

Care and Feeding of Young Children: Video Discussion Guide

**Prepared for LINKAGES Project by
Stephanie Gabela, MPH, RD
Wellstart International
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This video illustrates ways of promoting growth and learning in young children through everyday interactions, including feeding. Malnutrition and lack of stimulation can hinder a child's physical, emotional, social, and cognitive development. Food, feeding, and interaction with children have an influence on their whole development. The children and caregivers seen here are from rural Guatemala and urban Brazil.

Suggested use of the guide

The video lends itself to discussion after each example is shown. For each case study:

1. List the behaviors observed in the child and caregiver, as well as other pertinent observations.
2. Describe how the caregiver's behavior promotes the physical, emotional, social, or intellectual growth of the child.
3. Describe what the caregiver could do to promote the child's development.
4. To enhance observation, consider the following: Where is the child fed? How is the child fed? What is taking place during the feeding interaction? How is communication taking place? How is learning advanced?
5. After viewing the video, discuss how the participants can promote growth and development in young children in their community.

Background statements (voice-over)

Even before a young child can speak, communication with others is the key to healthy development.

Everyday interactions are the foundation of a child's growth, whether physical, emotional, social, or intellectual.

Children's growth depends on many factors, but one of the most important is adequate intake of high quality complementary foods from the sixth month onward, in addition to continued breastfeeding.

Children from 6 to 24 months may need help in eating. They must learn how to reach for food, to grasp it with their fingers, and to handle spoons and cups.

They must learn how to ask for food, or say no to more food, whether through language, sounds, or gestures.

Children's social and emotional development also affects their ability to get food.

Children who are malnourished or ill often have less appetite, and may require more effort, time, and persistence to feed.

They may need extra encouragement, but not force-feeding.

Young children can be fed in many different ways.

These examples are from rural Guatemala and urban Brazil.

As in so many places, there are great variations among the families in how well children are doing, which cannot be attributed to economic resources.

Even if food is available in the household, a child may not necessarily get enough to eat.

The amount of complementary food that a 6-24 month old child eats is influenced by the behaviors of those who feed and care for them.

Some caregivers are slow to respond to the children's hunger cues, whereas others respond quickly, and offer help and encouragement in eating. Sometimes caregivers expect that children are able to feed themselves before they're really able. Also, the situation in which children are fed, or who feeds them, may affect how much they eat. A caregiver's responsiveness and sensitivity can also affect the way children learn to think and solve problems. Even when children are eating, a responsive and sensitive caregiver can encourage language and thinking. Of course, a caregiver's poor health, low energy and lack of economic resources make the demands of caregiving much more difficult. Good social support from communities, families, and especially from fathers, can make a great difference in care.

Key Teaching Points (on screen)

Good nutrition is about more than good food. It's also about care and communication during feeding.

Children gradually learn the many skills required to feed themselves. They need help and encouragement from someone during each meal.

Children benefit from having the caregiver talk to them while they eat. This encourages them to eat and to begin communicating.

Support from the whole family helps assure a child gets the care necessary to eat properly.

Case Study 1

Nineteen month old Rodolfo, moderately malnourished, is short and light for his age.

What Behaviors Are Observed?

Child

Sits on a mat on the floor, with a plate of food on the mat in front of him.

Shows an interest in feeding himself. He uses the spoon with some difficulty.

Uses gestures to make his wants known.

Gets distracted by a barking dog, and by a cat that comes close and eats some fallen pieces of food.

Caregiver

Kneels on the floor in front of Rodolfo, and offers spoonfuls of a mashed food.

Helps Rodolfo patiently, and shows him how to use the spoon.

Talks to him and smiles.

Responds to Rodolfo's gestures and interactions, but not always with language.

Other observations: Seating arrangement without back support may be uncomfortable. Placing the plate at floor level makes self-feeding a challenge for a child learning to balance food on a spoon. The cat not only distracts, it eats some of the food intended for Rodolfo.

How does the caregiver’s behavior promote the physical, emotional, social, or cognitive growth of the child?

Mother’s position right in front of Rodolfo allows her to readily assist him and supervise his intake. Her responsiveness and attentiveness encourages Rodolfo to eat and to learn to feed himself. His communication skills are reinforced when she responds to his sounds and gestures. The mother appears relaxed and interested in Rodolfo, setting a pleasant tone conducive to eating and learning.

What could the caregiver do to promote the child’s development?

Use language more. Redirect Rodolfo back to eating when distractions occur. Modify seating and food placement to avoid distractions from discomfort and optimize the eating experience.

Teaching points (voice-over)

Language is learned in the first two years of life when adults respond to children’s first sounds, and try to understand them.

Sometimes the situation in which children are fed may limit how much they eat. Distractions may keep children from eating. In some situations, other siblings or even household pets may keep an eye out for extra food, snatching it up if there isn’t supervision.

Case Study 2

Thirteen month old Ana Maria, more malnourished than Rodolfo.

What Behaviors Are Observed?

Child

Held on mother’s lap in what appears to be an awkward position: legs twisted back, arms outstretched sideways, head lifted up.

Opens her mouth to take food offered by mother. Tries to play and touch food. Holds cup handle briefly.

Looks at her mother several times. No use of language.

Appears distracted by actions occurring in room (videotaping?)

Caregiver

Seated in a chair, holds Ana Maria on her lap, encircling the child with her left arm, while holding the plate of food and a cup in her left hand.

Feeds the child with her fingers, absently eating some of the food herself.

Doesn’t permit Ana Maria to touch or play with the food, pulling the cup and bowl away when Ana Maria shows an interest.

Briefly returns the child’s look, averts her eyes, or doesn’t respond at all to Ana Maria’s look or touch. The emotional interaction appears limited.

Appears tired and serious. Doesn’t smile or talk much.

Other children stand next to her quietly.

How does the caregiver's behavior promote the physical, emotional, social, or intellectual growth of the child?

The uncomfortable positions in which mother and daughter are seated are a distraction to the eating and learning process. By restricting the child from reaching and touching the food, the mother is limiting the development of Ana Maria's self-feeding skills, as well as other skills that come with practice and exploration. The lack of language and responsiveness to Ana Maria's gestures does not promote an emotional connection to encourage her development of language.

What could the caregiver do to promote the child's development?

A more comfortable seating arrangement for the mother and Ana Maria would allow both of them to focus more on the eating experience. More interaction between the mother and child, through talking and eye contact, would promote Ana Maria's growth and development. The child should be allowed to practice her self-feeding skills and encouraged to use a spoon and cup. The caregivers should offer more food if available and monitor how much food Ana Maria eats (mother is observed absently eating some of it herself).

Case Study 3

Sixteen month old Ricardo, severely malnourished, is adequately proportioned, but very small for his age.

What Behaviors are observed?

Child

Slowly eats a hard boiled egg while seated on a cloth on the floor, as his sister watches next to him.

Feeds his sister, hands her his plate, plays a game with her.

Licks his plate when finished eating the egg.

Uses gestures to communicate, not language.

Caregiver

Washes Ricardo's face and hands, peels the egg.

Kneels on the floor about an arm's length away.

Early in the meal moves Ricardo's place closer to him. She leans down briefly, looks at him, and says something. She looks at him when he gestures, but doesn't respond or take any action.

Remains passive, making little or no conversation or contact.

Other observations: A baby bottle is on the floor near Ricardo. Someone is making tortillas nearby. Mother does not see Ricardo's older sister take his food, or the game they play.

How does the caregiver's behavior promote the physical, emotional, social, or intellectual growth of the child?

She shows an emotional and social connection to Ricardo by washing Ricardo's hands and face, peeling the egg, and sitting near him on the floor. She offers him a nutritious food that he slowly eats by himself. But she is passive and does not respond to his gestures. She takes little action to ensure that Ricardo eats what he is given, and doesn't offer more food even though he shows signs that he may still be hungry, and more food is nearby. The mother interacts with Ricardo

once, briefly, when she moves his plate nearer to him. There is more contact between Ricardo and his sister. Although she takes some of his food, she plays interactively with Ricardo. Little attention was directed at Ricardo and his sister, so social and language skills were not practiced.

What more could the caregiver do to promote the child’s development?

Sit close to Ricardo and help him to eat. Talk and interact with Ricardo and his sister. Respond to Ricardo’s communication attempts. Offer more food in response to Ricardo’s cues that he may still be hungry. Offer liquids in a cup rather than a bottle.

Teaching points (voice-over)

Left on their own, young children eat very slowly, and can frustrate busy caregivers. Malnourished children in particular need more stimulation and encouragement to eat. It is important to take advantage of signs of hunger.

Case Study 4

Manuel is short and light for his age. He is less malnourished than Ricardo.

What behaviors are observed?

Child’s Behavior

Sits with his older brother at a child-sized table and chairs.
Eats more slowly than his brother, but the companionship seems to help him focus on eating.
Feeds himself, although he has a hard time with the spoon, which is very large for his mouth.

Caregiver’s behavior

An adult male, along with another man and a boy, sits with Manuel while Manuel practices stacking blocks.
They smile, offer encouragement, and respond with language.
At mealtime, an adult washes the boy’s hands and remains in the vicinity but does not sit at the table.
Each boy is served a plateful of food, with more food placed on the table near the boys.
The older sibling interacts with Manuel, but eats without becoming distracted.

How does the caregiver’s behavior promote the physical, emotional, social, or intellectual growth of the child?

The men and male sibling help Manuel learn to problem solve and build self-esteem. Language and social skills are being practiced. There is an evident emotional bond.
Mealtime presents another opportunity for social and emotional development, while a generous portion of food promotes physical growth. The child sized table and chairs allow the children to sit comfortably with good posture and support, letting them focus of the task of eating.

What more could the caregiver do to promote the child’s development?

Sit and interact with the boys. Give Manuel a smaller spoon that better matches the size of his mouth.

Key teaching points (On-screen summary):

A child can be malnourished even if there is enough food in the house. Too little attention or missed cues during feeding may be part of the problem.
Children who are sick or malnourished have little appetite. They need special encouragement. Even healthy children eat very slowly. Feeding a child requires time and patience.
Watch where a child's food really goes. A sibling or a pet can be responsible for an empty plate.
A child plays with food as a process of learning.
Playing helps a child to learn to use his hands and solve problems.

Background (voice-over)

Communication during feeding is really part of a bigger process of communication and growth for the child.
We can begin to see how food, feeding, and interaction with children have an influence on their whole development.

Case Study 5

Paula, age 22 months, is at a nutrition rehabilitation center in urban Brazil.

What behaviors are observed?

Child's Behavior

Sits in a chair across from the caregiver.
Occasionally is distracted, but refocuses on eating with her caregiver's encouragement.
Seems at ease and receptive to the caregiver during the feeding interaction.
Passively eats, opening her mouth when the spoon is offered, and makes no attempt to self-feed.
Communicates effectively with her caregiver when she has eaten enough, although not with language.

Caregiver's behavior

Faces Paula, giving her her full attention. She holds a bowl and spoon feeds Paula.
Calls out her name, talks to her, and redirects Paula back to eating when Paula becomes distracted.
Smiles and demonstrates a calm, pleasant demeanor.
Persuades Paula to eat by using words, gestures, eye contact, touch, and humor.
Persists without forcing.
Comprehends when Paula indicates that she is finished eating, and responds appropriately.
There appears to be an emotional warmth between the two.

Other observations: Other children are seen seated at child-sized tables and chairs, being fed by other caregivers. Although it's a social environment, it is also distracting.

How does the caregiver's behavior promote the physical, emotional, social, or intellectual growth of the child?

Encourages Paula to eat in a way that respects Paula's needs. Responds to Paula's actions and gestures. With conversation, eye contact, physical contact, and a positive approach, she is promoting Paula's emotional, social, and intellectual development.

What more could the caregiver do to promote the child's development?

Seat Paula at the child-sized table so that Paula can also practice feeding herself. Offer her a cup. Encourage Paula to use language.

Teaching points (voice-over)

Feeding children requires a balance between too little and too much encouragement. A good emotional relationship between a caregiver and a child increases food intake and the child's chances of developing language and thinking skills.

Case Study 6

Two mothers try to make their daughters laugh.

What behaviors are observed?

First mother-daughter pair

Mother's behavior

Mother tickles child, bounces her, encourages her to clap; smiles and the child smiles back. Easily makes her daughter laugh.

Child's behavior

Laughing, clapping, and smiling in response to mother.

Second mother-daughter pair

Mother's behavior

Quiet, serious demeanor. Doesn't smile. Leans towards her daughter as if saying something. Not able to make her daughter laugh.

Child's behavior

Also quiet, unsmiling, and serious as she stares at something in front of her.

Other observations

The first mother appears happy and emotionally connected with her daughter. It seems like they have played games before. In the second mother-daughter pair, the mother is subdued. There is little interaction between them. They may not have had the experience of playing games together.

How does the first caregiver's behavior promote the physical, emotional, social, or intellectual growth of her child?

The first child's reaction to her mother shows that they have played interactive games before.

What could the second mother do to promote her child's development?

Play games that allow mother and daughter to interact and respond to each other. Use everyday interactions to advance learning.

Teaching point

Responsiveness not only helps feeding, but also cognitive development. Any caregiver can become a young child's guide in learning.

Case Study 7

Two mothers show their child a book none of them have seen before.

First mother's behavior

Holds the book with the child, makes sounds, points things out, asks child questions. Another child and woman look on, interested.

Child's behavior

Nineteen-month-old Juanita sits on her mother's lap, helping to hold the book. She shows an interest and makes sounds in response to her mother.

Second mother's behavior

Mother quickly turns the pages of the book, says little, and closes it up.

Child's behavior

Thirteen-month-old Matilda sits on her mother's lap. She shows an interest in the book by helping to turn some of the pages.

How does the first caregiver's behavior promote the physical, emotional, social, or intellectual growth of her child?

The first mother takes time to study the book with her daughter, using it as a learning opportunity.

What could the second mother do to promote her child's development?

Spend time examining and talking about the book interactively.

Teaching points

An important source of early learning for children is having adults and older siblings show them things, give labels, ask questions, and play games.

Even before 24 months children show pleasure in solving problems and making things happen.

During this period children are learning and testing their environment. They learn through play and practice.

Case Study 8

Nineteen-month-old Matilda, learning to walk and practicing language.

Observations**Caregiver's Behavior**

No one is present to respond to her.

Child's Behavior

By herself practices making sounds and walking.

What could a caregiver do to promote the physical, emotional, social, or intellectual growth of this child?

Her language and motor skills would advance if someone was there to respond and provide encouragement.

Series of children doing the same task, some doing it better than others:

Mother and baby in lively exchange of sounds, making faces at each other and smiling.

Mother and siblings helping a child to stack blocks, while smiling, laughing, and making a game of it.

Older child responding to a younger child who rings a bell, laughing together.

Mother makes sounds for her baby to repeat.

Summary points

These children illustrate some of the mechanisms through which malnutrition or low height and weight for age may affect children's cognitive and emotional development.

We know that poor growth, particularly in height, is related to delayed cognitive development.

Malnutrition also affects emotional development: children with malnutrition tend to be low in energy, timid, easily upset, or hard to soothe.

They may show fewer signs of joy, and pleasure.

For the best growth and development of children, responsive and sensitive caregiving is needed.

Opportunities for this kind of caregiving occur during feeding as well as in play and exploration.

In the first three years of life, these interactions are extremely important.

And caregivers need good health and support from families and communities in order to provide this caregiving with energy, patience, and humor every single day.

Group discussion: How can the participants promote growth and development in young children in their community?

References:

Morris, S. and Klein, M. (1987) Pre-Feeding Skills. Therapy Skill Builders, Tucson, AZ.