

CHANGES IN ADAPTATION OF THINKING HEALTHY PROGRAM (THP) IN BANGLADESH

In Bangladesh we adapted THP for mothers with depressive symptoms who have 6-12 months old children. We targeted these mothers with the aim to address the group who has long lasting postnatal depressive symptoms. For this reason we had to drop some of the components of THP that focused on perinatal period and early infancy period. We have also made some minor changes in the delivery mechanism of the program based on the sensitivity of the culture. Table 1 presents in details the changes that we made for cultural adaptation. However many of these changes may not be applicable for the WHO document that is addressing the mothers of perinatal period but can help in thinking about flexibility of the program.

We followed the same structure of THP and the adapted version of the manual. We aimed to deliver total 24 combined sessions (fortnightly) of CBT and Psychosocial Stimulation over the period of one year, where 12 alternate sessions were mainly focused on CBT and 12 on Child Stimulation. At this moment the study is half way through. Our process evolution showed that both mothers and health workers are enjoying the program (in general).

Although we are using the THP in different population, I think sharing our experience can throw some light in modifying the flexibility section of the document (page 12 & 13)

We made the following changes in the original manual based on our FGD and pilot-

- **Diet Chart:** Almost all the poor rural mothers in Bangladesh take main food 2 times and in rare cases 3 times a day. Many of them cannot afford even low cost food. We found making a diet chart is not useful for them. So we gave them dietary advice along with pictorial poster (Picture 1) of low cost nutritious diet and helped them in home gardening with plants of spinach, sweet potato, papaya tree etc that grows fast and can meet some of their nutrition needs.

List of locally available cheap and Costly food	
Cheap food	Costly food
	
	
	
	
	

Picture 1

We also helped them to increase the amount of dietary intake gradually in each meal for the sake of their wellbeing and kept that track. Also we suggested them to take snacks in between. They were also encouraged to go for some income generating activities at home by rearing cows, hens, ducks etc or by doing some handicraft activities when facilities available.

- **Exercise:** s Slow breathing and walking also did not work for our rural mothers. They do lots of hard work and also walk a lot. So they did not show any interest in doing those. We changed these activities and asked them to extract some times in the day for pleasurable activities (that they like to do or enjoy) e.g. listening music, sewing, gossiping, watching TV etc.
- **Identify Health Corner:** Finding a place for health corner was difficult in many houses, so we provided our mothers with a hanging health bag (Picture 2) to keep necessary health papers, vaccine card, oral saline, medicine etc there and they found it useful. In this document I think this part has been omitted.



Picture 2

- **Playing with the child:** Along with baby interaction chart, we had to incorporate some age-specific play activities with low cost toys made out of recycle materials (picture 3). This addition was done to make integration of the THP with psychosocial stimulation, and we provided the toys to them to give an idea about how easily they can make those materials at home to stimulate their child.



Picture 3

- **Feeding of child:** In this section we added complementary feeding along with breast feeding. In some sessions we added responsive feeding too. We also highlighted how they can prepare the meal for baby from their family diet instead of preparing special meal. In some sessions we talked about source of low cost nutritious food for the baby.
- In practice work we had to become flexible about **Health Calendar**. Our mothers found it difficult to tick on the calendar for deferent topics. They found it as extra load of work to tick on so many boxes. They also found it difficult to follow 5 types of moods. So we had to simplify the Health Calendar. We made the mood chart simpler with 3 types of moods (Picture 4).





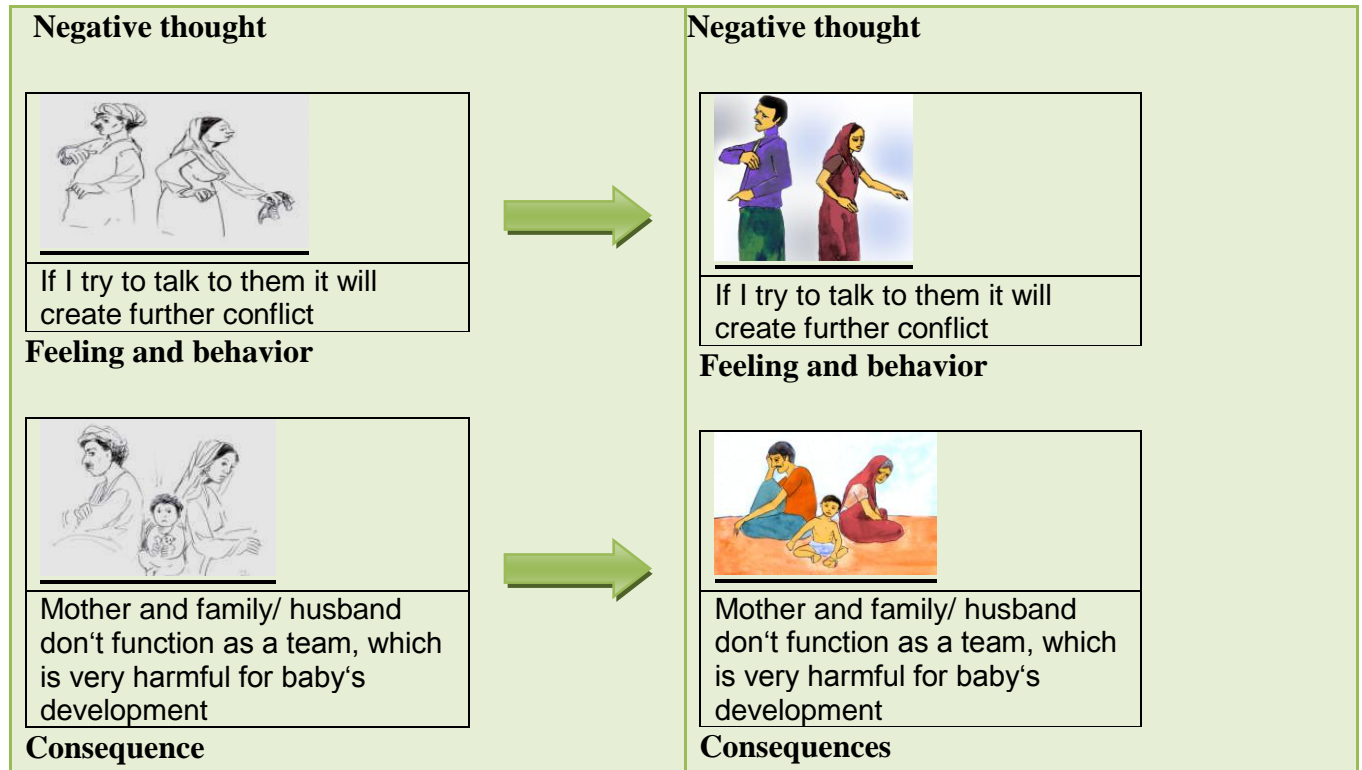
Picture 4

We have simplified the calendar with 4 charts.

- Mood chart (modified)
- Baby interaction chart
- Sleep chart (Modified)
- Pleasurable activities of mother such as, gossiping, sewing, watching TV, Listening music and others. (newly added)

We made some cultural adaptation of pictures (Picture 5).

Original THP	Adapted THP in Bangladesh
<p>➤ <u>Pictures in activity workbook:</u> All the pictures are based on the Pakistani culture.</p>  <p>My family/husband don't understand me</p>	<p>• Almost 100 pictures have been modified according to our rural culture.</p>  <p>My family/husband don't understand me</p>



Picture 5