

Building Social Relationships and Health Habits at Anganwadicenter: A Sociological Study of Anganwadi Children and I.C.D.S. Programme, Kolar District, Karnataka State

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ABSTRACT

BACKGROUND: Integrated Child Development Services (ICDS) is recognized worldwide as one of the most efficient community based programme promoting early child hood care. A large number of children in India do not have the optimal living conditions due to poverty and majority of parents are unable to give much stimulation to their child because of their own limitations. ICDS main aim is to cultivate desirable attitude, values, behavior pattern in children.

OBJECTIVES: 1.to find out the perception of parents and their expectations regarding the functioning of anganwadi center 2.To know the social skills, health habits and emotional maturity of the anganwadi child.

MATERIALS AND METHODS: A Cross-sectional study was undertaken in anganwadis of Kolar District.

RESULTS: Parents noticed that health habits of children were improved in 63.4% of the children and there was overall improvement in the preschool activities, like outdoor activities, learning alphabets, singing, rhymes, speaking with others, identifying the color, size, shape, time, number and seasons. Anganwadi workers were spending most of the time in preparing supplementary nutrition and maintaining records and therefore it was difficult to concentration on pre-school educational activities.

CONCLUSION: Parents had high level of expectations from anganwadi center, they were half-heartedly satisfied with anganwadi services.

KEY WORDS: anganwadi, perception, ICDS, Non-formal pre-school activities, Social relationships.

I. INTRODUCTION:

Our national policy for Children recognizes that the future of our nation and prosperity of our people depend on the health and happiness of children and the care they receive from family and society to grow up as good human beings and citizens. Their upbringing in a proper environment promoting their health, education and mental development is an important commitment made for that, to lay the foundation for proper psychological physical and social development of the child. Government of India initiated the Integrated Child Development Services (ICDS) scheme in 1975 which operates all over the country aiming at child health, hunger, malnutrition and school dropouts. ICDS is globally acknowledged and recognized as one of the world's largest and most unique community based outreach system for women and child development.^[1, 2] The status of under-nutrition and malnutrition in women and child by providing supplementary nutrition through anganwadi centers is not likely to improve unless the dietary practices improve at the household level. ICDS lays the foundation for all-round development; social, mental, spiritual, physical and moral development, encouraged to develop positive attitude, through child to social environment and child interaction.^[3] Research studies shows that preschool education enhance early literacy skills child's ability to learn to communicate ideas and feelings and to get along with others children are more likely to succeed in school and life, and a unique opportunity for healthy development. During these formative years both positive and negative experience help shape the children's cognitive, social, behavioral and emotional development^[4] People's active participation and cooperation is the key to success of a social and developmental programme which is aimed at bringing about a social change in the life of the people.^[5] Community participation is not an automatic process; it moves at its own pace and requires systematic planned efforts on behalf of the social worker.

It is imperative that they are involved in the programme right from its inception and the objectives and services of the programme are interpreted in a manner that enables them to perceive the programme as the one based on their felt needs.^[6]

II. METHODS AND MATERIALS:

A cross sectional study was conducted in Mulbagal taluk from December 2011 to January 2012. The Mulbagal Taluk has a total of 425 Anganwadi centers, out of which 40 Anganwadi centers were randomly selected, which are in the field practice area of Department of Community Medicine, Sri Devrajurs University. Team of Doctors, social workers and Anganwadi workers are involved. The children in each Anganwadi centre were enumerated and by using systematic sampling method every fifth child parent was interviewed and the data was collected from 224 parents for the study. A pretested and semi-structured questionnaire was used to assess awareness, perception, attitude and acceptance of the services by the parents. The collected data was analyzed using standard statistical software.

Table No-1: Socio-demographic profile of parents

Socio-demographic profile	No. (n=224)	%
Caste		
Hindu Upper caste	5	4.48
Hindu Intermediary caste	105	46.88
Hindu Lower Caste	6	2.67
Schedule Caste & Schedule Tribe	91	40.63
Muslims	6	2.67
Converted Christians	2	0.9
Occupation of the Father		
Professional	0	0
Semi professional	2	0.9
Clerical/ Shop owner / Farmer	130	58.3
Skilled Worker	8	3.57
Semiskilled Worker	3	1.33
Unskilled Worker	3	1.33
Unemployed	78	34.82
BG Prasad Socio-economic class		
≥ Rs.3653	10	4.46
Rs.3652-1826	3	1.34
Rs.1825-1096	6	2.68
Rs.1095-548	18	8.04
≤ Rs.547	187	83.48
Family type		
Nuclear Family	137	61.16
Joint Family	87	38.38

Table No-2: Educational background of the parents

Education	Father (n=224)	%	Mother (n=224)	%
Illiterates	128	57.14	161	71.85
Literate without Schooling	6	2.67	9	4.01
Primary	19	8.48	12	5.35
Middle	16	7.14	15	6.69
High School	42	18.75	27	12.05
XII Standard/Diploma	11	4.91	0	0
Graduates	1	0.44	0	0
Post-Graduation	10	4.46	0	0

Table No-3: Parents general perception about anganwadi activities

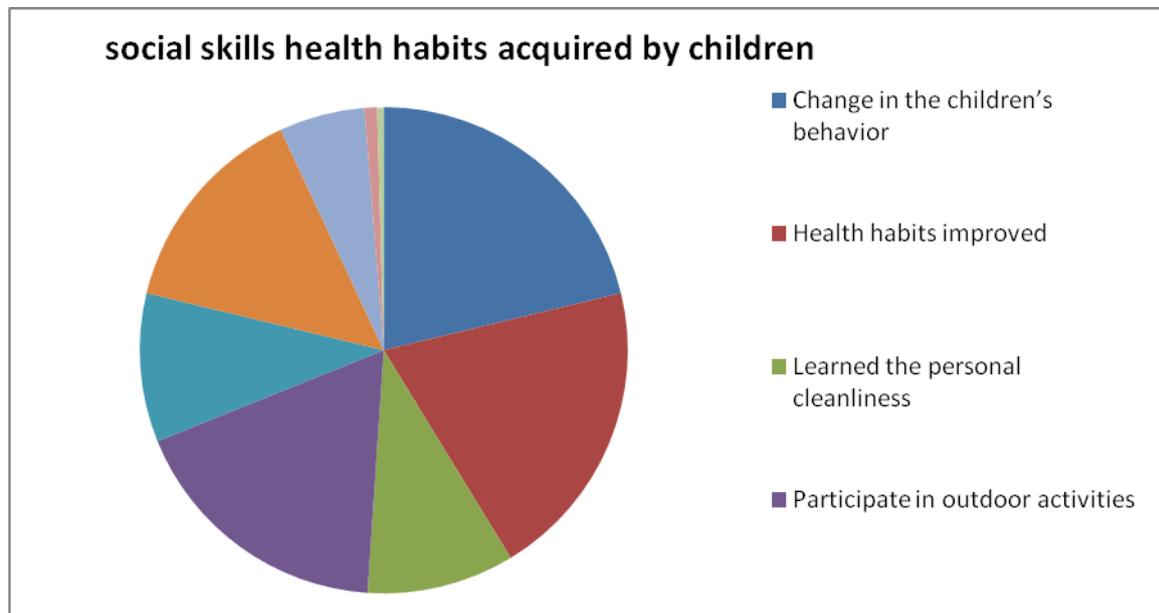
Negative perception	No	%
Anganwadi worker not attending Anganwadi regularly	15	6.7
No co-operation from Anganwadi workers	3	1.33
Anganwadi worker not taking proper care of children	11	4.91
No fixed time in opening Anganwadi center	3	1.33
Irregular food distribution at Anganwadi center	5	2.23
Except food no teaching or proper guidance to children	27	12.05
No teaching, playing, food or other activities at Anganwadi centre	30	13.39
Food is not cooked properly	13	5.80

Table No-4: Parents Positive Perception about Anganwadi Activities

Positive perception	Total	%
Satisfied with the activities	156	69.64
Food given at AWC center	119	53.12
Learning the alphabets	134	59.82
It is easy to do house hold work [mother says]	47	20.98
Child health improved	49	21.8
Mixing with other children	70	32.0
Free health facilities	03	1.33
Helpful for further education	76	33.9

**Table.No:5
Social skills and health habits learned by the children**

Activities	Yes	%
Change in the children's behavior	150	66.96
Health habits improved	142	63.39
Learned the personal cleanliness	69	30.80
Participate in outdoor activities	126	56.25
Learned activities like paper cutting, drawing, painting etc.	70	31.25
Learned activities like pronouncing alphabets, singing, rhymes, speaking to others etc.	101	45.08
Identifying the concepts of size,shape,color,number,time and season	40	17.85
Mixing with other community children	70	31.25
Improvement in eating habits of the child going to Anganwadi	13	5.8



III. RESULTS:

Community noticed that health habits of children were improved and there was overall improvement in the preschool activities like outdoor activities ,learning alphabets ,singing rhymes speaking with others, identify the colour ,size shape, me number seasons and the above table shows that anganwadi worker not attending daily ,coming from faraway places . All respondents were aware of the ICDS schemes. This could be due to a small and compact area covered by each Anganwadi center, Majority 47% of the beneficiaries are from Hindu intermediary caste (vokkaliga/ gowda) and 41% of respondents are from schedule caste/ schedule tribes followed by Muslims 9.38% and Converted Christians 0.9%. Regarding the Language the Parents speaking Telugu are 119 (53.2%) Kannada speaking 76(33.92%) Most of the families are nuclear 62% and only 38% are from joint families.^[7] According to BG Prasad socioeconomic classification 83% of the respondents are from lower socioeconomic status [Table No.1]. Kolar District Literacy status is 50.45% and in Mulbagal taluk it is 40.99%. In the study population 42.9% of the male and 28.2% of the female respondents are literates hence literacy is very low in females. When the father occupation was analyzed 58% of the respondents are from agriculture background.^[8] [Table No.2]

Favorable attitude to the Services of ICDS exists in the Community Most of the respondents are satisfied with services provided by Anganwadi center (69.6%) and 30.4% of the respondents are not happy with the services the various reasons quoted were no co-operation from Anganwadi worker, Irregular food distribution at AWC center, no fixed time in opening Anganwadi center, food is not cooked Properly^[9], Irregularity of Anganawadi worker and AWC center is far off. [Table No.3] This shows that there is some problem in services of the Anganwadi center, the parents pointed out that the reasons of drop out from Anganwadi center, due to irregularity of food distributed in time They also pointed out that the Anganwadi center sometimes provide to dry powder without cooking, this leads to various stomach problems.^[10]

IV. DISCUSSION:

Developing social relationship refers to the development of social skills and emotional maturity that are needed to forge relationships and relate to others. In order to develop socially, children need to interact with their peers in a socially acceptable way. Developing good social skills is necessary for them to be able to eventually form healthy relationships and fit in to various social scenarios comfortably. Parental interactions are the building blocks for healthy social relationship in children. By giving lots of love and attention to the baby, parents form a close bond with the child, allowing him/her to grow in a comfortable, secure and social healthy atmosphere. Majority 53.1% of the respondents pointed out that the child is benefited going to Anganawadi because of nutritious food given at Anganwadi center. 59.8% of the Parents says that Children will learn alphabets and 76% of them says useful for further education. [11] [Table No.3] Parents noticed that health habits of children were improved (63.39%) and there was overall improvement in the preschool activities. like outdoor activities, learning alphabets, singing, rhymes ,speaking with others, identify the color , size, shape, time, number, seasons.^[9, 12] [Table No.5]

Some parents observed that that Anganwadi worker is not coming daily (6.7%) and she is not properly attending functions of Anganwadi coming from faraway places.^[13], no proper teaching. Food supply irregular providing food for only ten to twenty days in month.^[14] Sometimes dry powder provided to children without cooking because of no firewood, gas, kerosene, [Table No.3] there is no active involvement of a primary school teacher, Youth club and Mahilamandals.^[15]

V. CONCLUSION:

The impact of ICDS, Which is designed to deliver a package of services to Children, Pregnant and lactating women's and adolescent girls to break the intergenerational cycle of malnutrition, morbidity, and mortality, takes a long time to achieve its intended goal. Number of behavioral changes with respect to health, sanitation, hygiene education dietary habits/practices, etc. in the target population must precede realization of its ultimate goals. The Utilization of the ICDS services are Satisfactory in this area, even though it requires immediate attention by the health and ICDS authorities by conducting Periodic assessment of the functioning of anganwadis. It was found that a majority of Parents had high level of expectations from Anganwadi Center, They were somewhat satisfied with Anganwadi services, yet they were not participating in the Anganwadi activities. The Community regarded non-formal pre-school education is very important component of ICDS, Parents also considered it as better way of acquiring good healthy habits and moral values. Anganwadi worker is spending most of the time in preparing supplementary nutrition and maintaining records, therefore it is difficult to concentrate on pre-school education activities.

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