

**STRENGTHENING THE FUNCTIONING OF AN
ANGANWADI IN A TRIBAL AREA.**

BY

D. PORCHILAI

A THESIS SUBMITTED TO THE AVINASHILINGAM INSTITUTE FOR HOME SCIENCE
AND HIGHER EDUCATION FOR WOMEN (DEEMED UNIVERSITY) COIMBATORE - 641 043

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF SCIENCE IN HOME SCIENCE EXTENSION EDUCATION

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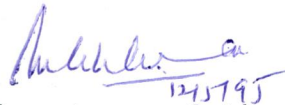
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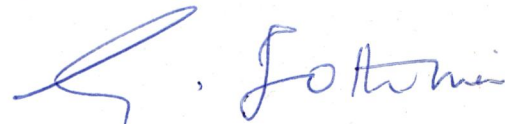
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Acknowledgement

ACKNOWLEDGEMENT

The investigator wishes to express her sincere thanks to **Dr.(Tmt). RAJAMMAL P.DEVADAS**, M.A., M.Sc., Ph.D. (Ohio State), D.Sc. (Madras), Chancellor, Avinashilingam Institute for Home Science and Higher Education for Women (Deemed University), Coimbatore, for providing opportunity to carry out the research.

The investigator expresses her thanks to **Dr.(Tmt).LAKSHMISANTHA RAJAGOPAL**, M.S.(Tennessee), Ph.D. (Madras), Vice Chancellor, Avinashilingam Deemed University, Coimbatore for granting permission to carry out the study.

The investigator conveys her profound sense of faithfulness and sincere thanks to **Dr.(Tmt).SAROJA PRABAKARAN**, M.A., Dip.Ed. (Madras), Ph.D. (Mother Theresa), Registrar, Avinashilingam Institute for Home Science and Higher Education for Women (Deemed University), Coimbatore for providing facilities to conducting studies.

The investigator extends her sense of gratitude to **Dr.(Tmt). USHA CHANDRASHEKAR**, M.Sc.(Madras), Ph.D.(Purdue), Dean, for facilitating the research work.

She expresses her heartfelt thanks to **Dr.S.SITALAKSHMI**, M.Sc., Ph.D.(Madras), Professor and Head of the Department of Home Science Extension Education, for her encouragement and valuable guidance throughout the study.

The investigator expresses her immense sense of gratitude, and heartfelt thanks to **Dr.(Tmt).G.JOTHIMANI**, M.A., M.Phil., Ph.D.(Senior Grade), Department of Home Science and Extension Education, Avinashilingam Institute for Home Science and Higher Education for Women (Deemed University), Coimbatore for her unflinching encouragement, moral support, dynamic guidance, timely suggestions and valuable advice rendered throughout the study.

The investigator wishes to thank **Mrs.SANDRA**, M.A., M.Phil. (Senior Lecturer), Department of Home Science and Extension Education, Avinashilingam Institute for Home Science and Higher Education for Women (Deemed University), Coimbatore for her help rendered by them.

The investigator extends her heartfelt thanks to the Anganwadi worker and helpers of the selected Anganwadi Centre, the sample of the study for their kind hearted co-operation.

The investigator acknowledges her sincere thanks to her family members and friends for their encouragement and moral support.

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Introduction

I. INTRODUCTION

India's population is generally termed 'young', since children in the age group of 0-14 years constitute about two fifths of the population. As per 1991 census India's child population comprises about 14 per cent of all the children in the world (Mahanti, 1993).

The children hold the future of our country in their tiny hands. They are a rich national treasure and biggest human assets for development for a nation and reflect the prosperity and hope for future. The need for special protection and ample opportunities for the growing minds and bodies of children under the age of five has been perceived by great many people and organisations in recent years.

Muralidharan (1989) opines that pre-school years are considered crucial in all cultures and pre-school children are curious-sensitive, active and full of hope. These years should be full of joy and peace, a period of playing learning and growing. Special attention is needed during these years since it constitute the formative stage during which foundation of the personality is laid. The great psychoanalyst Sigmund Frued has emphasised that the early childhood experience has a long lasting influence on adult personality (Suriakanti, 1989).

As the development in early years is very rapid, environment creates a deep impact on the child. Hence the importance of early experiences for subsequent development is an unchallenged assumption. Mahanti (1993) points out that the welfare of the entire community depend on the health and welfare of the child in every nation. The importance of child welfare service lies not only with the immediate health and security but also with the fact that the personality of a human being is built up in the formative years of the child. Therefore, it becomes our duty to give our best attention to promote all round development of children in an integrated manner especially to the weaker sections of the community (Rajalakshmi, 1989) and early childhood care and experience lays the foundation for the personality, cultivating social confidence, learning skills, habits and communicating capabilities of children (Jain, 1990 and Punhani and Mahajan, 1989).

"The children of today are the citizens of tomorrow". If the citizens of tomorrow are to be equipped with freedom, intelligence and physical skills, the foundation must be laid at the pre-schools in all areas (Devadas and Jaya, 1991).

With the development of the conception of pre-school education in the country, the different types of pre-school

Out of the 270 million children in the country, a majority live in poor economic, social and environmental conditions, which has a detrimental effect on their mental and physical development. Despite progress in several areas, we have not been able to provide the minimum essentials needed for optimal development of children.

To combat these conditions the Government of India has been actively implementing, improving and expanding a most ambitious and comprehensive plan to increase the survival rate and enhance the health, nutrition and learning opportunities of pre-school children and their mothers. The Integrated Child Development Services (ICDS) Scheme is India's gift to her own future; her own child (ICDS, 1986).

Today the programme covers 2595 projects in about 45 per cent of the community development blocks of the country, comprising 1659 rural, 711 tribal and 227 urban projects (Sethi, 1992).

In ICDS both health and social components of the package are equally important and mutually dependent. The social components such as non-formal, pre-school education, health and nutrition education and community participation of the scheme in fact play a very significant and critical role for the successful utilization of the services

delivered. These are aimed at creating better socio cultural conditions and an awareness would help in the acceptance of services related to health and nutrition.

It is important to provide an appropriate programme, equipment and materials for meeting the physical, mental, intellectual and social needs of the children. A well planned and organised Anganwadi programme by the Anganwadi worker will help the holistic development of the anganwadi children.

Keeping this in view, the investigator has given much importance to "Strengthening the Functioning of an Anganwadi (ICDS) in a Tribal Area" with the following specific objectives.

Objectives of the study are to:

1. study the socio-economic background of anganwadi children
2. strengthen the curricular and co-curricular activities of the anganwadi
- and 3. evaluate the effect of the programme.

II. REVIEW OF LITERATURE

The review of literature pertaining to this study is discussed under the following headings:

- A. Need for a Pre-school Education
- B. Integrated Child Development Services (ICDS) Scheme
- C. Research Highlights

A. Need for a Pre-school Education:

Pre-school education is a powerful tool which shapes the talent and behavioural characteristics of the child (Chowdhury, 1991).

Pre-school education needs to be recognised as a pre-requisite for the healthy mental and emotional development of children. The first President of India, Dr. Rajendra Prasad, said "If one's childhood is well spent, well regulated and well organised, the better will he take up the responsibilities of a full grown citizen" (Devadas and Jaya, 1991).

Prior to 1947, provision of a pre-school education was entirely in the private sector. After independence, Government of India launched a number of programmes to provide services to children, so that Infant Mortality Rate (IMR) could be reduced and also to help children in this development (A guide book of Anganwadi Worker, 1986).

Review of Literature

The Salient features of pre-school education are:

It develops

(a) in the child a good physique, adequate muscular co-ordination and basic motor skills and to build up basic skills necessary in personal adjustment; (b) desirable social attitudes and manners; (c) emotional maturity by guiding the child to express, understand, accept and control his feelings; (d) the child's ability to express his thoughts and feelings in fluent correct and clear speech. Moreover, it encourages aesthetic appreciation and independence and creativity (Walia, 1989, Ministry of Human Resource Development, 1990).

Early childhood (pre-school) education was suggested under the sixth plan as a district strategy to reduce the drop-out rate and improve the rate of retention of children in schools. Early childhood education is designed towards improving the children's (Communication) and cognitive (social, emotional, intellectual and personality development) skills as a preparation for entry into primary schools.

Pre-school education and care is now recognised as an agency and necessary for children from economically under privileged families and for children of working mother in

order to protect them from neglected and to provide opportunities for better physical and mental development and for imparting parent education for childcare (Kurushetra, 1961).

Grewal (1971) was noticed that children from Adivasi community (at Bordi) did not attend school inspite of persuasive efforts made by the workers. The only alternative solution which struck to Tarabai and her workers was to organise huts of the tribal children. They were conducted in the courtyard or Angan in front of the hut and the Tarabai introduced a new name Anganwadi. This Anganwadi marked the beginning of non formal educational activities at the pre-school level.

Anganwadi is a basic institution through which the Integrated Child Development Services (ICDS) Programme is carried out. It is a national programme which aims at improving the status of our children and mothers in the backward areas. The programme provides a package of services to women and children. The package of services includes periodic health checking, referral medical services, monitoring of growth, immunization, supplementary feeding, non formal pre-school learning opportunities and nutrition and health education for mothers (Suriakanthi, 1989). Each Anganwadi is run by Anganwadi worker and a

helper, and usually covers a population of 1000 in rural areas.

Pre-schools have become a social necessity. Nowadays more and more women go to work and women with children need a place where their children cared for by other close relative in the absence of the mothers are fast disappearing. Hence the mother of the present day nuclear family needs an institution very badly to take care of her child. Pre-schools are really a boon to such mothers (Devadas, 1984).

Another reason why children have adjustment problem is that they find it difficult to learn 3R's - reading, writing and arithmetic in the first standard without earlier preparation. The child finds it difficult to learn these three tasks simultaneously. This adjustment problem in children leads to dropping out of school and repeating the same class for more than a year. Children attending the pre-school get prepared for primary school. Through readiness activities like drawing, clay modelling, cutting, pasting, learning rhymes, learning stories, read from story books, etc., Children are prepared to read, write and do simple arithmetic. They are also equipped with concepts necessary for school learning (Suriakanthi, 1989).

The commissions on education have emphasized the need to develop pre-school education as a base for good school education. Private enterprise comes most relevant to this development. To economise it may be better idea to attach such as a section to every primary school (Kothari Commission, 1982).

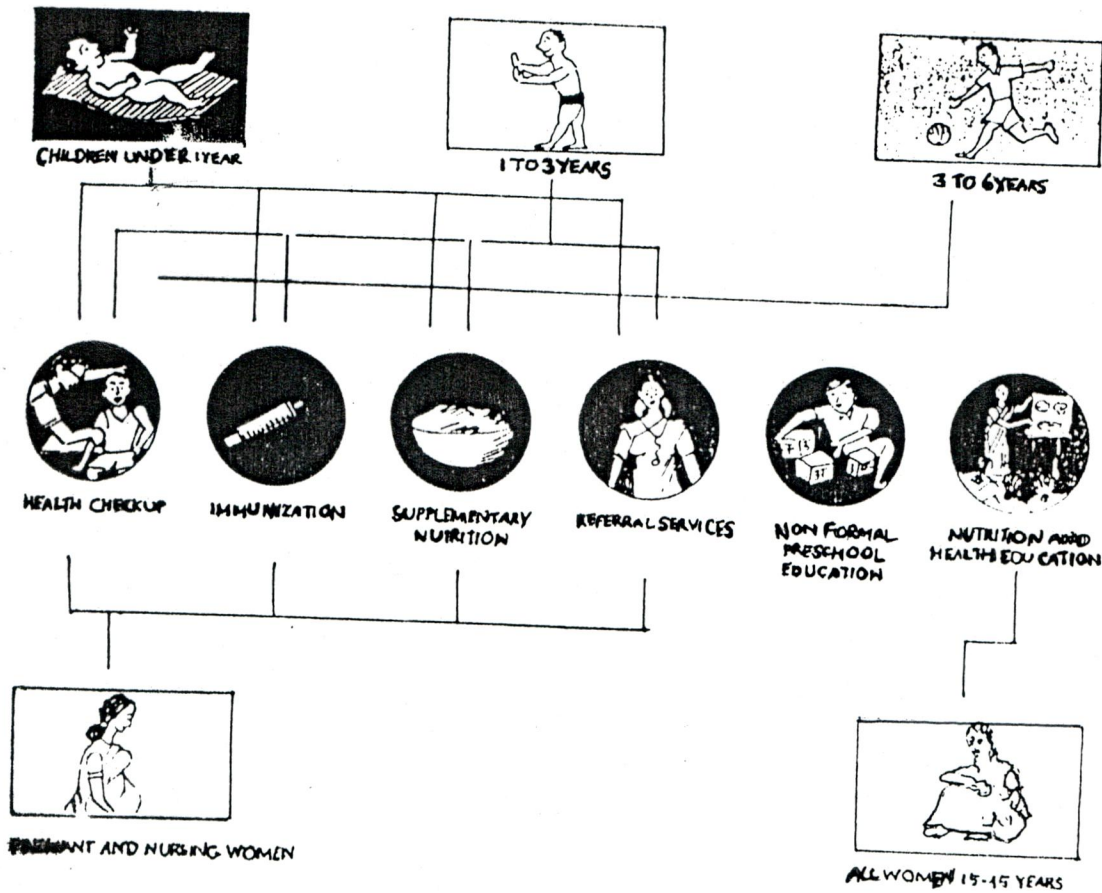
The main thing, however remains to understand is the philosophy behind pre-school education. Generally the following points are considered relevant:

1. Provision of healthy physical environment
2. Organisation of healthy, happy life
3. Habit formation
4. Opportunities for self expression and creativity
5. Development of community feeling (Mathur, 1979).

Need for the pre-primary education can be fulfilled through the utilisation of one local resources if prebasic education is adopted. The following reasons support its adoption:

1. It is a national system of education
2. No other system of education can be as economical and effective as this system in rural areas
3. The medium of education is the mother tongue
4. It provides true education in citizenship

ICDS : SERVICES AND BENEFICIARIES



Source: Ministry of Human Resorce Development (1991).

Figure-1

5. This system can, to a certain extent compensate for the damage caused by the English system of education (Sindhu, 1982).

The Kothari Commission (1982) recognises the importance of pre-primary education and recommends an enrolment of atleast 5% of the age group 5 to 6 years by 1985. This stage should largely be a private enterprise, with aid from the state and expansion in pre-primary stage could be achieved by attaching play centres to pre-primary schools.

B. Integrated Child Development Service (ICDS) Scheme:

As today's children are the citizens of tomorrow's world, their survival, protection and development is the pre-requisite for the future development of humanity (WHO/UNICEF, 1989). So that our children grow up to become robust citizens, physically fit, mentally alert and morally healthy, endowed with the skills and motivation needed by society (UNICEF, 1991).

In pursuance of the National Policy on children, the Integrated Child Development Services (ICDS) programme was launched by the Ministry of Social Welfare on 2nd October 1975, as the first nation-wide extent, aiming to provide a package of services to pre-school children and mothers in an

integrated manner, so as to ensure their proper health (Chowdury, 1989 and National Policy on Education, Government of India, 1992).

ICDS is best understood as a programme for child protection as well as child development (Sharma, 1989). It takes a holistic approach to the child by providing a package of services namely, **SUPPLEMENTARY NUTRITION, IMMUNIZATION, HEALTH CHECKUP, REFERRAL SERVICE, TREATMENT OF MINOR ILLNESS, NUTRITION AND HEALTH TO WOMEN, PRE-SCHOOL EDUCATION TO CHILDREN IN THE AGE GROUP OF 3-6 YEARS, CONVERGENCE OF OTHER SUPPORTIVE SERVICES LIKE WATER SUPPLY, SANITATION,** etc., for the different beneficiary groups are shown in Fig.1 (ICDS - 1985-86 and ICDS, 1989).

Supplementary Nutrition:

Supplementary Nutrition is given to malnourished children below 6 years of age identified on the basis of weight for age and for pregnant women and nursing mothers, belonging to poorer socio-economic groups (ICMR, 1986 and Kurup, 1990).

Immunization:

ICDS has played a significant role in improving the immunization states of children, pregnant women and nursing mothers, through the introduction of immunization programme

against tetanus, diphtheria, whooping cough etc., (Muhajan, 1989 and NIPCCD, 1990).

Health check-up:

The services includes anti-natal care of expectant mothers, post-natal care of nursing mothers and care of new borns and care of children (NIPCCD, 1982 and NIPCCD, 1984).

Referral services:

Referral services are provided to both mothers and children and high risk cases are sent to referral hospitals for special care (Kapil, 1990).

Nutrition and Health Education:

Nutrition and Health Education is required to be given to all women in the age group of 15-45 years (Reddy and Rani, 1990). It aims at effective communication of certain basic health and nutrition messages with a view to enhancing the mother's awareness of the child's needs and her capacity (NIPCCD, 1988).

Non-formal Pre-school Education:

Children between the age of 3 and 5 years are imparted non-formal pre-school education in an Anganwadi in each village/ward. There is no formally structured curriculum and flexibility is encouraged (Ministry of Human Resource Development, 1990).

The objective behind the provision of this package of services is to bring about:

- * Improvement in the health and nutritional status of children below 6 years
- * Reduction in mortality
- * Reduction in morbidity
- * Reduction in malnutrition
- * Laying the foundation of proper psychological, physical and social development of children
- * Reduction in school drop-out rates
- * Co-ordination of policy and implementation
- * Enhancement of mothers' capability to look after the health and nutritional needs of their children (ICDS, 1986 and NIPPCD, 1987).

The ICDS Team:

ICDS serves through a network of Anganwadis. The Anganwadi workers is at the frontline of the ICDS programme, selected from the community, she assumes a pivotal role due to her close and continuous contact with community. As a crucial link between the village population and the Government administration she becomes a central figure in identifying and meeting the needs of her community (ICDS, 1984 and Subramaniam, 1985; Chandra, 1989). Anganwadi workers initially receive three months basic training. They are appointed on an honorary basis who is expected to

monitor the growth of children and their mothers. She is also to elicit community support and participation, and finally maintain records and furnish reports (Phalla, 1989).

The Supervisor (Mukhya Sevika) is responsible for 14-25 Anganwadis. She also acts as friend, philosopher and guide to Anganwadi workers and assist in record keeping, home visits, organising community meetings and visit of health personnel, she provides on the job orientation to Anganwadi workers (NIPCCD, 1987 and Hand Book of instructions regarding ICDS Programme, 1990).

The Child Development Project Officer (CDPO) provides the link between ICDS functionaries and Government administration. The officer is also responsible for securing Anganwadi premises, identifying beneficiaries, ensuring supply of food to centres and flow of health services and monitoring programmes and reporting to the State Government (NIPCCD, 1984; Nutrition and Child Bureau of Women and Child Development, 1990).

The medical officers, the lady health visitors and female health workers from nearby primary health centres and sub-centres form a team with social welfare functionaries to implement ICDS (Gupta, 1989; Sawhney, 1990).

Monitoring ICDS:

Right since the inception of ICDS there has been emphasis on proper monitoring and evaluation for getting feedback on proper implementation and co-ordination of the programme (NIPCCD, 1987; Profile of India, 1990).

C. Research Highlights:

Seshma and Anuradha (1985) conducted a study on the "Attitude of pre-school teachers towards pre-school Education Programme" in Tirupati reported that majority of the pre-school teachers (Anganwadi workers) felt that play method is extremely essential for the development of the child.

Gandhi (1986) conducted a study on "Community participation in the Urban ICDS Project" Visag, Andhra Pradesh opined that most of the Anganwadis were being supported by way of rent free accommodation by the youth club and Mahila Mandals and were closely connected with the ICDS programme and helped the Anganwadi workers regularly.

At the Seminar Organised by NIPCCD on "Eliciting Community Participation in Strengthening Pre-schools Education Component in ICDS (1987)" Sharma reported that many surveys and research studies have provided empirical information suggesting that element of community

participation in functioning far below the desired level as envisaged in the scheme. The steps suggested to strengthen it were; the community should be involved from the initial stage of implementation of ICDS for its operation. The scheme should be started in the area where the community has been prepared to receive the programme; efforts should be made to build active groups.

A study by the "Nutrition Foundation of India", on behalf of the Government has stressed the need for better motivation and training of Anganwadi workers. It was found that Anganwadi workers, by and large possessed inadequate skills for conducting various activities which could perhaps be attributed to the training being too theoretical. The training methods used for imparting training to grass root level functionaries must lay emphasis on practical work (NIPCCD, 1988).

Bhandari and Mandovara as quoted by Shekhara and Lalitha (1988) through a study, found out that ICDS was having positive effect on the nutritional, intellectual, psychological and social status of children and mothers. It was found that moderate and severe grades of malnutrition were less frequent in rural areas having ICDS projects. The nutritional services rendered through this scheme have resulted in better nutritional status of children.

Dhar (1989) organised a study on "ICDS - A Participatory Approach" in Udaipur district revealed that the ICDS ensured the very survival of the child before continuing the care which will make the child healthy, provide mental stimulation and introduced the child to a process of learning in preparation for school.

A study entitled "Early Childhood Education - An Effect to Enhance School Enrolment" was conducted by Sunderlal and Rajwati (1989) in Haryana. The study revealed that 70 per cent children who had received pre-school education in the Anganwadis were enrolled in the primary school and 80 per cent children attended Anganwadi were well adjusted and their scholastic performance was better as compared to other children.

Parwani (1989) conducted a study on "The community participation in pre-school education" a case study of Mehrauli ICDS project in Delhi.

The findings of the study are as follows:

Lack of knowledge regarding the importance of pre-school education on the part of Anganwadi workers as well as the community, supplementary nutrition and not the pre-school education as a major motivation factor for sending children to Anganwadis lack of involvement of other local

organisations besides panchayats; lack of community involvement and participation and lack of contact between primary school teachers and Anganwadi workers.

Srivastava and Srivastava (1989) conducted a study on the "influence of ICDS scheme on the problem solving ability" in Madras on a sample of 60 from ICDS block, 260 from Non-ICDS block opined that children attending Anganwadi centre had more ability of problem solving than the Non-ICDS children.

A study on "Impact of ICDS on pre-school Education and Development of Children" was conducted by Adhish et al. (1990). On a sample of 114 children from rural ICDS area and 108 from non-ICDS area in Aligarh district. The findings revealed that the intellectual status of the children in ICDS village was definitely better than that of the children in the non-ICDS villages and higher intellectual status in ICDS area was due to the impact of pre-school education and better nutritional status of children.

Pandey and Devadas (1991) carried out a study entitled "Impact of the pre-school Education Component in the ICDS on the Cognitive Development of Children", the data on both experimental and control groups were collected from

Coimbatore City, Project Number Four at Singanallur. The findings of this study have brought to light the superior nutritional and health status and cognitive development in children, who attended the ICDS programme as compared with their control counterparts, belonging to the same socio-economic background.

Jayashree (1991) carried out a study on "Community Participation in Dhekargara ICDS project in Jorhat district in Assam", opined that community participation in ICDS project of Assam was satisfactory.

A study entitled "A Study of ICDS Scheme on School Enrolment and Dropout Rate in Maharashtra" (1991) was conducted in the urban ICDS block, Bombay, rural ICDS block, Chiplun and tribal ICDS block, Dharni. The findings revealed that, 90 per cent from all the three blocks of ICDS are well admitted to primary schools, faced no problems in getting admission, were well adjusted immediately after leaving the Anganwadi.

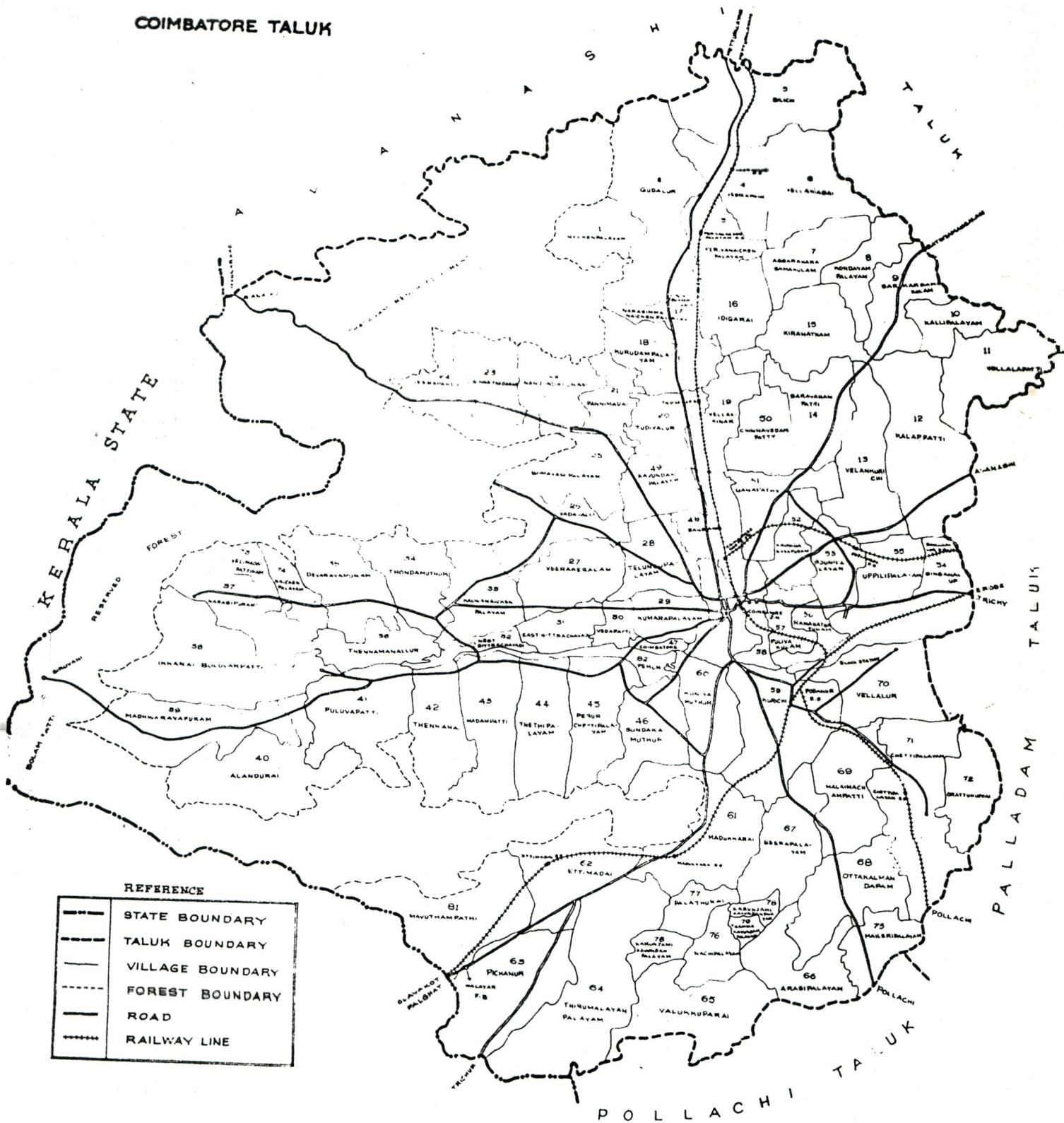
NIPPCD (1992) study designed to ascertain the efficiency of ICDS has indicated that the scheme has helped in the better utilisation of health services and pre-school education facilities. Better school enrolment in ICDS areas is illustrated by the finding that of the primary school

children in the age group of 6 to 14 years, 85 per cent in ICDS and 15 per cent in non-ICDS have pre-school experience. The study has revealed that the nutritional status of children in ICDS areas was better than of these in non-ICDS areas.

Chandra and Sen (1993) through a study on "Mental ability and Social Maturity of the children of ICDS and the children of non-ICDS, revealed that the children who were attending anganwadi compensate for some of the ill-effects of socio-cultural and economic deprivation conditions prevailing at their homes, thereby contributing relatively to better cognitive abilities such as intelligence and social maturity among themselves (beneficiaries) than the children who were not attending anganwadi (non-beneficiaries).

Jothimani and Bharatha (1994) through study "Impact of ICDS social components on children and mothers" stated that anganwadi fulfills the needs of the children in early years.

COIMBATORE TALUK



REFERENCE

	STATE BOUNDARY
	TALUK BOUNDARY
	VILLAGE BOUNDARY
	FOREST BOUNDARY
	ROAD
	RAILWAY LINE

Methodology

III. METHODOLOGY

The procedure pertaining to the study on "Strengthening the Functioning of an Anganwadi in Tribal Area" was carried out on the following headings:

- A. Planning the Programme
- B. Conducting the Programme
- C. Evaluating the Programme

Planning the Programme

This aspect of the study involved the following steps:

1. Selection of the Area
2. Selection of the Sample
3. Selection of the Method
4. Development of the Tool
5. Collection and Analysis of Data.

1. Selection of the Area

The area selected for implementing the programme was one Anganwadi at Siruvani in Coimbatore which was 30 k.m. away from the city (Figure-2). It was convenient for the investigator to contact and strengthen the functioning of the Anganwadi, since the area was familiar to the investigator. The investigator created good rapport with the children, mothers and teachers by visiting the Anganwadi frequently and they extended their co-operation fully in this venture.

2. Selection of the Sample

The total number of children enrolled in the Anganwadi was 40 in the centre which comprised the sample. Apart from them, the mothers of the 40 children were contacted since the study aimed at bringing about holistic development of the children.

3. Selection of the Method

In order to analyse the situation, a large amount of facts was required about the situation. For this, two different schedules 'A' and 'B' were prepared and administered both for the Anganwadi teacher and the mothers of the children. And observation method was also adopted.

The interview method was adopted for this study. According to Shindhu (1989) "Interview is a two way method which permits in that it involves the collection of data through direct verbal interaction between the interviewee and interviewer". Schedule is the name usually applied to set of questions which are asked and filled in by an interviewer in a face to face situation with another person.

Moreover, with the help of observation sheet the exact happening and conditions of the Anganwadi were also observed due to the following reasons: (a) subjective bias

is eliminated, (b) appropriate tool to judge the personality or psychological traits of the subject or respondent (Kothari, 1990).

Thus two different schedules and one observation sheet were utilised for planning and conducting the programme. Apart from this, in order to get first-hand information on the knowledge level of the children at the Anganwadi, a **knowledge test** was administered in the beginning and later to evaluate the effect of the programme. Moreover, to evaluate the effect of the programme, a **check list** was also prepared for the mothers of the children. In this study the check list was prepared because, the check list pose a simple alternative to the respondent. It is an excellent technique where a clear cut alternative exists (Gupta, 1991).

4. Development of the Tool:

Accordingly two sets of interview schedules and one observation sheet were developed. An **interview schedule 'A'** to get details about Anganwadi was evolved. It consisted of particulars about the background information of the Anganwadi, details about the training and experience of the Anganwadi worker, details about the teaching feeding programme and Anganwadi activities and details about the use of instructional materials, method of teaching, information

about maintenance of records and registers and details about the staffing pattern, job satisfaction and problems of the Anganwadi worker, physical facilities etc., (Appendix I).

The **interview schedule 'B'** comprised of details regarding socio-economic background of the family and also the opinion of mothers on the general details of the Anganwadi and details of the classes conducted for them on Nutrition Education, Health and Hygiene and Family Welfare etc., questions on their attitude towards sending their children to the Anganwadi, their participation in Anganwadi programmes and on parent-teacher association (Appendix II).

An **observation sheet** was developed featuring on the cleanliness in the Anganwadi, facilities available in the Anganwadi, the availability and utilisation of teaching aids, teaching methods and maintenance of registers and records (Appendix III).

Moreover, a **knowledge test** was prepared and administered to the children to know the awareness of children on food items, hygiene etc., And the same knowledge test was administered at the end of the programme to evaluate the effectiveness of teaching to children (Appendix IV).

And a **check list** was administered at the end of the programme for the mothers to evaluate the knowledge gained and change in attitude and on skills developed (Appendix V).

5. Collection and analysis of Data:

Before collecting the required information from the respondents, the investigator personally approached the people individually and established good rapport through friendly conversation. While administering the interview schedule, the investigator explained to them the purpose of the study and so was able to get the opinion of mothers. Then observation revealed the prevailing conditions of the Anganwadi.

The administered interview schedule 'A' revealed background information of the Anganwadi worker, Anganwadi children and Anganwadi. The total number of children enrolled were 40. They were in the age range of 2 to 6 years. Along with the interview schedule 'A' an observation sheet was used to observe the exact conditions prevailing at the Anganwadi and also the routine happenings of the Anganwadi. These **tools revealed** the following:

- a. The surroundings did not create a healthy and hygienic atmosphere, since they did not have proper toilets.
- b. The children did not have a neat appearance as they did not get proper toilet training.

- c. The space allotted for the Anganwadi centre was a small room.
- d. They did not give importance to physical development of the children.
- e. The Anganwadi and not equipped with teaching materials except for few teaching aids like charts, posters and toys and what was available also was poorly maintained.
- f. The Anganwadi was not properly white washed or well ventilated.
- g. There was provision for mid-day meals for Anganwadi children.
- h. The children were not handled properly.
- i. They did not maintain any register apart from attendance and stock register.
- j. There was not much people's cooperation or any organisation which works for the development of the Anganwadi.
- k. Nutrition education and supplementary nutrition were not given to the mothers. Parent teacher meeting was not organised.
- l. There were only occasional visits of the supervisor or health officer. Therefore, out of the 20 children, few students alone were immunized.

Anganwadi worker had completed job training and also got special training and she had five year experience as an Anganwadi worker. In the absence of Anganwadi helper, the Anganwadi worker managed the Anganwadi.

Though the Anganwadi worker had undergone training in which they were taught how to prepare teaching aids, from observation sheet it was revealed that only two common songs were used. The method of teaching also was not satisfactory. And she had not prepared any teaching aids. She was not much particular in using teaching aids for her class also. But she used black board frequently.

Moreover the Anganwadi worker has not organised any parent teacher meetings or Nutrition Education classes for mothers. And she was not particular to send the health check-up reports of the children to their parents. Every month she carried out height-weight measurements for the children.

The required information collected through interview schedule 'B' to elicit opinion of parents about the services rendered through the Anganwadi were analysed and discussed under the following heads:

- a. Background information of the mothers
- b. Programmes conducted in the Anganwadi for the children and mothers
- c. Topics of interest as expressed by the mothers

a. Background information of the mothers:

This aspect includes details such as age, educational status, type of family, religion, family income, occupation of the selected mothers and also the reasons given by the mothers for sending their children to the Anganwadi.

The background information of the mothers include:

- i) Age-wise distribution
- ii) Educational level
- iii) Type of family
- iv) Religion-wise distribution
- v) Income distribution
- vi) Occupational pattern of the mothers
- vii) Reasons for sending their children to the Anganwadi

i. Age-wise distribution:

Table-I depicts the age-wise distribution of the mothers.

TABLE-I
AGE-WISE DISTRIBUTION OF THE MOTHERS

S.No.	Age (Years)	Number of persons responding : 40
1.	17-20	6
2.	21-24	10
3.	25-28	13
4.	29-32	8
5.	33-36	3

From the above table, it is clear that out of 40 respondents, 13 belonged to the age group of 25-28 years, 10 of them were 21-24 years, 8 of them were in the age group 29-32 years, 6 were within 17-20 years and only three was above 33 years.

ii. Educational level of the Mothers:

Table-II reveals the educational level of the mothers.

TABLE-II
EDUCATIONAL LEVEL OF THE MOTHERS

S.No.	Educational level	Number of persons responding : 40
1.	Primary (Below 5th Std.)	14
2.	Middle (5th - 7th)	10
3.	High school (8th - 10th)	5
4.	Higher Secondary (11th - 12th)	3
5.	Illiterate	8

It is interesting to note that only few (8) respondents were illiterates and the majority (14) of the mothers had primary school education, while the rest of them had studied upto middle, high school and higher secondary.

iii. Type of family:

The type of family that the mothers belonged to is shown in Table-III.

TABLE-III
TYPE OF FAMILY

S.No.	Type of family	Number of persons responding : 40
1.	Nuclear	24
2.	Joint	16

Out of the 40 mothers, it is surprising to note that 24 of them represented the nuclear family system and remaining 16 respondents belonged to the joint family. This reflects the disintegrating trend of the joint family system in India. It may be due to the spread of education, desire for economic independence and modernisation.

iv. Religion-wise distribution:

Majority of the mothers 31 were Hindus, 6 mothers belonged to the Muslim community and 3 of them were Christians.

v. Income distribution:

Table-IV indicates the income range of the families.

TABLE-IV
INCOME DISTRIBUTION

S.No.	Income (Rs./month)	Number of persons responding : 40
1.	Below 700	18
2.	701 - 1000	10
3.	1001 - 1300	5
4.	1301 - 1400	4
5.	1401 and above	3

Regarding the income level of the households, 18 of them had a monthly income of below Rs.700/- and 10 of them had an income of about Rs.700/- but below Rs.1000/-. The rest of the families (12) had a monthly income of above Rs.1000/-.

vi. Occupational Pattern of the mothers:

It is surprising to note that only 12 mothers were working when the trend of women going out to work is increasing. Out of the women employed 7 were working as coolies and the remaining as maid servants.

vii. Reasons for sending their children to the Anganwadi:

Table-V opines the reasons for sending their children to the Anganwadi.

TABLE-V

REASONS FOR SENDING THEIR CHILDREN TO THE ANGANWADI

S.No.	Reasons	Number of persons responding : 40*
1.	To develop good habits	28
2.	Mid day meals	20
3.	To carry out domestic chores	15
4.	Working	12
5.	Child is very mischievous	10
6.	No elders at home	7

* Multiple response

It is interesting to note that 28 mothers had sent their children to develop good habits. Only 20 mothers sent their children for mid day meals. Since 12 mothers were working, they left their children at the Anganwadi to be taken care of, whereas 15 mothers felt that leaving the children at the Anganwadi gave them time to do their domestic chores.

To maintain the regularity in attendance the mothers tried to encourage and motivate their children and some used to accompany their children to school.

b. Programmes conducted in the Anganwadi for the children and mothers:

This aspect includes:

- i. Awareness of the Anganwadi programmes for women and children by the mothers.
- ii. Opinion of mothers about the programmes conducted in the Anganwadi for children.
- iii. Opinion of the mothers about the programmes conducted for them.

i. Awareness of the programmes for women and children:

Table-VI gives the awareness of the Anganwadi programmes for women and children by the mothers.

TABLE-VI

MOTHER'S AWARENESS ABOUT THE PROGRAMME CONDUCTED

S.No.	Aspects	Number of persons responding : 40	
		Aware	Not aware
1.	Supplementary feeding	21	19
2.	Immunization	2	38
3.	Health check-up	12	28
4.	Referral services	0	40
5.	Non-formal pre-school education	38	2
6.	Nutrition education	2	38

It is disheartening to note that all the mothers were not aware about all the programmes of the Anganwadi except pre-school education. None of them had heard about referral services not known anything about it. Twelve per cent of them were aware of health check-up. Only two of them were known about immunization. It is surprising to note that only two mothers were aware of nutrition.

ii. Opinion of the mothers about the programmes conducted in the Anganwadi for children

Table-VII reports the opinion of the mothers about the programmes conducted in the Anganwadi for children.

TABLE-VII

AWARENESS OF THE MOTHERS ABOUT PROGRAMMES CONDUCTED FOR CHILDREN

S.No.	Curricular/extra-curricular activities	Number of persons responding : 40	
		Satisfied	Not satisfied
1.	Songs	30	10
2.	Rhymes	22	18
3.	Story telling	12	28
4.	Simple drawing	--	40
5.	Physical exercise	--	40
6.	Demonstration	--	40
7.	Play activities	16	24
8.	Science experience	--	40
9.	Creative activities	--	40
10.	Supplementary feeding	30	10
11.	Health programme	--	--

It is to note that 40 of them were happy over the songs taught to the children though it was opined that only two songs were repeatedly song. Only 18 of them were not satisfied with the rhymes taught. But it was astonishing to note that no story was told no exercise taught, no creative activities conducted and no outdoor games played. All the mothers were satisfied with the food given at the Anganwadi. It is disheartening to note that none of them had knowledge of any health programmes of the children.

iii) Opinion of the mothers about the programmes conducted in the Anganwadi for them

Through the mothers, it was brought to the knowledge of the investigator that the monthly meetings for mothers were not conducted. They were not given any nutrition education or health education and also the pregnant mothers had not received any supplementary nutrition. The mothers expressed that they would like a change in the menu and also precautions to be taken to prepare the food more hygenically. The mothers had not helped the Anganwadi worker in any activity.

On enquiry it was revealed that the classes were not conducted because of lack of time of the Anganwadi worker and also since the houses of the mothers were scattered and

far away. But the mothers were eager to attend classes if conducted.

After the brief discussion about the need of participation of mothers for successful conduct of the Anganwadi programmes, the investigator enthused the mothers to express their topics of interest to learn as well as to participate in the education programme. Apart from this even the Anganwadi worker was consulted. Based on their interests, the education programme was conducted by the investigator using all the available infrastructure.

B. Conducting the Programme

Based on the knowledge of the children and mothers, gained through knowledge test for children and Interview Schedule 'B' for mothers, the investigator took up the matter herself as an action programme to strengthen the curricular and co-curricular programmes of the children in the Anganwadi and also various educational programmes for the mothers by choosing the following concepts.

1. For Children:

- a. **Holistic** development of the children through physical development
 - i. Gross motor development like running, hopping, bending and skipping.

- ii. Fine motor development - drawing and painting with fingers, stringing of beads, painting etc.,
- b. **Language development**
 - i. Recognition of various colourful pictures on cards of animals, birds, fruits and vegetables
 - ii. Discrimination between various concepts
 - iii. Importance of food groups and their role through story-telling, dramatization etc.,
- c. **Emotional development and development of creativity**
 - i. Art activities like drawing, paper craft, tear and paste
 - ii. Movement activities like dance and drama
 - iii. Music activities like rhymes and songs, etc.,
- d. **Social development and habit formation**
 - i. Playing with other children and good habit formation
 - ii. Importance of health and hygiene
- e. **Intellectual or cognitive development**
 - i. Various concepts like colour, shape and size
 - ii. Developing skills in clay modelling and learning numbers etc.,

For Mothers:

- a. Ante-natal and post-natal care
- b. Family Welfare
- c. Nutrition and Health Education
- d. Importance of pre-school education
- e. Emphasis on small family norm
- f. Preparation of low-cost nutritious food

I. Action Programme for Children

The investigator taught the Anganwadi children for 60 days by following the different methods of teaching, suitable for children. The Anganwadi worker was present during these teaching exercises and was happy to learn the teaching techniques and promised that she would follow these methods in the future.

The investigator prepared many teaching aids suitable to the topics and made use of them at the appropriate time while teaching. Monitoring was also carried out then and there.

a. Flash card:

A set of 10 flash cards were prepared on different items eg., kinds of vegetables, fruits, green leafy vegetables etc., And also one set of 10 cards were prepared on personal hygiene and also another set of 10 flash cards

were prepared on different indoor activities for Anganwadi children eg. different types of painting, drawing, pasting, creative activities and science experiences (Plate-1).

b. Chart:

Ten charts were prepared for Anganwadi children on various types of vegetables and fruits on different colours, parts of human body etc., (Plate-2).

c. Puppet:

With the help of the puppets the children were told stories on the functioning and importance of food groups and their role and also moral stories.

d. Play card

Different coloured fruits and vegetables play cards were used to teach the children regarding different colours.

e. Sample of food stuff:

Some food stuff like rice, wheat, dhal were packed in small packets to show these to the children. Some vegetables and fruits were also displayed for the Anganwadi children to identify them.

f. Game play:

Play and play material is one of the basic needs for all children. Play gives children emotional satisfaction.



CURRICULAR
ACTIVITIES

CREATIVE
ACTIVITIES



It keeps them occupied and prevents boredom. Play is an intellectual value. It helps children to practice and develop their new skills (Plate-3).

To strengthen the co-curricular activities, some play like hide and seek were conducted. Moreover different activities like pasting, drawing etc., were carried out. These prepared aids were handed over to the Anganwadi teacher for future use.

g. Dramatization

Though dramatization the various concepts like health and hygiene, environment, cleanliness, formation of good habits etc., were highlighted. A detailed plan of action along with lesson plan is presented in the Table-VIII.

II. Action Programme for Mothers

In addition to imparting knowledge and habits to the children, the Anganwadis were expected to conduct monthly meetings for the mothers at the Anganwadi centre to impart knowledge like health education, nutrition education and referral services to the mothers. To fulfil this, the investigator met the mothers at the Anganwadi centre and discussed the different aspects like health, nutrition, sanitation, hygiene, immunization, simple handicrafts, family welfare, ante-natal and natal care and other day to



CO-CURRICULAR
ACTIVITIES



TABLE-VIII

ACTIVITIES CONDUCTED FOR THE CHILDREN

S. No.	Activities	Methods/Aids	Resource	Who participated	Place
1.	Creating rapport with the Anganwadi children and	Anganwadi visit informal talk	Investigator	Anganwadi worker and children	Anganwadi
2.	Observing the different types and activities of the existing time table	Observation of the classes conducted	Investigator	Anganwadi children	Anganwadi
3.	Importance and improving of non formal preschool education	Lecture	Investigator	Anganwadi worker and mothers	Anganwadi
4.	Conducting classes for holistic development of the child				
4.1	Physical Development outdoor play-gross motor development/running, skipping etc.	Lecture cum Demonstration	Investigator	Anganwadi children and Anganwadi workers	Anganwadi
4.2	Fine Motor Development Painting, Vegetables thumb, finger painting etc. simple drawing and pasting card, etc.	Lecture cum Demonstration	Investigator	Anganwadi children	Anganwadi

TABLE-VIII CONTD.

S. No.	Activities	Methods/Aids	Resource	Who participated	Place
4.3	Language Development				
	a) Recognition of animals birds, flowers etc.	Display of different models and real objects	Investigator	Anganwadi children	Anganwadi
	b) Identification of different local food stuff	Display of packets of food items	Investigator	Anganwadi children	Anganwadi
	c) Discrimination between various concepts like hard and soft, dark and light etc.	Discrimination through feeling touching and	Investigator	Anganwadi children	Anganwadi
	d) Story telling	Flash cards	Investigator	Anganwadi children	Anganwadi
	e) Dramatization	Role play on functions of food	Children	Anganwadi children	Anganwadi
4.4	Emotional development on development of creativity through	Demonstration cum lecture	Investigator	Anganwadi children	Anganwadi
	a) Art activities (drawing, pasting etc)	Demonstration cum lecture	Investigator	Anganwadi children	Anganwadi
	b) Movement activities (dance, drama etc.)	Demonstration cum	Investigator	Anganwadi children	Anganwadi

TABLE-VIII CONTD.

S. No.	Activities	Methods/Aids	Resource	Who participated	Place
4.5	Concept formation shape size and colour	Use form board, chart, real object - Distinction between big and small - Concept through display of different colours of cloth, paper etc.	Investigator	Anganwadi children	Anganwadi
4.6	Social Development	Group games	Investigator and Anganwadi worker	Anganwadi children	Anganwadi
	a) Playing with other children and habit formation	Holding through hands going round in a circle combing their hair, wearing clean clothes			
	b) Importance and improving the health and hygiene of the children	Using flash cards, charts, posters, practicing the children to adopt the habit of washing their hands before and after meals, use of hand kerchief while sneezing or running of nose etc.	Investigator	Anganwadi children	Anganwadi

TABLE-VIII CONTD.

S. No.	Activities	Methods/Aids	Resource	Who participated	Place
	c) Informal talks on the need for keeping themselves and their surroundings clean	Informal talk using charts and posters	Investigator	Anganwadi children	Anganwadi
4.7	Intellectual development on cognitive development				
	a) Concept formation	Chart, real object, and vegetables etc. - picking up stones	Investigator	Anganwadi children	Anganwadi
	b) Learning numbers	- Pasting up a cutpicture bringing together			
	ii) arranging in order				
	iii) making pattern				
	iv) making sets etc.	similar objects			
5.	Basic concept of various food groups and their role	Lecture cum demonstration chart, real object, flash card	Investigator	Anganwadi children	Anganwadi
6.	Improving the knowledge on nutrition and health	Teaching Action-songs on carrot, papaya, greens, tomato and about nail biting	Investigator	Anganwadi children	Anganwadi
7.	Importance of vegetables, cereals, pulses, milk product, greens, fruits	Exhibition	Investigator	Anganwadi children	Anganwadi

day aspects with the mothers. Four classes were conducted to impart these aspects. The methods followed were:

a. Lecture cum discussion:

The investigator gave lecture on the topics mentioned in the plan of work, making use of all the available aids. Each topic gave various informations to them.

Group discussion is that form of discourse which occurs when two or more persons recognising a common problem exchange and evaluate information and ideas, in an effort to solve that problems (Bhatnagar and Dahama, 1990). Group discussion on the problem faced by women due to large family and the ways and means to overcome the problems, was carried out.

Since pre-school years lay the foundation for physical, social, emotional, cognitive and language development for children, a class was conducted using flash cards, for the mothers emphasising that pre-school period is not the time to teach the 3 R's reading, writing and arithmetic but play way method should also be incorporated. Since pre-school prepares children for their schooling they were encouraged to see to it that they sent their children to Anganwadi regularly.

Lecture on health, nutrition, sanitation, personal and environmental hygiene and the aspects to be kept in mind during anti-natal, natal and post-natal period, were given. Problems faced by families and also the country due to population explosion and the various control measures that can be adopted to avoid unwanted pregnancies were discussed using leaflets and pamphlets.

b. Leaflet:

A number of leaflets were used for mothers of the children by the investigator which contains the advantages of eating foods during pregnancy and lactation and also disadvantages of refusing different types of foods, and their effects, conservation of nutrients while and after cooking, cleanliness and importance of immunization.

c. Demonstration

Various recipes were demonstrated by the investigator. The topics supplementary and weaning foods to children were also demonstrated by the investigator. Supplementary food known as "Kulanthai Amuthu" based on a blend of ragi flour, green flour, roasted groundnut and jaggery developed by our University was also demonstrated.

d. Exhibition: 'Seeing is believing'. It is one of the extension method with the help of different types of charts,

posters, models, photographs were showed through exhibition which created awareness on concepts like immunization, population explosion its consequences, birth control, nutrition, health and hygiene etc.,

e. Pamphlet: Pamphlet on different types of low cost nutritious recipes and weaning foods were prepared. A detailed plan of action along with lesson plan is presented in the Table-IX.

TABLE-IX

ACTIVITIES CONDUCTED FOR MOTHERS OF THE ANGANWADI CHILDREN
BY THE INVESTIGATOR

S.No.	Activities	Methods/Aids
1.	Creating rapport with the mothers of the Anganwadi children	Home visit/informal talk
2.	Conducting preliminary survey of the mothers of the Anganwadi	Interview
3.	Organising Parent Teacher Association	Discussion
4.	Meeting of the Parent Teacher Association	Group discussion
5.	Talk on adequate diet for pre-school children	Talk-using chart and posters
6.	Importance of vegetables cereals, pulses, milk and milk products, greens, fruits and about supplementary food	Exhibition
7.	Low cost nutritious recipes on 'Kuzhandhai Amudhu'	Lecture cum demonstration

TABLE-IX CONTD.

S.No.	Activities	Methods/Aids
8.	Family Welfare - Antenatal, natal and postnatal care	Lecture-Pamphlet and leaflet
9.	Population explosion and problems encountered	Lecture cum discussion
10.	Small Family Norm various family planning methods and use of contraceptives	Flipchart, discussion

C. Evaluating the Programme

Evaluation in its broadest sense means judging the value of something (Reddy, 1987). Evaluation is the measurement, assessment or appraisal of progress made in any undertaking with a view to improving the operational efficiency of any programme. It is a method of determining how far an activity has progressed and how much further it should be carried to accomplish objectives (Devis, 1991).

The effectiveness of teaching for 60 days in terms of knowledge gained, change in attitude, habits formed and skills developed was measured.

Before launching the programme, the investigator used the knowledge test to know the awareness of children on various food items, stories, rhymes, hygiene, colour, shape,

small numbers etc., After teaching for 60 days the same knowledge test was administered and the knowledge gained was measured.

Similarly the habits formed, the skills developed and attitudinal changes including team spirit, adjustability, sense of responsibility were also studied through observation. These are discussed in the results and discussion chapter.

The impact of parents meeting and mothers classes was evaluated through a check list and is presented in the results and discussions chapter.

Results and Discussion

IV. RESULTS AND DISCUSSION

The results of this study are discussed under the following heads:

- A. Extent of participation of Anganwadi children and their mothers in the various programmes
- B. Impact of education on the knowledge of the children and their mothers

A. Extent of participation of Anganwadi children and their various programmes:

- 1. Attendance of children in the Anganwadi
- 2. Participation of Anganwadi children in various educational activities
- 3. Attendance of mothers in the various programmes

1. Attendance of children in the Anganwadi:

The attendance of children in the Anganwadi had improved remarkably from 15 to 40, as a result of the efforts taken to make the Anganwadi programmes interesting.

2. Participation of Anganwadi children in various Educational activities:

Table-X reveals the details about participation of the children in the specific activities organised for imparting education.

TABLE-X

PARTICIPATION OF ANGANWADI CHILDREN IN VARIOUS EDUCATIONAL ACTIVITIES

S. No.	Activities	Attendance of Children N:40
1.	Group games	40
2.	Puppet show on nutritious food	40
3.	Story telling on vegetables, greens personal hygiene, habits etc.,	40
4.	Dramatization (role play on vegetables and fruits)	40
5.	Action songs on the value of food stuffs	40
6.	Competition on identifying foods and their function	40
7.	Creative activities (drawing, painting, cutting and pasting)	35
8.	Exhibition on identification and function of food	35
9.	Concept formation (number, size and colour)	32
10.	Informal talk on health and hygiene	30

It was heartwarming to note that the total attendance for all the activities was total except for creative activities, exhibition, concept formation and informal talk.

3. Attendance of mothers in the various educational programmes:

The details about participation of the mothers in the various educational programmes are indicated in Table-XI.

TABLE-XI

PARTICIPATION OF MOTHERS IN THE VARIOUS EDUCATIONAL PROGRAMMES

S. No.	Aspect	Attendance of mothers N:40
1.	Exhibition on family welfare, health, hygiene, nutrition, population explosion	40
2.	Talk on adequate diet for pre-school children	40
3.	Discussion on diet during pregnancy and lactation	40
4.	Demonstration on low cost nutritious food	
5.	Demonstration on using locally available foods for children	30
6.	Discussion on health and hygiene	25

The participation of the mothers in the various programmes was encouraging. Methods like exhibition, demonstration, discussion, show cent per cent attendance whereas informal talk had the lowest response.

B. Impart of education on knowledge of children and their mothers:

This aspect deals with the following:

1. Impact of education on the knowledge of Anganwadi children on various educational programmes, like food and nutrition, health and hygiene.
2. Impact of education on the knowledge of the mothers on nutrition, family welfare, handicrafts, health and hygiene.

1. Impact of education on the knowledge of Anganwadi children and various educational programmes like food and nutrition, health and hygiene

The impact of the children attending the Anganwadi is discussed in terms of:

- a. Gain in knowledge of the Anganwadi children on various educational programmes like food and nutrition, health and hygiene.
- b. The skills acquired by the Anganwadi children.
- c. Holistic development of the children.

a. Gain in knowledge by the Anganwadi children in the area of food is given as follows:

TABLE-XII

GAIN IN KNOWLEDGE IN THE AREA OF FOOD

S. No.	Knowledge	Total No. of children giving correct answers N:40		
		B	A	Increase
1.	Identification of food	9	40	31
2.	Function of food	7	40	33

B = Before the various educational programme
 A = After the various educational programme

(This key is used in all the subsequent tables)

It is remarkably clear that 9 children were aware about the identification of food and only seven were able to tell the function of food. It also indicates that through different action oriented activities and the teaching aids had helped the children to learn and more as we see the increase in gain in knowledge.

Table-XIII gives details of the changes in knowledge of the children attending the Anganwadi.

TABLE-XIII

GAIN IN THE NUTRITIONAL KNOWLEDGE OF CHILDREN

S. No.	Knowledge	Total No. of children giving correct answers N:40		
		B	A	Increase
1.	Could state the value of papaya	0	40	40
2.	Could state the foods required for good vision	0	35	35
3.	Could state the importance of greens	0	40	40
4.	Could state the food suitable for teeth	0	40	40
5.	Could state the value of vegetables	0	40	40
6.	Could state the reason why one should not eat uncovered, unhygienic foods	0	40	40
7.	Could state the value of banana	2	40	38
8.	Could state the value of guava	0	40	34
9.	Could state the value of milk	2	40	38
10.	Could state the value of balanced diet	0	40	40

All the (40) children had improved in their nutritional knowledge as a result of the nutrition education programme, pointing out the impact of incorporating nutrition concepts in the Anganwadi programme schedule. If

efforts are continued the impact would be greater on the long run.

Table-XIV deals with the increase in the knowledge of Anganwadi children on health and hygiene aspects.

TABLE-XIV
INCREASE IN THE KNOWLEDGE OF CHILDREN ON HEALTH AND HYGIENE

S. No.	Knowledge	Total No. of children giving correct answers N:40		
		B	A	Increase
1.	One should bathe daily	5	40	35
2.	One should wash hands before taking and after meals	4	40	36
3.	Hair must be combed daily	21	40	19
4.	One should not bite nails	15	40	25
5.	Should wear neat and clean clothes daily	4	40	36
6.	One should sit properly while taking food	8	40	32
7.	Making a queue while going out	0	40	40
8.	Washing their hands with soap after going to the toilet	0	40	40
9.	Use a handkerchief for blowing the nose	0	40	40
10.	Cutting nails regularly	5	40	35

There is a gain in knowledge as the children gave correct concepts with regard to health and hygiene. Earlier to the teaching incorporated only 5 children were aware of daily bath, only 4 children washed their hands before meals, only 4 were wearing clean clothes etc. The good impact of teaching health concept to the Anganwadi children along with the curriculum is clearly seen from the above table. The children began to come to school neatly dressed.

Table-XV shows the skills developed by the Anganwadi children as a result of exposure to various education programmes.

TABLE-XV

SKILLS DEVELOPED BY THE ANGANWADI CHILDREN

S.No.	Skills developed	No. of children N:40
1.	Games (running, jumping, skipping etc.)	40
2.	Recognition of animals, birds	40
3.	Discrimination between various concepts	40
4.	Participating in dramatization and Story telling (food, health and hygiene)	40
5.	Participating in creative activities - painting, cutting and pasting	32
6.	Participating in movement activities like dance and drama	20
7.	Repeating action songs	40
8.	Stating correctly the colours	40
9.	Counting numbers	38
10.	Differentiating shapes/sizes	37

The responses of the children was really encouraging. It gives picture of holistic development of the children at the Anganwadi. Incorporating various activities at the Anganwadi brought about a change in their behaviour and developed an interest in learning more and developing more skills.

C. Holistic development of the children:

Table-XVI depicts the overall aspects of development in the children.

TABLE-XVI
HOLISTIC DEVELOPMENT OF THE CHILDREN

S. No.	Knowledge	Total No. of children giving correct answers n=40		
		B	A	Increase
1.	Physical development (Running, jumping, skipping, bending etc.)	13	40	27
2.	Language development (Story telling, dramatization or informal talk)	6	40	34
3.	Emotional development and development of creativity (Drawing, pasting, painting or dance, drama, rhymes, songs etc.)	4	39	35

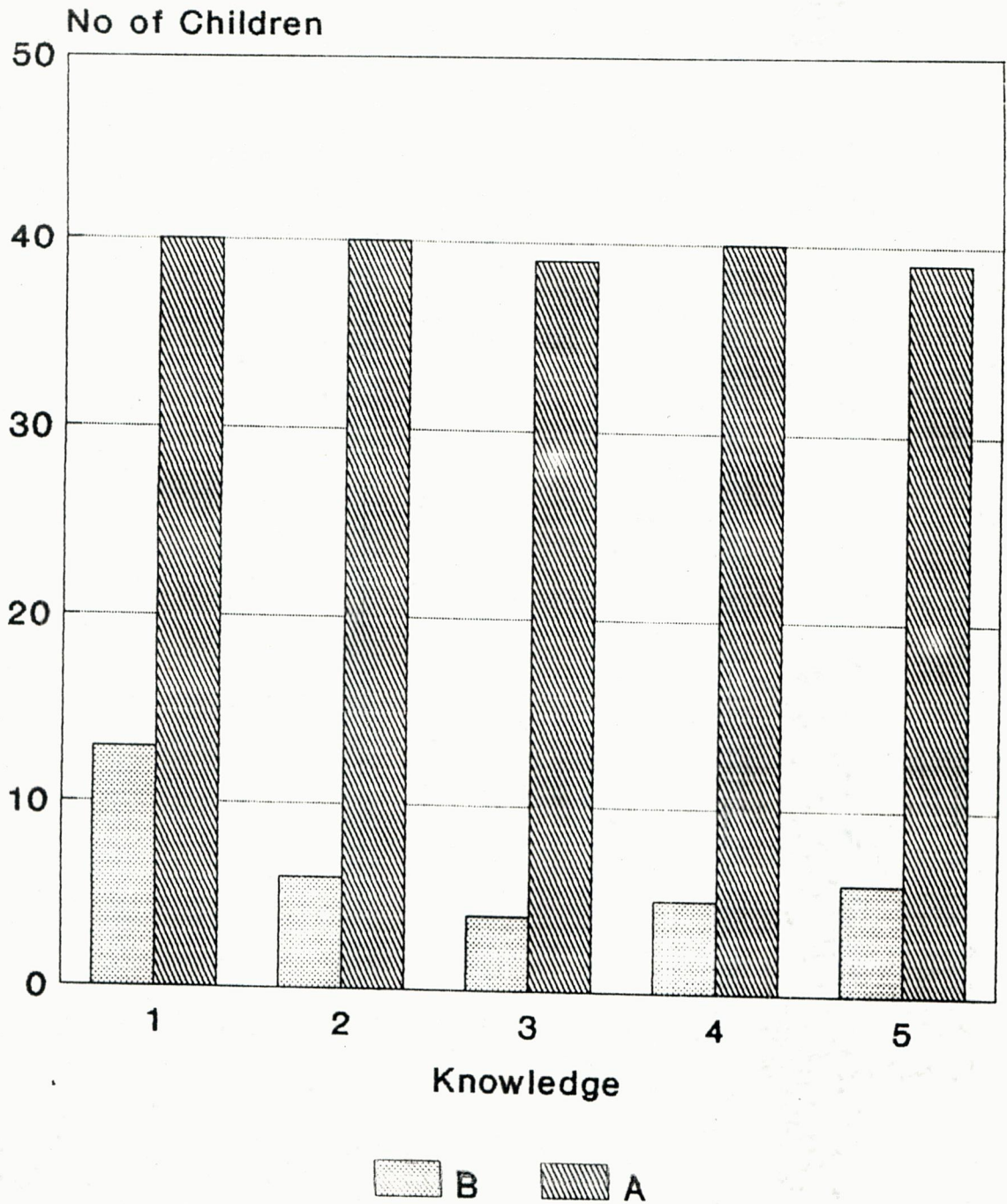
TABLE-XVI CONTD.

S. No.	Knowledge	Total No. of children giving correct answers n=40		
		B	A	Increase
4.	Social development and habit formation (Playing with other children importance of health and hygiene etc.)	5	40	35
5.	Intellectual or cognitive development (concept like colour, shape and sizes and learning number etc.)	6	39	33

It is heartwarming to note that, all the children had remarkably developed in all aspects of development like intellectual, physical, social, language and emotional development. The impact of the educational programme is obvious as we see that the total development of the children in the various spheres and a significant difference in all the aspects as seen before and after the programme. This is diagrammatically represented in the form of bar diagram (Figure 3).

60 a

HOLISTIC DEVELOPMENT OF THE CHILDREN



2. Impact of education on the knowledge of the mothers on nutrition, health and family welfare and hygienic practices

Table-XVII point out the changes in the knowledge levels of the mothers of the Anganwadi children on nutrition.

TABLE-XVII
INCREASE IN THE NUTRITIONAL KNOWLEDGE OF THE MOTHERS

S. No.	Knowledge	Total No. of mothers giving correct answers n=40		
		B	A	Increase
1.	Balanced diet	0	40	40
2.	Washing vegetables	10	40	30
3.	Proper methods of cutting vegetables	5	40	35
4.	Method of cooking rice	2	40	38
5.	Energy giving foods	2	38	36
6.	Foods to be consumed for proper vision	2	40	38
7.	Diet for pregnancy and lactating mothers	6	40	34
8.	Weaning foods	7	40	33
9.	Body building foods	2	40	38
10.	Protective foods	3	38	35

It was interesting to note that after the programme the mothers had gained nutritional knowledge of various concepts. It was clear that the programme had influenced their ideas on proper methods of cooking, balanced diet etc.

Table-XVIII illustrates the increase in knowledge of the mothers of the Anganwadi children on hygienic practices.

TABLE-XVIII
INCREASE IN THE KNOWLEDGE OF HYGIENIC PRACTICES

S. No.	Knowledge	Total No. of mothers giving correct answers n=40		
		B	A	Increase
1.	Drainage water should not be allowed to stagnate	0	40	40
2.	Dust bin should be used in every house	3	40	37
3.	Children be given bath every day and dressed up with clean and neat clothes	6	40	34
4.	Spitting every where spreads infections	5	40	35
5.	Food and drinking water should always be kept covered	6	40	34
6.	The house and environment must be kept clean and neat	5	40	35
7.	Boiled water should be given	0	40	40
8.	Community latrines should be utilised	4	36	32

The women were ignorant of various health practices and as a result were not able to bring up the children in proper manner. As per the above table at the end of the programme there has been gain in knowledge and also the women have promised to keep their home and environment clean. The increase in knowledge on the hygienic practices ranged from 25 to 40 for the various practices.

Table-XIX reveals, the gain in knowledge of the mothers of the Anganwadi children on health and Family Welfare.

TABLE-XIX

GAIN IN KNOWLEDGE OF MOTHERS ON HEALTH AND FAMILY WELFARE

S. No.	Knowledge	Total No. of mothers giving correct answers n=40		
		B	A	Increase
1.	Ideal size of a family	15	40	25
2.	Spacing of births	2	40	38
3.	Advantages of small families	5	40	35
4.	Ante-natal services	0	40	40
5.	Natal services	6	40	34
6.	Post-natal services	5	40	35
7.	Immunization	6	40	34
8.	Contraceptive methods	5	40	35

It was clear that the programme had influenced their ideas on having a small family. If they had small family, they could enjoy all the benefits of life. The programme had helped the members to enrich their knowledge on ante-natal, post-natal services and natal services etc. It is interesting to note that after the programme all the women had gained knowledge on various methods of contraception and advantages of small family, and ideal interval between births.

Summary and Conclusion

V. SUMMARY AND CONCLUSION

The study was an action project on "**Strengthening the Functioning of an Anganwadi in ^a Tribal Area**". The centre consisted of an Anganwadi worker an Ayyah with an enrolment of 40 children.

The various action programmes like nutrition education, health education, personal hygiene, habit formation, concept formation, creative activities were integrated in the Anganwadi curriculum through action songs, stories, use of aids, games, informal talk, form board etc.,

The programmes conducted for the mothers were Nutrition education, Health education, Family welfare, Child care etc., The methods used for educating mothers were informal talk, discussion, exhibition, demonstration and use of charts, posters, leaflet, pamphlet etc.

The effects of the various educational programmes were evaluated in terms of the extent of the participation of the children and mothers in the various educational programmes.

The outcomes of the study are as follows:

The samples selected for the study were children of the Anganwadi situated in a tribal area (Siruvani, Coimbatore) and their mothers who were 40 in number. They

were within the age range 17-36 years. There were only illiterates whereas the rest of them had studied upto primary, middle, high school and higher secondary 24 of them belonged to nuclear family and only 16 were in joint families. The income range of the families varied from Rs.700 to Rs.1600 and above. Majority (18) had an income less than Rs.700/- per month. Only 12 mothers were employed out of the 40 mothers and that too only as coolies or maid servants.

1. The attendance of children in the Anganwadi had improved remarkably from 15 to 40 as a result of the efforts taken to make the Anganwadi programmes interesting.
2. The total attendance of children for all the activities was cent per cent except for creative activities, exhibition and informal talk.
3. The attendance of mothers (40) in the various programmes ranged from 25 to 40. Considering the fact that the mothers resided far away from the Anganwadi, the turnover was appreciably good.
4. Prior to the programme only 7 children were aware of the functions of food. After the programme they were able to identify and explain its functions. Majority of the

children in the Anganwadi improved in their knowledge on food and nutrition, as a result of incorporating nutrition concepts in the Anganwadi schedule.

5. In the aspect of health and hygiene the children had gained knowledge to a great extent and began to come to school neatly dressed.
6. All the 40 children had acquired various skills like counting the numbers, concept formation like shape, size, colour etc.,
7. All the children (40) had developed physically, showed improvement in language, developed socially, emotionally and intellectually. The impact of the educational programme was seen in all these spheres and there was a significant difference before and after the programme.
8. The increase in the number of mothers developing correct nutritional concepts was 33 to 40 and 32 to 40 in the case of hygienic practices.
9. The mothers had gained knowledge on various aspects of family welfare like ideal size of a family, spacing of births, advantages of small families, contraceptive methods, ante-natal, natal and post-natal services etc.,

Results and Discussion

Based on the experiences gained in the study, the following recommendations are made by the investigator:

1. The Anganwadi should be provided with adequate facilities like classroom, toilet, playground etc.,
2. Community participation and voluntary organisations like youth clubs and Mahila Mandals may be involved in the activities of the Anganwadi so that it will be helpful for the Anganwadi workers to carry out their activities.
3. ICDS officers need to visit the centres frequently for better guidance and supervision of the activities of Anganwadi.
4. Training courses to be arranged periodically for Anganwadi workers in innovative methods of teaching and new approaches of dealing with children.
5. The Anganwadi workers can be encouraged to form Parent Teacher Association for the betterment of the Anganwadi and the children.

CONCLUSION

A combination of these factors should positively develop the functioning of the anganwadi in a better manner. In conclusion it can be stated that the Anganwadi children and mothers do have positive attitude towards the Anganwadis.

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Appendices

APPENDIX-I

AVINASHILINGAM INSTITUTE FOR HOME SCIENCE AND HIGHER
EDUCATION FOR WOMEN

AN INTERVIEW SCHEDULE TO ELICIT THE GENERAL INFORMATION FROM
THE ANGANWADI WORKER:

A. Anganwadi Centre:

1. Name and address of the Anganwadi centre :
 - a. Centre No. :
 - b. Place :
 - c. Area :
 - d. Administrative division : Panchayat/Municipality/Corporation
2. Where is centre located : Owned building/Rented building
3. No.of beneficiaries :
4. How many children are studying in the Anganwadi?
5. Is there any provision for mid-day meals?
6. Is the Anganwadi equipped with teaching materials?
7. What type of equipments the Anganwadi workers
 - a. Chair Yes () No ()
 - b. Table Yes () No ()
 - c. Mat Yes () No ()
 - d. Box Yes () No ()
 - e. Audio-visual aids Yes () No ()
 - f. Any other Yes () No ()
8. Is the Anganwadi properly white washed?

Yes () No ()

If yes, how many times in a year?

 - a) Once in a year
 - c) Twice in a month
 - c) Once in a month
 - d) Every month

9. Is the building properly ventilated?

Yes () No ()

If yes, how many doors and windows are provided there?

10. Is there any separate play ground within the campus?

Yes () No ()

11. Is there any provision for laboratory facilities?

Yes () No ()

12. Is there any drinking water facilities?

If no, where from do they get water?

a) well (b) pond (c) any other

13. How did department (ICDS) supplement these inadequacies?

a) Floors d) Verandah
b) Doors e) Black board
c) Roof covering f) Any other

14. Did any organisation or individual help the Anganwadi worker overcome these inadequacies?

Yes () No ()

15. Does the Anganwadi worker discuss the inadequacies of the Anganwadi with parents?

Yes () No ()

16. How do the parents help the Anganwadi worker to overcome these inadequacies?

Yes () No ()

17. Are you maintaining the register and record properly?

Yes () No ()

18. Does the supervisor visits the Anganwadi regularly?

Yes () No ()

19. Does the health officer visit the Anganwadi centre?

Yes () No ()

If yes,

- a) Frequency of visits
- b) Once in a month

- c) Once in a week
- d) Any other

B. Anganwadi worker

20. Name of the Anganwadi worker :

21. Year of joining this job :

22. Educational qualification :

23. Have you undergone any refresher course?

Yes () No ()

If yes, give details

24. What are your different types of duties at Anganwadi?

- a) Teaching
- b) Serving
- c) Fetching children
- d) Cleaning the room

25. Name of the helper :

26. Years of joining :

27. Educational qualification :

28. Whether undergone ICDS Training?

If yes, which year?

29. Mention the aspect taught in the Anganwadi:

- a) Rhymes Yes () No ()
- b) Story telling Yes () No ()
- c) Songs Yes () No ()
- d) Simple drawing Yes () No ()
- e) Physical exercise Yes () No ()
- f) Demonstration Yes () No ()
- g) Health and hygiene Yes () No ()

39. Do all the mothers attend regularly?

Yes () No ()

40. What are the items discussed in these meetings?

41. Do you conduct the following in these meetings?

- | | |
|------------------------|----------------------------|
| a) Nutrition education | d) Supplementary nutrition |
| b) Health education | e) Referral service |
| c) Family budgets | |

42. What are the follow up activities you have taken up?

43. Do you make home visit?

Yes () No ()

44. Do you send the health check-up report to their parents?

Yes () No ()

45. Do you take height, weight measurement of the children every month?

Yes () No ()

46. Are you satisfied with this job?

Yes () No ()

47. Is there any problem in the Anganwadi?

If yes, mention from the following list

- a) Play facility
- b) Seating facility
- c) Lack of co-operation from the parents
- d) Problems from the children
- e) Lack of food items
- f) Lack of food
- g) Others

APPENDIX II

AVINASHILINGAM INSTITUTE FOR HOME SCIENCE AND HIGHER
EDUCATION FOR WOMEN

AN INTERVIEW SCHEDULE TO ELICIT THE OPINION OF PARENTS ABOUT
THE SERVICES RENDERED THROUGH THE ANGANWADI

1. Name of the investigator :
2. Name of the interviewer :
3. Name and address of the head of the family :
 - a. Door No. :
 - b. Address :
4. Type of the family : Joint :
Nuclear :
5. Religion and caste :
6. Vegetarian/Non-vegetarian :
7. Vegetarian but take eggs :
8. Family composition :

S. No.	Name of the member	Relation to the head of the family	Age	Sex	Educa- tion	Occu- pation	Income/ month
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9. Income from other sources like : Rs. Ps.

a) Business earnings : Agriculture
Cattle
Poultry

b) Allowances from parents in law :

Total family income

10. Since how long you are staying in this place?

Have you lived elsewhere?

Yes () No ()

11. Are you working?

Yes () No ()

If, you are working specify the nature of work

12. Are you aware of the Anganwadi in your slum?

Yes () No ()

13. Where is it located?

14. Are you aware of the activities of Anganwadi?

Yes () No ()

If yes, give details.

15. How many of your children have attended the Anganwadi?

16. Now how many of your children are there?

If your children are in the Anganwadi, are you satisfied with the programme?

Yes () No ()

If yes, how?

17. Opinion about the services rendered through the Anganwadi and its beneficiaries:

18. Opinion of mothers:

1. Why do you send the children to Anganwadi?

- a) Because I am working
- b) Child is very mischievous
- c) No elders in the house to look after
- d) Time adjustment
- e) Develop good habits like cleanliness, personal hygiene
- f) Mid day meals being served

2. Does your child attend the Anganwadi regularly?

Yes () No ()

If yes, why?

- a) He likes to be with his friends
- b) He likes the teacher
- c) He likes the food given there

If no, why?

- a) The teacher is not friendly
- b) He has no friend
- c) Others

3. How do you maintain the regularity of your child to go to school?

- a) Encourage
- b) Give affection
- c) Talk to the teacher

19. Are you aware of the people working in the Anganwadi?

Yes () No ()

If yes, who are they

- a) Anganwadi worker
- b) Ayyah
- c) Cook

20. Do you think that your child has learnt any thing new after attending the Anganwadi?

Yes () No ()

If yes, how?

- a) Songs
- b) Rhymes
- c) Story telling
- d) Simple drawing
- e) Physical exercise
- f) Play activities
- g) Science experience

If no, why?

21. Are you friendly with Anganwadi Teacher?

Yes () No ()

If yes, how often do you visit the Anganwadi?

- a) Daily
- b) Weekly
- c) Monthly
- d) Never

22. Do you attend the monthly meeting of mothers regularly?

Yes () No ()

What is your opinion about it?

- a) Useful
- b) Binds the teacher and parents
- c) Establishes contact with teachers and parents
- d) Make the parent to understand about the school
- e) Child performance
- f) Immunization
- g) Health education

23. Who takes the child to the Anganwadi?

- a) Mother
- b) Father
- c) Both
- d) Others
- e) Goes alone

24. Does your child take the meals at Anganwadi?

Yes () No ()

If yes, state the type of meals provided to your child

25. Does your child like it?

If yes, how?

- a) Menu planning
- b) Cooking
- c) Cutting vegetables
- d) Seating arrangements
- e) Serving

26. Do you feel that the preparation of food is hygienic?

Yes () No ()

27. Do you feel that there should be a change in the menu?

Yes () No ()

If yes, have you discussed about the change with the concerned person?

28. Do you help the teacher?

- a) Help the children in eating their meals
- b) Look after them they play
- c) Help the teacher in teaching

29. Do you regularly attend the classes organised by the Anganwadi worker for mothers?

Yes () No ()
Irregular ()

If irregular, why?

- a) No one informs about that
 - b) Lack of interest
 - c) Lack of time
 - d) Teaching is bad
 - e) Topics are not useful
 - f) Others
30. How often are the classes organised?

- a) Weekly
- b) Fortnightly
- c) Monthly

31. Do you find the classes interesting?

- a) Like very much
- b) It's okay
- c) Not interesting

32. Are the classes useful Yes () No ()

If yes, how?

33. What are the topics which health and nutrition education deal with?

34. How do they invite you to the classes?

- a) Anganwadi worker in person
- b) Assistance informs
- c) Neighbours

35. What methods do they employ while taking classes?

- a) Lecture
- b) Demonstration
- c) Film show
- d) Others specify

Which method do you find interesting?

36. Are the classes arranged according to your convenience?

Yes () No ()

If no, have you talked about it to the Anganwadi Worker?

37. Have you suggested any topic of your interest?

Yes () No ()

38. What is your idea about immunization schedule?

- a) Is it vital for health
- b) Not so important
- c) Does not affect our health
- d) Not necessary

39. Are you aware of the immunization schedule?

Yes () No ()

If yes, from where?

- a) Anganwadi worker
- b) CDPO
- c) Mass media
- d) Neighbours
- e) Others

40. Where you immunized during pregnancy?

Yes () No ()

41. Have you immunized your child against the various diseases?

If yes, did you come forward willingly?

If no, why?

a) Opposition from family members

b) Fear

c) Not aware

d) Lack of facilities

42. Do you take the child to the Primary Health Centre when he falls ill?

Yes () No ()

If no, why?

a) Non co-operative staff

b) Far from home

c) Not satisfactory

d) Others

43. Do you think that Anganwadi is adequately equipped?

If so, what are all the equipments they have

a) Table

e) Teaching aids

b) Chair

f) Drinking water

c) Mat

f) Kitchen utensils

d) Play ground

44. Among the equipments which do you feel insufficient?

If you feel so, what steps you have taken to procure them for the Anganwadi?

45. Any other equipment to be added

Yes () No ()

APPENDIX III
OBSERVATION SHEET

S. No.	Particulars	Existence of	Yes	No
1.	Cleanliness in the Anganwadi	a. Building <ul style="list-style-type: none"> i) Surrounding ii) Anganwadi kitchen/utensils iii) Anganwadi teaching room iv) Toilet b. Anganwadi students <ul style="list-style-type: none"> i) Washing hand before and after food ii) Neatness of the physical appearance iii) Eating habits 		
2.	Facilities in Anganwadi	a. Drinking water b. Toilet c. Kitchen d. Cooking utensils e. Furniture f. Mats g. Second set of clothes h. Sufficient number of toys for Anganwadi j. Play ground		
3.	Availability and utilisation of teaching aids	a. Chart b. Poster c. Flash card d. Flannel board e. Black board f. Any other		
4.	Favouritism shown to child based on	a. Caste b. Religion c. Cleanliness d. Income		
5.	Maintenance of Registers and Records	a. Family survey b. Supplementary nutrition c. Attendance register for pre-schools d. Menu pattern		

S. No.	Particulars	Existence of	Yes	No
--------	-------------	--------------	-----	----

- e. Stock pattern
- f. Parent Teacher Association register
- g. Others

6. Aspects developed in the children

- a. Cognitive development
- b. Social development
- c. Language development
- d. Physical development

7. Supplementary Nutrition and Health Education

- a. Coverage of beneficiaries in supplementary Nutrition
- b. Conducting Nutrition and Health Education classes
- c. Syllabus are taught/covered by Anganwadi worker

8. Community Participation

- a. Conducting meeting for parents
- b. Presence of Parent-Teacher Association

9. Handling or tackling of the children

- a. Rough handling (Scolding, beating)
- b. Kind treatment moral advices

10. Motivation

- a. Motivating the students to learn

APPENDIX IV

KNOWLEDGE TEST FOR CHILDREN

A. Food :

1. Identification of food stuff :

- | | |
|------------|---------------------------|
| a) Rice | b) Dhal |
| c) Sugar | d) Wheat |
| e) Jaggery | f) Vegetables |
| g) Fruits | h) Green leafy vegetables |

2. Function of food :

a) Function of foods are :

- i)
- ii)
- iii)

3. Effect of food :

Give (tick) mark in correct answer :

- | | | |
|---|------------------------------|----------------------|
| a) If one refuses to eat papaya | (a) fever | (b) blind |
| b) If one refuses to eat carrot | (a) blind | (b) falls into fever |
| c) If one eats citrus food | (a) Strong and healthy teeth | (b) brittle teeth |
| d) If one eats green leafy | (a) Loss of body weight | (b) Gets energy |
| e) If one refuses to eat beans | (a) Energy loss | (b) growth oriented |
| f) If one eats lemon regularly | (a) purifies blood | (b) gets energy |
| g) If one refuses to eat bitter gourd | (a) thin | (b) Worms |
| h) If one eats covered and hygienic foods | (a) Healthy child | (b) Energy loss |
| i) If one refuses to eat banana | (a) Colour blindness | (b) gets energy |

- j) If one refuses to eat guava (a) energy loss
(b) purifies blood
- k) If one drinks milk (a) gets energy
(b) falls into fever
- l) If one eats balanced diet (a) Healthy child
(b) Unhealthy child

B. Personal hygiene (Knowledge test)

1. What is your daily routine?
2. What one should do after getting up from bed?
3. Why one should take bath daily?
4. What one should do before and after taking meals?
5. Why should one comb hair daily?
6. What type of clothes one should wear daily?
7. What one should do while taking food?
8. What one should do while going out?
9. What one should do after coming from the toilet?
10. What one should do after coming from school?
11. When do we say "Namaste" to elders?
12. What is to be used while one sneezes?
13. When to get up from the bed?
14. When to cut nails?

C. Skills developed in the children (Knowledge test)

1. Physical development
 - a. Games (Out door & indoor) - running, jumping, skipping etc.

2. Language development

- a. Recognition of various colourful pictures on cards of animals, birds, fruits etc.
- b. Discrimination between various concepts like
 - i) Hard and soft (Let them handle stone and cotton)
 - ii) Large and small (Let them handle objects of different sizes)
 - iii) Light and dark (show them shades of colour)
 - iv) Hot and cold (let them touch warm and cold things)
 - v) Fast and slow (Show them activities which are fast and slow, let them do the same)
 - vi) Loud and soft (Speak loudly and softly to them let them do the same)
- c. Importance of food groups and their role through story telling and dramatization.

3. Emotional development and development of Creativity

- a. participating in creative activities like
 - i) Drawing - pencils and chalk
 - ii) Painting - finger and vegetables
 - iii) Pasting - (tearing leaves, chocolate paper and thread)
 - iv) Cutting - paper
- b. Participating movement activities like dance and drama
- c. Music activities like rhymes and repeating action songs

4. Social development and habit formation

- i) Playing with other children and good habit formation.

5. Intellectual or cognitive development

a) Concept formation

- various concepts like colour, shape and sizes

i) Colour concept

- What is the colour of hair?
- What is the colour of dress one is wearing?
- What is the colour of sweet, distributed to the child?
- Touch the colour (Play)
- What is the colour of a ripe papaya?
- What is the colour of an orange?
- What is the colour of clear sky?
- What is the colour of milk?

ii) Shape concept

- What is the shape of moon?
- What is the shape of a star?
- What is the shape of a black board?
- What is the shape of a ball?
- What is the shape of sweet, distributed to the child?

Develop skills in learning numbers - asking each child to bring them 1,2,3 stones.

- Picture sets on arranging the picture correctly
- Stringing of beads or seeds
- Exercise (Physical)
- Garland making with waste paper
- Sorting out beads according to colour, size and shape

APPENDIX V

CHECK LIST FOR MOTHERS

1. Name of the mother :
2. Age :

S. No.	Criteria	Number of persons responding (No:30)			
		Before programme		After programme	
		Yes	No	Yes	No

A. Nutrition Education:

1. Are you aware of any nutrition and health education programmes .
2. Do you follow the correct method of cooking
3. Which method is best for cooking rice:
 - a) Draining water
 - b) Absorption
4. What is balanced diet?
 - a) Consuming cereals alone
 - b) Consuming pulses, fruits with adequate cereals and vegetables
5. Which is best for vision
 - a) Carrot
 - b) Banana
6. Do you know the proper method of cutting vegetables?
7. How should one cut vegetables?
 - a) into small pieces
 - b) into big pieces
8. Which of the following are body building foods?
 - a) Pulses b) vegetables
9. When should we wash vegetables?
 - a) Before cutting b. After cutting.

B. Family welfare

10. Are you aware about the family welfare programme?
 11. What is the ideal size of the family?
 12. Have you any idea about spacing of birth?
 13. What are the advantages of small family?
 14. Are you aware about contraceptive methods?
 15. Are you aware about prenatal, natal and post natal services?
 16. Are you aware about immunization schedule?
 17. Have your children been immunized?
 18. Are all your family members immunized?
 19. Do you know about communicable diseases?
 20. Do you know what are the foods to be given during diseases like
 - a) Fever
 - b) Diarrhoea
 - c) Cold
 - d) Small pox
-

C. Whether the following are true or false?
(Hygienic practices)

S. No.	Criteria	Before programme		After programme	
		True	False	True	False
1.	The drainage water should not be allowed to stagnate near the house and it can be used for kitchen garden				
2.	Health and hygiene leads to happy life				
3.	Should put dust and dirt in the dust bin				
4.	Children must be made to take bath daily and made to wear neat and clean clothes				
5.	Spitting everywhere spreads infections				
6.	Should not keep open the food vessels and drinking water without cover				
7.	The house and environment should be kept in hygienic manner				
8.	The cooking vessels should be kept clean and dried				