



**An Internship Report on
Early Childhood Development (ECD) of Ethnic vs. Mainstream Population
under the PPEPP-EU Project of PKSF**

Internship timeline: 1/6/2025-13/7/2025

SUBMITTED TO

**Pathways to Prosperity for Extremely Poor People – European Union (PPEPP-EU)
Palli Karma-Sahayak Foundation (PKSF)**

SUBMITTED BY

Nahida Sultana

Batch: CD&SR 25th

Reg No: 6283

Department of Child Development & Social Relationship

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Student's Declaration

I, hereby declare that the internship report on “**Early Childhood Development (ECD) of Ethnic vs. Mainstream Population**” has been prepared by me under the supervision of **Associate Professor Rumana Bashar** for fulfillment of honors from **Department of Child Development & Social Relationship in Bangladesh Home Economics College**.

I, further affirm that the work of this internship report is original and it has not been submitted by any other student.

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Acknowledgement from the PPEPP-EU project, Palli Karma-Sahayak Foundation (PKSF):

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Intern Supervisor

Project Director, PPEPP-EU

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Acronyms

PKSF – Palli Karma-Sahayak Foundation

PPEPP-EU – Pathways to Prosperity for Extreme Poor People – European Union

ESDO – Eco-Social Developmental Organization

ECD – Early Childhood Development

PO – Partner Organization

SDC – Social Development Centre

FGD – Focus Group Discussion

KII – Key Informant Interview

NGO – Non-Government Organization

NHP – Nutrition & Health Promoter

ECCD – Early Childhood Care & Development

SDG – Sustainable Development Goals

FCDO – Foreign Commonwealth & Development Office

Executive Summary

This report presents the findings of an academic internship conducted at Palli Karma-Sahayak Foundation (PKSF), focusing on Early Childhood Development among Ethnic Populations. The study was carried out under PKSF's Pathways to Prosperity for Extremely Poor People – European Union (PPEPP-EU) project from June 1, 2025, to July 13, 2025. This project includes a “Mother & Child Forum” where comprehensive healthcare is provided to both mothers and children. The forum focuses on the growth and nutrition of children aged 0-5 years. Its objective is to ensure proper care for both mothers and children through a healthy environment and access to adequate nutritious food.

The objective of my study was to “Assess the current state of Early Childhood Development (ECD) among ethnic communities relative to main-stream population”. To conduct this study, I first went to the field to speak with members of both ethnic and main-stream communities. Through KII and FGD, I collected information from working mothers in both communities. I tried to understand whether there were any cultural or linguistic barriers among them. I also explored the current ECD status of their children and identified whether the children were achieving age-appropriate developmental milestones. Then, to study the social development of children ages 0-8 years, I conducted case studies of both ethnic and main-stream children. Finally, through KII, I held discussions with teenagers from both ethnic and main-stream populations to understand their psychosocial conditions and future planning.

The developmental assessment of a sample of 10 children shows an overall average progression, with strong skills observed at 5 years, including independent play, storytelling, and problem-solving. From 3 months to 2 years, most milestones such as sitting, walking, and early speech, were achieved at an average level. However, a below-average level at 18 months in pointing behavior and a low level at 3 years in motor, self-help, and language skills highlight potential concerns that require early intervention. As this assessment is based on a small sample size, it may not be fully representative of the wider population, and further evaluation with a larger sample is recommended for more conclusive findings.

Following the study, it was observed that children from both ethnic and mainstream communities often grow up in environments that do not fully support optimal Early Childhood Development (ECD). Many families lack ECD-friendly settings, and parental awareness of child development milestones remains limited. While mainstream children show slightly better outcomes than their ethnic counterparts, notable challenges persist across both groups, particularly in terms of social development foundations. Adolescents, regardless of background, often express uncertainty about their future aspirations and life planning.

In response to these challenges, initiatives under the PPEPP-EU project—particularly the Mother and Child Forum and the Social Development Centre (SDC) for adolescent girls—have played a positive and transformative role. These platforms have contributed significantly by:

- Raising awareness among parents and caregivers about the importance of nurturing environments and appropriate parenting practices.
- Promoting knowledge of developmental milestones and the need for supportive early learning.

- Providing adolescent girls with a safe space for dialogue, mentorship, and personal development, thereby helping reduce uncertainty about their futures.
- Encouraging inclusive participation, life skills education, and confidence building among children and youth.

These efforts have laid a strong foundation for advancing ECD and adolescent empowerment, particularly in underserved communities. To sustain and expand these positive impacts, further investment in parental education, community engagement, and youth-focused development programs is essential. For this, a few specific recommendations have been added at the end of this report.

Acknowledgement

I would like to express my gratitude and appreciation to all those who made it possible for me to complete this report. It has been an honor to work under the direct supervision of **Mr. Md. Rayhan Mostak, Manager, PKSf**, and the overall guidance of **Dr. Sharif Ahmed Chowdhury**, Project Director of the PPEPP-EU project and **Ms. Tanvir Sultana**, Deputy General Manager, PKSf. I am also grateful for the guidance and field trip accompaniment of **Ms. Tanzina Nur Jinia**, Manager, PKSf, and **Dr. SSM Hejbullah**, Senior Program Manager, PKSf. I am thankful to **PKSF** for giving me the opportunity to carry out my internship under the **PPEPP-EU** project. My special gratitude goes to my supervisors for being kind and supportive throughout.

I am thankful to them for their support and mentorship throughout the internship. I also extend my heartfelt gratitude to my academic guide, **Rumana Bashir, Associate Professor** in Child Development and Social Relationship from Bangladesh Home Economics College, Dhaka.

I would like to take this opportunity to express my sincere thanks to **Mr. Asfaq Mahmud** from the training department of PKSf for his valuable guidance and supportive behavior.

Lastly, my heartfelt appreciation goes to all well-wishers, as well as the people of PKSf and ESDO, for being kind and supportive whenever I interacted with them.

Introduction

Bangladesh has witnessed a remarkable progress in extreme poverty reduction over the last three decades. According to the Household Income and Expenditure Survey (HIES) 2022 data, rural extreme poverty fell to 6.5% last year from 14.9% in 2016. However, there are still some pockets where poverty rates are higher than the national average. Those living in climate-vulnerable Northwestern River basin, Southwestern coastal belt, Northeastern haor region, and areas with high concentration of ethnic minority groups are among those most exposed to extreme poverty.

Palli Karma-Sahayak Foundation (PKSF) has been working for poverty reduction through employment generation since its establishment in 1990. In continuation of this, PKSF has launched a new project titled ‘Pathways to Prosperity for Extremely Poor People – European Union (PPEPP-EU)’.

The nutrition component of the ‘Mother and Child Forum’ project focuses on the nutrition and well-being of mother and children. They work on the physical health of both mother and child during pregnancy and after childbirth. I have worked on how ECD is progressing for these children and what should be done in this regard. I have informed mother about developmental milestones so that they can understand their child’s growth and development. I have worked on whether the children’s social development is happening properly. I have also collected information from the adolescent girls who are participants of the Kishori Club (Social Development Centre) about the benefits they have received from the club.

Chapter 1: An Overview of PKSf and Introduction to Pathways to Prosperity for Extremely Poor People- European Union (PPEPP-EU) Project

1. History of PKSf

PKSF was established by the Government of Bangladesh in 1990, with a mandate to contribute to poverty reduction, elimination, and development in the country. From the beginning, it is a microfinance development institution that works mainly with non-governmental organizations (NGOs) to promote and develop microfinance institutions in Bangladesh. It provides technical assistance, capacity building support, financial services and other related services to boost the performance of its partner organizations. Over the years, however, the contribution of micro-credit to poverty reduction has been analyzed through critical lenses and different studies show that access to micro-credit alone cannot create a sustainable pathway out of poverty. In 2010, PKSf took an innovative leap in its mission by redefining its core purpose to “establishing human dignity” instead of merely striving for economic freedom. This prompted the organization to initiate multiple programs toward achieving this goal and allowing it to become a trailblazer in holistic development initiatives in Bangladesh.

2. Vision and Mission of PKSf

Vision: A prosperous, resilient and equitable Bangladesh

Mission: To serve the low-income people to enhance their opportunity for decent employment with appropriate financial, risk mitigation and capacity enhancement services by fostering inclusive institutions.



The major objectives of PKSf

Building upon our renewed Vision and Mission, and in response to the evolving development challenges, PKSf strategic plan is anchored by the following high-level objectives. These objectives represent PKSf's overarching aims, guiding our efforts to create lasting and transformative impact for the low-income people in coming days.

- Enhancing Economic Opportunities for Low-Income People
- Building Resilience against Income and Asset Erosion
- Enhancing Capacity of Low-Income People, Partner Organizations and PKSf

3. Fundings of PKSf

PKSf mandate authorizes PKSf management to mobilize funds in the forms of grants, loans, and contributions from a wide variety of sources which include the Government of Bangladesh (GOB), private individuals and organizations, foreign governments, international donors and lending agencies and capital markets. So far, PKSf has received funds from the GOB, the IDA/World Bank, the USAID, the Asian Development Bank (ADB), and the International Fund for Agricultural Development (IFAD).

3.1 Completed Projects of PKSf

- Bangladesh Climate Change Trust Fund (BCCTF)
- Climate-resilient Haor Project
- Extended Community Climate Change Project- Flood (ECCCP- Flood)
- Developing Inclusive Insurance Sector Project (DIISP)
- Finance for Enterprise Development and Employment Creation (FEDEC)
- Low Income Community Housing Support Project (LICHSP)
- Microenterprise Development Project (MDP)
- OBA Sanitation Microfinance Project
- Promoting Financial Services for Poverty Reduction (PROSPER)
- Promoting Agricultural Commercialization and Enterprises (PACE)
- Strengthening Resilience of Livestock Farmers Through Risk Reducing Services
- Sustainable Enterprise Project (SEP)
- Skills for Employment Investment Program (SEIP)

3.2 Current Projects PKSf are working on:

- Bangladesh Rural Water, Sanitation and Hygiene for Human Capital Development Project
- Extended Community Climate Change Project-Drought (ECCCP-Drought)
- Microenterprise Financing and Credit Enhancement Project (MFCE Project)
- Pathways to Prosperity for Extremely Poor People-European Union (PPEPP-EU) project
- Recovery and Advancement of Informal Sector Employment (RAISE)

- Resilient Homestead and Livelihood Support to the Vulnerable Coastal People of Bangladesh (RHL) Project
- Rural Microenterprise Transformation Project (RMTP)
- Safe Water Project (SWP)
- Skills for Industry Competitiveness and Innovation Program (SICIP)
- The Project for Developing Inclusive Risk Mitigation Program for Sustainable Poverty Reduction (IRMP)
- Sustainable Microenterprise and Resilient Transformation (SMART)

3.2.1 Background of PPEPP-EU Project



Figure: PPEPP-EU Project.

Pathways to Prosperity for Extremely Poor People – European Union (PPEPP-EU) is a second-generation poverty reduction project co-funded by PKSF and the European Union. PKSF is implementing the project activities through 19 Partner Organizations (POs) having decades of experience in poverty reduction programmers. The project supports about 860,000 extremely poor (EP) people of 2.15 lakh households and is aligned with the SDG 1 (No Poverty), SDG 2 (Zero Hunger), SDG 3 (Good Health & Wellbeing), SDG 5 (Gender Equality), SDG 10 (reduced inequalities) and SDG 13 (Climate Action).

The project delivers a carefully sequenced package of multidimensional interventions, with a thrust on enterprise development and resilience building to help target households progress towards the mainstream socioeconomic growth trajectory. Technically, PPEPP-EU is a continuation of Pathways to Prosperity for Extremely Poor People (PPEPP) project

which was jointly funded by the UK government's FCDO and the EU. After the FCDO's departure in March 2023, the EU has taken over the project to continue supporting some of the already organized target households, but under a slightly different name—PPEPP-EU.

Objective of PPEPP-EU Project

To contribute to poverty reduction and resilient livelihoods in the target regions of Bangladesh

Core selection criteria

1. Occupation: Wage-based (manual labor) earning
2. Landholding: Maximum 10 decimals (it varies a little depending on the region)
3. Income: Per capita monthly income of BDT 2,045 maximum (it varies depending on the region)
4. Housing type: Mostly thatched/tin roofed and mud floor
5. Earning member: Single earner or no earner

Complementary selection criteria

1. Female-headed households
2. Household dependent on child labor
3. Households experiencing consumption rationing
4. Households having member(s) with disability
5. Households of ethnic minority, Dalit, and third gender

Geographical targeting

The three-year project (from Oct 2022 to Sept 2025) covers 145 Unions of 34 upazilas in 12 poverty-prone districts in north, south, haor and ethnic minority regions. The districts are Thakurgaon, Rangpur, Dinajpur, Kurigram, Gaibandha and Nilphamari in northwest riverine char basin; Satkhira, Khulna, Bagerhat, Bhola and Patuakhali in saline and cyclone-prone coastal region; and Kishoreganj in haor area. Additionally, the project supports ethnic minority groups in Dinajpur and Thakurgaon districts.

Project components

a) Resilient Livelihoods

The Resilient Livelihoods component is working to boost income of the extremely poor people (mainly targeting women) by engaging them in a range of Income Generating Activities (IGAs). The support for IGA development includes appropriate financial services, skills training for farm and off-farm activities, vocational training and microenterprise development. In addition, the project aims to grow and transform some of the potential livelihoods into business clusters by providing selective value chain interventions.

b) Nutrition and Primary Healthcare

This component seeks to tackle the intergenerational malnutrition problem through nutrition-sensitive and nutrition-specific interventions. The essential nutrition service package is ensured in three ways: 1) delivery of a package of essential services either by supporting better delivery of the National Nutrition Services (NNS) or through direct delivery where there are significant gaps in NNS capacity, 2) community-level work to address some of the social practices that prevent good nutrition outcomes, and 3) promoting income-generating activities that support nutrition outcomes where possible.

c) Inclusive Finance

Alongside technical services, target members receive grants, appropriate loan including seasonal loan and enterprise loan for IGA establishment and microenterprise development. Disaster and Climate Resilience. This component promotes climate-resilient livelihoods through early warning systems. It also explores ways to support households manage common risks such as illnesses, and predictable disasters/climate-related risks such as flood and cyclone.

d) Disability

This component is designed to address the specific needs of the extremely poor people with disability. Where possible, livelihood opportunities are tailored to their specific capacities. The project also seeks to increase their access to social safety net programmes to ensure that their basic needs are met.

e) Women Empowerment

Special focus is given on gender relations within households and across the community involving both men and women. The project deliberately targets women as primary participants of the livelihood graduation component to ensure women-led economic growth.

f) Community Mobilization

The project builds social support and change the social norms that exclude women, girls, people living with disabilities and others. Through grassroots advocacy, the project also builds linkage with public and private institutions to ensure extremely poor people's access to various service systems.

PPEPP Areas of Interventions



1. Mother and Child Forum

The health of the unborn child depends on the health and nutrition of the mother. Inadequate food and malnutrition at this time can be fatal for the mother and the child. Children born to malnourished mothers have low birth weight, impaired intellectual development, weak health and disease. During pregnancy, the mother provides the necessary nutrients from her own body to develop the baby in the womb properly. In this case, the demand in the mother's body increases, which if not met, causes damage to the mother's health. For this reason, the mother has to eat more food than usual during pregnancy. In our country, most mothers get pregnant at a young age and almost all of them suffer from malnutrition. As a result, malnourished children are born or sometimes women give birth to stillborn children. In addition, mothers and other family members play a lot of roles in the nutrition and health status of adolescent girls and women.

To achieve the desired results of the project, the Mother and Child Forum will play an effective role in ensuring nutrition and healthcare for children under five years of age, pregnant and postpartum women, and adolescent girls, behavioral changes among pregnant and postpartum women and their guardians on various nutrition and health issues, creating awareness about women's rights, and behavioral changes to increase women's decision-making capacity, and above all, breaking the intergenerational cycle of malnutrition.

Objectives of forming the Mother and Child Forum:

- a) Raising awareness among pregnant women and postpartum women on child nutrition and healthcare, proper care of pregnant women and postpartum women, and various social issues in the light of the golden 1000 days of a child's life

- b) Developing pregnant and postpartum women at the community level as 'model mothers' or Nutrition & Health Promoters (NHP) so that they can educate their neighboring women on child and maternal nutrition, child and maternal health, adolescent girls' nutrition, reproductive education and various social issues.
- c) Assess the nutritional status of children under five years of age and pregnant/maternal women and refer malnourished children and pregnant/maternal women to local health care centers if necessary.
- d) Increase group awareness about age-specific types of nutrition and healthcare available at local government healthcare centers
- 6) Establish referral linkages through forums with local government healthcare centers.

Chapter 2: Description of Internship & Study Area, Partner Organization (PO)

2.1 Internship Description

The internship is a 2-credit course done in fulfillment of the requirements for a Bachelor of Child Development and Social Relationship. The main objective of this internship program is to gain practical experience in the field of mother and child development and to develop a better understanding of research and its implementation concepts. Moreover, the interns would be required to put their theoretical knowledge into practice and develop analytical skills.

During my internship at Palli Karma-Sahayak Foundation (PKSF), I had the opportunity to conduct an in-depth study on the development of early childhood.

Over the course of 6 weeks, I engaged in extensive fieldwork, interacting with an ethnic community called the Dalit. I spoke with mothers and children from the Dalit community about their development. I also spoke with adolescents about the benefits and effectiveness of their Kishori (Adolescent Girls') Club.

I explored how early childhood development takes place in the Dalit community and learned about the religious barriers they face. I informed them about the developmental milestones that typically occur from ages 0 to 5 and explained how to identify those milestones.

I also gathered information about their work life during pregnancy and the problems they face during that time. Alongside this, I learned about the work life of mainstream mothers during pregnancy and compared it with that of ethnic mothers.

I conducted case studies on the social development of both ethnic and mainstream children. Additionally, I learnt how project activities are executed and implemented in the field.

2.2 ESDO-Partner Organization

Eco-Social Development Organization (ESDO) continuous its mended for the holistic development of rural populations in the areas of livelihood, skill development, health, education, water and sanitation, nutrition, mother and child health care services, kitchen gardening, growth monitoring, immunizations, arsenic mitigation and the developing needs of marginalized people of Bangladesh from its inception 1988. At the same time, ESDO has been continuing microcredit, social development, food security, disaster management, agricultural development, livestock, fisheries, water resources management, hazardous child labor reduction, counter-trafficking intervention, human rights, adult education, child education, skill development activities for ensuring equitable society free from poverty in ESDOs working area.

ESDO Mission

ESDO mission is to reduce income and human poverty in our working areas through holistic, integrated development programs suited to the specific needs of the poor and marginalized communities. We adopt a dual approach of service delivery and a rights-based framework, with a focus on income generation, enhanced education, nutrition and health, promotion of human rights, and establishment of good governance practices. Gender equity and environmental protection are integrated into each of our programs as priorities across the board. Guided by the core belief in equity, we engage in active promotion of human rights, dignity, and gender equality that empowers people through social, economic, political, and human capacity building. Women and children remain at the heart of all our initiatives. We believe that through continuous improvement of our organizational capabilities, we can have more quality services.

First among these, our commitment is to outreach and support to ultra-poor people—a defined main manifesto and leading mission with determination.

2.3 Study Area

I have done field work in two districts- Thakurgaon and Rangpur. I visited several unions in these two districts for the field work. To communicate with the Dalit community, I went to Ranisonkoil and Dharmaghar in Thakurgaon, and to Jamchoura and Mornea unions in Rangpur.

Chapter 3: Literature Review

In Bangladesh, early childhood development (ECD) has seen improvements across various domains, including literacy, physical health, and social-emotional skills, according to a comparison of two nationally representative surveys from 2012 and 2019. However, challenges remain, particularly in addressing malnutrition and ensuring equitable access to quality early childhood care and education.

Recently, a two-day National Early Childhood Development (ECD) conference was held at BRAC University from May 26-27, 2025, organized by the Bangladesh ECD Network. The conference, titled "Twelve Years of Integrated ECD Policy – Where Do We Stand?", focused on assessing Bangladesh's progress since the implementation of the Comprehensive Early Childhood Care and Development (ECCD) Policy in 2013. Discussions highlighted the importance of postnatal care, child development, and the need for collaborative efforts among stakeholders, including government officials, UN agencies, NGOs, and experts.

A survey by BMC Public Health reveals that, the overall ECD status improved between MICS 2012 and MICS 2019. Important factors influence ECD status, including early childhood education programs, families' possession of children's books, mothers' educational level, and wealth index. (Mohammad Nayeem Hasan, et, 2023)

Chapter 4: Methodology

4.1 Objectives of the Internship Study

Assess the current state of ECD among ethnic communities relative to main-stream population.

Expected Outcomes:

- a) Effects of cultural and linguistic barriers on ECD outcomes of Ethnic child.
- b) Determines the differences in ECD outcomes and upbringing patterns between the Ethnic and main-stream populations.

4.2 Methodology

Research Designs

This study employs a mixed-method approach, integrating both qualitative and quantitative methodologies. A purposive sampling technique was utilized to select households for participation. Data was gathered through primary and secondary sources.

4.3 Data Collection Method



Figure 1: Data collection from Working Ethnic Mother

Focus Group Discussions (FGD):

One FGD were conducted, each comprising 10 participants. FGD were conducted with mothers who have children aged 0-5 years. Through discussions with them, a lot if valuable information can be gathered.

Key Informant Interview (KII):

KII were conducted with working ethnic mothers and main-stream mothers to learn about their pregnancy journey and the problems they faced.

Case Study:

Case studies were conducted on children of different ages to check whether their social development milestones have been achieved properly.

4.4 Ethical Considerations

In conducting this research, the highest ethical standards were observed. These include: obtaining informed consent; ensuring the privacy and confidentiality of all participants; avoiding fabrication or falsification of data; considering potential consequences and one's role as a researcher. In order to protect the right of the participants, before conducting all the 42 surveys, KIIs and FGDs, oral consent was obtained from all participants. Personal information was kept strictly confidential, and no identifiable data was used in the report or published. Moreover, each was entitled to a unique code number to maintain the respondents' anonymity. All study participants were provided with detailed information about the research and its objective before giving their opinions.

Chapter 5: Findings from the Study

5.1 Focus Group Discussion (FGD) with Ethnic Mother

Data Collection Process: In Ranisonkoil, Thakurgaon, Mother and Child Forum, FGD were conducted with mothers of Dalit children aged 0-5 years. During the discussions, the mothers were informed about the developmental milestones appropriate for their children's age. At the same time, observations were made to assess whether the children were achieving proper development according to their age- such as whether they could sit, walk, ride a cycle and whether their gross and fine motor skills were functioning properly. It was also observed whether they could recognize colors and shapes and how well they understood various emotions.

Developmental Milestones: It was quite natural that ethnic mothers were not properly educated about developmental milestones, and they also did not know at which age these developmental milestones usually occur in children. To understand the developmental milestones of children aged 0–5 years, the developments that occur every 3 months have been identified. Every 3 months, 4 developmental milestones have been considered as indicators. Among the 4 developmental milestones, children who have fulfilled 2 milestones are considered to be at the average level. Children who have fulfilled 1 developmental milestone are considered to be below average, and those who have not fulfilled any developmental milestone are considered to be at a low level. Among them, children who have fulfilled all 4 out of 4 developmental milestones are considered to be at a good level. Due to time and other limitations, only 4 developmental milestones have been considered for each stage. After observing the developmental milestones, a graph created to visualize the findings of 10 children.

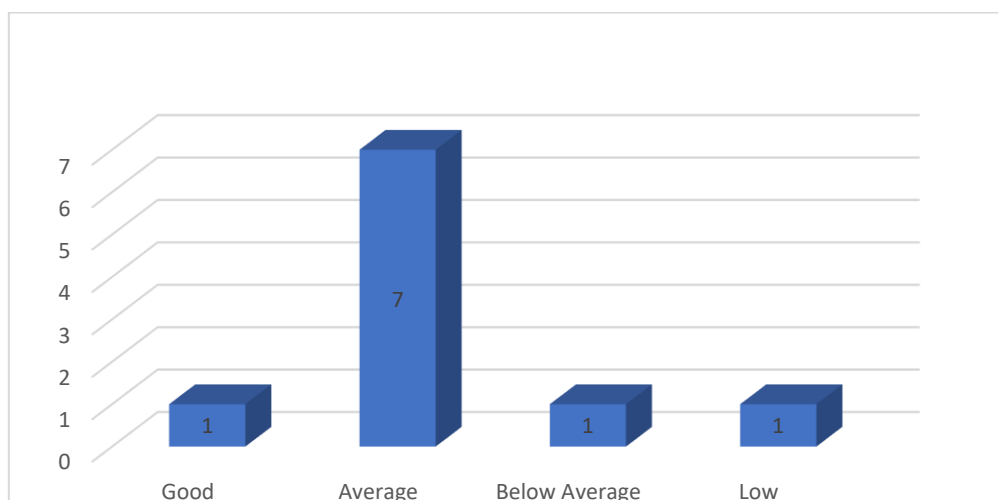


Figure 1: Development milestone graph of ethnic child

Findings 1: The graph illustrates the developmental assessment of children based on feedback from their caregivers. Out of a total of 10 respondents, the majority (70%) fall under the “Average” category, indicating that most children are meeting basic developmental milestones appropriate for their age. However, only one child (10%) was reported to be performing at a “Good” level, suggesting limited instances of above-average development. Additionally, one respondent each reported “Below Average” and “Low” development, which may signal early signs of developmental delay or challenges that require closer attention and possible intervention.

Recommendation: These findings highlight the need for greater awareness among caregivers about child development indicators and the importance of early stimulation and support to promote healthy growth and improve outcomes, especially for those not reaching optimal milestones.

Nutrition Status: After working on the developmental milestones of ethnic children, their height was measured to assess their growth. After measuring the height of 10 children, the stunting status was calculated comparing with their age.

	Stunting		
Age (Month)	No	Yes	Grand Total
1	1		1
6		1	1
9	1		1
12	1		1
19		1	1
21		1	1
26	1		1
32	1		1
38	1		1
59		1	1
Grand Total	6	4	10

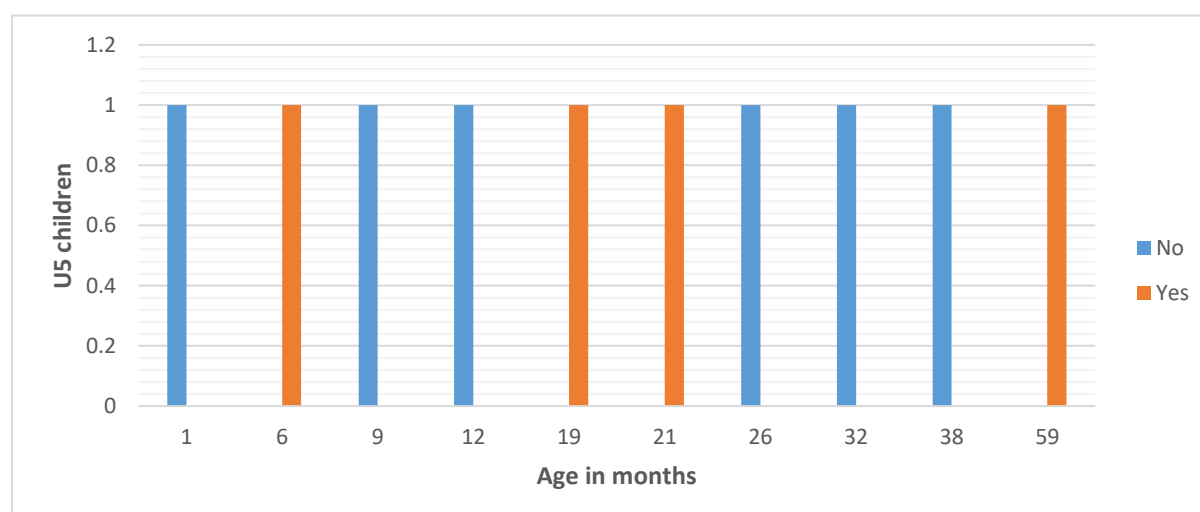


Figure 3: Stunting status of ethnic children

Findings 2: After conducting FGD on ethnic children, their height was measured with the help of a technical group to assess whether their growth is occurring properly. The measured height was compared with the standard height expected for each age group. It was found that out of 10 children, 4 are experiencing stunting, while the remaining 6 children have the correct height for their age. Since it is often not possible for ethnic families to provide proper healthy food to their children, stunting tends to occur more frequently among ethnic children.

Weight: After working on the height of ethnic children, their weight was also measured to assess their growth. After measuring the height of 10 children, the following information was obtained.

Age (Month)	Underweight		Grand Total
	No	Yes	
1	1		1
6	1		1
9	1		1
12	1		1
19		1	1
21		1	1
26	1		1
32	1		1
38	1		1
59	1		1
Grand Total	8	2	10

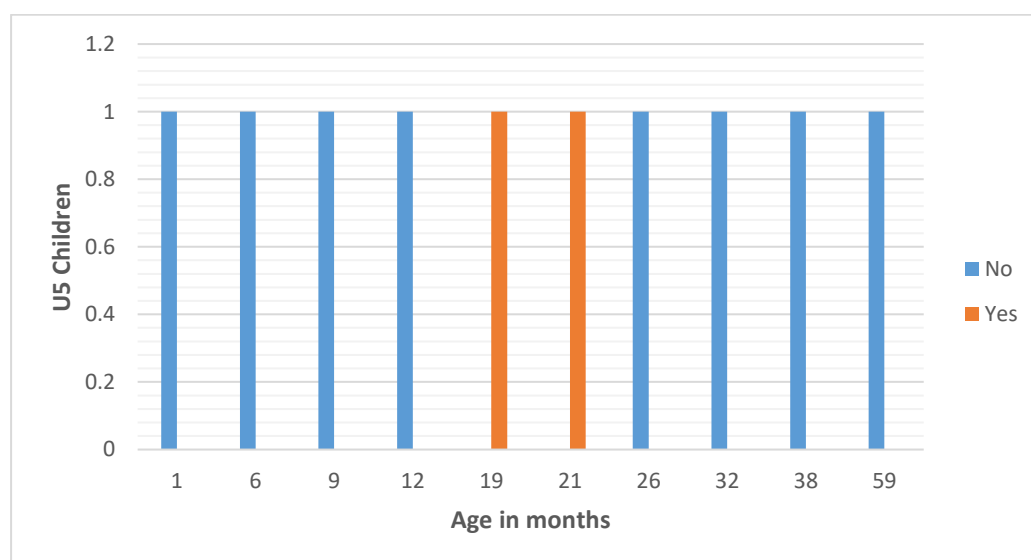


Figure 4: Underweight status of ethnic children

Again, with the help of the technical group, the weight of ethnic children was measured. Based on the appropriate weight according to age, an analysis was done, and it was found that out of 10 children, 2 was underweight, while the remaining 8 have the appropriate weight for their age.

Recommendations: In some cases, the growth of children in the ethnic population has not occurred properly due to lack of accurate understanding about growth and development. Therefore, it is important to raise awareness among ethnic parents about their children's growth and development, and also to educate them more about nutrition. This will help them take proper care of their children. This is especially crucial because nearly half of a child's brain development occurs within the first 0-5 years. That is why extra care is needed for children during this period.

5.2 Key Informant Interviews (KII) with Ethnic Mother

Data Collection Process: KIIs (Key Informant Interviews) were conducted with working mothers from both the Dalit community and the mainstream population.

To understand early childhood development, it is very important to know about the mother's pregnancy and postpartum periods, because these periods play a very significant role in a child's early childhood development. The aim was to understand how they spent their pregnancy period, how many hours they worked, and the types of work they were engaged in. Information was also gathered about the challenges they faced after childbirth and whether they had to follow any specific religious beliefs or practices during this time.

Through these KIIs, a comparison was made between ethnic (Dalit) and mainstream mothers to identify differences and similarities in their experiences.

After observing the Key Informant Interview, there are some graphs created to visualize the findings.

Question-1: How many hours do you work daily?

Types	10 hours (including NGO work)	3-4 hours	6-7 hours	7-8 hours	Grand Total
Ethnic	1			4	5
Main-stream		1	4		5
Grand Total	1	1	4	4	10

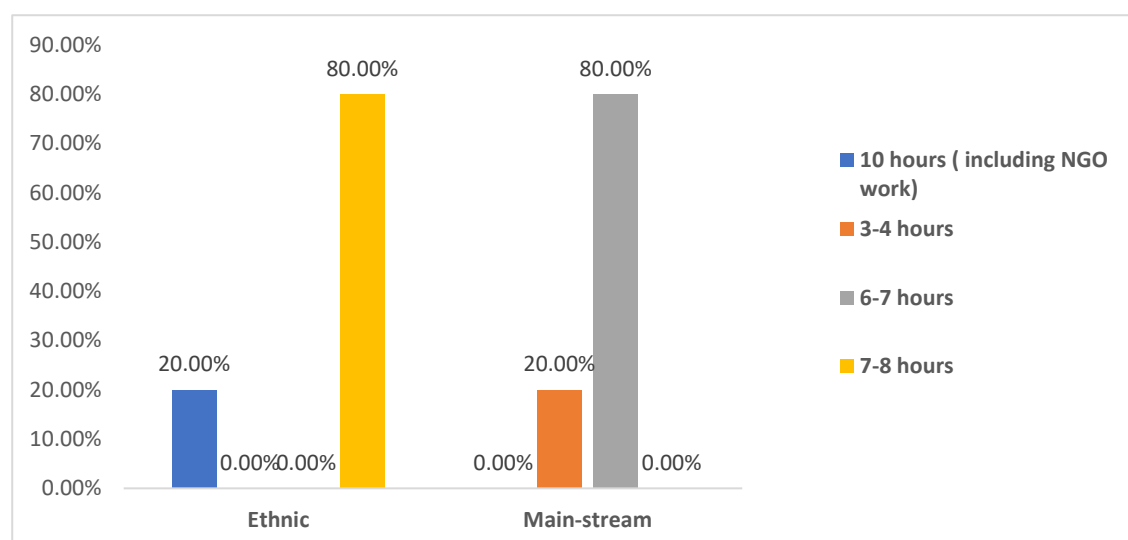


Figure 5: Working pattern of ethnic NPNL mother

Findings: In Ethnic, the majority (80%) of respondents engaging with work for 7-8 hours, while a small proportion (20%) extend this to 10 hours, possibly due to involvement in NGO-related work. Main-stream content is primarily watched for 6-7 hours by 80% of respondents, with 20% watched for 3-4 hours.

Question 2: During your pregnancy, how many hours did you work each day?

Types	3-4 hours	4-5 hours	6-7 hours	7-8 hours	Grand Total
Ethnic		1		4	5
Main-stream	2	1	2		5
Grand Total	2	2	2	4	10

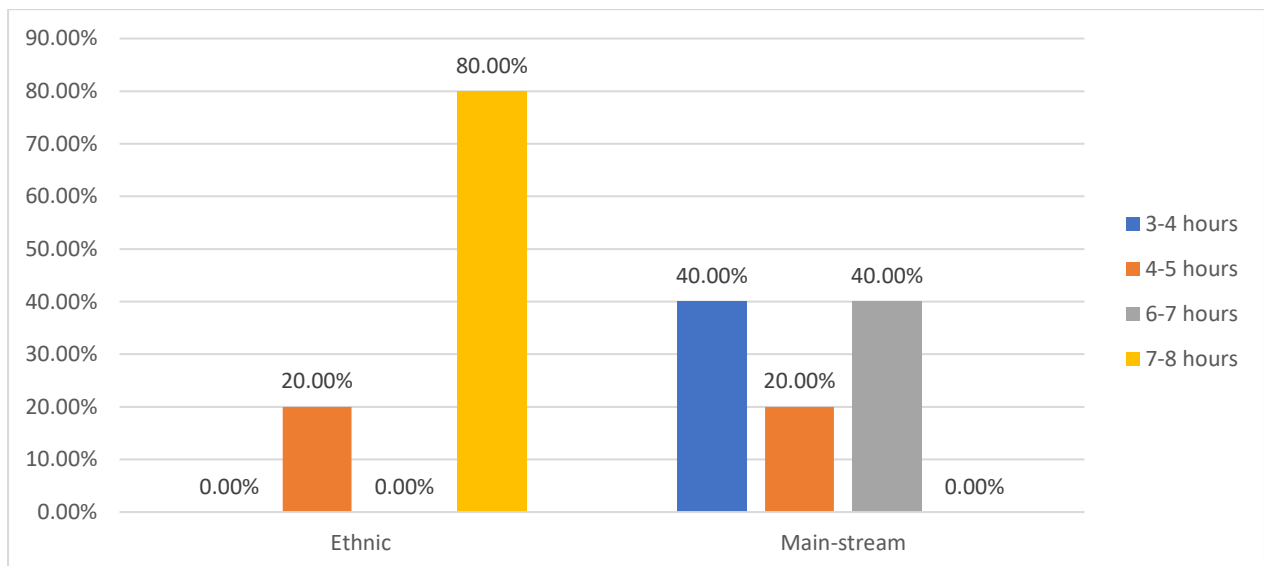


Figure 6: Working hours of ethnic and main-stream mother

Findings: In Ethnic, the majority (80%) of respondents engaging with work for 7-8 hours during pregnancy, while a small proportion (20%) engaging with 4-5 hours. Mainstream content is primarily watched for 3-4 hours and 6-7 hours by 40% and 20% watched for 4-5 hours during pregnancy.

It is clear that during pregnancy, 80% of ethnic mothers continue to work just like they do during normal times. On the other hand, main-stream mothers reduce their workload to some extent during pregnancy, but they still work around 5-6 hours a day.

Question 3: Until which month of your pregnancy, did you work?

Types	6th month	8th month	9th month	Until labor	Grand Total
Ethnic			1	4	5
Main-stream	1	1		3	5
Grand Total	1	1	1	7	10

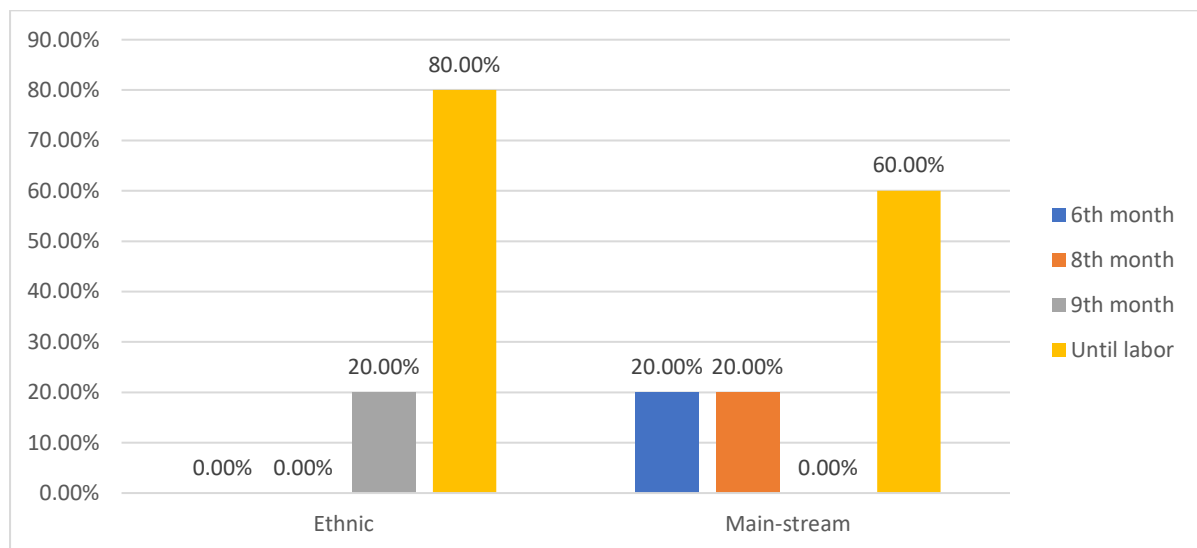


Figure 7: Duration of Employment During Pregnancy

Findings: Among ethnic mothers, 80% mother continue working until childbirth, while 20% mother work until the 9th month of pregnancy. Among mainstream mothers, 60% mother work until childbirth, 20% continue until the 8th month, and the remaining 20% stop working by the 6th month.

This shows that ethnic mothers tend to have higher work pressure and generally less awareness during pregnancy. In contrast, mainstream mothers show a certain level of awareness regarding pregnancy, which is why they tend workload to some extent.

Question 4: How many days of work leave did you take after your child's birth?

Types	10 days	10-12 days	10-15 days	11 days	40 days	4-5 days	60 days	Grand Total
Ethnic		1	1			3		5
Main-stream	1			1	2		1	5
Grand Total	1	1	1	1	2	3	1	10

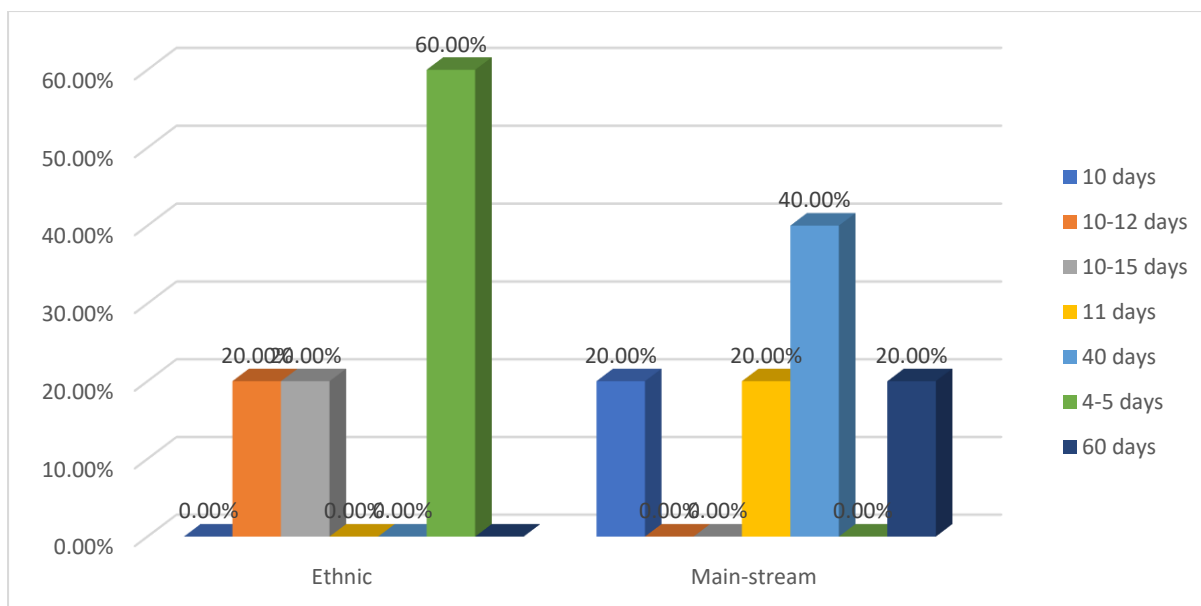


Figure 8: Resting period after child's birth

Finding: Among ethnic, 60% mother took break 4-5 days after childbirth and 20% mother took 10-12 days break and 20% mother took 10-15 days break from work after childbirth. In main-stream, 40% mother took break 10 days, 20% mother took 40 days, 20% mother took 11 days, 20% mother took 60 days break from work after childbirth.

It's quite clear that, ethnic mothers are not very alternative when it comes to postnatal care. They often have little to no awareness about the importance of postnatal care, which is why they usually resume their daily household work just 4-5 days after childbirth. As a result, they are often unable to provide adequate care for their newborn. On the other hand, mainstream mothers tend to take more time to recover after childbirth compared to ethnic mothers. They are more careful about both child and mother health.

Question 5: Does your child have any disability?

Row Labels	After birth, her baby has no fingers on its hand	No	Yes, her baby has cerebral palsy	Grand Total
Ethnic	1	3	1	5
Main-stream		5		5
Grand Total	1	8	1	10

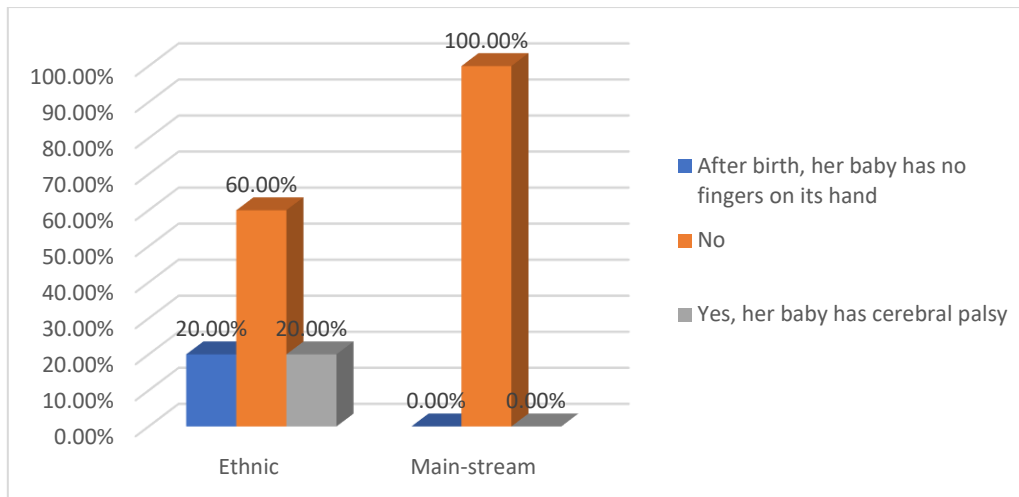


Figure 9: Disability rate in ethnic and main-stream children

Finding: By discussing with 5 ethnic minority mothers, it is found that 2 of their children have physical disabilities. On the other hand, by discussing with 5 main-stream mothers, it is found that none of their children have any disabilities.

Question 6: Did you have to follow any social customs or traditions after giving birth or while pregnant?

Row Labels	No	No but according to their religious belief they must give birth a son	Grand Total
Ethnic		5	5
Main-stream	5		5
Grand Total	5	5	10

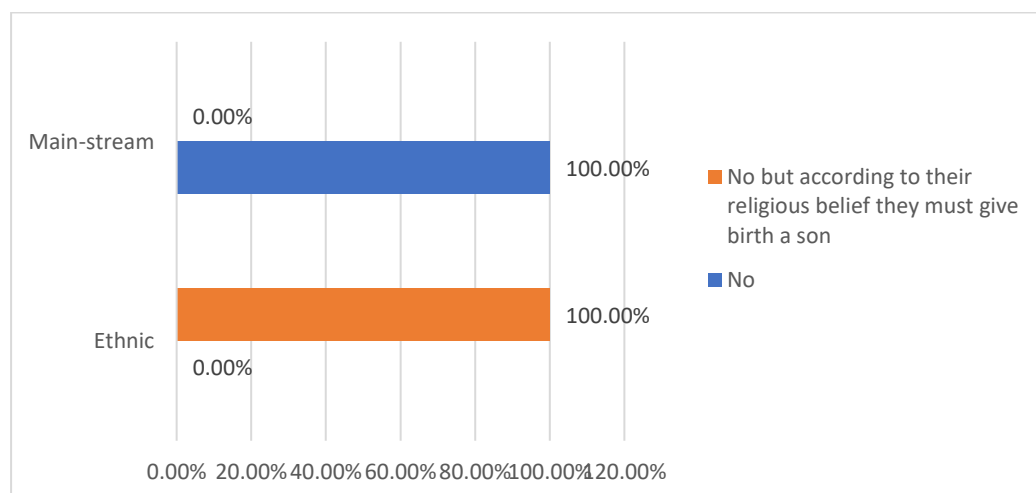


Figure 10: Observance of Social Customs Related to Pregnancy and Childbirth

Finding: Among the ethnic group, they hold a strong religious belief. They feel that they must have son because their religion includes certain activities that only male children can perform. As a result, they continue to have children until a son is born. In the main-stream group, no such religious beliefs are observed. The old superstitions that once existed are also no longer present among them.

Question 7: Which of those services did you received from Mother and Child Forum?

Types	Check-up and Guideline	No services	Grand Total
Ethnic	5		5
Main-stream	4	1	5
Grand Total	9	1	10

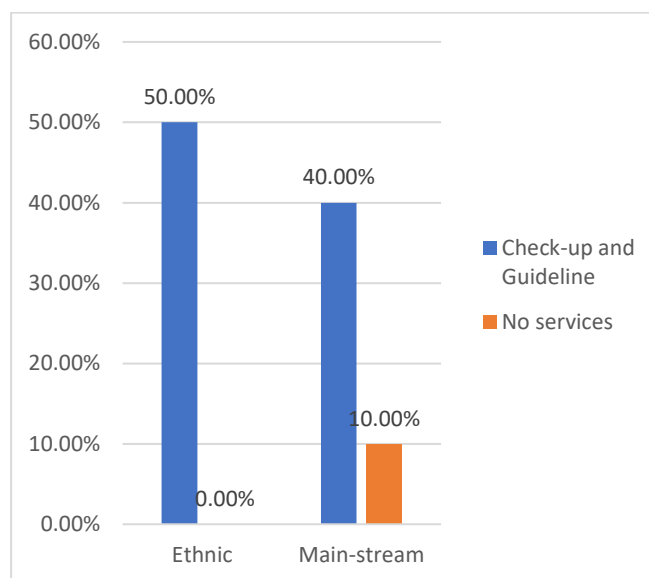


Figure 11: Services Received from Mother and Child Forum

Findings: Both ethnic and main-stream mothers received checkups and guidelines during their pregnancies from mother and child forum. However, one mother from the main-stream group was unable to avail these services due to some family reasons.

Discussions: Most of the pregnant women have done both household and outside work until giving birth. Around 30% of pregnant women continued doing outside work until the 8th and 9th month of pregnancy. Among the ethnic groups, a certain religious belief can be observed regarding having a male child. However, no such religious belief is seen among the main-stream population. Among the ethnic groups, they have no idea about postnatal care, whereas the main-stream population has some basic knowledge about it. It is observed that among the ethnic group, some children were born with low birth weight and malnutrition, whereas the main-stream children were born with proper weight. After analyzing the data, it was found that the pregnancy period of mothers from the ethnic community tends to be more challenging

compared to mainstream mothers. Due to religious beliefs, ethnic mothers often face both physical and mental pressure to give birth to a male child. As a result, they frequently go through multiple pregnancies until a son is born. This repeated childbirth sometimes leads to the birth of children with disabilities.

On the other hand, mainstream mothers do not generally follow such religious beliefs, making their pregnancy journey somewhat easier compared to that of ethnic mothers.

Due to these reasons, ethnic children are falling behind in Early Childhood Development (ECD). Because of a lack of proper care, lack of clear understanding, and due to religious beliefs, family members are not giving enough importance to the development of children at the right time.

On the other hand, as mainstream communities are progressing, an ECD-friendly environment is being created for children. They are trying to raise their children in a proper way.

5.3 Case study on Children

In the case study that was conducted, the focus was on the social development of ethnic and mainstream children aged 0–3, 3-6, 6-8 years. For the case study, two ethnic children and two main-stream children was studies from each age range. In total, case studies was conducted on 12 children. There are certain indicators used to understand social development. Those are-

- Recognizing emotion
- Emotion regulations
- Communication skills
- Social Behaviors
- Social norms
- Positive social interactions
- Social skills

After observing the case study, there are some graphs create to visualize the findings.

- **Recognize emotions**

Types	Good	Grand Total
Ethnic	6	6
0-3	2	2
3-6.	2	2
6-8.	2	2
Main-stream	6	6
0-3	2	2
3-6.	2	2
6-8.	2	2
Grand Total	12	12

After case study on ethnic and main-stream children revealed that children from all age groups are able to recognize emotions. They can identify emotions such as crying, happiness, sadness, anger etc. and when they see other children expressing these emotions, they are able to correctly identify them.

- **Emotional Regulation**

Types	Average level	Good	Grand Total
Ethnic	4	2	6
0-3	1	1	2
3-6.	2		2
6-8.	1	1	2
Main-stream		6	6
0-3		2	2
3-6.		2	2
6-8.		2	2
Grand Total	4	8	12

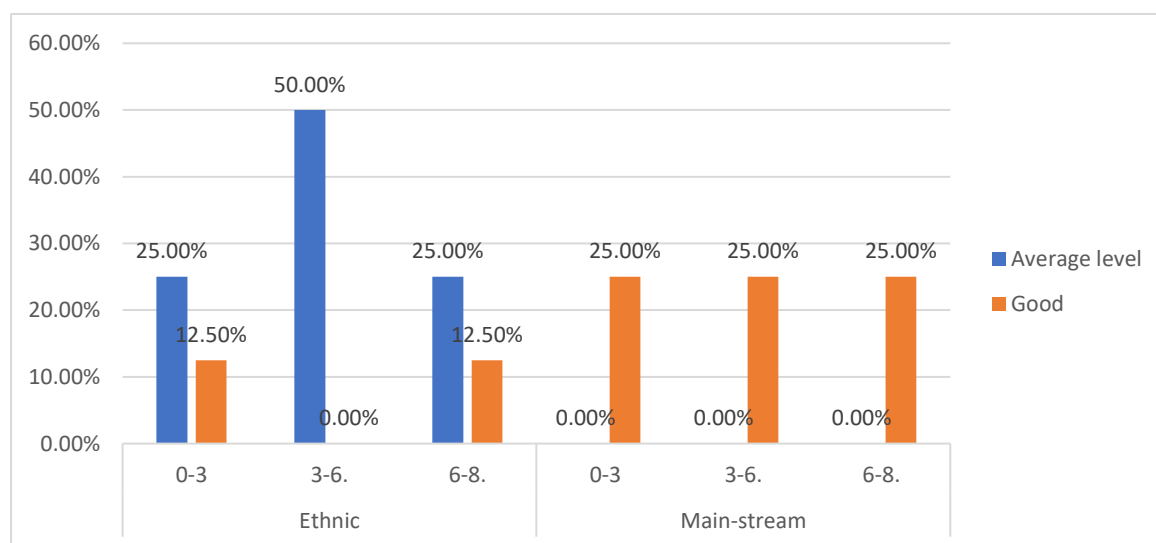


Figure 12: Emotional Regulation among Ethnic vs. Mainstream Children

Among ethnic children, the level of emotional regulation is average. This is because they are often unable to express their emotions in the right way. In various situations, they struggle to stay focused, controlled or calm. However, there was one 2 years old ethnic child whose emotional regulation was at a good level – the child was able to express emotions appropriately in all situations.

Among main-stream children, the level of emotional regulation was generally good. They were able to regulate their emotions according to different situations.

- **Social Behavior**

Types	Average level	Good	Grand Total
Ethnic	5	1	6
0-3	1	1	2
3-6.	2		2
6-8.	2		2
Main-stream	5	1	6
0-3	1	1	2
3-6.	2		2
6-8.	2		2
Grand Total	10	2	12

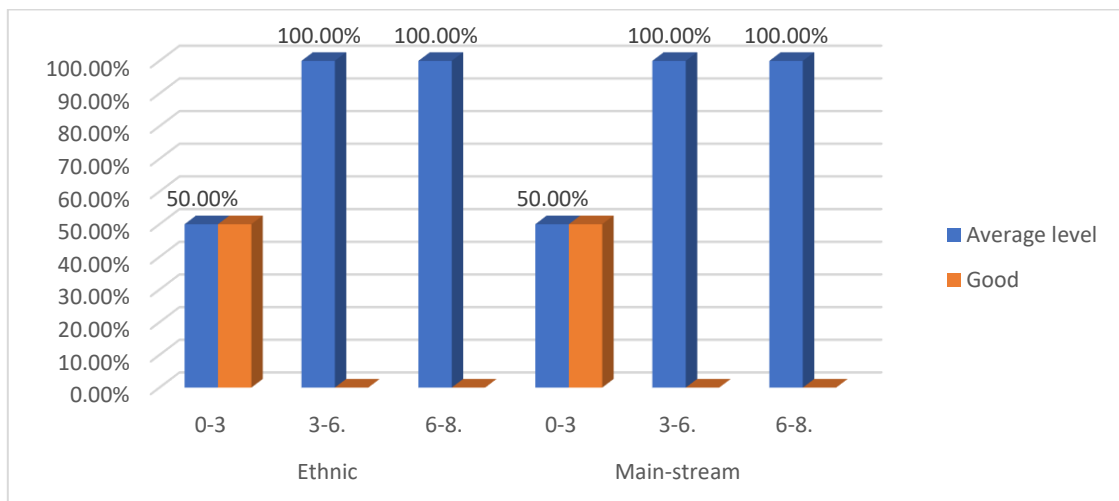


Figure 13: Comparison of Social Behavior in Ethnic and Mainstream Children

Among ethnic children, the level of social behavior is average. These children are not easily willing to share or play cooperatively in groups. Similarly, the main-stream children as well – they are also quite behind in terms of social behavior.

- **Positive Social Interactions**

Types	Average level	Below average	Good	Grand Total
Ethnic	4	1	1	6
0-3		1	1	2
3-6.	2			2
6-8.	2			2
Main-stream	4		2	6
0-3	2			2
3-6.	1		1	2
6-8.	1		1	2
Grand Total	8	1	3	12

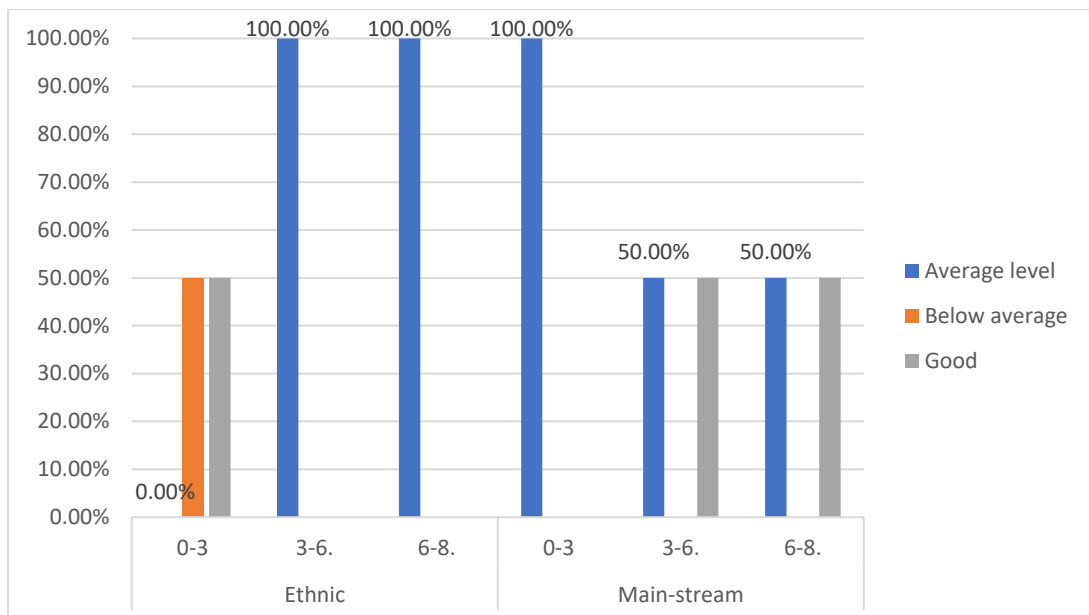


Figure 14: Social interaction among ethnic and main-stream children

Among ethnic children, the level of positive social interactions is average. They do not engage correctly or willingly in one-way or two-way interactions. When they see a new person, they are often unwilling to greet them politely. Among the 0–3-year-old group, one child had a below average level of positive social interactions due to delays in both growth and development. However, another child in the same age group showed a good level of positive social interactions.

Among main-stream, four had an average level of positive social interactions. Two children, aged 3-6 and 6-8 years, had a good level of positive social interactions.

- **Communication skills**

Communication skills	Column Labels			
Row Labels	Average level	Below Average	Good	Grand Total
Ethnic	4	1	1	6
0-3		1	1	2
3-6.	2			2
6-8.	2			2
Main-stream	3	1	2	6
0-3	1	1		2
3-6.	1		1	2
6-8.	1		1	2
Grand Total	7	2	3	12

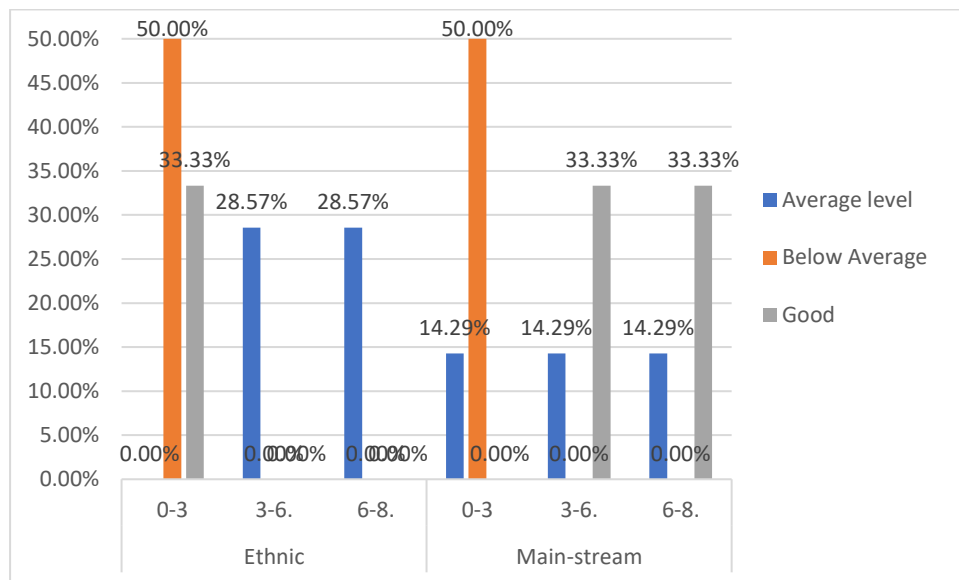


Figure 15: Communication skills among ethnic and main-stream children

Among ethnic children, the level of communication skill is average. For a certain period of time, they do not respond to instructions or spoken words. When they try to express something clearly, they often appear hesitant or stuck. Even when they are asked questions, they are unable to respond appropriately. On the other hand, even though communication skills among main-stream children are also at an average level, it is observed that by the age of 6-8, their communication skills start to develop as they begin attending school and gradually learn how to communicate.

It is also noted that mainstream children show slightly more advanced social development compared to ethnic children. This gap is believed to be due to a lack of proper early childhood development, which has impacted the social development of the ethnic children.

1.4 Discussion of Findings (Teenagers KII)

Data Collection Method: In addition to working on Early Childhood Development (ECD) with both ethnic and mainstream children, a study was conducted focusing on teenagers from these two groups. The objective was to understand their psychosocial conditions, future planning, and the impact of club-based interventions.

Participants

Key Informant Interviews (KII) were conducted with:

5 ethnic teenagers

5 mainstream teenagers

All 10 participants are members of the Mother & Child Forum's Kishori (Adolescent Girls) Club. They have been active members since the formation of the club.

Question 1: Have you been a member of the kishori club from the beginning?

Types	Nothing	Tailoring	Tailoring and beautician	Grand Total
Ethnic		5		5
Main-stream	1	3	1	5
Grand Total	1	8	1	10

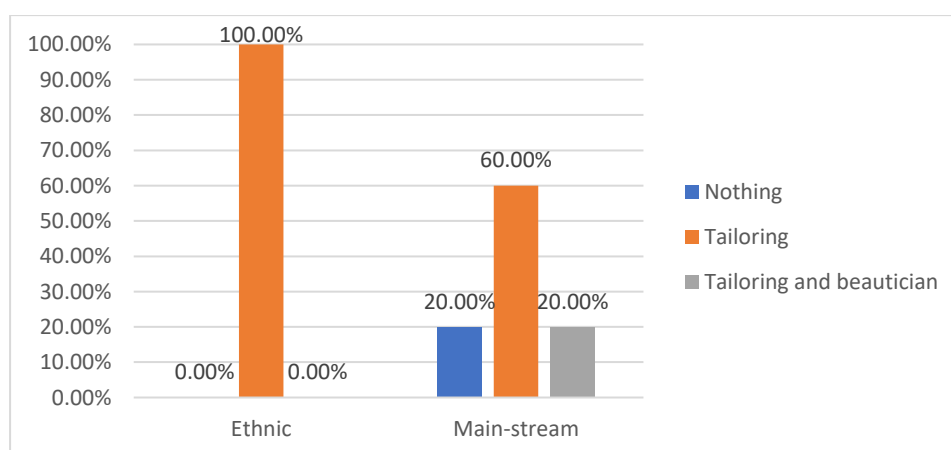


Figure 16: Status of Initial Membership in Kishori Club

Findings: All 5 ethnic teenagers (100%) have received tailoring training provided through the PPEPP-EU project. Among the 5 main-stream teenagers, 3 (60%) have received tailoring training and 1 (20%) has received both tailoring and beautician training. Only 1 (20%) teenager has not been able to participate in any training due to some family issues.

Question 2: During your free time, do you spend more time with friends or with your family?

Types	Family	Friends	Grand Total
Ethnic	1	4	5
Main-stream		5	5
Grand Total	1	9	10

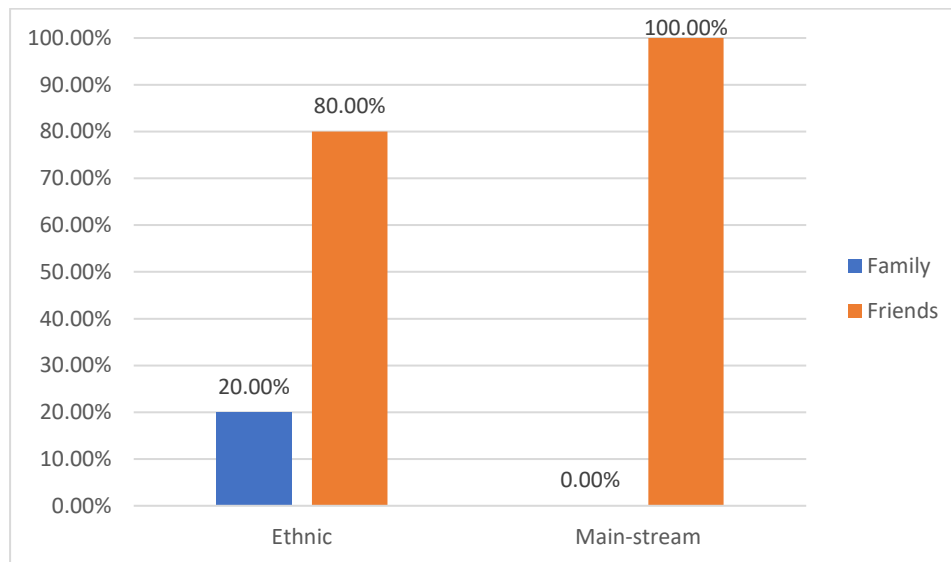


Figure 17: Preference of Free Time Companionship

Finding: After discussing various topics with both ethnic and main-stream teenagers, it was found that almost all of them enjoy spending time with their friends. Among the 5 main-stream teenagers, all 5 (100%) spend time with their friends. Among the 5 ethnic teenagers, 4 (80%) spend time with their friends, while 1 (20%) prefers spending time with their family. This indicates that the bonding between teenagers and parents is still somewhere stronger among the ethnic group compared to the main-stream group.

Question 3: When you are facing any kind of mental conflict, whom do you share it with?

Types	Friends	No one	Grand Total
Ethnic	2	3	5
Main-stream	1	4	5
Grand Total	3	7	10

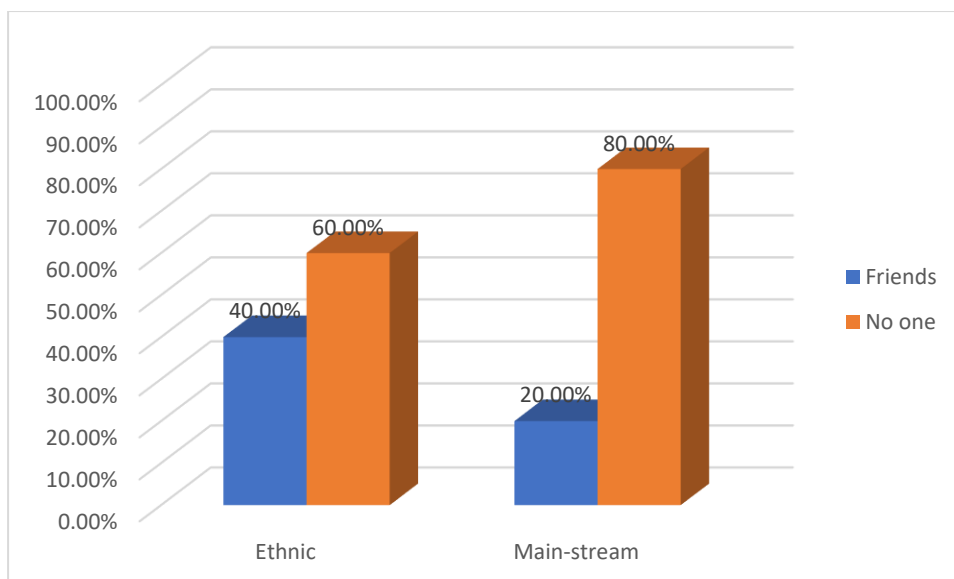


Figure 18: Persons with Whom Mental Conflicts Are Shared

Findings: Conversations with both ethnic and main-stream teenagers reveal that the mental conflicts or dilemmas they face at this age are often not shared with their families. They tend to keep these issues to themselves and try to deal with them on their own. Among the 5 ethnic teenagers, 2 share with their friends, while 3 keep it to themselves. Among the 5 main-stream teenagers, only 1 share with friends.

Question 4: Do these mental conflicts have any effect on your studies?

Types	Sometimes	Always	Grand Total
Ethnic	3	2	5
Main-stream		5	5
Grand Total	3	7	10

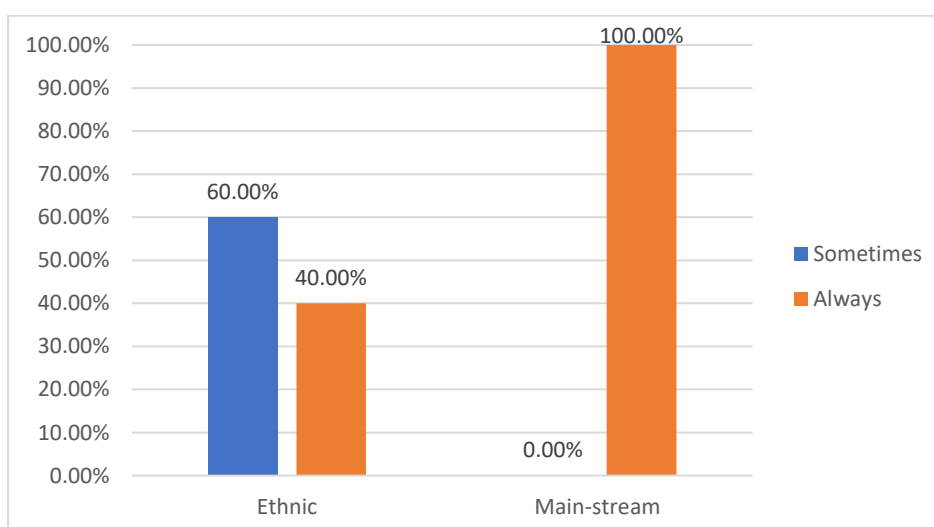


Figure 19: Effect of Mental Conflicts on Studies

Findings: Due to mental conflict, the studies of both ethnic and main-stream teenagers are affected. All 5 main-stream teenagers have said that such mental conflict always impacts their studies. On the other hand, among the 5 ethnic teenagers, 3 said it affects them sometimes, while 2 said it affects them all the time. Ethnic teenagers do not have a clear understanding of their psychological issues.

Question 5: What is your future plan?

Types	An ideal mother	Doctor	Not decided yet	Teacher	Grand Total
Ethnic			5		5
Main-stream	1	2		2	5
Grand Total	1	2	5	2	10

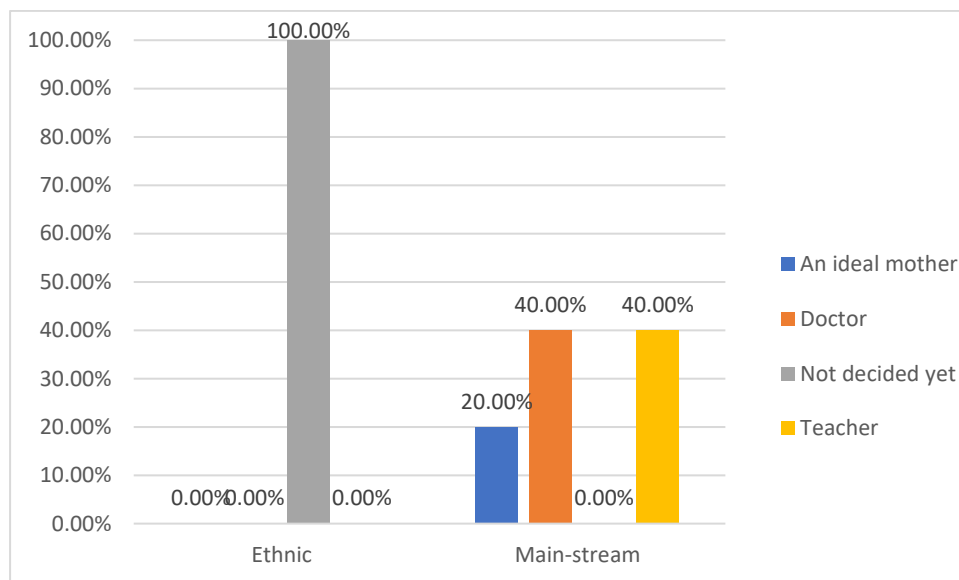


Figure 20: Future plan status of ethnic and main-stream teenagers

Findings: After discussing future plans or life goals with both ethnic and main-stream teenagers, it was found that the ethnic teenagers have no clear idea about their future plans. On the other hand, the main-stream teenagers have specific goals for their future – they have already decided what they want to become in life. Among the 5, 2 want to become doctor, 2 want to become teachers, and 1 wants to become an ideal mother.

Question 6: Do you have any idea about the steps you need to take to achieve your future goal?

Types	No	Grand Total
Ethnic	5	5
Main-stream	5	5
Grand Total	10	10

Findings: Since the ethnic teenagers have not set any goals for their future, they also have no idea about the steps they need to take to achieve any future goals. On the other hand, although the mainstream teenagers have specific future plans, they are not fully aware about the educational steps or mental preparation required to achieve those goals. They have also lack understanding about which subjects they need to study for the career path.

Chapter 6: Discussions and Recommendations

6.1 Discussions

As part of ongoing work with Early Childhood Development (ECD), an assessment was conducted on the developmental progress of ethnic children aged 0-5 years. The focus was to observe and evaluate their achievement of key developmental milestones across various domains such as cognitive, emotional, social, and language development. Children were observed in both educational settings and through informal interactions. Their behaviors were assessed based on standard early childhood developmental benchmarks, with comparisons made to mainstream children of the same age group.

A significant portion of ethnic children were found to be performing at average or below average levels in key developmental areas. None were found to be significantly above average compared to their peers. Most ethnic children were able to complete basic tasks, follow instructions, and engage in age-appropriate learning activities. Some children showed delayed problem-solving skills and had difficulty in focusing for extended periods. Limited early stimulation in their home environments may have contributed to this. Basic vocabulary and sentence formation were present in most children. Many children showed delays in expressive language, particularly in Bengali or the mainstream language, likely due to differences in the home language environment. Ethnic children were able to recognize and regulate emotions at an age-appropriate level. They were capable of identifying basic feelings and responding to emotional cues, placing them largely within the average range in this domain. Social behavior and interaction skills were notably weaker compared to mainstream peers. Children were often hesitant to initiate communication or participate in group activities.

Interaction with peers was minimal unless prompted by adults or structured environments like schools. Gross and fine motor skills appeared to be within the average range, with no significant developmental delays observed in physical activity or coordination.

While ethnic children show average development in certain areas like emotional regulation and physical skills, a noticeable gap exists in cognitive, language, and especially social development. Many are at below average levels, suggesting that targeted early childhood interventions, language support programs, and social skill-building activities are essential for closing the developmental gap and ensuring holistic growth.

Mothers play a vital role in shaping a child's early development. This report explores the differences in the impact of working ethnic mothers and working mainstream mothers on the Early Childhood Development (ECD) of their children. The analysis focuses on emotional bonding, learning environments, caregiving practices, and availability of stimulation and support at home.

Working Ethnic Mothers:

Often engaged in labor-intensive or informal sector jobs (e.g., agriculture, domestic work, garment factories).

Long and inflexible working hours lead to limited interaction time with children.

Childcare is usually shared with extended family or older siblings, which may lack quality developmental stimulation.

Despite limited time, emotional bonding is strong, but responsiveness to developmental needs (such as interactive play, early learning) is often limited due to lack of awareness or support.

Cultural norms sometimes restrict expressive communication, which may limit emotional and language development.

Home environments often lack age-appropriate books, toys, or learning materials.

Language used at home may differ from the medium of instruction in schools, causing delays in school readiness.

Early marriage and low educational attainment further impact parenting knowledge and practices.

Working Mainstream Mothers:

More likely to be employed in formal or semi-formal sectors with relatively structured work hours.

Use of paid caregivers or preschool facilities is more common, which may provide structured learning opportunities.

Slightly more time and resources are invested in child-centered activities at home (reading, play, etc.).

Greater awareness of early learning needs and child development stages.

More likely to practice responsive parenting, including active listening, encouragement, and positive reinforcement.

Higher literacy rates support better understanding of developmental needs.

While both groups face challenges in balancing work and parenting, mainstream working mothers tend to have more support structures, resources, and awareness that positively influence their children's development. In contrast, ethnic working mothers face systemic barriers that limit their capacity to support early learning and development, which contributes to developmental delays, especially in language and social skills.

Teenagers go through a critical phase of psychological, emotional and social development. During adolescence, they begin forming their identities, values, and future aspirations. However, many teenagers experience significant internal mental conflicts and uncertainties about their futures. A noticeable trend is that they often do not share these struggles with their parents or guardians, leading to communication gaps and emotional isolation.

6.2 Recommendations

- Encourage play-based learning that supports cognitive, motor, social development.
- Use age-appropriate toys, games and creative activities to stimulate curiosity and problem-solving skills.
- Educate parents about the importance of responsive parenting, emotional bonding, and consistent routines.
- Promote reading, storytelling and meaningful conversation at home to build language and emotional connection.
- Equip teachers and caregivers with training in child psychology, inclusive education.
- Community-based parenting sessions for ethnic mothers to increase awareness of ECD.
- Encouragement of father or extended family engagement to balance caregiving responsibilities.
- For teenager mental conflicts, each kishori club should have one dedicated counselor arranged.

6.3 Limitations of the Research:

Despite the valuable insights gained from this study, several limitations should be acknowledged. These constraints may have influenced the depth and scope of the findings and should be considered when interpreting the results

1. **Small sample size:** The study was conducted with a limited number of respondents, which may not fully represent the study purpose. A larger sample size could have provided more robust and generalizable findings.
2. **Time limitations:** The research was carried out within a short internship period, restricting the ability to conduct extensive field visits, long-term observations, or follow-up studies. A longer duration could have allowed for a more details work.
3. **Social desirability bias:** The knowledge, attitude and practice of workers were studied. In the attitude section, workers may report more socially acceptable responses than their actual day-to-day practice due to social desirability bias.

Chapter 7: Learning and Self -Evaluation

7.1 Learning from this Internship

The time I spent at PKSf, from getting acquainted with the professional atmosphere of the office to working in a completely different environment during my field research in Thakurgaon and Rangpur, has been filled with valuable lessons that I will carry forward in my academic and professional journey. This internship has been an enriching experience, providing me with insights into research methodologies, teamwork, and leadership skills. Through my engagement in the PPEPP-EU project, I have gained hands-on experience in the development sector and the role of non-governmental organizations in addressing these issues. Before this internship, my research experience was limited to working as a field enumerator in a study. At PKSf, I formulated my own research question, developed a research proposal, and executed the study, which involved setting a questionnaire, focus group discussion, conducting literature reviews, field visits, data analysis, and report writing sector and the role of non-governmental organizations in addressing these issues.

7.2 Influence on My Future Goal

The internship journey has played an important role in shaping my future education. I have become more aware of the practical challenges. The PPEPP-EU project has inspired me to contribute to the development sector and apply my knowledge for the betterment of society. Although this experience has helped me recognize my strengths and area for improvement as a student, motivated me to pursue higher education with a focus on academic excellence, professional ethics and organizational capabilities.

Conclusion

I had always wanted to work on ECD. Through this internship, I got the opportunity to work on ECD for both ethnic and mainstream children and was able to gain a lot of valuable knowledge. Through the PPEPP-EU project, I got the chance to work with the Mother and Child Forum, where health services are provided to mother and children. My main focus was on assessing the ECD status of those children. Alongside that, I realized that understanding the pregnancy journey and daily lives if the mothers is crucial for children's ECD. Through fieldwork, I explored the working lives of these mothers, which helped me to understand how an ECD- friendly environment can be created within the family. I also conducted research on the stages of children's social development and how it can be improved. Through this internship journey, I gathered a lot of practical knowledge, which has truly inspired me to pursue further studies and work in this field in the future.

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Appendix

Developmental Milestones

Age	Height and Weight	Other Milestones
3 months baby	Weight 5-6.4 kg Height ~61.4 cm	1. Brings hands to mouth, grasps objects briefly. 2. Makes cooing sounds, responds to voices. 3. Head control improves. 4. Recognizes familiar people at a distance.
6 months baby	Weight 6.4-7.9 kg Height ~67.6 cm	1. Rolls both ways, sits with support. 2. Laughs, babbles. 3. Responds to sounds by making sounds. 4. Looks around at things nearby with curiosity.
9 months baby	Weight 8-9.5 kg Height ~ 72.0 cm	1. Bangs objects together, feeds self with fingers. 2. Pulls to stand, may take first steps. 3. Says a few words, understands simple commands. 4. Imitates gestures and behaviors of others.
12 months baby	Weight 8-10.5 kg Height ~ 76.1 cm	1. Walks independently 2. Understands and follows simple directions 3. May have tantrums or show frustration when limits are set. 4. Tries to use objects correctly.
15 months baby	Weight 8.5-10.7 kg Height ~78.1 cm	1. May start climbing 2. Understand and follow simple direction. 3. Plays simple pretend games 4. May have tantrums and show frustration when limits are set.
18 months baby	Weight 10.5-11.3 kg Height ~82.3 cm	1. Points to show what they want or to draw attention. 2. Show stranger anxiety.

		3. Begins to sort shapes or colors. 4. May scribble spontaneously.
21 months baby	Weight 11.5-11.8 kg Height ~84.2 cm	1. Runs with improved coordination. 2. Says 20 to 50 words. 3. Understands simple questions. 4. Likes to imitate household routines.
24 months baby	Weight 11.5-12.5 kg Height ~87.8 cm	1. Scribbles or imitates straight lines or circles. 2. Begins jump with both feet and kicks a ball. 3. Begins using 2-3 word phrases. 4. Begins to sort shapes and colors.
3 years baby	Weight 12.8-14 kg Height ~95.2 cm	1. Runs easily, pedals a tricycle. 2. May start dressing and undressing independently. 3. Vocabulary of 200-1000+ words. 4. May have imaginary friends or role-play.
4 years baby	Weight 15-16.3 kg Height ~102.3 cm	1. Throws and catches a ball with some accuracy. 2. Speaks full sentences 3. Begins to show empathy. 4. Knows basic concepts.
5 years baby	Weight 16.5-17.4 kg Height ~109.2 cm	1. Independently play and active. 2. Tells simple stories using full sentences. 3. Understands rules and follow them. 4. Complete puzzles.

Key Informant Interview (KII)
Questionnaire For Ethnic Working Mother

Household Unique ID:

Name:

Age:

Child's age:

Ethnic classification:

Address:

QUESTION	ANSWER
1.How many hours do you work daily?	• 3-4 hours • 5-7 hours • 8-10 hours
2.During your pregnancy, how many hours did you work each day?	• 3-4 hours • 5-6 hours • 8-10 hours
3.Until which month of your pregnancy, did you continue working?	• 6 months • 8 months • Until labor
4.How many times did you go for check-ups during pregnancy?	• 1 time • 2 times • 4 times
5.Does your work involve a lot of physical labor?	• Yes • No • Sometimes
6. What physical problems did you and your newborn face as a result of hard- working during pregnancy?	• Malnutrition • Low birth weight • Others
7. How many days of work leave did you take after your child's birth?	• 10-15 days • 40 days • 3-6 months
8.After childbirth, were you able to take proper care of yourself and your baby?	• Yes • No
9.Due to lack of proper postnatal care, what problems did you experience?	• Physical problem • Mental problem
10.Due to lack of proper postnatal care, what problem did your baby experience?	• Physical problem • Other problems • No problem
11.When did you realize that your child had a disability? (If there is any)	• After 2-3 months • After 6 months

12.How did you recognize that?	• By observing • Medical checkup
13.Do you think that excessive physical labor during pregnancy caused any harm to your baby's health?	• Yes • No
14.Did you have to follow any social customs or traditions after giving birth?	• Yes • no
15.Which family members took care of you?	• Husband • In-laws • Parents • No one
16.Were you aware of the health services available for pregnant mother?	• Yes • No
17.Which of those services did you receive?	• Check-up • Guidelines • Others

Case Study 1

Name:

Age:

	Child 1 (0-3 years)
Recognizing emotions • Happy • Upset • Angry • Crying	
Emotional regulation • Express • Stubborn • Calm	
Social behavior • Sharing • Cooperative	
Positive social interactions • Greeting other politely • One-way interaction • Two-way interaction	
Communication skills • Listening • Speaking clearly • Looking	
Upbringing	

• Family background • Parents occupation • Caregiver background	
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Case Study 2

Name:

Age:

	Child 2 (3-6 years)
Recognizing emotions • Happy • Upset • Angry	
Emotional regulation • Express • Stubborn • Calm	
Social behavior • Sharing • Cooperative	
Positive social interactions • Greeting other politely • One-way interaction • Two-way interaction	
Communication skills • Listening • Speaking clearly	
Upbringing • Family background • Parents occupation • Caregiver background	
Social norms • Rules and Regulations	
Social skills • Using good manners • Cooperative in group work	

Case Study 3

Name:

Age:

	Child 3 (6-8years)
Recognizing emotions	

• Happy • Upset • Angry	
Emotional regulation • Express • Stubborn • Calm • Focus • Control	
Social behavior • Sharing • Cooperative • Respect	
Positive social interactions • Greeting other politely • One-way interaction • Two-way interaction	
Communication skills • Listening • Speaking clearly • Express emotions appropriately	
Upbringing • Family background • Parents occupation • Caregiver background	
Social norms • Rules and Regulations	
Social skills • Using good manners • Cooperative in group work • Leadership	