 5 months, indicating that some mothers, by breastfeeding for a very long time, are increasing the overall average. Therefore, for practical purposes, the duration which most mothers breastfeed should be estimated to be around 5-6 months.

Rural mothers breastfeed their children slightly longer than urban mothers, but the difference is not significant (8.36 months vs. 8.49 months). Also, mothers who have less than a secondary education breastfeed their children for a shorter duration compared to better-educated mothers. Interestingly, results also show that mothers who are wage-employed (and most of these mothers are likely to be working as seasonal farmers) tend to breastfeed their children longer than mothers who do not work (housewives).

How does the presence of a secondary caregiver in the home affect breastfeeding duration? Families who have no secondary caretaker other than the mother herself (shown as “mother” in figure 41) tend to breastfeed for a much shorter time.

Exclusive breastfeeding during the first six months is rare and giving children supplemental food in the early months is very common. When we look at the total surveyed population, we see that 25% of mothers start giving supplemental food during the first month. By the third month, this increases to 50%. Only 17% of children subsist exclusively on their mothers’ breast milk during the first six months of life.

However, since this finding summarizes the practices of mothers who have children up to 6 years old it might not be fully reliable at present. To find out if the practice has changed recently, it would be necessary to look at the practices of mothers with younger children separately.

The percent of mothers with a child aged between 6 months and two years who did not give any supplement within the first six months is only 13% while the percentage of parents with children under 6 months who did not give extra food is slightly higher (24%).

On a scale of 1 to 5, 81% of the mothers interviewed think that breastfeeding is very important (5) for the development of the child.

Programmatic Implications and Recommendations

Based on the relatively long duration that children are breastfed it can be concluded that mothers overwhelmingly feel that breastfeeding is important. However, examples of exclusive breastfeeding are still rare despite recent program interventions that have taken place. This is a serious issue and needs more analysis and discussion.

It is quite clear that mothers are either not receiving the messages related to exclusive breastfeeding, or if they are receiving these messages they are resisting them by not changing their practices.

Finally, the low rate of exclusive breastfeeding may also be related to the aggressive marketing of baby formulas that are imported and sold throughout the country. Although Georgia ostensibly has an official policy in accordance with the “International Code of Marketing of Breast-milk Substitutes”, ECD working group members indicated that the implementation of this code needs to be improved.

General recommendations include:

- Explore the reasons why exclusive breastfeeding rates are so low.
- Evaluate the effectiveness of existing interventions promoting exclusive breastfeeding.
- Make programmatic decisions about what kind of approach should be used to increase exclusive breastfeeding.
- Make necessary policy changes to fully implement and monitor the “International Code of Marketing of Breast-milk Substitutes”.

NUTRITION AND MEALTIME PRACTICES

Study results show that after the first year, 95% of children eat grains and grain products on a daily basis. During the first year of life, half of the children in Georgia are given dairy products on a daily basis. During the second and third years of life, this increases to 62% and then drops to 47% for ages 4 to 7.

On average, about half of the children in the country get meat products on a daily basis. 25%-30% of children are given meat two or three times a week. The remaining 20% receive it once a week or less. Results show that children in urban families receive meat much more frequently (2-3 times/week) compared to children whose families live in rural areas.

60% of children 2 years or older are given fruits and nuts on a daily basis while 25% eat them once a week or less. The same pattern exists for the intake of vegetables.

Use of sweets is very common. 42% of children under 1 are given sweets on a regular basis (12% every day). 55% of older children aged 2 to 7 are given sweets on a daily basis. Children in urban areas are given sweets more frequently than those in rural areas.

63% of the families in the sample eat breakfast together as a family, while 56% tend to have dinner together. Most children start eating independently at the age of one although 10% of three year olds do not (or cannot) eat independently.

Programmatic Implications and Recommendations

Two issues stand out in the analysis of child nutrition. The first is the relatively low frequency of protein (meat and fish) intake, especially in rural areas. The second issue is the very high intake of sweets.

The solution to the first problem lies in the eradication of poverty and is likely to be a long-term solution. The issue of sweets is probably directly related to the recent increase of the import and distribution of packaged cookies and sweets. Even in the most remote villages, the shelves of grocery stores are filled with cookies, chocolate and other sweets that are mainly marketed to children.

It is also possible that parents frequently use sweets to “reward” good behavior, especially since they are easily accessible and relatively cheap. While a moderate amount of candy is not harmful, study results indicate high levels of consumption starting at early ages.

General recommendations include:

- Explore economic policies that would result in increased meat and fish consumption for children in rural areas.
- Educate mothers on the importance of moderating their children’s sweet intake.

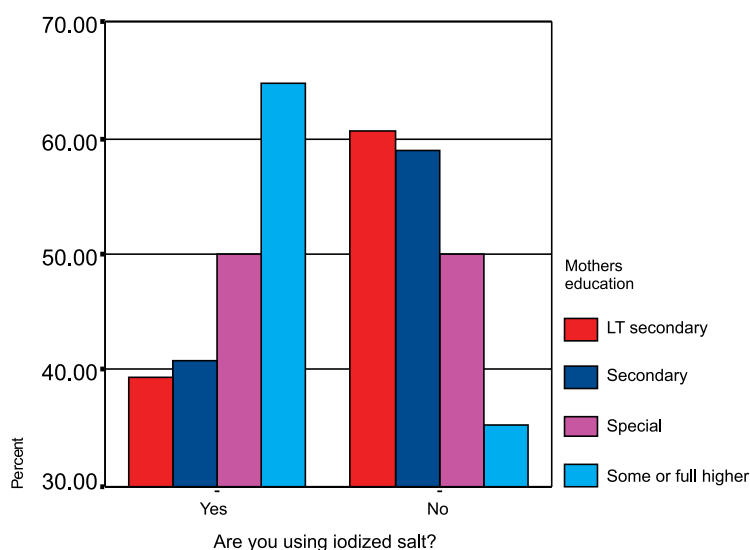
USE OF IODIZED SALT

Despite a law banning the use of non-iodized salt in Georgia, 48% of the mothers interviewed said that they do not use iodized salt in their families. 14% believed that the use of iodized salt is not important.

It should be noted that some of the families who reported non-use may actually be using iodized salt without being aware of it. During the survey, it was not always possible to identify whether or not the salt being used was in fact iodized since in many cases the household salt was not in its original container.

Better-educated parents seem to be more careful about using only iodized salt.

Use of iodized salt in comparison to the mother's education



It is also more common for families to use iodized salt in urban areas (56%) compared to rural areas (49%)

67% of the mothers who do use iodized salt add it while cooking – which is not the recommended method of use.

Programmatic Implications and Recommendations

Findings indicate that, based on parental reports, fewer families than expected make a point of using iodized salt, particularly given the adoption of the law that bans the import of non-iodized salt. This finding can be interpreted in two ways: either the salt that these families are using is in fact already iodized and they just do not realize it, or the law is not being enforced and there is very high amount of smuggled salt in the country.

The truth is probably somewhere in between. Since the law is quite recent, it may be appropriate to give it some more time before the alarm is raised in earnest.

General recommendations include:

- Monitor the implementation of the law on iodized salt
- Carry out spot checks to test the iodine content of the salt being used in homes in order to get a better sense of where non-iodized salt is being distributed.

IMMUNIZATION

96% of the mothers interviewed said that their child has been generally “immunized.” However, these rates began to drop when immunizations against specific diseases were mentioned.

Rates in which mothers stated that their children had been immunized with various vaccines were as follows: Polio – 93%; Measles – 78%; and Hepatitis B – 59%.

Only 18% of mothers said that their child had an immunization card, while only 15% were actually able to produce it. The most common reason given for not being able to show it was “the card is kept at the clinic and was not given to us.”

Programmatic Implications and Recommendations

In studies such as this one, it is not possible to determine if the child has been fully immunized because the researchers have to rely solely on the mother’s report. Overall, a 96% immunization rate looks high. But, if the mothers’ reports are correct, the rates may be lower for specific types of immunizations. For example, 41% of the mothers interviewed reported that their children were not immunized against Hepatitis B.

Results indicate that, while parents are aware that some kinds of immunizations have been given to their child, they have no in-depth knowledge of what these are and at what times any future immunizations need to be given.

The only reliable way to track immunization history is to refer to the immunization cards. In Georgia, this practice is generally not – for various reasons – being carried out. As a result, families are being excluded from the immunization tracking process.

General recommendations include:

- Discuss and decide how important it is to give parents updated immunization cards to keep at home.
- If the decision is made to insure that each family has an updated immunization card, a plan and implementation policy must be developed to achieve this goal.

HEALTH BEHAVIORS AND SERVICES

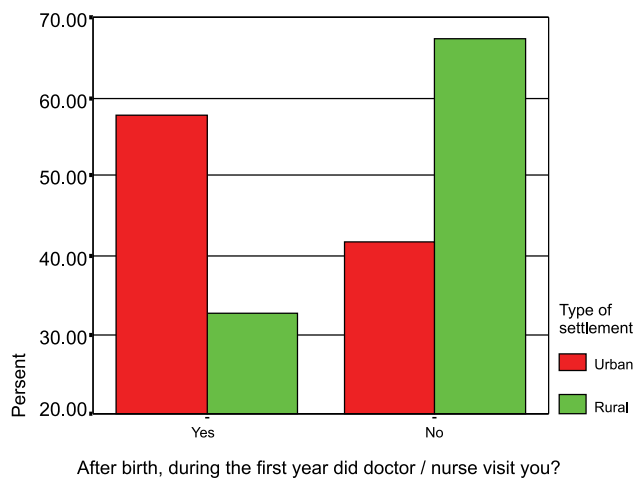
Findings show that 82% of all mothers were examined by a doctor during their pregnancy with the target child. Surprisingly, there are no major differences in exam rates between urban and rural families.

However, there are significant differences among different regions. For example, while in Tbilisi – Isani - Samgori all the mothers were examined during pregnancy, in Kvemo Kartli this number was 70%.

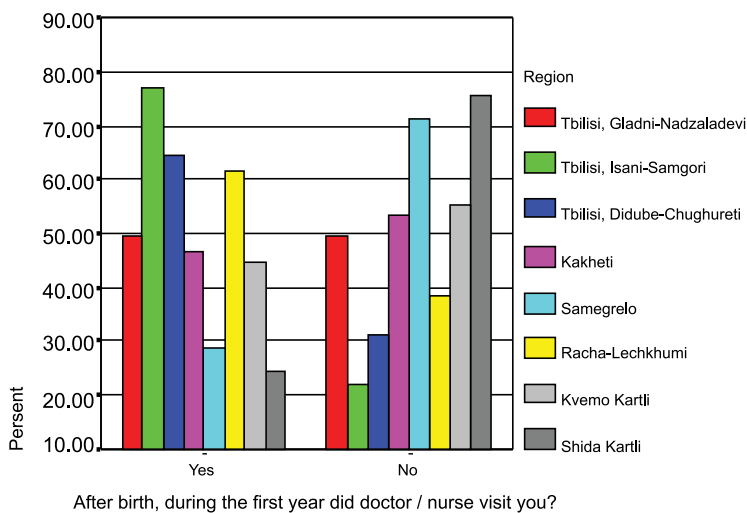
The number of home births is relatively small, only 1.5%. 75% of the births took place in a public maternity house and 10% in a private maternity house.

Overall, 56% of mothers were not visited by a doctor or nurse during the first year of their child’s life. Most of those who were visited felt that the visits were useful. When it comes to home visits by professionals during the first year of the child’s life discrepancies are big from region to region. Such visits are more common in cities – 58% of urban homes have been visited compared to 32% in rural areas – and the rate drops to as low as 25% in the Shida Kartli region.

Home Visits by Professionals during the Year After Birth (By settlement)



Home Visits by Professionals during the Year After Birth (By region)



6% of the mothers use the cradle to put their children to sleep.

Programmatic Implications and Recommendations

The unequal provision of health services in different parts of the country should be a very big concern. As the proposed ECD interventions require most of the information delivery and training to be done by health professionals who visit the homes, the results that show the failure of this system to reach the families on a regular basis reveal a big handicap in the system.

General recommendations include:

- Coordinate with the DOH in order to address the issue of unequal service delivery. Discuss options and develop policy.

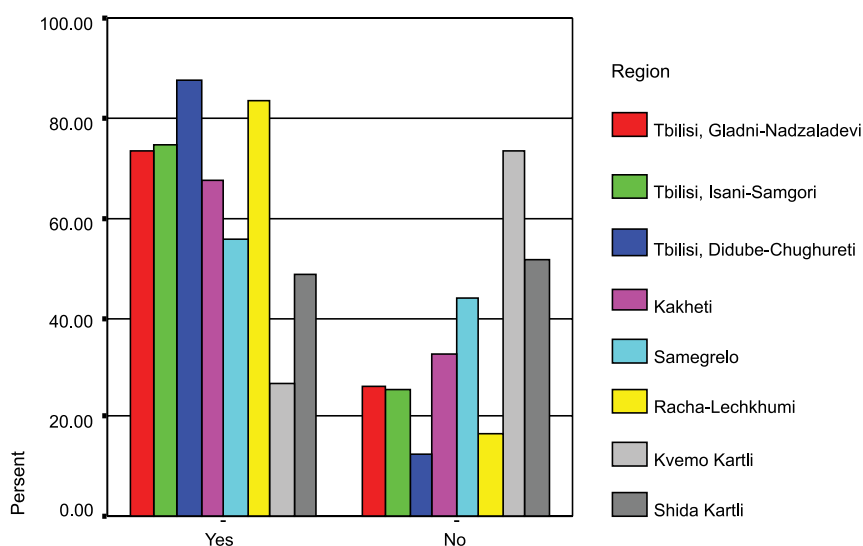
PRESCHOOL AND INTEGRATED EDUCATION¹

In the 3 to 6 year age group, 55% of children are attending a kindergarten. Significantly more children attend kindergartens in urban areas (67%) compared to rural areas (43%).

Private kindergartens account for about 2% of all the kindergartens in the country.

There are significant differences among regions in terms of kindergarten attendance. The highest attendance rate is in Tbilisi and the lowest is in Kvemo Kartli.

Kindergarten Attendance by Region (Ages 3-6)

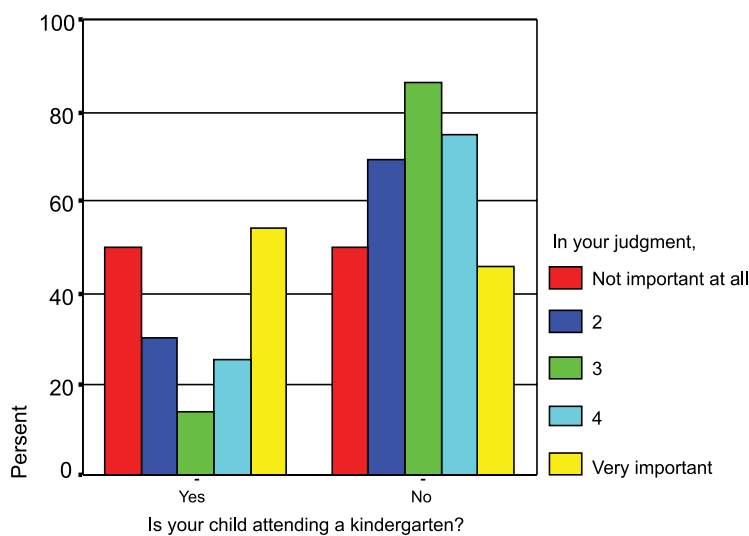


¹ A more detailed analysis and report on preschool education and school readiness is currently being prepared. The study will supplement data from the ECD study with data from additional surveys, focus group results and preschool observations. Only very basic information on preschool education is included in this report.

The two most common reasons for explaining why the child is not attending a kindergarten are: 1) “It’s not necessary as there is always someone at home” and, 2) “There are no kindergartens nearby.”

93% of all parents agree that kindergarten attendance is either important or very important for the development of the child. Interestingly, a higher percentage of those mothers whose children are not attending a kindergarten say that kindergarten attendance is important, than those whose children do attend.

Parental attitude towards kindergarten attendance by parents whose children do and do not attend a kindergarten



16% of the families interviewed stated that they are not doing anything in order to prepare their children for school.

39% of mothers believe that a child should know the alphabet before attending first grade. 31% feel that they should be able to express themselves and 13% say they should know how to behave in a classroom.

79% of mothers said they would not object to a child with a physical disability attending the same kindergarten as their child. Of those who do object, 30% think that children with disabilities require more attention and 27% think they should attend a special school.

The percentage of mothers who said they would not object to their child sharing a kindergarten classroom with a mentally disabled child is lower; 65%. In this case, 31% of the mothers who objected thought that a child with a mental disability should attend a special school.

15% of the families interviewed know a child with a disability. As far as they know, 32% of these disabled children do not have friends that they can play with regularly.

Programmatic Implications and Recommendations

Compared to other countries in the region, Georgia's overall kindergarten attendance rates are very high. Inevitably, there is a serious regional discrepancy regarding kindergarten access, however where they do exist, every effort should be made to ensure that kindergartens continue operating with a high-quality program. Parental confidence in the importance of kindergartens is a good indicator and may be an important factor in the long-term survival of the kindergartens.

Significantly high numbers of parents have no objection to integrated education. The data is not conclusive regarding the overall percentage of children with disabilities, but as 15% of the parents say that they know a family with a disabled child we can conclude that this is a major problem. At this time, there is new legislation on the table that would make it easier for children with disabilities to attend kindergartens. Yet there are still major physical and psychological hurdles to be overcome.

General recommendations include:

- Take the necessary steps to improve and reform the existing kindergarten system and to increase its effectiveness.
- Explore informal or semi-formal early education alternatives that will work in rural areas where there is no access to kindergartens.
- Given the cooperation and the support of the majority of the parents towards integrated education, continue and expand model integrated school projects to demonstrate the feasibility of the idea. Ensure that these experiments are well documented and evaluated.

PROPOSED FUTURE ACTION AND FURTHER STEPS

Findings presented in this study can be used as baseline data to track the progress in Georgia in all areas of ECD. In addition, the findings in this study should be used as a starting point for the development and articulation of a comprehensive national ECD strategy.

The findings should be closely reviewed by the five thematic ECD working groups to be established within the framework of the National Alliance for Early Childhood Development:

1. ECD mainstreaming in national policies
2. ECD mainstreaming in the health sector & services
3. ECD mainstreaming in the preschool education sector and services
4. ECD integration into academia, and
5. ECD education programmes for parenting/families

The findings of this study should be used by each of the thematic working groups to finalize the corresponding section of the National Strategic Action Plan for ECD within the relevant M&E (Monitoring and Evaluation) framework.

UNICEF should work closely with each working group to provide the necessary technical assistance until a consensus is achieved on the development and implementation of the action plans.

In addition, an evaluation of the existing ECD service delivery programs should be conducted in order to identify issues and weaknesses. For example, steps should be taken to reach a wider group of parents through polyclinics providing ECD education.

More specifically, the findings from this ECD study should be used for:

1. Revising existing parent education materials;
2. Developing programs that focus on children & families with special needs;
3. Identifying new effective strategies to reach families;
4. Designing and implementing parenting programs that will ensure enhanced community ownership and participation;
5. Development of an evidence-based ECD curriculum as an integral part of the University curriculum;
6. Continued development and revision of evidence-based guidelines and treatment protocols for young children;
7. Advocating for the integration of ECD within the ongoing legislative & executive reforms;
8. Overall planning and monitoring of innovative ECD approaches to reach the most vulnerable and disadvantaged groups.

