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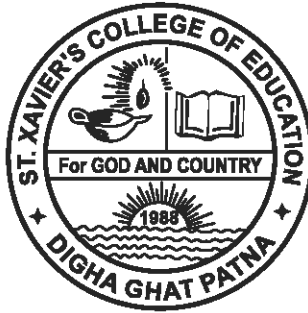
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Editorial

Dear Readers,

Early childhood period is the most critical period of a human life when the foundations are laid for life-long development and realisation of full potential. Young children from this stage are to be provided opportunities and experiences that lead to their all round development –physical, mental, social, emotional and school readiness. The first few years of a child plays a crucial role in preparing the child to meet the challenges of later educational opportunities. It is during these years that the child develops curiosity and tries to make sense of the world around him or her. When a child comes to school , s/he brings to the school environment variety of different experiences gained at home and in some cases, a playschool, crèches or with child minders. It is the role of the teacher in the junior infant classroom to build on these experiences and to guide the child through the learning experiences provided by the infant curriculum. Early Childhood Care and Education(ECCE) includes educating parents in how to care for their children and help them learn well as providing community-run and formal pre-school programmes for pre-primary school- aged boys and girls.

The need for meaningful Early Childhood Care and Education (ECCE) programme has been emphasized in the National Policy on Education (1986) and Programme of Action (POA, 1992). The significance of ECCE has been confirmed in the National Plan of Action (2005) and National Curriculum Framework (2005) at national level and the Global Monitoring Report of UNESCO (2007) at the international level. The NCF (2005) suggests that young children should be provided with care, opportunities and experiences that lead to all round development of the child. The Sarva Siksha Abhiyan (SSA) acknowledges the importance of ECCE for achieving universalization of elementary education.

The research articles in the present volume deals critically with many issues of Childhood Care and Education. Here you will find papers related to different aspects of ECCE like Anganwadis, inclusiveness in ECCE, value based child education, role of NGO's in childhood care and education. We wish the papers will guide and enlighten you with this very important area.

With regards,

Editorial Board.

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COGNITIVE DEVELOPMENT AND SCHOOL READINESS OF CHILDREN IN ECCE PROGRAMMES RUN BY GOVERNMENT AND NON-GOVERNMENT ORGANIZATIONS OF JAIPUR CITY

Archana Kumari

Asst. Prof, Department of Home Science, IIS University, Jaipur

Abstract: The evidence of the benefits of ECCE on the overall social and economic development of a country is significant. It has been proved through researches that children who received quality early childhood education are more likely to be healthy, ready for formal education and perform better in school. Recognizing the importance of early childhood care and education Government of India runs Aanganwadi across the country, under ICDS program of **Ministry of Women and Child Development**. Out of an integrated package of services, preschool non-formal education is one of the important services provided to children of 3-6 age groups. Apart from this, there are early childhood care and education programs run by non- government organizations and private players catering around 10 million children of 3-6 year age group. The present study examined the effectiveness of ECE programs run by government (Aanganwadi) and Non- government organizations in terms of cognitive development and school readiness of children. The sample included six ECE centers of Jaipur city. Out of those six ECE centers, three were Aanganwadi center and three centers were run by NGOs. From each center 25% of children present in the class were included in the sample. The information were collected with the help of cognitive development tool developed by Dr. Hema Pandey and school readiness tool prepared by the World Bank and CECED department of Ambedkar university. The findings of the study shows that Aanganwadi run under ICDS program are lagging behind the ECE centers run by NGO's in terms of cognitive development and school readiness of children enrolled in it. Although the infrastructure facility were not found upto the mark in ECE centers run by non-government organization but the condition

was found worse in government run Aanganwadi centers. They are not properly equipped to deal with the educational needs of preschool children. Moreover the ECCE personnel working in Aanganwadi lacked sufficient skills to deliver educational training to the enrolled children. To reap the maximum educational benefits of existing ECCE programmes the staff need to be trained along with boosting the infrastructure inputs.

Key Words: *Early childhood care and education, non-government organization, school readiness, cognitive development.*

Introduction

The foundation of lifelong learning laid by remarkable transformation in the developmental areas of children has been corroborated through research evidences. The quality of environment provided during early years of life has a very important role to play in the process and pace of transformation in children. As they interact with the stimulating and enriched environment, they explore it, manipulate it and form new schemas by accommodating or assimilating the new information (Piaget, 1964). From the neuroscience point of view, the importance of enriched environment lies in the fact that, 80% of human brain develops by the age of four years and 90% by the age of six. 700 new synaptic connections formed every second during early childhood years through the interaction of genes and a child's environment and experiences, especially "serve and return" interaction with adults (National Scientific Council of the Developing Child, 2007). So to develop the full potential of brain the child requires a caring and stimulation environment. Early Childhood Education Programme is not only have positive implication from individual self growth point of view but it can reduce social inequality by compensating for vulnerability and disadvantages resulting from factors such as poverty, gender, race, caste and religion World Bank Report, (2007). Apart from this the fact cannot be denied that outcomes of primary education cannot be improved despite high investments unless the early childhood education that ensures preparedness is also improved. It has been found that children who have undergone pre-primary education show better progress at the primary stage and thus it helps in

reducing wastage and stagnation.

Recognizing the importance of early Childhood education, the Government of India has made continuous effort in the form of a number of constitutional provisions, policies and programmes. The 86th constitutional amendment introduced two articles- Article 21 for right to free and compulsory education for 6-14 years old children and Article 45 to urge states to provide ECCE for all children until they complete the age of six years. The Right of Children to Free and Compulsory Education (RTE) Act 2010 did not recognize ECE as compulsory provision but urges states to provide free pre-school education for children above three years. The importance of early childhood education has also been acknowledged in 12th Five Year Plan and laid emphasis universalizing preschool education and improving school preparedness. Further the approval of National Early Childhood Care and Education policy, 2013 comprising of the National ECCE Policy, National Curriculum Framework for ECCE and Quality committed to universal access to quality early childhood education to all children under 6 years of age. The formulation of the National Policy on Early Childhood Care and Education, 2013 was followed by the development of a National Curriculum Framework and Quality Standards for ECCE. The Ministry of Women and Child Development, Government of India has initiated measures to enable all States/UTs to develop and pilot the implementation of the early childhood education curriculum in the ICDS context. The National ECCE Curriculum Framework is to promote quality and excellence in early childhood care and education by providing guidelines for child care and early educational practices. The framework is intended to be a guiding document for ECCE service providers across all regions. The Quality Standards Framework identifies the key principles, indicators and exemplary good practices required for assuring quality in ECCE services. It is a framework that assists the ECCE centers and service providers in developing and maintaining dynamic quality programmes that reflect the objectives, the programme standards and practices of the ECCE policy.

In India the ECCE services are provided through three channels - public, private and Non- governmental organizations. The

Government of India runs the Integrated Child Development Services (ICDS) Scheme, which is one of the world's largest programs for early childhood development. This program is coordinated by the Ministry of Women and Child Development. The second major provider of ECCE is private preschools running under different nomenclatures such as nurseries, kindergartens, playschools, preparatory schools and pre-primary classes/sections in private schools. Besides this, several NGOs have been engaged in conducting small-scale innovative ECCE programmes focused on children of disadvantaged population groups (National EFA Review, 2014).

The expansion of ICDS contributed significantly to the increased coverage of ECCE services. The number of projects under the ICDS scheme has increased from 4,608 to 7,067 projects during the period 2001-02 to 2014-15. The number of Anganwadi Centres (AWCs) increased by 145 per cent (from 545,714 to 1,342,285 centres) during the period 2001-2002 to 2014-15. The total number of children of age 3-5+ years, who received pre-school education in Anganwadi Centres increased by 19.09 % (from 16.7 million to 34.9 million) during the period 2001-02 to 2014-15 (MWCD, Annual report 2014-15).

Government has approved the Strengthening and Restructuring of ICDS Scheme with an allocation of 1,23,580 crore during 12th Five Year Plan. The reforms include repositioning of AWS as “Vibrant Early Childhood Development Centre” to become the first village outpost for health, nutrition and early learning with adequate infrastructure and human resources. The transaction of the Annual curriculum will be supported by the use of PSE Kit containing local and culturally relevant play and learning materials. As per the restructured ICDS, norms for PSE kit have been revised from Rs.1000 per AWC per annum to Rs. 3,000 per AWC per annum.

ECCE services provided by Non-Governmental Organisations (NGOs) Pre-school education programmes are also run by national and local NGOs which get financial assistance from grant-in-aid schemes of the government and national and international aid agencies. The ECCE services provided by voluntary and non-governmental organizations (NGOs) play an important role in reaching children from socially and economically disadvantaged

groups like tribal people, migrant labourers, slum dwellers and rural children in difficult circumstances.

Despite the recognition of the importance of ECE and continuous effort towards provision of quality pre-school education by the Government of India, there are still substantial numbers of children lacking preschool education. Although there is a significant increase in enrollment figure in elementary education but still dropout rate and retention rate is a matter of concern. The level of learning is still very low among primary school-age children. Approximately 250 million children of this age group around the world are lacking in the skill of reading, writing and arithmetic (EFA Global Monitoring Report of UNESCO, 2012). The achievement survey carried out by NCERT & ASER (2005-2014), indicates the low level of learning among students of primary grades. A large number of students of grade I and II were found in lacking the basic competencies in reading, writing and arithmetic. The present scenario of early childhood education raises urgency towards developing adequate school readiness through good quality ECE programmes.

Objectives

1. To assess the extent of variations in quality of ECCE provisions offered by government and NGO sector.
2. To find out the difference in school readiness of children in ECCE centre run by government and NGO sector
3. To find out the difference in Cognitive development of children in ECCE centre run by government and NGO sector

Methodology

The present descriptive study was carried out in Jaipur city. The sample included six early childhood care and education centers. Out of them three Aanganwadi centers run under ICDS Program and other three centers run by Non-government Organizations were included in the sample by random sampling technique. From each center 15 children (total= 90 children) in the age group of 3 to 5 years

were selected as the sample. All the information were collected from primary as well as secondary sources. The primary data were collected with the help of tools such as, to measure the cognitive development of children the tool developed by Dr. Hema Pandey was used. The level of school readiness of children was measured by the School Readiness Instrument (SRI), which had been developed and standardized by the World Bank (India). The instrument assesses the child on cognitive readiness in terms of pre-number and number concepts, reading readiness and sequential thinking, classification and language skills. The quality of early childhood care and education centre was measured by self constructed tool consisted of different components such as infrastructure, learning materials and equipments, teachers and staffs and teacher child interaction.

For the effective administration of the tools, a well planned time schedule was prepared by the investigator in consultation with his supervising teacher. Accordingly, the Heads of the six early childhood centers were contacted in person and the administration schedule and nature of the tools were briefly described to them and the days of administration of the test were fixed according to their convenience. On the very first day of visit, a good rapport with children was established prior to the testing. Before administering the testing, the child was seated comfortably. All the testing materials were arranged systematically in order to avoid destruction and to make the presentation easier during the process of testing. Both the tools were administered orally in a room with the help of teachers to ensure privacy of the administration of the test. There was no time limit. Each child was given sufficient time to complete all the test items. Test scores were recorded simultaneously on the score cards. The tool for recording quality of the center was filled by the researcher through observing the activities and classroom interaction of the centre for three consecutive days. The data obtained were tabulated analysed with the help of SPSS version 20.

Analysis and Discussion

Table No. 1 Mean and SD value of quality of Aanganwadi centre and early childhood center run by NGOs

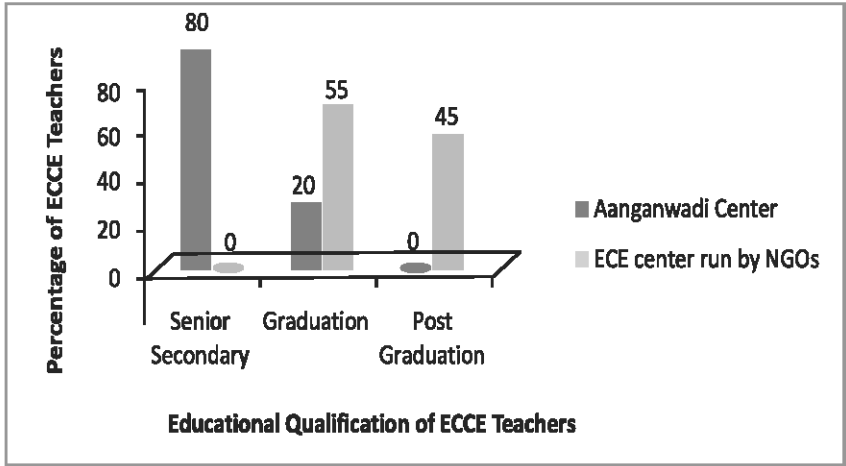
	Aanganwadi Center		ECE center run by NGOs	
	Mean	SD	Mean	SD
Physical facility	3.33	0.57	16.6	1.15
Teaching Learning Materials	14.6	4.04	24.6	0.58
Teaching learning Methods	11	3.00	13.66	0.57

The above table no. 1 indicates that Aanganwadi centers are lagging behind the ECE center run by NGOs in physical facility, teaching learning materials and teaching methods. The physical facilities such as proper building, indoor and outdoor space, water and toilet facility and lighting and ventilation in Aanganwadi is in a pathetic condition (mean= 3.33, SD=0.57). 90 percent of Aanganwadi taken into sample are running in one room that too is on rent. In this condition, the facility for sufficient outdoor and indoor space cannot be imagined. However, ECE centre run by NGOs have pucca building with sufficient number of classrooms and indoor space (Mean=16.6, SD=1.15). Separate toilets for boys and girls and availability of drinking water were found missing in both type of centers.

As far as availability of teaching learning materials and furniture is concerned, Aanganwadi centers were having negligible quantity of materials (Mean_{Aang}= 14.6,). Moreover, of those scarce learning materials, most of them were not in a proper condition and they were poorly maintained and broken. However in case of ECE center run by NGOs, it cannot be said that they have adequate amount of indoor and outdoor teaching learning materials but they were found better than Aanganwadi center in this regard (Mean_{NGO}= 24.6,). This may be because during summer and winter holidays the NGOs taken into the sample, run workshops for making teaching learning materials from indigenous materials. The information regarding

teaching methods followed in the ECE classrooms was obtained through observation by the researcher. It can be seen from the data calculated that teaching methodology followed in ECE center run by NGOs (mean= 13.3) were better than that of Aanganwadi center (mean= 11.0). The information obtained from the neighbors of the Aanganwadi center revealed that the centre incharge remains absent for most of the working days and send some of her relative to take care of children at the center. This raises a question on supervision and monitoring system of ICDS project. The teaching strategies followed by Aanganwadi teachers were found very poor during observation. There was complete lack of child centeredness, logical flow in teaching, examples from day-to-day life and individual attention to each child from teacher's side. It may be because of the lack of sufficient training and skills among Aanganwadi teachers. In ECE center run by NGOs the teachers were found to follow the logical sequence in their teaching. They were quoting examples from children's day to day life and allowing them sufficient time to respond. Although they were not professionally trained in ECCE but most of them were qualified with Bachelors in Education.

Figure No. 1 Percentile distribution of Educational and professional qualification of ECE teachers



The above figure no. 1 indicates that among Aanganwadi teachers, 80 percent of them were having educational qualification upto senior secondary level and only 20 percent of them were Graduate. However in case of ECE center run by NGOs, 55 percent teachers were found graduate and 45 percent were post graduate. Beside this 88 percent of teachers of ECE center run by NGOs were having the professional qualification of B.Ed. It may be because of the presence of primary classes in NGOs run centers. As far as professional qualification of Aanganwadi teacher is concerned none of them were having any professional qualification either in ECCE or in Education.

Table No. 2 Mean SD and t value of cognitive development of children of Aanganwadi centre and early childhood center run by NGOs

Types of Preschool	N	Mean	Std. Deviation	t value
Aanganwadi Center	45	60.62	17.14	12.86*
Center run by NGOs	45	101.22	12.42	

The above table no 2 shows that there is a significant difference ($t=12.86$) in cognitive development of children in Aanganwadi center and ECE center run by NGOs. The mean value shows that the cognitive development of children of ECE center run by NGOs (mean= 101.22) is far better than the cognitive development of children of Aanganwadi center (mean=60.62). This may be because of the skilled teachers and better teaching methodology followed in the ECE centre run by NGOs. The children of ECE centre run by NGOs were found doing better in conceptual skill, comprehension, memory, problem solving, visual perception and object vocabulary. The poor performance of Aanganwadi children may be contributed to absenteeism of teacher as well as of children, poor teaching methods followed by the teachers and lack of basic physical facilities and learning materials. There may be some other factors such as socio economic background of families from which children are coming and education level of parents.

It has also been found in the study of CECED department of Ambedkar University (2013) that ECE centers run by NGOs demonstrate a greater focus on cognitive development in their curriculum as compared to the Anganwadis. Both types of ECCE centers (Anganwadis and ECE centers run by NGOs) were observed to be focusing primarily on formal teaching of the 3 r's through the rote method, with very few activities conducted for concept formation and skill development. In none of the Anganwadis, there was any activity that ensured opportunity to all children to learn.

Table No. 3 Cognitive Development score (in %) obtained by children of Aanganwadi centre and early childhood center run by NGOs

Score	Aanganwadi Center	ECE center run by NGOs
Low (35-74)	86.6	2.22
Average (75-115)	13.3	73.3
High (116-155)	0	24.4

Table no.3 shows the percentage of low, average and high achievers in cognitive development score of children of Aanganwadi center and ECE center run by NGOs. It can be seen from the table that 86.6 percent of children of Aanganwadi were found to achieve low cognitive development score. Only 13.3 percent children achieved average score in cognitive development. On the other hand, 73.3 percent of children of ECE centre run by NGOs achieved average score and 24.4 percent of children scored high in cognitive development assessment.

Table No. 4 Mean SD and t value of school readiness of children of Aanganwadi centre and early childhood center run by NGOs

Types of school	N	Mean	Std. Deviation	T
Aanganwadi	45	10.82	3.256	9.16*
ECE center run by NGO	45	24.44	9.421	

The above table no. 4 indicates the difference in school readiness level of children of Aanganwadi and ECE centre run by NGOs. The value of 't' was found significant ($t=9.16$), that means, there is a significant difference in the level of school readiness of children of Aanganwadi and ECE centre run by NGOs. The mean value shows that children of ECE centre run by NGOs ($m=24.4$) are more ready for formal education system as compared to children of Aanganwadi. Children of Bodhshala and Prayas preschool (NGOs run ECE centre taken into the sample) were found to be better in pre-number concept, space concept and concept of sequencing, classification, reading, pattern making and sentence formation. All these concepts make the child ready for formal education system and help the child to understand the further concepts in a better way. Although children in the early childhood age group are not expected to be exposed to formal reading, writing and number, it was observed that in almost all Aanganwadi centers taken into the sample, all children irrespective of age were exposed to formal education through rote memorization. Activities like copying from the blackboard, charts or text-book were observed. Possibly parental pressures may be responsible for these mixed priorities, as reflected in their curriculum. However 75 percent of ECE centers run by NGOs were observed to conduct readiness activities for children.

Table No. 5 School readiness score (in %) obtained by children of Aanganwadi centre and early childhood center run by NGOs

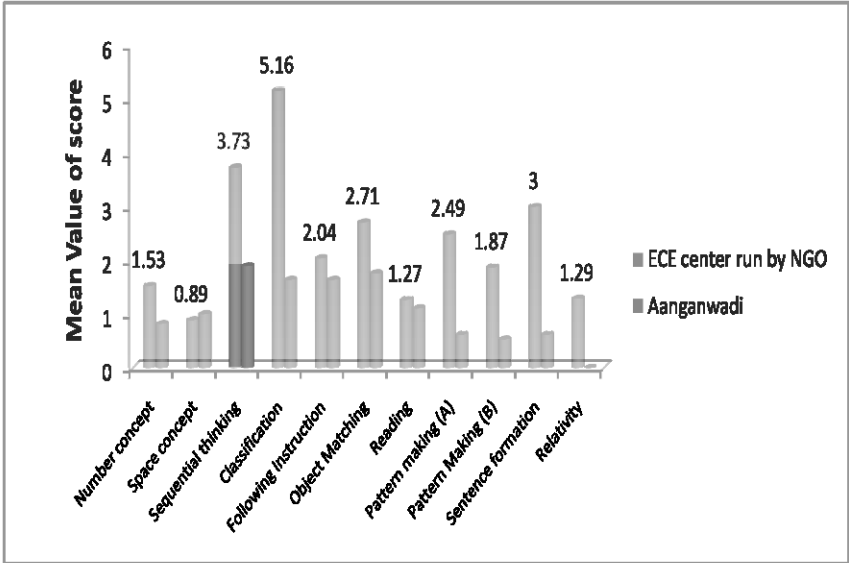
Score	Aanganwadi Center	ECE center run by NGOs
Low (1-14)	88.9	17.8
Average (15-28)	11.1	35.6
High (29-42)	Nil	46.7

As the table no 5 indicates, a major percentage of Aanganwadi children (88.9%) performed low in school readiness test. Only 11.1 % children scored average on school readiness test. However approximately half of the children of ECE centre run by NGOs (46.7%) scored high and 35.6 % of children scored average on school readiness test.

Table No. 6 Mean SD and t value of various dimensions of school readiness of children of Aanganwadi centre and early childhood center run by NGOs

Dimensions of school readiness	Types of school	Mean	Std. Deviation	T
Pre-number Concept	Aanganwadi	.82	.614	5.14*
	ECE center run by NGO	1.53	.694	
Space concept	Aanganwadi	1.00	.000	2.34*
	ECE center run by NGO	.89	.318	
Sequential thinking	Aanganwadi	1.89	1.613	4.57*
	ECE center run by NGO	3.73	2.168	
Classification	Aanganwadi	1.64	1.368	5.99*
	ECE center run by NGO	5.16	3.680	
Following instruction	Aanganwadi	1.64	1.151	1.15
	ECE center run by NGO	2.04	2.022	
Number/Objects matching	Aanganwadi	1.76	.957	4.95*
	ECE center run by NGO	2.71	.869	
Reading readiness	Aanganwadi	1.11	.318	1.90*
	ECE center run by NGO	1.27	.447	
Pattern making (A)	Aanganwadi	.62	1.466	5.11*
	ECE center run by NGO	2.49	1.961	
Pattern making (B)	Aanganwadi	.53	1.375	3.66*
	ECE center run by NGO	1.87	2.018	
Sentence Making	Aanganwadi	.62	.535	7.62*
	ECE center run by NGO	3.00	2.023	
Relative comparisons	Aanganwadi	.00	.000	8.93*
	ECE center run by NGO	1.29	.968	

Figure 2. Mean value of school readiness of children of Aanganwadi and ECE center run by NGOs



The above table no. 6 as well as figure no 2. shows the significant difference in almost all the areas of school readiness of children of Aanganwadi and centre run by NGOs except the concept of space in which the children of NGOs run center performed little better than Aanganwadi center.

Conclusion:

The preceding discussion highlights the wide range that is evident in quality of ECE services, cognitive development and level of school readiness of children of Aanganwadi centers run under ICDS Programme and ECE centers run by Non Government Organizations. As far as Aanganwadis are concerned, significant inputs in education infrastructure and staff training are required to boost the educational benefits of existing ECCE programmes. Special focus must be given to employing dedicated educational staff. The educational experiences provided in ECE centers run by NGOs is able to demonstrate relatively “good practice” in low- cost settings but they are few and available to a very small number of children of specific communities. The teaching methods of these ECE centers of NGOs are predominated with formal teaching and

rote memorization. This prepares the children for formal education but completely disregard the developmental needs and interest of children in this stage of childhood. Appropriate interventions need to be formulated and implemented to remove the quality-related deficiencies in ECCE services. Linking ICDS (Aanganwadi) with schools can help in maximizing the impact of the scheme by making it a part in the implementation of the Right to Education (RTE) Act.

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IMPACT OF HEALTH EDUCATION ON NUTRITIONAL STATUS AND HYGIENE AMONG VISUALLY IMPAIRED PRESCHOOL CHILDREN IN VARANASI CITY

Dr. Poonam Singh Kharwar

Assistant Professor, Faculty of Education, B.H.U., Varanasi

Dr. Devesh Kumar

Additional Chief Medical Superintendent, Central Hospital, D.L.W.,
Varanasi

Abstract

Introduction: India being a country in developmental transition faces the dual burden of pre-transition diseases like under-nutrition and infectious diseases as well as post-transition obesity and life style diseases. Present study was conducted with objectives of assessment of nutrition and hygiene status and to analyze the impact of health education to improve nutrition and hygiene of preschool children in both normal and visually impaired (V.I.) groups.

Methods: Study was conducted among children going to Nursery schools (normal 38, V.I. 26) and home children not going to school (04 normal, 12 V.I.) in Varanasi city by analyzing the data related to nutritional and hygienic status collected on self-constructed questionnaire based on dietary intake, personal hygiene practices and anthropometric examination before and three months after imparting health education.

Results: In addition to desired weight in 47.62% of normal children, 19.05, 28.57 and 4.76% children had mild, moderate and severe malnutrition; their nutritional status improved (28.57%, 19.05% and 4.76% respectively) after imparting health education. Normal weight was found in 57.89% of V.I. children and 42.11% had moderate malnutrition; their nutritional status improved after health education (mild 31.58%, moderate 10.53%). Malnutrition in both groups was higher to national figure of 46% and even more than 41.6% of U.P. Positive impact of health education was

observed in both sexes in normal children. Home environment was found more favourable for nutrition and positive impact of health education was noted in both home and school going children. Positive impact of health education was also observed on hygiene practices.

Conclusion: *Nutrition and hygiene status among normal and V.I. children are poor but health education play important role in improvement. Periodical monitoring of health/nutrition status and regular life skills education is needed to tackle present day's dual nutritional problems.*

Keywords: *Health education, nutritional status, hygiene, preschool, visually impaired children.*

Introduction

Great advances have been made during the past 50 years in knowledge of nutrition and in the practical application of that knowledge. While attention was concentrated on nutrition deficiency diseases during the first decades of the century, the science of nutrition was extending its influence into other fields such as agriculture, animal husbandry, economics and sociology. The problem of nutrition began to attract international attention as a cause of social problems (Aykroyd, 1970). This led to 'green revolution' and 'white revolution' in India and increased food production. However, studies of the diets and state of nutrition of people in India showed that poorer sections of the population continued to suffer from malnutrition despite increased food production (Park, 2013).

In the 1970s, it was widely held that Protein Energy Malnutrition (PEM) was due to protein deficiency, but over the years, the concept of 'protein gap' has given place to the concept of 'food gap' which means that PEM is due to (a) inadequate intake of food (food gap) both in quality and quantity, and (b) infections increase requirement of calories, proteins and other nutrients while decreases their absorption and utilization (Jean, 1993). There are numerous other contributory factors in the web of causation such as poor environmental condition, large family size, poor maternal

health, failure of lactation, premature termination of breast feeding, adverse cultural practices related to child rearing and weaning for example use of over-diluted cow's milk, discarding cooking water from cereals and delayed supplementary feeding (Shah, 1974).

The association of nutrition with infection, immunity, fertility, maternal and child health and family health has engaged scientific attention. More recently, a great deal of interest has been focused on the role of dietary factors in causation of non-communicable diseases such as heart attack, diabetes and cancer. Another concept that has emerged in recent years is that the nutrition is the cornerstone of socio-economic development, and nutritional problems are not just medical problem but are 'multi-factorial' with roots in many other sectors of development such as education, demography, agriculture and rural development. A broad inter-sectoral and integrated approach of sectors of development is needed to tackle present day's nutritional problems.

India being a country in developmental transition faces the dual burden of pre-transition diseases like under-nutrition and infectious diseases as well as post-transition, life style related degenerative diseases such as obesity, diabetes, hypertension, cardiovascular diseases and cancers (ICMR, 2010). PEM is a major health and nutrition problem in India. Currently, India is in nutrition transition with 10% rural adults and 20% urban adults suffering from over nutrition leading to an emerging double burden of malnutrition as well as over nutrition (Gopalan, 2008). Malnutrition is defined as inadequate intake of calories and nutrients, which can lead to illness that might cause death in extreme case (Chen et al, 1980). Three commonly used anthropometric indicators of nutritional status are weight-for-height (wasting), height-for-age (stunting) and weight-for-age (underweight). The children whose weight for age is below -2 SD from the median weight for age of the standard reference population are considered as **underweight**.

Under-nutrition has got attention globally and is one target among Millennium Development Goal (MDG). MDG India Country Report (2015) stress that malnutrition among its citizens is a very severe social problem, faced by any country, as it affects productivity in many ways. The problem of malnutrition is especially critical in case of children. Under nutrition not only

retards a child's growth but also affects its future productivity and capabilities thus adequate nutrition is critical to a child's development. First 60 months after birth is extremely important because at this delicate age, children are vulnerable to growth retardation, micronutrient deficiencies, and common childhood illness. Highlighting the crucial importance of nutritional status of children, Indicator 4 under target 2 has been identified as 'Prevalence of underweight children Under 5 years of age'. In India, data on this indicator for the reference age group are not available for all time points. The National Family Health Survey collected data on underweight children between 0-35 months and 0-47 months of age in 1992-93 (NFHS-1), between 0-35 months in 1998-99 (NFHS-2) and between 0-35 months as well as 0-59 months in 2005-06 (NFHS-3). Thus the survey results are comparable only for the age group 0-35 months in India and therefore, target 2 is measured in terms of nutritional status of children below 3 years.

It is estimated that in 1990, 52% of children below 3 years were underweight. In order to meet the target, the proportion of underweight children should decrease to 26% by 2015. The NFHS shows that, the proportion of under-weight children below 3 years declined from 42.7% (urban 34.1%, rural 45.3%) in 1998-99 to 40.4% (urban 30.1%, rural 43.7%) in 2005-06. At this rate of decline the proportion of underweight children below 3 years is expected to reduce to 33% by 2015, which indicates India is falling short of the target. Under-nutrition is substantially higher in rural areas than in urban areas, the proportion of under-weight children decreased substantially in the urban areas but it was marginal in rural areas from. In addition to underweight, stunting is also highly prevalent among children below three years of age. As per NFHS-3, even in urban areas, one in every 3 children is stunted, that is short in height for age and in rural areas almost half of the children are stunted (GOI,2015). As per NFHS-3, the prevalence of underweight among children < 3 years of age is significant in most of the States and varies considerably between the States. The problem is severe in Madhya Pradesh (57.9%), Bihar (54.9%), Jharkhand (54.6%), Chhattisgarh (47.8%), Meghalaya (42.9%), Uttar Pradesh (41.6%), and Gujarat (41.1%), where the proportion of underweight children < 3 years is more than the national level estimate (40.4%) in 2005-

06. The prevalence of underweight among children < 3 years of age is lowest in Mizoram (14.2%), followed by Sikkim (17.3%), Manipur (19.5%), Kerala (21.2%) and Goa (21.3%). While most of the States showed decline in the percentage of underweight children below 3 years between 1998-99 and 2005-06, in some States the percentage actually increased during the period implying worsening of the nutrition scenario in those States in contrast to the States which showed substantial reduction in the percentage of underweight children.

Target of 12th Five Year Plan is to reduce it to 20% by 2017 by the ICDS Scheme implemented by Government of India which is one of the world's largest and unique programmes for early childhood care and development. It is the foremost symbol of the country's commitment to its children in the age group of 0-6 years and nursing (pregnant women and lactating mothers), as a response to the challenge of providing pre-school non-formal education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other.

Relevance and objectives of the study

India being a country in developmental transition faces the dual burden of pre-transition diseases like under-nutrition and infectious diseases as well as post-transition obesity and life style diseases. Malnutrition is very serious problem and preschool children's nutritional assessment is one of important desirable component of monitoring. However India is still lagging behind in achievement of this target. Uttar Pradesh is among economically backward states and malnutrition problem especially in eastern region is severe, and its nutritional scenario is worsening. Preschool children are more vulnerable to diseases. Although several efforts are being carried out by government to achieve the target, success is not visible in eastern U.P. It highlights the problem of nutrition, health and hygiene necessitating a need to unfold the associated factors and impart health education. Studies are reported from other countries, but there is no such information available for preschool children in eastern U.P. So it appeared desirable to conduct present study among preschool children including visually impaired (V.I.) group

in Varanasi city with a view of assessment of nutrition and hygiene status and to analyze the impact of health education to improve health and nutrition of preschool children. The present study was conducted keeping following objectives in mind:

1. To assess weight-for-age nutritional status and personal hygiene practice of normal and V.I. male/female, home/school going children in Varanasi city before health education programme.
2. To assess weight-for-age nutritional status and personal hygiene practice of normal and V.I. male/female, home/school going children in Varanasi city after health education programme.
3. To compare the impact of health education programme on nutritional status and personal hygiene practice among normal and V.I. children.

Review of related studies

Indian Studies:

Underweight children during 1992-93 were 47% which came down to 43% in 2005-06 (NFHS-1 & 3). As per National Family Health Survey (NFHS-3, 2005-06) and UNICEF (2008) report, 46% of preschool children and 30% of adults in India suffer from moderate and severe grades of PEM. Though severe clinical forms of PEM-kwashiorkor and marasmus have become rare, they still persist in some less developed states such as U.P. and Orissa.

Studies at Abroad:

Leenstra et al (2005) found about 35% of preschoolers as stunted while 29% as underweight in Sub-Saharan Africa. Okolo et al (2006) observed 86% children aged 1-7 in rural community were malnourished in Ghana. Benta et al (2012) noted stunting in 40% of children upto 42 months in slum area of Nairobi. They also observed positive impact of mother's education on child's nutritional status.

Research Methodology

Sample: Study was conducted among preschool children going to Nursery schools (normal 38 and visual impaired 26) and home

children not going to school (normal 4 and 12 V.I.) in Varanasi city by incidental method.

Tool: *Questionnaire* consisting of items related to nutritional and hygienic status of children, personal hygiene practices and anthropometric examination was used to collect the data. The questionnaire was constructed by the researchers after consulting with experts in the relevant field. *Questionnaires* were administered to the target groups before and three months after imparting health education and data was analyzed.

Statistical techniques: The data were subjected to rigorous statistical treatment such as percentage, mean.

Ethical considerations: Investigators adhered to all the ethical concerns by strict compliance of ethical guidelines and avoided any acts of misconduct in research.

Result and Discussion

- 1. Nutritional status of normal & V.I. children before & after health education:** Figure 1 below presents that in addition to desired standard weight in 47.62% of normal children, 19.05, 28.57 and 4.76 % children had mild, moderate and severe malnutrition and their nutritional status improved (28.57%, 19.05%, and 4.76% respectively) after imparting health education. Similarly in addition to desired standard weight in 57.89% of V.I. children, 42.11% children had moderate malnutrition and their nutritional status improved (10.53% moderate and 31.58% mild malnutrition) after imparting health education. Malnutrition in both groups (52.38% and 42.11% in normal and V.I.) before health education is higher to national figure of 40.4% in 2005-06 even more than 41.6% of U.P.; so it reconfirms the worsening state of under-nutrition in eastern Uttar Pradesh. V.I. children were found to be better than normal children in nutritional status which may be due to better care of disabled group and reduced physical activity.

Figure1. Nutritional status of Normal & V.I. children before & after Health Education

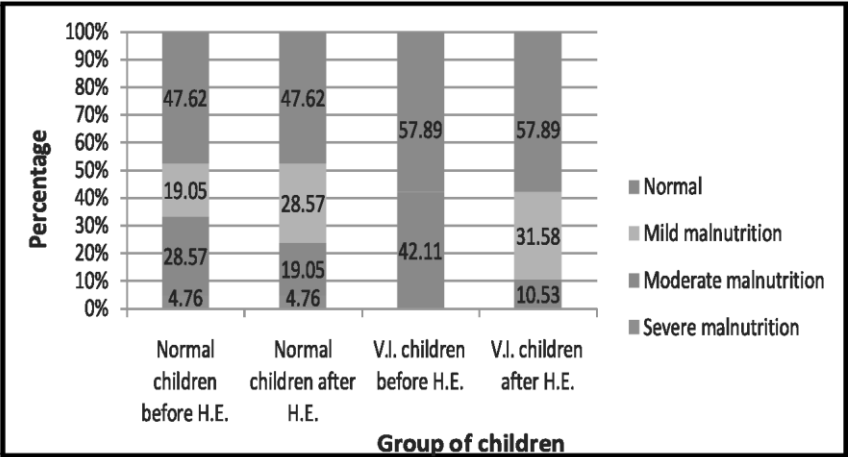
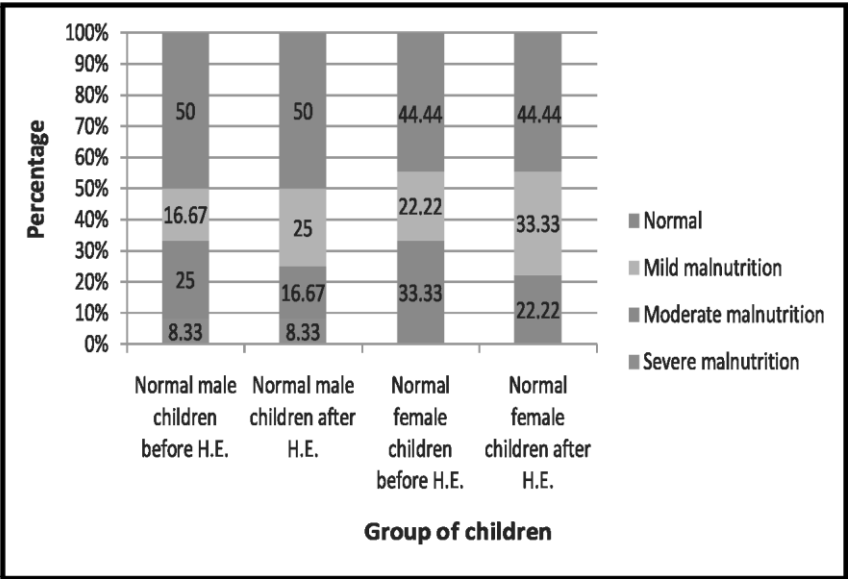
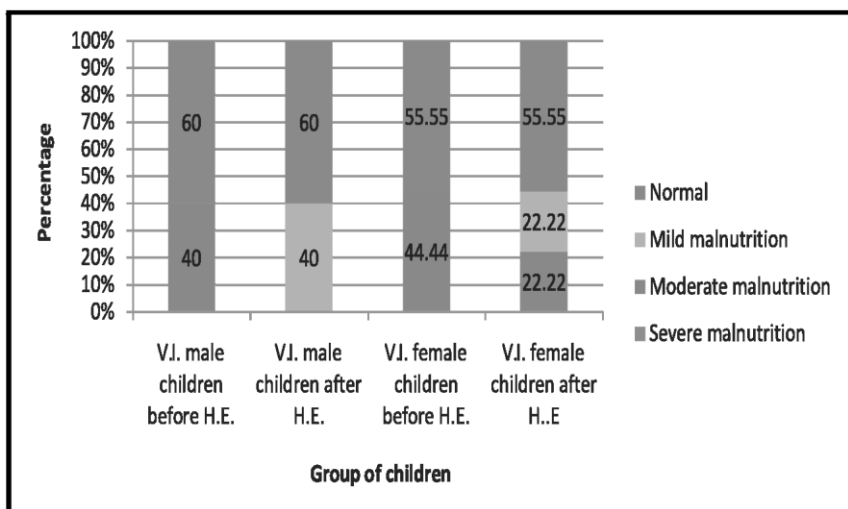


Figure2. Nutritional status of Normal male & female children before & after Health Education



- Nutritional status of normal male/female children before & after health education:**Figure 2 above reveals that nutrition status of female children (moderate malnutrition 33.33%, mild malnutrition 22.22%) is better than that of male children (severe 8.33%, moderate 25%,mild malnutrition 16.67%) and nutrition status of male/female children improved after health education.Positive impact of health education was observed in both sexes.

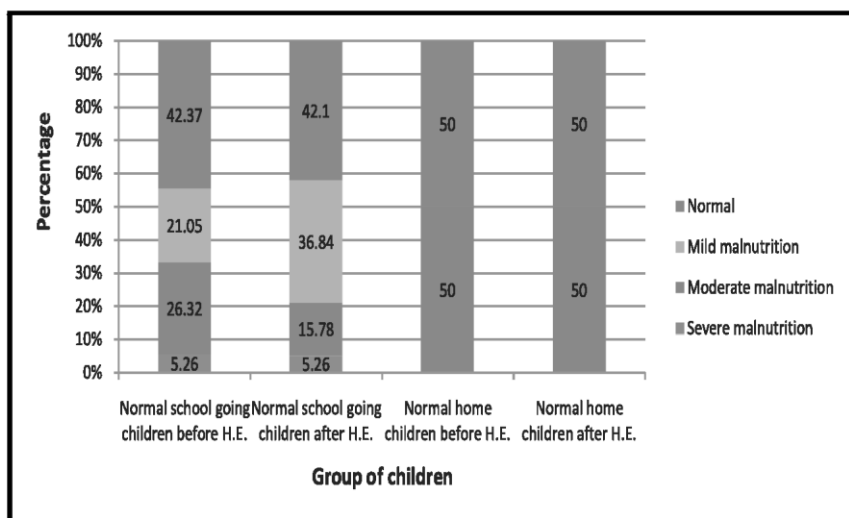
Figure3. Nutritional status of V.I. male & female children before & after Health Education



- Nutritional status of visual impaired male/female children before & after health education:**Figure 3 above shows that nutrition status of V.I. female children (moderate malnutrition 44.44%, normal nutrition 55.55%) is comparable to that of male children (moderate malnutrition 40%, normal nutrition 60%) and nutrition status of female children improved after health education (moderate malnutrition 22.22%, mild malnutrition 22.22%,and normal nutrition 55.55%).

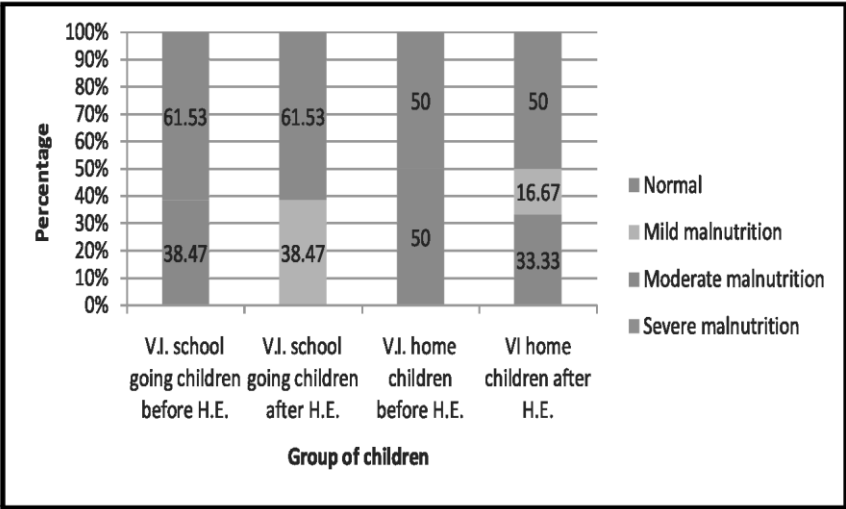
- 4. Nutritional status of normal school going and home children before & after health education:**Figure 4 below presents that nutrition status of home children (moderate malnutrition 50%, normal nutrition 50%) is better than that of school going children (severe 5.26%, moderate 26.32%, mild malnutrition 21.05% and normal nutrition 42.37%) and nutrition statuses of school going children improved after health education.

Figure4. Nutritional status of Normal school going & home children before & after Health Education



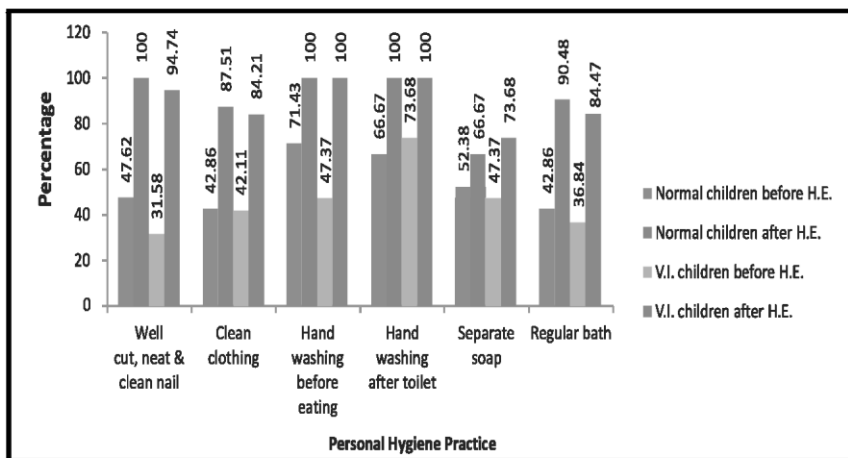
- 5. Nutritional status of V.I. school going and home children before & after health education:**Figure 5 below reveals that nutrition status of V.I. home children (moderate malnutrition 50%, normal nutrition 50%) is comparable to that of school going children (moderate malnutrition 38.47%, normal nutrition 61.53%) and nutrition status of home children improved after health education. So home environment is favourable for both normal and visual impaired groups from nutrition points of view and positive impact of health education was found in both home and school going children.

Figure5.Nutritional status of V.I. school going & home children before & after H.E.



6. Personal hygiene status of normal &V.I. children before & after Health Education: Figure 6 below shows that only 47.62% of normal and 31.58% V.I. children had well cut, neat and clean nail, only 42.86% of normal and 42.11% V.I. children used to wear clean clothes, 71.43% of normal and only 47.37%V.I. children had practice of hand wash before eating, 66.67% of normal and 73.68% V.I. children had practice of hand wash after toilet use, 52.38% of normal and only 47.37% V.I. children had separate soaps, and only 42.86% of normal and 36.84% V.I. children had regular baths. These practices improved to almost 100% after health education in both groups, indicating significant positive impact of health education on personal hygiene practices.

Figure6. Personal hygiene status of Normal & V.I. children before & after Health Education



Limitation of study is not monitoring of nutrition status by clinical examination along with restricted study area, hence generalizations made on the basis of this study should be carefully considered and further studies on large samples needs to be undertaken to replicate the findings.

Conclusion

Nutrition and hygiene among normal and visual impaired children are poor but health education play important role in their improvement. Health education is needed to overcome the problem of prevalent malnutrition in preschool children in eastern U.P. with more conscious and balanced approach among V.I. children in future in view of modern day's emerging dual nutritional problems in transition stage of developing India. Persistence of severe malnutrition inspite of ongoing welfare schemes such as ICDS in eastern U.P. is a matter of serious concern. Doubts regarding misconception in nutrition and nourishment of children must be cleared to save the children from malnutrition and guardians must be imparted health education on proper dietary sources especially proteins and vitamins, and adoption of nutritious practices in preparing meal. Periodical monitoring of health/nutrition status of preschool children and regular life skills education along with strengthening of welfare schemes is needed to tackle present day's dual nutritional problems.

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PROBLEMS FACED BY CHILDREN DURING TRANSITIONS FROM PRE-SCHOOL TO PRIMARY SCHOOL

Saradindu Bera

PGT, Kendradaangal High Madrasah High School, Birbhum-731236

Abstract: *The transition of children from pre-school to primary school has long been received considerable attention from the educators. Transition from preschool to Std.-I involves many types of adjustments and a more formalized curriculum in a more structured day than the children experienced in pre-school where they have had play based learning. Though children have a great capacity to adjust and most transitions made are successful but for quite a few of them it is not. The paper reports on the data obtained from interviews of 30 teachers of 10 different schools which were selected at random in the city of Bhubaneswar, India and 4 parents from each school which gave a sample of 40 parents. A noteworthy finding of this study was that teachers did have proper professional training but even the trained teachers were not aware of the developmental needs of the children. There is a great need of maintaining continuity between pre -school and primary school. The effects of discontinuity depends upon the degree to which the child is called upon to unless as what he has learnt. Hence the discontinuity prevailing between pre-school and primary will be a frustrating experience for a new comer who enters the first grade with lots of enthusiasm. The transition process in these schools is more or less a one way process through which children learned about and became accustomed to a particular kind of education offered to them. The study carries implication for the parents, teachers and school administrators to overcome the problems faced by children during transition.*

Keywords: *Transitions, Pre-School, Primary School*

INTRODUCTION

Beginning is considered as the most critical period of endeavor. Pre-school is the initial exposure of most children to education and thus

plays a part in establishment of lifelong attitudes towards school and education (Filipp, 1995). It is universally recognized that the positive growth, learning and development of children depends upon the quality of their early childhood care experiences (Dunlop & Fabian, 2002). It follows therefore that it is equally important to recognize this fact and develop its role and links with later stages of education in particular, the primary education. The exposure the child gets at the age of 3 to 5 years, which we call as the nursery, preschool or the kindergarten should be a part of the education continuum that spans the primary schooling (Brooker and Broadbent, 2007).

Preparing the child for primary school is one of the broad objectives of ECCE. The transition from Pre School to the primary school is a major change for young children in its simplest form. School transition is a change in place, moving from preschool to a formal school setting (Dockett & Perry 2007). Transition from preschool to Std.-I involves many types of adjustments and a more formalized curriculum in a more structured day than the children experienced in pre-school where they have had play based learning (Skolverket, 2006). Though children have a great capacity to adjust and most transitions made are successful but for quite a few of them it is not. The Child's first entry into primary school whether at the age of 5, 6 or 7 is a crucial and deciding factor for later success. For some children it is adjusting to the new peer group in the school and teacher and for some it is opening up with the required reading and writing skills expected of the child. Some insecurity and anxiety will be associated with their first entry into primary school with its more specific demands and more impersonal atmosphere (UNESCO, 1996). In the preschool they have more of play and activities whereas in primary they have to face longer literacy hours of study, different subjects, and a totally different structured programme from that of pre-school (Bohan-Baker and Little 2004). The child at this age has a very short attention span and certain skills are certainly to be taught to children so that they make a smooth transition (Stephen and Cope, 2003). The main purpose of linking ECCE/Pre-school and primary education is to ensure that there is a smooth transition of children from one level to another. It is equally important to ensure that the school too is ready for the children.

NEED OF THE STUDY

The findings of the research review reveal the importance of pre-school years and the need for preparing children before they enter the first grade. The education that the child gets in the preschool should be appropriate of his/her aged stage of development and his/her needs as to lay a firm foundation for the future years. The preschool programme should bridge the gap that the child faces between his preschool and primary school's beginning (Parker and Asher, 1987). The school beginner faces many new problems in the first grade in spite of having enriched early childhood experiences. Entering the first grade involves new adjustments for all the children even those having a preschool experience. Cohen (1964) stated that "The youngster at the door of first grade classroom stands with a mixed feeling of pride and anxiety of excitement and cautions anticipation. The pre-school should be a part of the educational continuum that spans the primary and upper grades (Arnold et.al., 2006). If the transition from preschool to primary has a big chasm, the main purpose of ECCE is lost, children are not properly prepared to be received by another school where, they have to make many adjustments not only in cognitive areas but also in the other fields (Turnbull, 2006). This may pressurize the child and the child may lose interest in school at the first step. Keeping in view the above stated facts, it is very important to study what problems do children face during their transition from preschool to primary school?

STATEMENT OF THE PROBLEM

In order to seek answer to the stated questions the investigator has thought it worthwhile to undertake the present study entitled as – ***“Problems faced by children during transitions from pre-school to primary school.”***

OBJECTIVES OF THE STUDY

Stated in terms of objectives, the study aims to achieve the following.

- To find out the problems commonly faced by children during transition from pre-school to Std.-I in primary school.
- To find out and examine the views of teachers and the views

of parents on the problems their children faced during transition from preschool to Std.-I.

- To find out the possible reasons of the problems as put by the parent and teachers.
- To find out what changes can be brought about to minimize the problems and make transitions smooth.

METHODOLOGY

Design

The selection of a method depends upon the nature of the problem. As per the nature, the present study is a descriptive survey method and a causal comparative method. A causal comparative method was used to find out the differences in the problems of children in govt. setups and public schools.

Sample of Study

(1) Participants:

In the present study, there were two categories of participants.

(i) Teachers (ii) Parents.

This included 30 teachers of different school who were dealing with the children of Std.-I for more than 2-3 years. 4 parents from each school, whose children were studying in Std.-I and had completed at least one year of pre-schooling away from their home, which gave a sample of 40 parents.

(2) Schools:

10 schools were selected at random in the city of Bhubaneswar. Among the Co-Ed Schools, there were the following categories of school.

English medium Private School-5.

Oriya Medium State Govt. Primary Schools, with ECCE Centre attached-3

English Medium Govt. High School-1

School run by an NGO-1

The children in school (i) were mostly from the high and middle socio economic sector. The Children in school (ii) (iii) & (iv) had a mixture of children from all the sectors of society.

Tools

For the present study the procedure adopted for collecting data was through interview schedule and investigator's observation diary. The interview method was adopted for collecting data as it would help to explore in more detail in providing the 'why' behind the answer which is not possible through a questionnaire. Moreover, people feel free to talk/speak rather than writing the answers on a paper. Interviews were semi-structured in nature and were conducted face to face and over telephone, the conversation was transcribed. Each school had to be visited twice or thrice. In order to collect the complete data, a few parents were also contacted and interviewed over telephone.

Procedure

The schools were personally visited. None of the schools allowed visit or the interview of teachers at the first chance. The head of the institution's permission had to be taken and a day had to be fixed for the work. Getting permission for observing the classes was not permitted easily. The reason most commonly given was that the annual exams were going on/approaching so the children and teachers could not be disturbed. The head of the institutions/primary schools especially the govt. schools had to be persuaded a lot in order to get permission to talk to the teachers and visit the classrooms.

The investigator personally met all the interviews with special request to answer the questions and give their views on personal experiences.

ANALYSIS AND DISCUSSION

Views of the teachers in general:

A question wise analysis has been done in the study. 30 teachers responded to all the 13 questions asked by the interviewer, in these 13 questions there were two questions in which they had to give points from 5 (max) to 1 (minimum) for most important factors to least important factors.

- 27 teachers out of 30 agreed to the fact that some children did face problems when they go from pre-school to primary schools. This can be represented in a pie chart.

Table.1. Views of teachers on whether children face problems during transition or not.

YES	NO
90%	10%

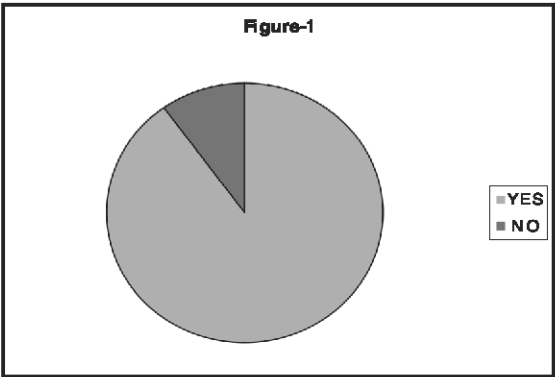


Fig.1.Views of teachers on whether children face problems during transition or not.

As these teachers had an experience of more than 2 years, in dealing with Std.-I children, they had come across children in their classes who faced 4 different types of problems in adjustment in Std.-I of the primary school.

The teachers were asked about what were the problems that they had faced generally. Most of the teachers mentioned the following problems.

- The children had difficulty in reading writing and conversation.
- They lacked the skill of self-expression.
- They had difficulty in following the teacher's instructions.
- Many children were unable to adjust in the classroom with other children.
- Some children who were very bright often created problems in the classroom.

These responses are based on the observation of the teachers through their experience in handling children of Std.-I. Almost all the teachers who responded (27) gave more or less the same reasons regarding the type of problems the children faced.

The teachers were asked to arrange the given problems they found most frequently to the problem they came across least by giving 5 points to the problems faced most and 1 point to the less frequently observed problem.

A point which I would like to mention here is that as I had adopted an interview method I faced difficulty in analyzing and interpretation of data. So I went through the reasons, selected the most frequently faced ones and asked the teachers to arrange them in the order of most frequently faced to least frequently ones.

P₁ → Difficulty in reading, in writing, conversation and self-expression.

P₂ → Problem in following teacher's instructions

P₃ → Behavioral problems.

P₄ → Adjustment problems in peer group

P₅ → Had difficulty in coping with the curriculum/of Std.-I.

On analysis of the data, it was found that the total response of the teachers came in the following order, the average of the scores taken.

Table.2. Views of teachers on problems faced by children. (n=30)

PROBLEM	P1	P2	P3	P4	P5
Total Score	122	48	108	42	130
Average	4.07	1.60	3.60	1.40	4.33

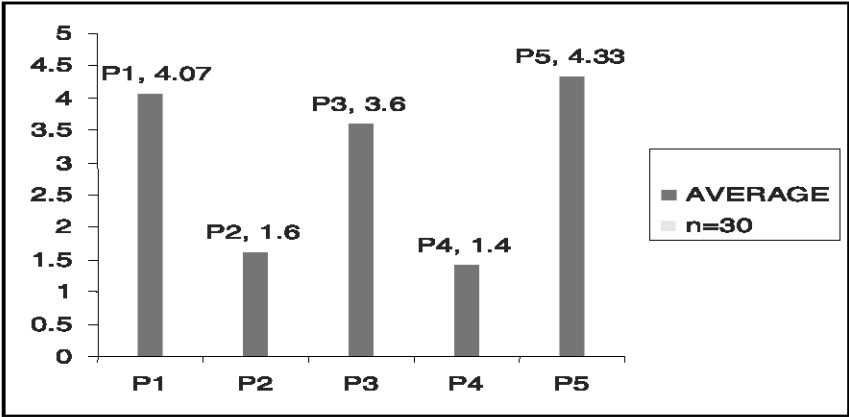


Fig.2. Views of teachers on problems faced by children.

It showed that most of the teachers were of the view that the Std.-I curriculum was quite difficult for the children to cope up with. It was too structured and did not keep the interest of the children intact. In fact there were too many subjects in Std.-I.

Most of the schools except the Govt. schools had 5 to 6 subjects like, English, Hindi, Oriya, Math, Environmental studies and computer science. Children had to do a lot of class work and had to cope up with so many subjects. Moreover, the teachers also followed the chalk and talk methods mostly for teaching these little kids

Table.3. No. of subjects taught in schools in Std.-I

TYPE OF SCHOOL	No. OF SUBJECTS
Government Primary School	3
Government Secondary School	3
Private School 2,3 and 4	6
Private School 1 and 5	5
NGO School	4

Table.4. Teaching methods followed by Std.-I teachers.

SCHOOL	Traditional only (1)	Play way and Activity only (2)	Combination of both (1)&(2)
Govt. School	3	-	1 (80-20)
Private School	1		2 (70-30) 2 (90-10)
NGO School	-	-	1 (50-50)

On being asked about the reasons why they did not follow the other methods like the activity methods and the other child centered methods, they said that those were time consuming and all the teaching had to be time bound. Apart from that, there were other reasons which the teachers gave like; they were engaged in other activities of school, lack of teaching learning materials etc.

Difficulty in reading, writing conversation and self expression was the problem which was the next most frequently occurring problem. **This was a very strange outcome** as one knows that most of the preschools made the children write a lot but still the children had

difficulty in these skills and hence the teachers in the primary for Std.-I also expected them to read and write. But the actual situation was something else. This clearly showed that forcing the children to write and read in preschool was not of much use, rather it only resulted in lack of interest for learning rather, the pre-writing , pre-reading and pre-number skills should be emphasized in the preschool and proper reading, writing should start in Std.-I only. Problems P_2 , P_3 , P_4 were less frequently the scene, the children did not have much problem in following the teachers instruction as most of the children were from the local area with a few children having difficulty without mother tongue, but the teachers when instructed in the mother tongue (Oriya) children could catch up easily than instructing in English/Hindi. This showed that initially the children need to be interacted in their mother tongue and when the children are forced to express in English, there is a communication problem. Though this is the most appropriate age for children to learn more than one language, initially the children should be allowed to express in their mother tongue and gradually acquire school language through exposure. Adjustment in the peer group was the problem which the teachers faced least, but they reflected about behavioral problems which showed that the children lacked in the social skills to a certain extent.

One being asked to arrange the reasons they thought were responsible for these problems in the order of importance, most important reasons they felt(5points) to less important reasons (1 point)

$R_1 \rightarrow$ Heavy structured curriculum of Std.-I children.

$R_2 \rightarrow$ Less attention on the part of parents & increase in expectation by the parents.

$R_3 \rightarrow$ Lack of proper readiness activities in preschool

$R_4 \rightarrow$ Immaturity of the child by age.

$R_5 \rightarrow$ Lack of socio- emotional skills.

On analyzing the data, the following average values were found

Table.5. Views of teachers regarding the reasons.

Reason	R ₁	R ₂	R ₃	R ₄	R ₅
Total Score	128	52	100	124	46
Average Points	4.27	1.73	3.33	4.134	1.53

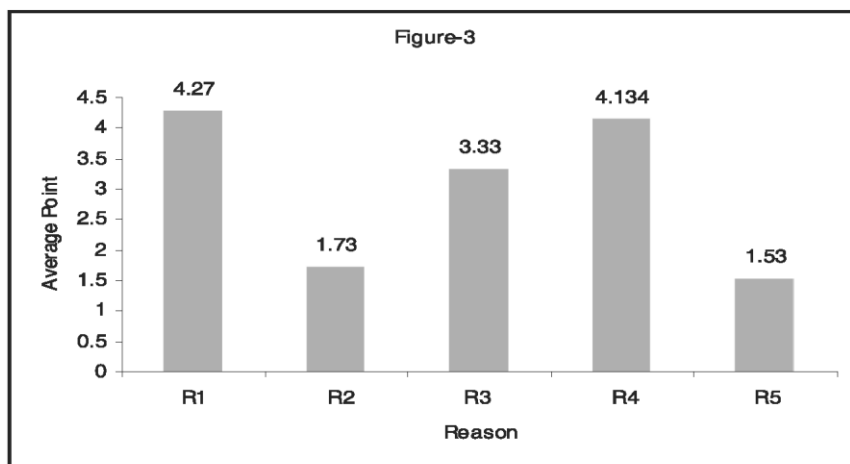


Fig.3. Views of teachers regarding the reasons.

(R₁). Highest percentage of the most probable reasons was R1, which said that children did have difficulty in coping up with the heavy curriculum of Std.-I. There were too many subjects for the children to learn along with three languages, EVS and Mathematics. In fact, there is a big jump in curriculum of Std.-I from the preschool curriculum. The pre-school curriculum should be kept in mind while making the curriculum of Std.-I and II so that there is no sharp discontinuity in between them.

(R₄). The immaturity of the child due to lower age was one of the main reasons the teachers attributed that there was a problem with these children as they were not put in the pre-school at proper age. Mostly the parents managed to change their child's age, showed more than the actual age, and put the child in preschool and then Std.-I.

(R₃). Lack of proper readiness activities in pre-school was the next important reason. It was due to this reason that the children did not have proper physical motor and fine motor development, they lacked in social – emotional skills and hence were maladjusted in the class room. These children had a very poor capacity of self expression and other skills.

(R₂) Less attention on the part of the parents as well as over protection was given as another cause. Some parents thought that their responsibility is now shifted to the teacher once put in a good school, but that is not fair. Some parents are also over protective about the child. Both of these behaviors create problems for children in adjustment.

Table.6. Views of parents about load of curriculum in Std-I

YES	NO
22	7
76%	24%

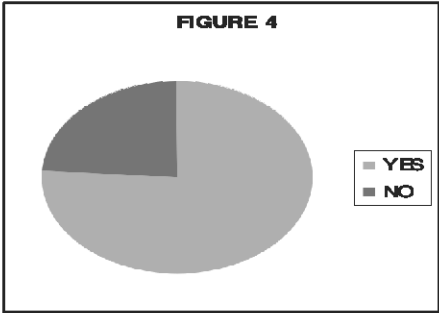


Fig.4. Views of parents about load of curriculum in Std-I.

Though they agreed that the curriculum was heavy, they gave the reason that it was what the parents wanted from the school, their increased expectation which takes sudden jump from preschool to primary; most of the teachers who disagreed were the teachers in the primary (Std.-I and II) of govt. schools where the curriculum was light.

- 80% (24) teachers thought that the teaching should be done more by activity method so that the interest of children in learning is retained and the learning becomes joyful, but the activity method could not be followed due to other reasons like lack of time, other engagements in school and lack of TLM.
- On the given teacher child ratio in the class they had, 27 teachers said yes that they could not attend to the children properly.

How the teacher helps out the children with problems in transition, the following came up- responses.

- Try to give personal attention to the child.
- Meet the parents frequently and discuss about the problems.
- Call for them for extra classes.
- Send them to a counselor.

Though these responses were very good, but calling Std.-I & II children for extra classes was something which is not welcomed by the investigator with the preschool teachers and discuss the problems of the child.

- In the beginning of a new session in April, 80% teachers said that they started up with Std.-I syllabus directly, 20% of the teachers thought of some 'revision' kind of work in that month, which would generally be followed by a summer vacation for two months.
- On asking about their views whether they would like to keep the months of April and July for compulsory school readiness for all children, so that they adjust better in Std.-I 19 teachers (63%) agreed to it but did not have any idea about what they would do then.
- The remaining 37% said that as the things were time bound, two months could not be used for readiness programme.

Table.7. Views of Teachers of Readiness Programme.

AGREED	DISAGREED
19	11
63%	37%

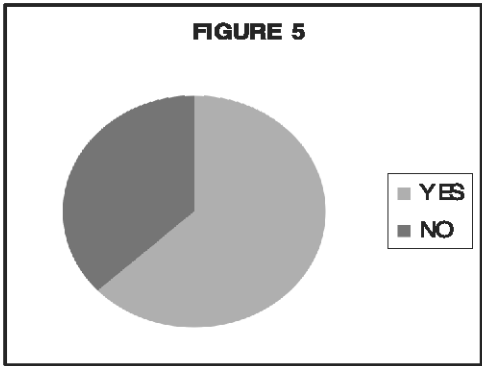


Fig.5. Views of Teachers of Readiness Programme

Views of Teachers in Specific Schools:

Comparative analysis of the views of teachers in Govt. schools, primary schools and NGO run school.

Table.8. Comparative Analysis of Teachers Views

Teachers view	Govt. School (12 Teachers)	Private Schools (15 Teachers)	NGO School (3 Teachers)
Aware of The Problem	9	15	3
Most Frequently Faced Problem	Behavior problems	Not able to cope up with studies, immaturity	Difficulty in reading and writing
Most Frequent Reason	Improper schooling, lack of social skills	Heavy curriculum, high expectation of parents	Lack of proper attention
Expect Children To Read And Write	10	12	2
Compulsory Readiness Programme Needed	7	9	3
Heavy Curriculum	5	15	2
Need To Talk To Parents	3	15	2
Linking Pre School To Primary	12	9	3

Private schools;- In these schools, the children are mostly from the middle socio economic group and higher socio economic groups, the parents could afford to cater to all the materialistic needs of the children and they wanted the child to be good at academics and learn too many things too easily. Though 28 teachers were professionally qualified in these schools, they complained of too much workload on themselves and were pressurized by the parents and the school authorities to do a lot of writing which would reflect in their copies. In other schools children did have adjustment problems with too many teachers dealing with them, In those schools the chasm between the pre-school and the primary school was quite broad, classrooms were not developmentally appropriate

for the children and were over-crowded. The schools did have problems during transition and the problem was ascribed to the child rather than the teachers or school. The holistic development of the child was ignored to a great extent here. In one of the schools which had a single teacher system till Std.-I and had a low teacher child ratio. The teachers were well aware of the developmental needs of the children and the transition to the primary grade was smooth.

Government Schools:

3 Primary Schools with ECCE centre attached and 1 secondary school with no ECCE centre was visited. There was a single class for ECCE where the Children studying for 2 years were present. If the teacher felt the child could be put in Std.-I, after 1 year of ECCE, it was done so; otherwise the child had to continue for 2 years in ECCE classes. The teachers there in both ECCE centers were untrained and was completely unaware of the developmental needs of the children. The teacher had not secured the salary from the time of joining.

NGO run School

Although only one NGO run school could be studied, but it was found that the children were handled with a lot of care and, there were many children in the school from the lower socio economic sector in this school. The director of the school was very much aware of the transition problems of these children, hence saw to it that the teachers carry out developmentally appropriate methods and child centered methods of teaching. The class rooms were also arranged so that the children would feel comfortable and the furniture were light and small.

(II) Views of the Parents in General

Analysis of the parents views (N=40)

On being asked about whether this child faced problems during transition, the following results were obtained.

Table.9. Views of parents regarding problems faced by their children.

Yes	No	Not Aware of The Problem
8	23	9
20%	57.5%	22.5%

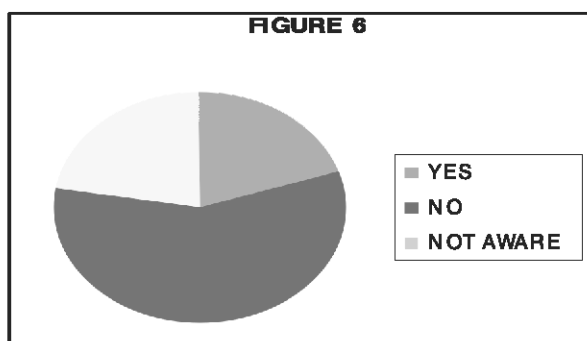


Fig.6. Views of parents regarding problems faced by their children.

- Out of the 8 percent of parents who responded in positive,
- 3 parents (37.5%) were of the opinion that the child could not cope up with the studies in Std.-I though the child had attended preschool.
 - 2 parents (25%) were of the view that the child had problems in adjusting in the class because of the new school, although, this problem lasted for a short time these parents also opined that the child had problem because the child was more attached to the preschool teacher and could not develop sufficient liking for the primary teacher and the teacher also could not give proper attention due to a high teacher pupil ratio.
 - 1 Parent (12.5%) said that he was not aware of the problems but came to know about it from the teachers who said the child showed behavioral problems in the class. The child could not mix with the other children and always created some trouble or the other in the class. This was most probably due to lack of socio- emotional skills in the child.
 - 25% (2) parents said that their child was a bright child and needed more work in the class in order to keep the child busy or otherwise the child created disturbance in the class. So, the teacher should attend to these types of children who are brought to them.

All the parents said that they attended the parents' teachers meetings whenever called by the school. Out of the 8 parents whose children had problems in school, 5 of them kept meeting the teachers frequently and talked about the problem.

On being asked about what they felt whether the child was getting more attention?

- 24 parents, (60%) said in pre-school.
- 8 Parents said in primary school
- 8 parents said it can't be said as they are completely two different setups.

On the matter of having school readiness prog for the months of April & July

- 23 (57.5%) agreed,
- 15 (37.5%) disagreed
- 2 (5%) did not matter
- (Here they were explained what a readiness programme would be like?)

Table.10. Views of parents regarding readiness programme.

Agreed	Disagreed	Didn't Matter
23	15	2
57.5%	37.5%	5%

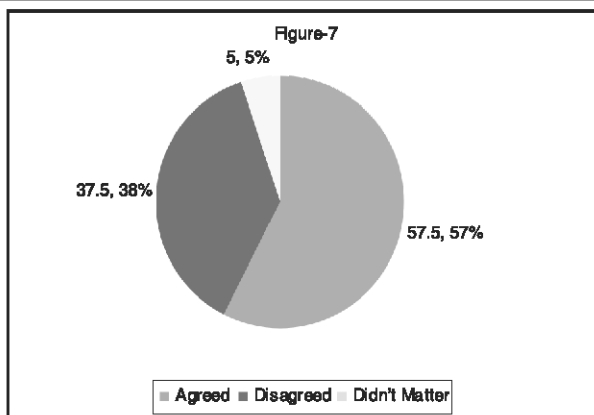


Fig.7. Views of parents regarding readiness programme.

Those who agreed said that it would always benefit the child and give the child time to adjust to the structural curriculum of Std.-1. Those who disagreed said it would not be of much help.

Results of the Observation Schedule:

The following observations were recorded by the investigator.

- The teacher pupil ratio in 8 schools were 1:35 to till 1:40. Only two schools it was 1:30.

- (ii) In 9 of the schools, there was furniture filled in the class room with very little space for the children to move about. There was heavy furniture which could not be easily moved to create some space in the class or for activities. Only two schools had a separate activity room for the children. The children had very little freedom to move about.
- (iii) Although most of the teachers agreed that the teaching must be more of activity based but practically, they did not follow or followed very little of activity based teaching. Most of the teaching was done through black board, lecture and writing most of the time.
- (iv) Group activities were rarely done by children, most of the time individual activity was done.
- (v) Due to a high teacher pupil ratio, most teachers could not pay proper attention to all the children who needed the guidance or support of the teacher in the class.
- (vi) Time table was too structured. Out of the 10 schools visited, 5 private schools had 5-6 subjects in Std.-I, which left very less space for play, music and other activities in the class room for the students. The teachers for each of the subjects were different except two schools which had kept the single teachers in KG and Std.-I class and there was an inter change between the class teachers of classes I and pre-primary of the school.
- (vii) Much emphasis on the observation could not be given as, they were made for a very short time.

MAJOR FINDINGS

The main findings of the study are as follows:

- (i) Children face problems during transition from pre-school to primary school.
- (ii) There is no clear cut age-specific curriculum, for the preschoolers and the primary grades in the private schools.
- (iii) Too many subjects are introduced at once in Std.-I, which becomes difficult for the child.
- (iv) Teachers did have proper professional training but even the trained teachers were not aware of the developmental needs of the children.

- (v) The chasm between the preschool teachers and the primary teachers is too big.
- (vi) Activity based teaching learning was rarely followed in Std.-I.
- (vii) The physical features of the classroom were not appropriate for the children in most of the schools.
- (viii) Many parents were not aware of the fact that children do face problems during transition.
- (ix) When the children were sent to school the parents expected these to learn only the academic skills.
- (x) Most of parents did not feel that the curriculum of Std.-I in private schools was too heavy for children.
- (xi) Children were expected to fit in the school. The problems faced by the children were ascribed to the children rather than the school or teachers.

CONCLUSION

The school beginner faces many new problems in the first grade in spite of having enriched early childhood experience. Entering the first grade involves new adjustment for all the children, even for those who have attended pre-schooling. Adult demand and expectation in the first grade proved unexpectedly different from the experiences the child had in pre-school. Rules and regulations at school are set for large groups and therefore don't make any sense to the youngster in school which demands conformity to authority and the school beginners who are not ready to face completely new situations, feel insecure, inadequate and left out. There is a great need of maintaining continuity between pre-school and primary school. The effects of discontinuity depends upon the degree to which the child is called upon to, unless as what he has learnt. Hence the discontinuity prevailing between pre-school and primary will be a frustrating experience for a new comer who enters the first grade with lots of enthusiasm. The primary schools expect children to learn scholastic tasks from the pre-schools itself; this is where gap is created between the pre-school and the primary school. This gap undoubtedly results in a sharp difference in the expectation of the two situations, leading to adjustment problem. Another aspect which is to be taken care of is the home and parent. Parents should not feel that after putting the child into a good or a big school their

responsibility ends and now the child is safe in the hands of the teacher. The parents need to know about the abilities of the child, how well the child can adjust in home and other situations. They should be in constant touch with the teachers of the child so that they come to know about the problems and work out with the teacher regarding the solution for better adjustment.

EDUCATIONAL IMPLICATIONS

The study carries implications for the parents, teachers and school administrators.

1. Teachers

The teachers are one of the basic elements essential for the provision of good quality education, in influencing children and in facilitating their numerous developments. Hence a lot of responsibility lies on the teachers to see to it what they can do to make their ways of teaching these small children in a more joyful and interesting manner. The teacher should have thorough understanding of the developmental needs of the child and should bring in a lot of activity based teaching, it is only then the children learn and the process becomes joyful and, a deep liking for the teacher, and school is developed in the mind of the child. Teacher should emphasize on social – emotional skills and communication skills along with literacy skills.

2. Parents

The parents' role in adjustment of the child during transition is also very important. It mainly depends firstly on

- their expectation from the child,
- it depends upon how the parents manage the social skills of the child and,
- how is the interaction between the child and parents,

What the parents expect from the child is very important and for that how much support do they provide to the child, how much encouragement, praise and support they give to the child to be very successful in school.

3. Head of the schools/Administrators.

The main thing Head of the institution should take care is about the quality of teachers they provide and see to it that the infrastructure of the schools and the physical facilities in the

classroom are proper. The rooms of grade-I should not be stuffed with benches, rather should have some similarity with that of the preschool. Some activity corner, arrangement for sand, water play etc. should be there, the curriculum should be made with great care and attention so that the children do not feel overburdened and lose interest.

2. Teacher Training Institutions

The teachers training programmes of the preschool and primary should have better cooperation and association. This is very necessary to fulfill the need for continuity of nursery school methods in the first and second grades of primary. The teacher training programme should be condensed for both pre and primary schools, stressing on the commonalities and specific needs.

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ANGANWADI: A SERVICE TO EARLY CHILDCARE AND EDUCATION

Madhu Smita Singh
Asst. Professor
Patna Women's College

Abstract: Anganwadi, a “Courtyard Shelter” is the focal point for the delivery of package of services to children and mothers, right in their village, or ward in urban, slum areas. Anganwadi is an operational part of the Integrated Child Development Services scheme (ICDS) one of the flagship program of the Government of India for early childhood care and Development. The aim of this paper is to bring information about the, the ICDS program implementing through Anganwadi centers, the responsibilities of Anganwadi workers towards maintaining health and hygiene of children coming at the centre. Further it aims to explore the availability of teaching learning material at the centre and educational activities undertaken by the Anganwadi workers. The study has its significance as it brings to light the functioning of Anganwadi for the better condition of early child care and education in India. The study reveals the fact that despite the challenges faced by the Anganwadi workers in the accomplishment of their work they are doing a commendable job.

Key words:- Anganwadi, Early Childhood care, Early child education,

INTRODUCTION:-

Country like India with 1.21 billion people constitute as the second most populous country of the world which has 13.12% of the total population lying in the age group of 0 to 6years. Integrated Child Development Services(ICDS)scheme is the most comprehensive scheme of the Govt. of India for Early Childhood Care and Education. It is the foremost symbol of country's commitment to its children, pregnant women and nursing mother. ICDS was launched on 2nd October 1975 on the 106th birth anniversary of Mahatma Gandhi. The focal point for the delivery of ICDS services is an Anganwadi, a child care centre it covers a population of 400 to 1,000

in rural and urban areas and 300 to 800 (approximately) in tribal and hilly areas. Each Anganwadi centre is run by an Anganwadi worker (sevika) who is assisted by a helper (sahayeka) who has to take care of around 40 children. The Anganwadi system is mainly managed by the Anganwadi worker. She is a health worker chosen from the community and given one month training in health, nutrition and child-care. About 20 to 25 Anganwadi workers are supervised by a Supervisor called Mukhyasevika and four Mukhyasevikas are headed by a Child Development Projects Officer (CDPO).

Objectives of the study

The following are the major objectives of the study:-

1. To know the ICDS program implementation through Anganwadi centers.
2. To find out the responsibilities of Anganwadi worker towards maintaining health and hygiene of children coming at the center
3. To find out the availability of teaching learning material at the centre and educational activities.

Scope of the study:

The study is limited to ascertain the information about the ICDS program implementation through Anganwadi centers and responsibilities of Anganwadi worker towards maintaining health and hygiene of children coming at the centre. The study helps to get knowledge about educational activities undertaken at the Anganwadi Centre (AWC) and learning materials provided by the ICDS and their utilization at the AWC. The present study will also help in understanding the quality of education provided to the children by these AWC covering a mass population and finding the ways of improvement in Pre-school education through AWC.

Literature Review:

The investigator has identified some studies related to Early Child Care And Education. Brief studies are presented below:-

Yadav Padma,2011.School readiness and school success “the Primary Teacher” vol. xxxvi number 3 and 4 July and brought

the **October 2011** enunciates that ECCE includes two integrated aspects of care and education. Care is a comprehensive term that includes proper nutrition, medical attention, particularly in regard to immunization, security and safety and emotional support. The educational component includes stimulation activities for three year children and pre- school education programmes aimed at 3 to 6 years old and extends to class 1 and 2 to cover children up to the age of 8 years.

NCERT, 2006 Position Paper on Early Child Care and Education brought the fact that the term ECCE refers to a philosophy of providing opportunities/experiences to Young children up to 8 years of age in order to promote their holistic development, as well as arranging and providing services and support system to communities and families to meet the needs of their young children. For the sake of convenience and for the purposes of programming and institutional location, ECCE can be divided into three sub stage: birth to 2+, 3 to 5+, and 6 to 8+.

National Institute of Public Corporation and Child Development (NIPCCD), (1992), revealed that most of the AWCs in the country, except those in Tamil Nadu, Kerala, Karnataka and Orissa were functioning from community buildings. The type of building plays an important role in safeguarding against any natural hazards. Of those sampled, about 40 percent were functioning from pucca buildings.

National Institute of Public Corporation and Child Development, (2006), found that around 59 percent AWCs studied have no toilet facility and in 17 AWCS this facility was found to be unsatisfactory, around 75 percent of AWCs have pucca buildings, 44 percent AWCs covered under the study were found to be lacking PSE kit;, Disruption of supplementary nutrition was noticed on an average of 46.31 days at Anganwadi level. Major reasons causing disruption was reported as supply of items of supplementary nutrition, 36.5 percent mothers did not report weighing of new born children, 29 percent children born with a low weight which was below normal (less than 2500 gm).

METHODOLOGY

In order to achieve the stipulated objectives of the present study primary and secondary sources of data have been taken into account. Secondary sources such as, related articles in newspapers and magazines, concerned books along with websites and reports have been consulted to collect relevant data. For primary sources of data 25 Anganwadi centers chosen from Patna Sadar Block. There are 12 panchayats in Patna Sadar out of which 3 panchayats (East Mainpura, West Mainpura and West Digha) were chosen along with Gosayeen Tola and Patna City for data collection. 5 Anganwadis from each were chosen purposively for data collection. Data have been collected mainly through field visits by observing the Anganwadi centers and feedback taken from the Anganwadi workers during their official time through questionnaire in which both open ended and closed ended questions were asked for seeking information

ICDS program implementation through Anganwadi centres:

There are a list of services of ICDS scheme which are provided by Anganwadi Centres (AWC).

1) Supplementary Nutrition: Supplementary nutrition is one of the important factor for balancing the nutritional standard of children. This includes supplementary feeding and growth monitoring and against vitamin A shortage and control of malnutrition anemia. All families in the community are surveyed by the AWW to identify children below the age of six and pregnant and nursing mothers.

While surveying the Anganwadis, the Researcher found that the food provided to the children at the centre is in accordance with the needs of the beneficiaries :-

Anganwadi workers provide Take Home Rations (THR) to the pregnant ladies and lactating mothers in their respective areas (within 1 km or at the 1000 population there is one Anganwadi). The pregnant ladies get 3kg rice and 1.5 kg pulses in a month and for child who is below 3 years and suffering with malnutrition is given 4 kg rice and 1.5 kg pulses. Apart from this a pregnant lady gets 4 eggs in a month, unless the child attain the age of 3 years they are provided with supplementary food (THR).

Food provided to the children from 3 -6 years is shown in the following table

Table no 1.2

Days of the week	Quantity of food material provided at the centre for 40 children (3-6) years age group)		Breakfast between (10:00 -11:00)	Lunch between 1:00 -1:30
	Breakfast	Lunch		
Monday	800g.mbeaten rice and 100 g.m jaggery	3.200g.m rice,1.200 k.g chana dal and 1 k.g seasonal vegetable	Beaten rice with jaggery(Chura and goor)	Kichadi
Tuesday	800 gm beaten rice and 100 gm jaggery	3k.g rice, chana, 1 k.g of seasonal vegetable, 400g.m groundnut	Beaten rice with Jaggery (Chura and goor)	Pulaav
Wednesday	800 gm beaten rice and 100 gm jaggery	3.200g.m rice,1.200 k.g chana dal and 1 kg seasonal vegetables	Beaten rice with Jaggery (Chura and gur)	Kichadi
Thursday	800 gm chana and 100g.m jaggery	3 kg suji. 1 kg sugar and 400 gm groundnut	Black chickpeas and jaggery (chana and gur)	Halwa
Friday	40 eggs	3k.g rice.1.400 gm jaggery and 400gm groundnut	One egg to each child	Rasiyaav
Saturday	800 g beaten rice and 100 g.m jaggery	3.200g.m rice, 1.200 kg chana dal and 1 kg seasonal vegetables	Beaten rice with jaggery(Chura and gur)	Kichadi

Through THR and supplementary nutrition provided at the centre the Government of India is trying to combat with the malnutrition of those children coming under underprivileged sections of the society. The Anganwadi workers get a sum of R.s 15,700/- for purchasing these materials against which they have to submit a voucher. The food is prepared at the centre by the Anganwadi sevika (an assistant to AWW).

2) Immunization: Immunization prevents the child from health

related problem. Immunization of pregnant women and infants protects children from six vaccine preventable diseases Tetanus, tuberculosis and measles. These are major preventable that helps in preventing the child mortality, disability, morbidity and related malnutrition, immunization of pregnant women against tetanus also reduces the risk of maternal and neonatal mortality.

These vaccines are given by the ANM with the help of Anganwadi workers and a proper record of vaccination is maintained by the AWW.

3) Health Checkup : The health check up includes children less than six years of age, prenatal care of expectant mothers and post natal care of nursing mothers. The different health services are provided by the Anganwadi workers. Staff includes regular health are check-ups recording of weight, immunization, management of malnutrition, treatment of diarrhea and distribution of simple medicines, etc.

The AWW has to maintain records regarding Supplementary nutrition, Weight of children, Immunization, Health checkup and Deworming. During their activity for prenatal counseling to the expectant mothers under “Grihbhent” programme) they have to visit the pregnant mother for counseling once in a month till first six months of pregnancy and in the last trimester the frequency of meeting is increased and in the last month they have to visit daily. Once the child is born the Anganwadi worker has to meet the child and mother and register the birth within one or two days. They have to meet the mother also to train them regarding feeding and caring the child. The AWW meet within one or two days of child birth, then once in a week, then twice a month for continuously 2 years. They have to maintain a record of all these meeting with the mother and regarding the growth of child.

Referral Services : During health check-ups malnourished child, special child and if any child needs medical attention then they are referred to the PHC or its sub-centre. She enlists all such cases in a special register and refer them to the medical officer of the PHC.

Non Formal Pre-School Education : Non-Formal Pre-School Education(NFPSE) is a part of the ICDS and is considered as its backbone, because its services basically cover the Anganwadi. It

brings and keeps young children at the AWC -an activity that motivates parents and communities. It involves children through play way activities and retains them at least 4 hours at the AWC. Pre-school education (PSE) as considered in the ICDS, focuses on total development of children chiefly three to six yrs old mainly from the poor groups or those who are mostly needy.

Availability of teaching learning materials and its utilization for educational activities

Learning materials and their utilization :-

Learning at the Anganwadi center is basically imparted through the various learning materials like blocks, calendars, books, color waxes (crayons), puzzles, slate and chalks, blackboards etc are provided to these centers once in a year by ICDS.

Calendar- Showing English alphabets and Hindi varnmala help the children to recognize and understand the different alphabets of Hindi and English and also help them to memorize while reciting with the help of Anganwadi worker. Some of the calendars showing words with different Hindi and English alphabets help the child in adding more word to their vocabulary and also enhance their phonetics. Calendar showing numbers from 1 to 100 and tables from 1 to 10 help the children to play with numbers and understanding the basics of Mathematics. There are also some calendars which shows pictures of fruits and vegetables which are used by the Anganwadi worker as a teaching aid to help the child visualize and understand the color and shape of fruits and vegetables.

Blocks-It is given to the child to make different types of structures which help them in developing their imagination and problem solving skill.

Handmade toys- The Anganwadi workers used to make some handmade toys like garland made up of pearls (different colors) to help the children understanding numbers and colors. The kidney bean seeds and other seeds are used to teach them seed germination and different parts of plants. Toys made up of clay are also used to teach them different type of birds fruits etc.

Educational activities undertaken by the Anganwadi worker

(AWW) and training of developing hygiene habits in children

Each Anganwadi runs for four hours a day which timing changes according to the winter and summer climate conditions. Following table shows the timing of AWC:-

November To March	April to June	June to Octobar
10:00 a.m to 2:00 p.m	8:00 a.m to 12:00 pm	9:00 a.m to 1:00 p.m
	7:00 a.m to 11:00 am (in case temperature shoots up)	

Table 1.3 shows the timing of AW

Data collected from all the 25 Anganwadi centers reveal that from Monday to Friday they have to follow a same routine. Every morning day starts with morning prayer which they learn from Anganwadi workers after that the child has to recognize each others name for the correct recognition. In the first two hours the AWW with the help of Anganwadi helper conduct different types of educational activities. Half an hour is used to give them meal and train them to clean their hand in a proper way. Personal cleanliness and hygiene habits are also tried to be developed in the children coming to the centre by the AWW and the helper. Last one and a half an hour is used to play with the child and in due course the AWW impart so many knowledge to them as color recognition by looking at each other's dress. The basic education imparted to them is mostly through Play way method, Storytelling method and Drama method. The Play like "Chuha- Billi", "Hawaa chali" etc are generally practiced at the centers by AWW with the help of Anganwadi helper.

On Saturday there is a programme like "Bachpan Diwas" is celebrated at each AWC. The parents of the children at the center are called up and they are being informed about all the activities held from Monday to Friday. Parent suggestions and remarks along with their signature is taken for the activities conducted by the Anganwadi center

Problems faced by Anganwadi worker in executing their work:

There are several hindrances faced by the Anganwadi worker at the AWC but instead of that they have to conduct their regular activities. While conducting the survey at 25 AWC some of the major problems have been taken into

account as such

Toilet facilities at Anganwadi centers-

The Anganwadi workers are supposed to train the child in maintaining personal cleanliness and hygiene but the agony is that out of 25 centers visited 20 Anganwadi center had toilet facility and rest of the 5 AWC were in rented place but toilet were not there and child is suppose to go in open area. Most of the AWC are running in slums. Water supply was through Municipal Corporation and at every centre there was water filter for drinking water.

Learning materials-

Learning kit were not supplied since last year and this year they have not received any learning material from the ICDS. Even the calendars are torn and the Anganwadi workers themselves have to buy few calendars for the smooth functioning of the educational activities at the AWC. They have not received any medicine kit for the centre to meet with emergency situations.

Conclusion-

Anganwadi workers are over burdened with the different type of tasks for which they got only one helper to help them. They have to look after 40 children at the centre and each children needs special care and attention. Hence the ratio of AWW and children at the centre should be more balanced so that proper care and attention can be given to each child coming at the centre . They have to conduct several educational activities for which very limited learning materials are provided to them. Most of the time lack of supply of learning materials at the AWC by the ICDS creates more challenges for them in executing their tasks. Poor infrastructure of Anganwadi centers, lack of electric supply, unhygienic toilet facilities should be improved to provide a better living condition to the children as well as a good working condition for the AWW at the centre. Morning breakfast or meal given to them work as a great motivation for the children coming at the centre so it should be provided regularly. Outdoor games for the small children is a necessary part of educational activities but out of 25 Anganwadis none of them had playground or any provision of playing outside. While choosing a place for Anganwadi centre the facility for outdoor playing should

be considered. Hence effort is needed to overcome these drawbacks to achieve the objective of early child education of ICDS through Anganwadi centres.

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TOWARDS A FRAMEWORK OF EARLY CHILDHOOD EDUCATION (ECE) GOALS

Dr. Biswajit Behera

Asst. Professor in Education,
Regional Institute of Education (NCERT), Bhubaneswar

Abstract: UNESCO once reiterated that learning requires a paradigm shift away from the ideas of teaching and learning towards those of learning, from knowledge-conveying instruction to learning for personal development. Therefore ECE programmes should attend to health and learning which provides for children's holistic development. The cognitive, physical, social and language development should all work together. Holistic development of the child should enable to realise maximum potential. Therefore, ECE programmes should be based on Art and play which is the basis of learning. Keeping in view of the above facts, a framework of ECE Goals is outlined. The five goals are: Nutrition goal, literacy goal, learning goal, self esteem goal and social goal. The ECE goals will give the directions for determining the strategies and programmes of learning for early children.

Key words: Early childhood, Early Childhood Education, ECE Goals

“In every child who is born,
Under no matter what circumstances,
And of no matter what parents,
The potentiality of the human race is born again”
-James Agee

Introduction

Early childhood is the period from conception to age 8, a period that presents a developmental continuum, according to the theoretical framework of developmental psychology and learning theories. The reason for increasing the span of early childhood from 6 to 8

years is to ensure a gradual transition from pre-primary to primary education, which is a structured and formal learning system. It starts from prenatal stage to the end of the primary stage. The psychosocial and emotional needs have to be met adequately for the holistic development. Thus, early childhood education covers learning, a process of acquiring knowledge, skills, habits, attitudes etc. It also indicates an important focus to prepare the young child to enter the formal educational system.

Early childhood is defined as the period from birth to eight years old. It is a time of remarkable brain growth for subsequent learning and development. It is a period of tremendous growth up to the age of 8 years. Early childhood development requires co-ordinated action to ensure health care, adequate nutrition, quality education and protection of child's rights. It is a continuous and cumulative process of growth. It is the duration between the birth of a child and the start of primary school. It covers the most critical years. This period is an important period where the child has the fastest physical, mental, social-emotional and linguistic development. The child in this stage acquires fundamental behaviours, his/her personality traits start to be shaped and his basic knowledge, skills and habits are acquired. When foundations are laid for the child to adapt to life, then the child can contribute to his subsequent learning.

Psychological concerns of ECE

The famous psycho-analyst **Erickson** advocated psycho-social development over the entire life span of human beings. He postulated that in the first one and a half years of life, the infant is confronted with the crisis termed Trust vs Mistrust. Thus, the way he is nourished, handled, protected and kept comfortable may provide him a sense of security and a feeling of trust or mistrust. With the newly developed motor or physical skills in the second and third years of his life he engages in activities for achieving a sense of autonomy and independence. Equipped with sense of trust and autonomy the child now begins to take initiative in interacting with his environment. His initiative for carrying out physical and mental exploration is encouraged. The child develops a sense of guilt if he is discouraged from taking the initiative from his parents or pulled down by unhealthy criticism and punishment.

Therefore, there is a need to resolve this crisis by allowing the child to experiment with his initiative by proper provision of guidance and counselling. When the child enters into primary school, he is made to learn various skills. The child has to compete with his/her peers in terms of competence in school and other social situation. If he performs well he is admired for his intellectual activities where he will develop a sense of achievement. On the other hand, he may develop a sense of inferiority. In sum, Erikson's view points out how the sense of socialisation is being the part of early childhood development.

Jean Piaget studied human cognition and identified the stages of cognitive development. He was of the opinion that the first two years of life, the infant knows the world only through the five sense organs. He gains sensory experience. About age two, the child for the first time uses language and other symbols. Now child begins to think about the world mentally and with imagination. During 2-6 years the child is able to identify a favourite toy but can not explain what kinds of toys he likes. He lacks abstract concepts. He can not judge size, weight or volume. To an experiment, the child is not able to identify the level of water in a glass container of taller or narrower by about age of seven, child is able to think abstractly and realise the reality in concrete sense. Between 11-17 years of age, the child focuses on how and why things happen. In addition the child now attaches more than one symbol to a particular event or object. For example, if we will say to a child 'today is Sunday', he might respond 'No', "it is Holiday" indicating that he uses just one symbol at-a-time. But, during age of ten, at the concrete operational stage, he would be able to respond that "yes, Sunday is holiday". Thus, Piagets' concern is that an ability to engage the world unfolding in stages as the result of both maturation and social experience.

In response to Piaget, **Kohlberg** replied that moral reasoning takes account of parental attitudes and cultural norms.

Another perspective on cognitive development by the socio-cultural theory of **Lev Vygotsky** who insisted that cognitive growth occurs in a socio-cultural context that influences the form it takes. He proposed that infants are born with a few elementary mental functions-attention, sensation, perception and memory- that are eventually transformed by the culture into higher mental functions.

Each culture provides a tool of intellectual adaptation. Children are curious explorers who are actively involved in learning that occurs within the context of collaborative dialogues between a skillful tutor. Collaborative dialogues foster cognitive growth within the ZPD (Zone of proximal development). Through scaffolding process an expert when instructing a novice and responds contingently to the novice's behaviour in a learning situation, the novice gradually increases his understanding of a problem. The children's thinking is shaped through adult-child interaction called guided participation. Thus, children's minds develop as they take a part in cooperation dialogues with skilled partners on tasks that are within their Zone of proximal development.

Another argument by him is that the development of mental concepts is through the inner speech and oral language by a gradual process of internalisation. He believed that play contained all developmental levels in a condensed form. Therefore, to Vygotsky, play was akin to imagination where a child extends himself to the next level of his normal behaviour, thereby creating a Zone of proximal development for himself. Thus, it is understood that 'play is the source of development'. Through play and imagination a child's conceptual abilities are stretched.

Thoughts on ECE

The psychological developmental theories clearly identified that the stage of childhood is critical. In this context, some thought provoking questions aroused which must be considered

- The stages of child development from birth to eight years and some important milestones
- The different domains in which children develop and how parents can support the development in each domain?
- Laws and regulations that guide the care and education of children
- The framework for understanding children's developmental needs
- How children's cognitive development can be taken care of?
- How is the importance of interactions with care givers in this process?
- The importance of play in child development and learning

- The concepts of attachment and reciprocity and their importance in early childhood education
- Why taking risks is an essential part of children's learning and development?
- Positive forms of behaviour and guidance.

Objectives of ECE

The following objectives for ECE are suggested (Kothari commission, 1964-66)

- a) To develop in child a good physique, adequate muscular coordination and basic motor skills.
 - Activities
The activities which involve the behaviour such as climbing, jumping, sliding, swinging, building, hammering, kicking, sweeping, painting etc.. For muscular coordination-pasting, painting, clay modelling, building blocks and puzzles
- b) To develop in the child good health habits and to build basic skills necessary for personal adjustment
 - Activities
Dressing, toilet habits, health habits, eating, washing and hygienic habits etc.
- c) To develop social attitude
 - Activities
Group participation, making sensitive to the rights and responsibilities as a member of society through group songs, group games and projects
- d) To develop emotional maturity
 - Activities
Guiding child to understand, accept and control his feelings and emotions through story telling, humour etc.
- e) To develop aesthetic appreciation
 - Activities
Observation of natural phenomena like plants, flowers, birds and animals, rhythmic movements, clapping
- f) To stimulate intellectual curiosity

- Activities
Understand the world, explore, investigate and experiment
- g) To encourage child independence and creativity
 - Activities
Self expression activities like follow the leaders, colouring, painting, pasting, paper cutting
- h) To develop the ability of expression of thoughts
 - Activities
Clear speech, loud reading and narration of stories

Policy perspectives on ECE

The policy should ensure children's' holistic development through implementation of effective programmes. It should ensure every child achieves his developmental potential. This can be done when

- Children demonstrate age-appropriate development and learning
 - Children experience cognitively stimulating, emotionally supportive environments with adequate resources
 - Children have access to quality programmes
 - Children rights are protected
- i) Article 26 of universal declaration of human rights emphasised to promote various dimensions of the right to a good quality education for all.
Efforts will focus on reaching the unreached, making education accessible and meaningful to those deprived of it.
 - ii) After 86th amendment the constitution directs the state to provide condition for holistic child development with pre-school education as an important component
 - iii) NPE (1986) viewed ECCE as a crucial input in the strategy of human resource development as a support programme for primary education. Recognising the holistic nature of child development ECCE is to be child centred with a focus around play and the individuality of the child.

- iv) 3rd Five year plan highlighted the need to provide pre-school education
- v) 4th Five year plan provided comprehensive child welfare services to pre-school children for their all round development.
- vi) 10th Five year plan recognised that whole early childhood up to 6 years is critical for the development of children, the period from the pre-natal stage to the first 3 years.

Thus, from time to time various documents had emphasised the critical need of Early Childhood Education (ECE).

Problems in the ongoing practices of ECE

The undesirable practices are listed below

1. **Monotonous**
Children experience great pressure being burdened with unreliable, unrealistic and undesirable expectations. It becomes un-interesting and boring to them.
2. **Admission**
Interviewing the child for admission is a common practice in many private schools. The examination pattern is based on General Knowledge. This results a pressure to both child and his parents. This is one of the harmful effects towards children
3. **Rote learning**
At an early stage rote learning starts which are not developmentally correct.
4. **In appropriate competencies**
The curriculum offered during pre-school is developmentally in-appropriate. Cognitive part is somehow focused ignoring the holistic aspect of the child
5. **Overcrowded class room**
The teacher is unable to focus individually to each student. Such an environment is not conducive to the all-round development of the child
6. **Formal method of teaching and evaluation**

Most of the time writing, working with workbooks or engaged in number work are found. Limited work is assigned for art, music or environmental studies through activities.

7. Home work

Children are often given homework which is dominated by written work. Children are lovers of playing games but they are never exposed to play to finish their activities

8. Lack of equipments and play materials

9. Untrained teachers

No knowledge of methodology of working with early children.

Therefore, a uniform norm and standard of programme is essential.

Early childhood Education (ECE) programme

A high quality of ECE programme can be planned which should be based on following three critical components

- Provision of a well-rounded curriculum that supports all areas of development
- Addresses the child health and family needs as part of comprehensive service network
- Assesses children to enhance student learning

Learning programme of ECE

The learning programme should be chalked out for

1. A clear statement of goals and comprehensive philosophy that can focus all areas of development
2. A strong foundation in language development
3. Access to a nurturing and stimulating environment
4. Supervision and guidance of competent and caring adults
5. A balance between individual and small group activities
6. Engages children in purposeful learning activities
7. Arrangement of play which is related with activity plans
8. Teacher-child initiated exploration towards balanced activities

9. Activities and materials should be appropriate to a child's age and supporting to all developmental domains
10. Curriculum should reflect current research on child development

Learning Strategies of ECE

A number of strategies to nurture the children's natural curiosity and their zest for learning can be accomplished through the following factors:

- Building children's background knowledge and thinking skills
- Checking children's progress
- Communicating with parents and care givers
- Creating a learning environments
- Helping to develop listening and speaking skills
- Teaching children about letters
- Teaching children about numbers and counting
- Teaching children about print
- Teaching children about sounds of spoken language

Framework of ECE Goals

A comprehensive Early Childhood Education (ECE) is the need of the hour. It should ensure that learning need of all are realised through appropriate learning and life skill programmes. It improvises quality of education and ensures excellence. Strategic objectives are fulfilled. Play and art as the basis of education is followed. Thinking of the child is emphasised. Almost a holistic approach to early child development is fostered. Keeping the above rationality in view a framework of ECE goals are outlined.

1. Nutritional goals
Good nutritional practices, habits, food preparation experiences, knowledge about balanced diet and essential nutrients
2. Literacy goals
Opportunity for oral language skills, increasing vocabulary, proficiency in language, prewriting skills, reading skills

3. Learning goals

Learning of fundamentals like names, addresses, phone numbers, colours, identification of shapes etc. are essential. Learning of numbers, letter recognition, and sounds and rhyming. Opportunities to synthesize, analyse and evaluate, facilitating readiness skills, attention span and following directions etc.

4. Self esteem goals

Learning about himself, family and culture are the components of self esteem. The child develops good self-image and high self-esteem, a sense of self-worth, success and competence

5. Social goals

These goals emphasise to get along with others, good relationship with tutors, helping others and caring attitudes. It can include both interpersonal and intrapersonal needs



Figure-1: Framework of ECE Goals

Conclusion

A clear understanding about the child's growth and development and needs is necessary for a teacher before handling the early child. The elements could be physiological development, Physical, Motor, Language, Socio-Emotional and Perceptual development. Therefore, ECE programmes should be based on Art and play which

is the basis of learning. Keeping in view of the above facts, a framework of ECE Goals is outlined. The five goals are: Nutrition goal, literacy goal, learning goal, self esteem goal and social goal. The ECE goals will give the directions for determining the strategies and programmes of learning for early children.

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MOTHER, AN ARTIST AND CHILD, THE CANVAS

Dr. Ehtesham Anwar
Principal*

Dr. Nivedita Raj
Asst. Professor*

Dr. Mamta Kumari
Asst. Professor*

* Bibi Aasia Begum Teachers' Training College, Patna

Abstract: In the Indian culture we are well aware of the “garbha sanskar” where the child begins learning in the mother's womb that provides food, security and above all good moral upbringing. The mother stays in good environment having good and balanced diet developing fine attributes in the child.

Mothers play vital role in rearing the child. We fall short of words in describing the mother's role in the development of their children. The teachings of the *Geeta* “*doing one's duty without thinking of the fruit*” truly suits the mother. The child is like a blank canvas where the mother put her best efforts to bring out a splendid art.

Early childhood experience lays the foundation of good education and shapes the future. The socio-economic status of the family influences the early childhood care. The economic constraints in meeting the demands of today to fulfill the dreams of tomorrow is a matter of grave concern. Despite this a mother is unable to spend adequate time in fulfilling her dream of bringing up the child with affection, care and with appropriate mannerism.

The paper focuses on the need of every care of motherhood. It is obvious that a healthy and happy mother can only mould the life of her child in the most effective manner. The paper also emphasises on the importance of child's nutrition, mental health, parental relationship, environmental adjustment enhancing social relationships. Parents need to share quality time and provide emotional security and promoting a sense of self-esteem.

In a nutshell, it is emphasised in this paper that if we want to save a child we must save the mother first.

Keywords: childhood, education, mother-child relation.

Introduction

“Experts tell us that 90% of all brain development occurs by the age of five. If we don't begin thinking about education in the early years, our children are at risk of falling behind by the time they start Kindergarten.” – Robert. L. Ehrlich

Childhood is the ladder which a man climbs to achieve all he is destined to achieve. Since conception in the mother's womb till three years of age the child finds himself to be helpless and completely at the mercy of others. A divine bond between the mother and the child signals good and healthy beginning. Childhood, the most crucial period in one's life lays the foundation for later development of an individual. More than any other stage of development, psychologists and educationists agree that the growth and development of children (i.e. mental, emotional, physical, social and moral) is faster in the first three years.

In the Indian culture we are well aware of the "garbha sanskar" where the child begins learning in the mother's womb that provides food, security and above all good moral upbringing. The mother stays in good environment having good and balanced diet developing fine attributes in the child. Mothers play a vital role in rearing the child. We fall short of words in describing the mother's role in the development of their children. The teachings of the *Geeta* "*doing one's duty without thinking of the fruit*" truly suits the mother. The child is like a blank canvas where the mother put her best efforts to bring out a splendid art. As an artist is skilled to portray a picture on the canvas and fills it with brilliant colours of life, likewise a mother draws the life sketch of a child and fills it with colors of love and affection, strength and confidence, morals and blessings which can never be faded away and leaves a permanent effect.

The mother is undoubtedly the best person to provide care, teaching and knowledge to the child. Early childhood experience lays the foundation of good education and shapes the future. The socio-economic status of the family influences the early childhood care. The economic constraints in meeting the demands of today to fulfill the dreams of tomorrow are a matter of grave concern. Despite this majority of mothers are unable to spend adequate time in fulfilling their dreams of bringing up the children with affection, care and appropriate mannerism. Working mothers have to leave the child in the hands of the governesses whereas women working as labours leave their children on the floor nearby they work resulting in loss of proper care, love and motherly affection, low self-esteem and confidence of the child hampering all round personality

development and his ability to take independent initiatives in future. According to Comenius the first six years of the child are "*the school of the mother's knee*". He considered the home as the centre of all types of education of the children.

A balanced work and family life is vital for women's rights, a strong and healthy workforce and better society. The global economic and labour conditions are undergoing change, with both positive and negative implications on women's health and livelihoods, as well as that of their children and families. Adequate integration of women's and men's productive and reproductive work and lives, will benefit all sectors of society. The benefits include productivity, family income and job security, women's and children's health and well-being, employer's long term profits and a nation's socio-economic health and stability.

There is the need of every care of motherhood. It is obvious that a healthy and happy mother can only mould the life of her child in the most effective manner with respect to child's nutrition, mental health, education and training parental relationship, environmental adjustment enhancing social relationships. Parents need to share quality time with their wards providing emotional security and promoting a sense of self-esteem.

Nutrition: mother /child

A mother's nutritional status during pregnancy and lactation has important implications for both her own health and her ability to give birth to and breastfeed a healthy infant. This places extra demand on a woman's body. Hence fulfilling mother's nutritional needs should be of prime priority.

At the core of life is safe maternity and health care for mother and infant survival. It is also for decent work and productivity for women and gender equality at work. The maternity protection rights are enshrined in the International Human Rights Instruments, International Labour Organization (ILO), in the Constitution of India and implemented through the Maternity Benefits Act, 1961. In India the Maternity Benefit Act has been constituted to protect the rights of working mothers in accordance with the ILO Convention 183 on Maternity Protection provides for, six months paid maternity leave.

Mental health

Childhood being the most crucial period in one's life lays the foundation for an individual's later development. Psychologists and educationists agree that the growth and development of children (i.e. physical, mental, emotional, social and moral) in the first three years is faster than in any other stage of development. Realising the importance of the child's development viz. physical, mental, emotional, social, and moral development, Early Childhood Care and Education (ECCE) has been given high priority. The importance of first six years of a child's life made the National Charter for Children ensure that no child remains illiterate, hungry or lacks medical care by the end of the ninth plan.

A child is born in a home where he remains in the constant company of the mother in the formative years of his infancy. Traditionally, it is said that a mother is equal to hundred teachers. The impressions and experiences which child has in these formative years leave permanent and indelible impressions on his mind. The mother, of course is in the most strategic position to inculcate positive habits in their children. The first important requisite condition is affection and love of parents and other members of the family. The child should feel secure and loved in his home. Proper and conducive environment should be provided in early childhood. Pleasant and satisfaction giving experiences should be provided for the harmonious development of the personality of the child. Moreover, parents should keep in mind the following aspects to ensure mental health of the child.

- i) Avoid rivalry and conflict in the family, specially in the presence of children
- ii) Ensure peaceful family environment with essence of love and belongingness
- iii) Fulfill household needs adequately
- iv) Avoid use of sarcastic language at home and outside
- v) Do not criticise the child and do not compare the child with other children
- vi) Meet the legitimate needs of the child
- vii) Try to be democratic in your dealings
- viii) Share good time with the children
- ix) Punctuality in the affairs of daily life

Hence, mental health of a child is very important for his personality development in toto.

But it is very much emphasised here that a mentally healthy mother can only provide good mental health to her child. Studies by Lidz, Wynne and Singer, Singer and Wyne, have established that the maternal psychopathology influences the child's psychological development. Studies by Higgins, and Rolf suggest that children of mentally ill mothers show greater social maladjustment during the years six and twelve than their peers. A comprehensive study by Cohler and others found that the children of mentally ill mothers show greater impairment in both selective and sustained attention than the children of mothers who are mentally sound. These evidences show the great influence of the mother and the family on the development of the child.

Parental Involvement

A mother engages the child in various educational and recreational **activities** that expand learning informally. The parents being the primary teachers until the child attends early school, influence their children's learning throughout school and later life. The parents and the school together play an important role in shaping the child's character. Rousseau considered mother as the true nurse and the father as the true teacher.

The term parental involvement comprises activities like tutoring, monitoring effective use of time for study at home, participating in school activities and even surveillance of homework. Marcon (1999) studied on Impact of Parent Involvement on Children's Development and Academic Performance. He found that parent involvement did not differ based on child's sex, single-versus two-parent family structure or income level. The study found that the child's academic and developmental progress is affected even by a minimal amount of parental involvement. Thilaka Ravi (2010) studied on Social Skills of elementary school children. The study found that parent's involvement in visiting school, encouraging educational progress at home remedied children's problem behaviours including both aggressive and disruptive behaviours as well as anxiety and depression. Besides, their social skills such as cooperation and self control got improved.

Environmental adjustment enhancing social relationships

The children to be successful from birth through adolescence, require positive support system around them. These comprise families, early childhood programs, schools, outdoor programs and activities, health and social service agencies, higher education, libraries, museums, and other community-based institutions.

The child is born in a family which is the first agency of enhancing social relationships and sociability. The family being the primary social group, the relationship among individuals is straightforward and direct. This is the reason it imparts education to the maximum in social skills. Pestalozzi considered home as the most effective agency of childhood education. The family is the "potential teacher of the Good Society". The mother in the family as the first teacher has the responsibility of creating an understanding among the children and their environment.

The child's social and moral development takes place during his early life in the family. He learns the mother tongue language in the family, becomes familiar with traditions, customs etc. He learns to love the members of his family. Living with family members he gets the primary knowledge of desirable and undesirable behaviour patterns under the guidance of his mother. He learns to seek an adjustment in the society and thus develops the feeling of love and hate in him. The social experiences the child gets in the family forms the basis of his personality. Psychologically, the family influences upon the child are of huge significance. The innate tendencies of the child find expression in the family, where with proper encouragement he achieves adjustment in his later life.

Education

Education really starts with the conception of the child in the mother's womb and the foundation stone for lifelong education and training is laid by none other than the mother. The child better communicates with his mother and the process of learning goes on with the changes in physical and mental growth and development. She is the best guide and counsellor of the child.

The National Policy on Education 1986 recommended for strengthening of Early Childhood Care and Education (ECCE) programmes as necessary for Universalisation of Elementary Education (UEE) and women's development programme. It

stressed the importance of pre-primary education and broadly named it as ECCE. The NPE- 86, advocated that ECCE and pre-primary education should be integrated for strengthening primary education and developing human resources. The Revised Policy Formulation, 1992 has recommended for pre-school education:

- Medical check-up of children with appropriate follow-up action, regularly.
- Nutritional deficiencies of children to be compensated by providing additional nutrition.
- Maintaining normal growth of height and weight through monthly and bi-monthly records.
- Language development provisions
- Promoting neuro-muscular development and coordination.
- Talents for creativity to be promoted
- Promoting ecstasy and confidence in one's self.

Constitutional Provisions

According to India's Census 2011 there are 164.48 million children of 0-6 years of age. Under the 86th Constitutional Amendment, Article 21A provides the right to free and compulsory education for 6-14 years old children and Article 45 urges states to provide ECCE to all children until six years of age. This is a great decision for ensuring elementary education to all children of the nation where wide economic disparity is a great hurdle for educating a child. The National Early Childhood Care and Education (ECCE) Policy 2013 has been approved by the Government of India. The Policy framework includes the National Curriculum Framework and Quality Standards for ECCE.

The Policy provides for universal access to quality early childhood education to children below 6 years of age. The Ministry of Women and Child Development (MWCD), the nodal department for ECCE, is responsible for the Integrated Child Development Services (ICDS) programme. ICDS is a centrally sponsored and state administered ECCE programme, covering around 38 million children through a network of almost 1.4 million anganwadi centres (a village courtyard). ICDS includes delivery of an integrated package of services such as supplementary nutrition, immunization, health check-up, preschool education, referral services and nutrition & health education. ECCE is one of the

components and aims at psycho-social development of children and developing school readiness.

But the hurdles in implementation of the policy is huge. There are substantial numbers of children not enrolled in preschools. Despite rise in enrolments in elementary education, the dropout rate is a matter of great concern. The drop out being highest in the first two grades of elementary schools. Learning assessments show that literacy skills are poor in early primary grades. This calls for helping children, from first generation families, developing adequate school readiness through good quality ECE programme, enabling them to make a smooth transition.

Conclusion and Suggestions:

Early Childhood Care forms the base of one's life. Proper and deliberate care is most important in this stage of life. A mother plays a vital role in shaping the life of her child and giving colours to his destination. Investments in early childhood care positively impacts early childhood education. Teachers and Parents should take immediate and appropriate measures to save the child from emotional complications when he or she finds difficulty in adjustment in the school and society in general. A mother's best reward is to see her child grow more as a well adjusted, healthy and independent kid. According to scientists the initial 'one thousand days' of an individual's lifespan i.e. from the day of conception till the age of two, are crucial for physical and cognitive development. Unfortunately more than half the women of childbearing age in India are anaemic and 33% are under nourished, according to National Family Health Survey 3. Since a child's world revolves around the mother, there is pressing need of every care of motherhood. Improvement of women's health requires a committed and sustained policy framework supported by governments and other stakeholders from well-targeted resources. Hence, we must take into account the following suggestions:

- *'Save motherhood to save childhood. This should be the slogan for each one of us'.* This reveals that much attention must be paid to a mother. As it is previously emphasised that a healthy and happy mother can only meet all the needs of her

child. So, support of all kinds to a mother is very important.

- Perception of motherhood should be changed and the responsibility should be shared for the harmonious growth and development of the child.
- Least economic disparity in the society is needed so that necessities to ensure better childhood can be met.
- Well educated parents understand the concept and demand of childhood better than uneducated parents. Therefore, efforts should be made nationwide to ensure well educated citizens instead of just literate.
- Irrespective of frequent visits of the parents to the hospitals for the child health care there should be a provision for counselling of the parents so that they can get acquainted with the knowledge and skills of rearing and caring of the child in the best possible manner.
- It is very much important to identify the innate potentials, abilities, attitude, aptitude and interest of the child at the early childhood stage so that the whole life may proceed on the right path towards the attainment of the ultimate goal.

Improvements in the educational and employment opportunities will certainly have positive effect on the mother's health. Woman being the backbone of the family, her health issues must receive immediate and adequate attention. If the quality of life of women becomes poor, so will be the quality of life of generations to come. Health of the woman is the health of the family and only healthy citizens make a healthy nation. A healthy bond between a mother and her child depends upon a healthy atmosphere. In a nutshell it is emphasised that if we want to save a child we must save the mother first.

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PROBLEM OF AGGRESSION AMONG CHILDREN: CAUSES AND MEASURES

Dr. Anusheeka Gupta (Associate Teacher)

D.A.V Public School, BSEB, Patna

&

Dr. Premendra Kumar (State Programme Officer)

Global Sanitation Fund, Patna

ABSTRACT: The early childhood is defined as the period from prenatal development to eight years of age as per international policy standards and WHO. However, for this specific paper, it examines the age in **psychology** term i.e. the age of two until the age of six or seven years. There are 3 simultaneous development stages during this age i.e. 1) physical growth and development 2) cognitive growth and development and 3) social-emotional growth and development. The paper diagnoses aggressiveness within social-emotional growth and development stages. The paper has examined most likely causes of aggression as well as proposed tested approach i.e. Behaviour modification to address the aggression. Mismanagement of aggression could lead serious consequences. Overall it concluded with an emphasize on the scared relation between parents and children needs to be understood, cherished, and developed with sense of devotion from both side. It needs continuous and consistent effort from parents and family to ensure reciprocal and acceptable behaviours from children.

INTRODUCTION –

EARLY CHILDHOOD CARE AND EDUCATION

The early childhood is defined as the period from prenatal development to eight years of age as per international policy standards and WHO. However, for this specific paper, we would examine the age in **psychology** term i.e. the age of two until the age of six or seven years. There are 3 simultaneous development stages during this age i.e. 1) physical growth and development 2) cognitive growth and development and 3) social-emotional growth and

development. The paper will diagnose aggressiveness within social-emotional growth and development stages.

Social-emotional growth and development includes children understanding a sense of 'self', relationships with others and sociability. The emotional development includes expressions, attachment and personality. What children experience during the early years sets a critical foundation for their entire life-course.

The nurturant qualities of the environment where children grow up, live and learn – parents, caregivers (including teachers), family and community - will have the most significant impact on their development. For examining aggression, we will focus on those cases where parents and family can provide strong nurturant environments. In addition, we will specifically focus on families who are in middle income group or above, living in urban or semi-urban area.

Family and parents

Raising well-balanced children is an art. The sincerity of parents in discharging their responsibility towards their children will reflect in the development of the latter. Proper upbringing demands active effort, concern sensitivity, skills, understanding and empathy on the parts of the parents. Children are always dependent on their caretakers to look after their physical, mental and emotional needs. Emotionally stable parents who are mature and love each other typically fulfil the needs of their children. Parents need to demonstrate their love for their children not only by their actions but also by the kind of environment they create in their homes. A child develops a feeling of security and confidence when s/he knows that s/he is loved. Which is why, a child could be considered as a reflection of the parents' behaviour.

Through discipline, guidance and encouragement, parents provide opportunities for the healthy exploration of natural surroundings of the child. They foster curiosity in their children to help them realise their full potential. Children who are deprived of such opportunities usually tend to fear the unknown and the future. Thus, a child's maladjustment with society often results from a poor 'parent –child relationship'. Such poor relationship usually stems

from two powerful factors leading to maladjustment -lack of correct upbringing and the contemporary family situation. Symptoms of emotional upheaval in a child mostly point towards a disturbed parent –child relationship. When the child realises that being naughty is the only way to attract attention, it indulges in naughtiness.

AGGRESSION–ARAMPID CHILDHOOD PROBLEM

Emotional problems in children are reflected through their misbehaviour like fighting, lying, biting, stealing, destroying property or breaking rules. This is the mis-behaviour that a child indulges in, to express his or her emotional turmoil. In other words, this misbehaviour can be diagnosed as an outward expression of a child's emotional insecurity, hostility towards parents and feeling of inferiority.

After two years of age, a child kicks, hurts, screams, punches or hostile behaviour. As the child grows, this hostility may take the forms of words. Such depressive reaction or misbehaviour is called aggression. Hostile reactions and other emotional problems in childhood are often masked. Among young children irritability, temper-tantrums, low tolerance, hyper-activity and sleep disturbance are common reflections of depressions.

Among older children, disobedience, running away from home and delinquent behaviour may mask an underlying depression. For example, lying results from the child's identity attempt to secure attention and gain self-esteem. Children who lie could also consistently try to overcome insecurity through chronic stealing. Thier attempts at stealing openly and intentionally caught in the process show their hostility towards parents. In some cases, the stolen items symbolise parental love, power or authority, which the child feels deprived of.

STAGES OF AGGRESSION

Instrumental Aggression

By age two, a child learns to get things he wants. Aggression may take the form of snatching a toy from another child. Aggression used for securing a desired object is termed instrumental aggression.

Social play Aggression

In this type of aggression, the child struggles to procure toys and

control others. This happens between the ages of three and six. Now they use words and their expression becomes better.

How does Aggression Increase?

1.Reinforcement-When instrumental aggression yields, what the child wants, is reinforcement. Then they persist with their aggressive behaviour .

2.Frustration-Punishment, insult, and fear may result in frustration. Aggression is an outlet the children find for such frustration.

3. Violence on T.V. & Movies- Sometimes, T.V. shows are full of violence. Watching aggressive characters on T.V., children end up initiating them. Watching violence at home or virtually on screen, could potentially make children willing to hurt or even start observing violence as normality in surrounding.

FACTORS THAT PLAY HAVOC WITH CHILDREN

1.Overprotection and Restrictiveness

Overprotection and/or exorbitant restrictiveness can decrease the urge to explore and/or willingness to take risks. Overprotection may also cause excessive shyness and, as adults, these children might not be able to take decisions independently. It may result in the following symptoms:temper tantrums, anger spasm, failure in school, school phobia and the likewise. All these end up in imparting an inadequate personality to the child. Such children often reach adolescence and early adulthood with a feeling of inadequacy and threatened by a 'dangerous' world.

2.Rejection

Parental rejection of the child, even though unintentional, is showed in various ways. This could include physical neglect, denial of love and affection, lack of interest in the child activities and achievements, harsh or inconsistent punishment, failure to spend time with the child, being busy with household chores, lack of respect for the child's rights and feelings as a person. It could also involve cruel, and abusive treatment. This form of rejection has the potential to affect a child if they are systematically repeated in subtle or in intensive manner. The effect of such rejection is likely to manifest in the child in the form of excessive fear, shyness, and aggressiveness thumb-sucking, bed-wetting, depression, temper tantrums, lying, stealing, slow morality development, low self –esteem, a feeling of insecurity, loneliness and an ability to express

and receive love. All these arrive at the subconscious level and the child cannot prevent their manifestation in his or her behaviour or personality. Parental rejection is one of the major reasons why adolescents run away from home.

3. Over permissiveness and Indulgence

Allowing too much freedom of behaviour to children is called permissiveness. And a child to do or have whatever s/he wants is termed indulgence. It could be observed that high permissiveness for disapproved moral, social or ethical behaviour and low, corrective measures at home most like show a positive correlation with anti-social and aggressive behaviour, particularly during the mid and later childhood. If forced to obey righteous authority, such children could turn rebellious.

Sometimes one or both parents seem always accept to indulge their child's smallest whims. In doing so, child may not inculcate a desirable standard of behaviour. Overindulged could be considered as spoiled, selfish, inconsiderate and demanding. Overindulged children also tend to be impatient. Their approach to address a problem could be in an aggressive and demanding manner.

Generally the importance and pampered status at home does not hold true in the outside world, which comes as a rude shock for indulged children. Confusion and difficulties in adjustment may occur, when reality forces them to reassess their assumptions about themselves and the world.

4. Parental Over-Expectations

Some parents place excessive pressure on their children to make them live up to standards set by them. Some parent expects their wards to super perform at school and other activities. In the case of children who have the capacity to perform exceptionally well, things may work out to the parents satisfaction. But for an average performing child it may be disastrous. As the child is unable to live up to his or her parents high expectations, his efforts seldom get parental approval and appreciation. This could lead to depression, wrong diversion, devalue expectations, or reduce motivation to perform.

It is normal or often important to have parental expectations vis-a-vis children. They help the child aim for a goal, which is good for his or her development. But expectations and demands that are too high

(or too low) or distorted and rigid, can be a major cause of the child's faulty development and maladjustment and negative assumptions about themselves and the world.

5.Faulty Discipline

Many parents still believe that if they spare the rod, they will spoil the child. Harsh discipline specially when it is consistent, may have a variety of harmful effects, such as hatred for the punishing person, curbing of initiatives or spontaneity and lack of empathy. It also tend to incite rebellion and socially deviant behaviourist children. Similarly inconsistent discipline makes it difficult for the child to imbibe stable values to guide his or her behaviour. When the child is punished once but ignored or reward the next time for the same behaviour, s/he may not understand appropriate behaviour. Parents must realise this and explain to the child, that it is the child's 'behaviour' that is approved or not approved but not the child itself. The child needs to learn the expected or acceptable behaviour in given context. Positive and consistent methods of discipline or rather interaction with child should be worked out to ensure acceptable behaviour

6.Favouritism

This arises from a variety of causes, which are more or less similar to those resulting in overprotection .The main causes:

a)If the child is better looking or more intelligent than the other siblings.

b)If there has been a sequence of girls and, finally, the much desired boy is born or otherwise, which is rare in our gender biased society.

The favoured child will encounter the problems related to overprotectiveness. On the other hand, the disfavoured child may feel resentment against the parents and perhaps, even towards the favoured child, showing little affection for them.

7. Maternal Deprivation

When infants are deprived of maternal stimulation as a result of separation from the mother, e.g. she could be a working woman or due to lack of adequate mothering at home; faulty development could be expected. Such situation is likely to arise where the infant does not receive the love or affection from someone else within or outside the family on regular basis while the mother is away. If the mother is unable to devote required attention to the child and, in the

process, if the child feels neglected or rejected whether it is intentional or not, the effects of such masked deprivation may be devastating. Mothers who reject or punish infants unreasonably or intentionally (or sometimes unintentionally) may cause tense, cranky and negative behaviour even at the early age.

8.Faulty-Family Patterns

A dysfunctional family lacks the resources, physical or psychological, for meeting demands with which functional families can satisfactorily fulfil. Such situation may arise from immaturity, lack of education, mental retardation, or other dysfunction of the parents. Such family usually cannot provide their children the feeling of safety and security they need, or adequately guide them in the development of essential competencies. In some disturbed or dysfunctional families, parents are always fighting to maintain their own equilibrium and are unable to give the child the much needed love and guidance. Parental conflict and general tensions are unfortunate conditions for the growing child. Divorcé has high probability to lead into feelings of insecurity, rejection and conflicting loyalties.

9.Failure in Communication

Parents who discourage their child from asking questions fail to foster the skill that is essential for healthy development of personality. Some parents are too busy with their own concerns to listen to their children. Consequently, they are unable to understand the conflicts and pressures their offsprings are facing. During a crisis, such parents often fail to give the desired support and assistance to their children. For example, a father may deplore lying and sermonise to his child, "Never tell a lie," while he himself is proved to lying at the slightest pretext. It is also a damaging communication pattern where parents, due to any prejudice, hypocrisy or misconception, contradict or undermine the child's statements and conclusions and the child is left confused and devalued as a person.

REACTIONS DUE TO FREQUENT AGRRESSION

Unsocialised aggressive children manifest characteristics like overt and covert hostility, disobedience, quarrelsomeness, temper tantrums, stealing etc.

Childhood depressive reactions and other emotional problems are

often masked among young children. For example, irritability, temper tantrums, intolerance, hyperactivity and sleep disturbances are common reflections of depressions among older children. Outburst of bad temper in a child is called a temper tantrums. Anger and frustrations are usually the basic cause of temper tantrums. Most children are constantly subjected to many frustrating experience. It is observed commonly in boys than in girls. Generally, when any male child throws a tantrums, he often screams, stamps his feet, kicks strikes people, curses, thrashes his arms around, throws himself on the floor, bangs his head, bites and throws things around.

Stealing

Young children have a natural desire to achieve what they want. In a pre-school child, taking away things without someone's knowledge could be considered as normal behaviour. But in a school-going child, that act will constitute stealing. Dishonesty shown by parents at home encourages the tendency to steal in children. In some cases, when parents fail to fulfil the necessary needs, then the child could turn to stealing.

Lying

A child may learn the habit of lying from people around him or her who are in the habit of lying or exaggerating their achievements. A child may also lie to win praise, gain prestige, boost ego, gain friends and to escape punishment or displeasure of parents.

Attention – Seeking Devices

Children adopt many attention seeking devices between the age of one and three. Attention seeking may take the form of bad behaviour that demands the attention of parents even at the risk of punishment. The constant demand for attention by the child from a busy or tired parent becomes a nuisance and is rebuffed by a rebuke or irritability. Few attention – seeking devices used by children could be – refusal of food, screaming when put to bed, refusal to lie down, refusal to sit on the potty-box, with holding of urine and faeces, the deliberate passage of urine or stool on the bed or in the room, head banging, head rolling, teeth grinding, non-interest in school work, and excessive obstinacy and the like. However, these could also be caused due to genuine reasons which the child may not be able to explain or express. In other words, sometimes parents are not able to

understand a child below 3 years old therefore, parents need to be careful while drawing line between genuine problem or attention seeking device.

SOLUTION-

BEHAVIOUR MODIFICATION TECHNIQUE

Behaviour modification originated as a technique based on operant conditioning, combinations of behavioural and cognitive approach are now the commonly used methods to bring about behavioural change. It is a therapeutic techniques based on the work of B.F.Skinner, a famous psychologist who is known as the 'father of Behaviourism.'

These techniques could be used where the parent or family is not dysfunctional or destroyed.

REINFORCEMENT FOR POSITIVE BEHAVIOUR

Play method

It is assumed that in play method a child will express his or her feelings about problems, parents, teachers and peers. This helps the adult therapist establish rapport with a youngster. A play –therapy room is equipped with puppets, blocks, games, puzzles, drawing materials, paints, water, sand, clay, toy guns, soldiers and a large inflated rubber clown to punches. These toys help children vent their inner tension and concerns.

Family therapy

Children usually live with parents and siblings, with whom their lives are inextricably linked. Therefore, therapist examine and attempt to alter the pattern of interaction in families, rather than treating the troubled child or young adolescent alone. The child's problem has been caused or is sustained by disturbed relationships within the family may have abdicated his responsibilities.

Token Economies

The rule of the token economy are carefully framed and explained to the child. These clearly state the medium of exchange; the small routine tasks like eating, self-care, etc to be rewarded and by what number of tokens; the items and privileges that can be purchased and for how many tokens. The number of tokens earned by the child can be equated with the degree of desired behaviour that he or she manifests; the number of tokens earned and the way they are spent are largely upto the child. These tokens tend to bridge the gap

between the institutional environment and the demands and rewards encountered in the outside world.

Games

The development of motor skills is essential for participation in group activities during childhood. The child who does not achieve proficiency in skills like cycling, ball playing, skipping or gymnastics is likely to be left on the fringe of group activities. Successful learning of motor skills has an effect on personality development. Children gain personal satisfaction and a feeling of achievement from well-executed physical activities and the ability to complete successfully with others. Running, climbing and jumping games are not only popular but also foster coordination and efficiency of movements.

Role models (parents and teachers)

An acceptable pattern of behaviour will be most rapidly and effectively acquired under the dual influence of models and differencing reinforcement. Children will value and reflect the behaviour of models they consider to be of high credibility. Moreover, they will react more favourably to the reinforcement provided by these “high – credibility” person. Parents will find that the behaviour of children can be dramatically changed and subsequently controlled when models are used in ways that allows for imitation by youngsters.

Fostering Creativity

Training fosters creativity. It is possible to train a child to develop creativity. If freedom of exploration and decision is granted to a child, he or she starts moving towards creativity. The child should be kept in mind that children with loving parents tend to accept parental attitudes and thus becomes somewhat conformist in nature. Parents who are too rigid, on the other hand, may encourage a rebellious attitude in their children that will tend to independent thinking and action. The main components of creativity are-involving discovery, awareness, memory involving, retention and storage of information where the emphasis is on the use of the given information to produce the best responses.

CONCLUSION

The paper has examined most likely causes of aggression as well as proposed tested approach i.e Behaviour modification to address the

aggression. Mismanagement of aggression could lead to serious consequences. A strong relationship between parents and children is among the biggest factors for success and future well-being of a family –both parents and siblings. Parents need to develop some understanding of their child's personality, as his or her talents, interests and aspirations mature. With this understanding, they can assist the child in aiming more accurately towards his or her goals, thus help in fulfilling their objectives which could potentially solve the aggression issues

If not catered properly, consistently and strongly, then the conflicts between the two generations could expand further with aggressiveness. The result could be communication –gap, lack of understanding, imposing decisions, restrictions, etc. Most importantly, it may lead to lack of empathy, healthy and cohesive relation within family resulting in stressed and unhappy society we live in. Aggression must be addressed with appropriate approach at the social and emotional growth and development stage to ensure amiable inter-personal and intra-personal relations of the child. This would play a significant role in laying the critical foundation for entire life course.

Overall, the scared relation between parents and children needs to be understood, cherished, and developed with sense of devotion from both side. It needs continues and consistent effort from parents and family to ensure reciprocal and acceptable behaviour from children.

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A CASE STUDY OF ANANDABAJAR ANGANWADI CENTRE, BHUBANESWAR

Subhasish Khanda

Lecturer, BS B.Ed. College of Women in Social Action,
Jhargram, WB

ABSTRACT: Children are the wealth of tomorrow and valuable human resource of a country to meet the various challenges. Early Childhood Years is a time of achieving optimal physical growth and psychological development. Anganwadi was started as a part of ICDS play a vital role towards the society by its multipurpose functioning like as fighting against child hunger and malnutrition. This system is mainly managed by the Anganwadi worker, a health worker from the local community. The present case study was conducted at Anandabajar Anganwadi Pre-School Center, Bhubaneswar, to find out the teaching learning process, nutritional care, health care facilities, curricular and co-curricular activities and Early Childhood Education system followed in the Centre which make it unique than other pre-schools. Simple random sampling as well as purposive sampling techniques is used for sample selection. Unstructured interview and participant as observer are two tools used for collection of data from students, parents, staff members, doctor and CDPOs'. The data of present study was analyzed both quantitatively as well as qualitatively. This study reflect that the Anganwadi center provides all necessary facilities like pre-school education, regular health checkup and nutritional care, to the children of age group 3-6years. Center also provides health checkup, meeting on health care practices and medication facilities for adolescent girls. Regular health checkup and financial support are provided for both mother and child on installment basis. Supplementary food and medication facility are also provided to lactating women. Apart from all of this, the center must be equipped with minimum facilities for development of children.

Keywords: Anganwadi, ICDS, Malnutrition, Pre-School Education System, Early Childhood Years.

Introduction

“Children are the wealth of tomorrow, takes care of them, if you wish to have a strong India who will be ready to meet the various challenges”.-Jawaharlal Nehru.

Children are the future and valuable human resource of a country. Every welfare state formulate policy and design programmes to ensure each and every child to be born safe, lead a healthy life, stay protected and be developed socially as well as mentally. Government of India is implementing various schemes and programmes for the benefit of the children. The national policy for children formulated by Government of India in 1974 described children as “supremely important assets”. The state should provide adequate services for children both before and after birth, and during the growing stages for their full physical, mental and social development. The measures suggested include amongst others a comprehensive health programme,

Early Childhood Years is a special time and place in human life cycle. It is the foundation of human life to achieve optimal physical growth and psychological development. Early Childhood Care and Development (ECCD) are important for survival, growth and development of child. The term growth and development shall have qualitative dimension. It is not intended only to physical growth or health but also mental, emotional, cognitive and social development. The first eight years of childhood are critically important and the physical growth in positive environment leads to proper mental progress and this is invariably related for the better performance in early education. Hence Early Childhood Care and Development and Early Childhood Care and Education are the two sides of the same coin.

Anganwadis are India's primary tool against the scourges of child malnourishment, infant mortality and curbing preventable diseases such as polio. While infant mortality has declined in recent years, India has the world's largest population of malnourished or under-nourished children. It is estimated that about 47% of children aged 0–3 are under-nourished as per international standards. In the present scenario every fifth young child in the world lives in India. Every second young child in India is malnourished. Three out of

four young children in India are anemic. Every second newborn in India is at risk of reduced learning capacity due to iodine deficiency. Anganwadi center also ensure that regular health checkups of adolescent girls between the age group of 11 to 19 years and preschool education to children who are between 3 to 6 years old.

The word **Anganwadi** means "courtyard shelter" in Indian languages. They were started by the Indian government in 1975 as a part of the Integrated Child Development Services (ICDS) programme to fighting child hunger and malnutrition. A typical Anganwadi center also provides basic health care in Indian villages. It is a part of the Indian public health-care system. The Anganwadi system is mainly managed by the Anganwadi worker (AWW). She is a health worker chosen from the local community and given 4 months training in health, nutrition and child-care. The Ministry of Women and Child Development has laid down certain guidelines regarding responsibilities of Anganwadi Workers (AWW). Anganwadi workers are supervised by a Supervisor called Mukhya sevika. Mukhyasevikas are headed by a Child Development Projects Officer (CDPO).

Anganwadi workers need to provide care for newborn babies as well as ensure that all children below the age of 6 are immunized or in other words have received vaccinations. Also expected to provide care for pregnant women and ensuring that they are immunized against tetanus. In addition to this they must also provide post natal care to nursing mothers. They motivate families to adopt family planning, educate parents about child growth and development, assist in the implementation and execution of Kishori Shakti Yojana (KSY) to educate teenage girls and parents by organizing social awareness programme.

India is a country suffering from overpopulation, malnourishment, poverty and high infant mortality rates. In order to counter the health and mortality issues gripping the country there is a need for a high number of medical and healthcare experts. Unfortunately India is suffering from a shortage of skilled professionals. Therefore through the anganwadi system the country is trying to meet its goal of enhanced health facilities that are affordable and accessible by using local population. In many ways an Anganwadi worker is

better equipped than professional doctors in reaching out to the rural population. Firstly since the worker lives with the people she is in a better position to identify the cause of the various health problems and hence counter them.

Rationale of the study

The present study is a case study which is designed to obtain pertinent and precise information concerning with reference to Teaching Learning process, Curricular as well as Co-curricular activities, Nutritional care as well as Health care facilities and Early Childhood Education system followed in Anandabajar Anganwadi Centre which make it unique preschool and different from other preschools of Bhubaneswar.

Statement of the problem

'A Case Study of Anandabajar Anganwadi Centre, Bhubaneswar'.

Operational definitions of the key terms

1. **Anganwadi**: Anganwadi worked as a component of ICDS, play a vital role towards the society by its multipurpose functioning like as fighting against child hunger, malnutrition, taking care of adolescent girls, new born babies and their mothers.
2. **Preschool Children**: In this study the term refers to pre-school children in the age group of 3-6 years.

Objective of the study

To find out the teaching learning process, nutritional care, health care facilities, curricular and co-curricular activities and Early Childhood Education system followed in Anandabajar Anganwadi Centre which make it unique from other pre-schools.

Delimitation of the study

The present study was delimited to students of Anandabajar

Anganwadi Centre, Bhubaneswar. This study was also delimited to the parents & staff members related to Anandabajar Anganwadi Centre, Bhubaneswar.

Review of Literature

As a source of information gathered for channelizing the study, printed materials and published materials were helpful and investigatory to frame a broad outline for the study. “The survey of Related Literature is a crucial aspect of the planning of the study and the time spent in each survey invariably is a wise investment”(Mouly, 1967). There are many studies conducted by many researchers in this area, some of the studies which are particularly relevant to this topic have been reviewed and major findings are presented in a tabular form.

Sl no	Name of the study/ paper/ research topic	Name of researcher and year	Major findings
01	A study on the prevalence of Under-nutrition and its determinants in anganwadi children of Malappuram district, Kerala	Shibulal, A. (2013)	<ul style="list-style-type: none"> ● It is found that the rates of under nutrition, stunting and wasting were found to be high among beneficiaries of ICDS program. ● There is no difference between male and female but rural children were better than the urban ones. ● Rate of under-nutrition tends to increase with age of child, birth order, lower social class, and lower levels of immunization and tend to decrease with reported birth size, increasing maternal age, better maternal education and better socio-economic status.

02	Barriers in accessing child development programme in Daringbadi Block	Tripathy, M. K. (2011)	<ul style="list-style-type: none"> ● There are so many social, cultural , economic, geographical barriers in successful implementation of Child Development and Mother's Health Programme like ICDS. ● Distance of AWC from home is first barrier. ● Poverty and illiteracy is another cause behind ignorance for child development. ● Lack of infrastructure and resources in AWC ● Lack of rapport among AWW, community people and stakeholders. ● Early marriage and unscientific pregnancy care leads to develop low weight and malnourished baby. ● Lack of quality training for AWW on regular basis.
03	Assessment of Preschool Education Component of ICDS Scheme in Jammu District,	Dhingra, R. & Sharma, I. (2011)	<ul style="list-style-type: none"> ● Study revealed inadequate infrastructure and teaching learning material in the AWC. ● AWCs are lacking in basic facilities like infrastructure space, Indoor and outdoor space for conduct of preschool activities, Toilet facilities and Teaching learning material.
04	An observational study to assess the health status of pre-school children in selected Rural Anganwadi centers at Bangalore	Mahadeva, S. R.K. (2008)	<ul style="list-style-type: none"> ● The study reveals about the General health status of the pre-school children who are attending Anganwadi centers and to prepare the health teaching modules which would help the Anganwadi workers as a manual to care of their children.

05	Impact assessment/ evaluation of ICDS programme in the state of Orissa.	Dash, N.C. et al. (2006)	<ul style="list-style-type: none"> ● Pregnant women received regular health check-ups ● Very less amount of children received complete immunization. ● AWWs and AWHs are busy with different other duties assigned by government. ● Food is not supplied regularly.
06	Nutritional health and pre-school education status of children covered under the ICDS scheme in Orissa	Indian Institute for Social Development (IISD), New Delhi. (2003)	<ul style="list-style-type: none"> ● The quality of food supplied in the pre-school was very poor and unhealthy for children ● Most of the residents of the communities had not any idea and knowledge regarding ICDS scheme. ● Majority of respondent were illiterate

Method

The decision about the method depends upon the nature of the problem selected and the kind of data necessary for its solution. Case study method was used in this study. The study attempts to find out the teaching learning process, nutritional care, health care facilities, curricular, co-curricular activities and Early Childhood Education system followed in the Anandabajar Anganwadi Centre.

Population and Sample

In the present study researcher has considered all students of Anandabajar Anganwadi Centre as the population of the study. But for the purpose of sampling students of Anandabajar Anganwadi Centre were selected through simple random sampling technique for analysis.

Tools

For the present study unstructured interview and participant as observer two tools were used for collection of data from students, parents, staff members, doctor and CDPO

Procedure of Data Collection

The Investigator visited the Anganwadi preschool on different occasions and got relevant information through meeting with students and took part in different activities with them and collected necessary information as participant observer. He met with parents, staff members, doctors, CDPOs and conducted unstructured interview for collection of relevant information regarding his study. The investigator met the Heads of different departments and took permission for collection of data. At the beginning of interview process, the researcher had explained to them about the aims and objectives of regarding study.

Techniques of Data Analysis

The data of present study was analyzed both in quantitative as well as qualitative methods as per the objective of the study.

The analyses of the data was conducted by using frequency and percentage to describe the availability and conditions of different facilities on different situations and critical narrative description was made in a descriptive form.

Analysis and Interpretation

The data were analyzed as per the objective of the study. The major objective of the study was to find out the teaching learning process, nutritional care, health care facilities, curricular and co-curricular activities and Early Childhood Education system followed in the Anandabajar Anganwadi Centre, Bhubaneswar.

The researcher analyzed the data by using frequency and percentage to describe the availability of different facilities. And critical narrative description was made in a descriptive form.

Teaching Learning Process

The teaching learning process in the Anganwadi center begins at 9:30 AM. To attend classes children of local community came to the center at 9:30 AM in proper uniform (Pink coloured dress). At the beginning children prayed in the presence of Anganwadi Worker and Anganwadi Helper. First of all children sang and prayed in

odiya, followed by national anthem. For effective teaching learning process, Anganwadi Worker followed the guide book “ARUNIMA” and the process is carried out through mother tongue. Beside the mother tongue children also learn basic English. Mainly the teaching learning process is carried out through the play way and activity based process. Story telling method has proved one of the very effective method for this level. Students are used to play on the ground for their physical development. It is also observed that Anganwadi Worker uses different teaching strategies as per the requirement and they conduct most of the curricular and co-curricular activities (guided by ARUNIMA) as per schedule. It is also found that there are different committee for the sake of children and these committees are regularly monitoring all activities of the center. Parents, teachers and administrators meet with each other on regular intervals for the betterment of the center. It is also found that the Anganwadi center has different resource materials for teaching learning but the availability of those items are very limited. As per the order of honorable Supreme Court, the physical punishment practice in educational institutes are strictly banned but unfortunately still it is practiced by Anganwadi Worker to maintain the discipline in the center.

Nutritional Care

Table- 2: TIFFIN

DAYS	MON	TUE	WED	THURS	FRI	SAT
TIME(AM)	9:00-9:30	9:00-9:30	9:00-9:30	9:00-9:30	9:00-9:30	9:00-9:30
ITEMS	SPROUTED GRAINS, POPPED RICE	CHURA, SPROUTED GRAINS	SPROUTED GRAINS,PO PPED RICE	SPROUTED GRAINS, POPPED RICE	SPROUTED GRAINS, POPPED RICE	CHURA, SPROUTED GRAINS

Table 2, indicated that every school days a tiffin was provided to children between 9 AM to 9:30 AM. The table also expressed that every day sprouted grains are provided to children as it contains a large amount of protein.

Table- 3: HOT LUNCH MEAL

DAYS	MON	TUE	WED	THURS	FRI	SAT
TIME (PM)	12:30-1:00	12:30-1:00	12:30-1:00	12:30-1:00	12:30-1:00	12:30-1:00
ITEMS	RICE, DALMA	RICE, SOYABEAN	RICE,EGG	RICE,DALMA	RICE,EGG	RICE,EGG

Table 3, reveals that hot lunch was also provided to the children at around 12:30 PM. Table also explains that a proper menu chart is followed in the Centre. The menu chart stated that proper diet is provided to children through providing of both vegetarian as well as non-vegetarian ingredients on different days according to menu. Protein reach soyabean as well as egg is provided according to menu. Different vegetables are also provided as ingredient of dalma, which help proper growth and development of children.

Health Care

Table- 4: FINANCIAL ASSISTANCE FOR PREGNANT WOMEN

Amount	1500/-	1500/-	1000/-	1000/-
Period	During pregnancy(7 th month)	After birth (3 rd month)	6 th month	9 th month

Table 4, reveals that Anganwadi center has taken care of pregnant women of the local community. Pregnant women are getting financial support during their pregnancy period from government and Anganwadi center played an important role as the channel to assist them. Pregnant women are getting total amount of Rs. 5000/- in 4 installments. At the 7th month of pregnancy they get Rs. 1500/-, later after the birth of baby (3rd month) again Rs. 1500/-, on 6th month (age of baby) Rs. 1000/- and finally on 9th month (age of baby) Rs. 1000/-.

Table- 5: ASSISTANCE FOR ADOLESCENCE GIRLS

	Items	Frequencies
Medication	Albendazol tablet	Twice /Year
	Iron tablet	Ones/Month
	Vitamin tablets	Thrice /Year
Health checkup	Height	Ones/Month
	Weight	Ones/Month
	Blood Pressure	Ones/Month
	Anemia	Thrice/Year
Sanitary napkins		Fifteen/ Year

Table 5, stated that Anganwadi center provides assistance to adolescent girls through medication, health checkup and supply of necessary sanitary napkins. This table revealed that for the proper growth and development of adolescent girls medications against worms, iron tables and vitamins are provided on regular intervals. Height, weight and anemic conditions are recorded on regular intervals as the part of health care and to maintain safe and infection free reproductive health care, sanitary napkins are also provided from the Anganwadi center.

Table- 6: MEETING FOR STUDENTS

Committee/ meeting	Participants	Members	Duration	Function
Mother committee	Children Mother (rotation)	6	One /Month	1. To check the quality of food. 2. To check the menu of tiffine & hot meal.
Janch committee	Parents (rotation)	6-7	One /Month	1. To check occurrence of activities according to the daily activity schedule for the Anganwadi center. 2. To check daily used playing material. 3. Cleanliness of children & sitting area. 4. Conduct home visit to convince the parents/guardians of irregular & absent children.

Pusti Dibas Meeting		students	15 th day of every month	1. Weight measurement. (medication for underweight children) 2. Vaccination programme 3. Discussion about improvement of health and nutrition.
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Table 6, indicated that different committees were formulated in the Anganwadi center and different meetings were conducted on different occasions for the sake of children. Mother committee is managed by mothers of children attending the center. This committee is governed by 6 members and they supervised the work for one month, then new committee is formed with others. The main function of this committee is to check the qualities of food and whether the menu of lunch as well as tiffin is followed strictly or not. Similar as mother committee, Janch committee is governed by parents of children attending the Anganwadi center. This committee is also managed by 6 or 7 members and supervise the work for one month, then new committee is formed with others and the process is continued on rotation basis. The major responsibilities of this committee are to conduct home visit and convince the parents/guardians to send children to the center on regular basis & to minimize student absenteeism. This committee also look out the implementation and effectiveness of teaching learning process followed in the center. This committee also supervised the cleanliness of the surroundings and students also. This table also indicated that for the sake of children Pusti Dibas meeting is conducted on every 15th day of every month. In this day weight measurement is taken for all children and medicine is provided by the doctor to the children having underweight; necessary vaccine was also supplied to the children on that specified date. On that day a discussion was conducted with parents and local community members for the improvement of health and nutrition of children and adolescent girls.

Early Childhood Education

The curriculum is designed using games, songs, stories, indoor & outdoor activities, workbook etc. as a base for giving education to the children. Traditional games are modified as educational games. The children are fully engaged in learning in a free & joyful atmosphere.

Early Childhood Education (ECE) has been described as: a form of applied child development, purposeful and targeted early intervention, or any of an array of services designed to support the learning and development of children in the first years of life. ECE makes a positive contribution to children's long-term development and learning by facilitating and enabling stimulating environment in these foundation stages of lifelong learning. Early childhood education refers to services provided during the period from birth to the age of compulsory schooling.

Early Childhood Education (ECE) is an indispensable foundation for lifelong learning and development, and has critical impact on success at the primary stage of education. The ECE programme at early childhood stage helps to ensure opportunities for holistic learning and growth. It also includes efforts to inform and educate parents about child development, child-care alternatives, and approaches to develop social, cognitive, and language skills among preschool children. However, over the years it has been observed that the practical realities are different and most of the ECE programmes offered by various mushrooming preschool centers do not have appropriate approaches and infrastructure for the holistic development of young children.

The following different teaching strategies are used in the Anganwadi center for all-round development of children.

Table- 7: TEACHING STRATEGIES USED IN THE ANGANWADI CENTER

METHOD	ACTIVITIES	FUNCTION ON ECCE
Story telling	<u>Mina Bazar</u> Mina is a child, she went to the market with her mother to buy vegetables.	Provides basic knowledge about various vegetables, their shape, size and colour.
	<u>Mankara-o-topiwala</u> (Monkey and a cap seller).	Provides basic knowledge about cap, about the animal monkey, provide knowledge how the seller use his presence of mind in extreme condition.
	<u>Minara-mithai-khia</u>	Provide knowledge about the identification of different sweet and their colour, preparation of sweet of different shape and size.
Play way	<u>Pani-khela</u> (Playing with water)	Eye and muscle coordination development
	Bali-khela (Playing with sand)	Number counting, drawing skill, finger and muscle coordination
	Nama khela (Playing with names)	Information retention power development, development of communication skill
Singing & Dancing	Any patriotic song in a group and dance on that song	Development of speech, pronunciation, muscular and physical development,
Drawing	Anything which they can draw by their own	Colouring of different items. Help to develop nervous and muscular coordination Help to develop the difference between different colours and their proper use
Number Counting	Upto 50.	Developing memory power and retention power of information.
Alphabet writing	Both in Odiya and English	Develop writing skill, develop muscular development, develop retention power

Table 7, states that for the holistic and all-round development of pre-primary level different teaching methods are used according to the needs of the children. Above-mentioned methods are focusing on the proper growth and all-round development of children to make them ready for formal education system. The main emphasis is given on activity based play way teaching strategy at this level.

Analysis of unstructured interview of different staff members

MEMBERS	COMMENTS
AWW (Dipika Tripathi)	She said that the anganwadi center is mainly for the children of the residence of Anand Bazar Basti. The majority of the people of the basti are daily laborers, parents went to their work very early morning, the elder sibling of the family take care of the children and they send their children to the center at around 9 am. Though the ICDS scheme has the major aim to provide nutritional as well as educational care of those children, they provide the morning tiffin to the children at 9.30 am before the school started. The school starts will a prayer (both odia and national anthem) and then the children are provided tiffin. She told that she was mainly using story telling method for the holistic development of children. She also undertakes different games which help to develop physical and motor development, language development, and cognitive development of children. She told that a guide book “ARUNIMA” helps her and guides her to conduct the activities. She also told that in the center children learn drawing, dancing, singing, writing etc. She also told that, children who have attended pre-school classes at least for 6 months (150 days) or more a certificate is given

MEMBERS	COMMENTS
	<p>to those children. The certificate will be as per the Govt. guidelines. She also told that children are provided work book in the pre-school class. The work book is two types part I & II. Part I will be used by 3 to 4 years & part II will be for 4 to 6 years children. The work book will be kept in AWC. The children will be given the work book for use as per curriculum .i.e. One day in a week. She kept all workbooks after the use. She also told that apart from this she is compelled to do many other works by the govt. like as census, election duty, BPL entry, voter entry etc.</p>
AWH (Milu Mehar)	<p>She told that she is giving her service in this center since 4 years. Every day morning she opens the center and cleans the surroundings then she started preparing the tiffin as well as hot lunch meal. She keeps the drinking water along with glasses in the Anganwadi center. She makes arrangements for water, soap & towel at the Anganwadi center for hand washing & other needs. She also brings the children from their respective home those are unwilling to attend the center. During the starting of the school she rings the bell and then she distributes tiffin to the children. She also helps children to take that food and then she washes the utensils and makes herself busy for preparation of lunch. After completion of her work at around 12:30 pm she served hot lunch meal to the children according to the menu. Later she washes all utensils and cleans the area and at the end closes the center at around 1:30 pm. She also told that the total strength of the center was 30, but they have</p>

MEMBERS	COMMENTS
	very less amount of kitchen facilities and utensils to use. She also told that the area is so congested that she faces difficulty during preparation of food. She also assists Anganwadi worker, to maintain discipline during schooling session and absence of Anganwadi worker.
MOTHER COMMITTEE MEMBER (Binita Panigrahi)	She told that there were 6 members in this committee including her. They attend school rotation wise and every day one of them is present in the school to checks different activities in school, like as to the quality of food and the menu of hot meal.
CDPO (Niharika Dash)	She told that 20 centers are there under her supervision. She visits each and every school minimum once a month. She checks the attendance Vs. enrollment & discusses the reasons of deviation; also checks the availability of teaching & learning materials, availability of record & register. Her work is to check the functioning of the center and inform the worker about the new schemes as well as policies. She also told that she informs the higher authority regarding the problem and barriers on functioning of centers. She is also involved in training programme of AWW & AWH. She also conducts home visit to convince the parents/guardians of irregular & absent children.
DOCTOR (Dr. Monalisha Panda)	She said that she is visiting the center since 2 years. She visited the center once every month. Her duty is to do health checkup of children attached to the center. She checks their weight, height, as well as whole body. She also conducts

MEMBERS	COMMENTS
	vaccination programme for children, She identifies and gives medicine to the underweight children. She also conducts meeting with parents and advices parents about the improvement of children, feeding habits and guides parents about proper nutritional care for children. She also told that her duty is to do regular health checkup of adolescent girls of that basti and gave them necessary instruction for their health. She is distributing Albendazol tablet,(twice /year) as well as vitamin and iron tablet among adolescent girls. If any children having any major difficulty then she referred her to the government hospital (Capital Hospital) for further treatment.

Analysis of unstructured interview of parents

Parents are happy due to availability of free basic education to their children and also for the provision of nutritional care for children's growth and development. Mothers committee attended the center to check different activities.(Quality of food and the menu of hot meal)

Analysis of unstructured interview of students

Most of the children are interested to attend the center to play with their friends and for its nutritional facilities.

Reflection and Conclusion

In the present study the investigator found that to fulfill the objectives of ICDS, Anganwadi center has taken a very important role and provides all necessary facilities to the children, adolescet girls, and pregnant women, and lactating women. In the Angalwadi center children of age group 3-6 years get pre-school educational facilities, regular health checkup facilities, nutritional care, as well as develop physically, emotionally, and socially for entering in to formal school system.

Anganwadi center also provides regular health checkup facilities for the adolescent girls and also conducts meeting and discussion on health care practices, it also provides medication facilities to adolescent girls.

For the pregnant women it conducts health checkup programme and also provides financial support to them for taking care of both mother and child.

Anganwadi center provides the facilities to the residents of that particular locality so for the betterment of the center local people also take part in the development of the center through regular monitoring and discussion among staff, parents, community peoples and administrative staffs.

After several visit to the specific Anganwadi center the investigator has finally come to a conclusion that children need love and care as well as proper nutritional provision for their survival. Anganwadi centers serve a very vital role in the development of children and make them ready for the formal education system. It provides intrinsic motivation, experience and interest among them while engaged in activities during preparatory phase of formal schooling. It also takes care of adolescent girls, future mothers, lactating mothers to reduce the child mortality rate and takes care of malnourished children. All in all at the end it can be said that Anandabajar Anganwadi Centre must be equipped with minimum facilities for the holistic development of children.

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पूर्व बाल्यावस्था में मूल्य शिक्षा

विजय श्री

व्याख्याता

संत जेवियर्स कॉलेज आफ एजुकेशन, पटना

बच्चे ईश्वर का रूप हैं। बच्चा माता-पिता को ईश्वर द्वारा दिया गया अनमोल भेंट है। बच्चे के अंदर के ईश्वर को बनाए रखने के लिए माता-पिता, गुरुजनों आदि द्वारा विशेष देखभाल किए जाने की आवश्यकता है। बच्चा भविष्य में एक अच्छा मानव बने इसकी शुरुआत उसके जन्म के पूर्व से ही देखभाल और उचित शिक्षा-दीक्षा के रूप में की जाती है। बच्चे को सारी सृष्टि के लिए बहुमूल्य शिक्षा व उपयोगी बनाने हेतु पूर्व बाल्यावस्था में मूल्य शिक्षा देने की आवश्यकता है। इस समय मूल्यों को पढ़ाया नहीं जाता, बल्कि बच्चे की देखभाल इस तरह से की जाती है कि वह मूल्यों को आत्मसात कर अपने आचरण में ला सके। पूर्व बाल्यावस्था जीवन का स्वर्णिम काल है। इस समय का सदुपयोग कर मूल्यों का बीजारोपण बच्चे के हृदय स्थल पर आसानी से किया जा सकता है। जैसे – माता मदालसा ने पालने में लोरी गाकर अपने बच्चों को मूल्य शिक्षा प्रदान किया। बालक ध्रुव, प्रह्लाद, अभिमन्यु, अलर्क, विवेकानंद, गाँधी, ए.पी.जे. अब्दुल कलाम आदि इसके जीवंत उदाहरण हैं। प्रस्तुत अध्ययन प्राचीन भारतीय परिवार में बच्चों को दी जा रही मूल्य शिक्षा का अवलोकन कर वर्तमान भारतीय परिवार तथा समाज के मार्गदर्शन का एक प्रयास है।

मूल शब्द (Key words): ईश्वर, बच्चा, माता-पिता, मूल्य शिक्षा

पूर्व बाल्यावस्था में मूल्य शिक्षा

"Keep your thought positive, because your thought become your word.

(अपने विचार सकारात्मक रखें क्योंकि आपके विचार ही आपके शब्द बनते हैं।)

Keep your word positive, because your word becomes your behaviour.

(अपने शब्द सकारात्मक रखें क्योंकि आपके शब्द ही आपका व्यवहार बनते हैं।)

Keep your behaviour positive, because your behaviour becomes your habit.

(अपने व्यवहार सकारात्मक रखें क्योंकि आपके व्यवहार ही आपकी आदत बनते हैं।)

Keep your habit positive, because your habit becomes your value.

(अपनी आदत सकारात्मक रखें क्योंकि आपकी आदत आपके मूल्य बनते हैं।)

Keep your value positive, because your value becomes your destiny."

अपने मूल्य सकारात्मक रखें क्योंकि आपके मूल्य आपका भाग्य बनते हैं।)

- M.K. Gandhi
(मो.क.गाँधी)

मूल्य संबंधी गाँधी जी के उपर्युक्त बहुमूल्य वचन के आधार पर विचार से भाग्य तक पहुँचने का रास्ता निम्न रूप से दर्शाया जा सकता है:



चित्र: जीवन के सफर की रेलगाड़ी

जिस प्रकार रेलगाड़ी हमें अपने गंतव्य स्थान तक पहुँचाती है, उसी प्रकार हम भविष्य में क्या बनेंगे? यह इस बात पर निर्भर करता है कि हम आज क्या सोचते और विचार करते हैं? रेलगाड़ी के डिब्बे की तरह हमारे विचार, शब्द, व्यवहार, आदत, मूल्य और भाग्य आपस में जुड़े हुए हैं। पहले गाँधी जी के तीन बंदर हमें बुरा मत देखो, बुरा मत सुनो तथा बुरा मत कहो का उपदेश देते थे। पर आज एक चौथे बंदर का उपदेश की जरूरत है जो हमसे कहे कि 'बुरा मत सोचो'। 'एक आइडिया जो बदल दे आपकी दुनिया' की तरह ही एक सही सोच (सकारात्मक विचार) हमारा जीवन बदल देगा। इसलिए तो गर्भवती माँ को हमेशा अच्छा सोचने के लिए कहा जाता है, ताकि शिशु के विकास पर अच्छा प्रभाव पड़े।

एलिजाबेथ बी. हरलॉक ने अपनी 'बाल विकास' संबंधी पुस्तक में विकास की निम्नलिखित पाँच प्रमुख अवस्थाएँ बतायी हैं:

1. जन्मपूर्व अवस्था (Prenatal Period)– गर्भधारण से जन्म लेने तक की अवस्था।
2. बचपन (Infancy)– जन्म से लेकर 10 - 14 दिनों तक की अवस्था।
3. शैशव (Babyhood)– 2 सप्ताह से लेकर 2 साल तक की अवस्था।
4. बाल्यावस्था (Childhood)– 2 साल से लेकर किशोरावस्था तक की अवस्था। इसे मुख्यतः निम्न दो भागों में बाँटा जाता है–
(क) पूर्व बाल्यावस्था (Early Childhood)– 2 साल से 6 साल तक की अवस्था।
(ख) उत्तर बाल्यावस्था (Late Childhood)– 6 साल से लेकर लगभग 13 साल तक लड़कियों में तथा 14 साल तक लड़कों में।
5. वयः संधि या यौवनारंभ (Puberty) – 11 साल से लेकर 16 साल तक की अवस्था।

उपर्युक्त पाँच प्रमुख बाल विकास की अवस्थाओं में से पहली अवस्था (जन्मपूर्व अवस्था) में भ्रूण (embryo) विकास को प्रभावित करने वाले कारकों में से हरलोक ने निम्नलिखित ग्यारह (11) कारक मुख्य माने हैं:

1. माता का आहार (Maternal Nutrition) - माँ यदि संतुलित आहार लेगी तो बच्चे का संतुलित विकास होगा।
2. विटामिन की कमी (Vitamin Deficiency) - विटामिन C, B -6, B-12, D, E तथा K की कमी से जन्मपूर्व भ्रूण का विकास प्रभावित होता है।
3. माता का स्वास्थ्य (Maternal Health) - माँ के स्वास्थ्य का बच्चे पर सबसे अधिक प्रभाव पड़ता है। इसलिए माँ को शारीरिक, मानसिक, भावात्मक तथा सामाजिक रूप से स्वस्थ बनाए रखना पूरे परिवार व समाज की जिम्मेदारी है। कई संक्रामक रोग (Rubella, AIDS आदि) माँ से बच्चे को होने का खतरा बना रहता है इसलिए सावधानी बरतने की आवश्यकता है।
4. RH कारक (RH - Factor) - माँ और पिता का रक्त प्रकार विशेषकर पॉजिटिव और निगेटिव होने का कारण RH- Factor का होना और नहीं होना है। भ्रूण माँ के रक्त से ही पोषण पाता है। ऐसे में यदि माँ और भ्रूण के रक्त का प्रकार RH - Factor के कारण अलग-अलग हो तो भ्रूण की कोशिकाएँ (cells) क्षतिग्रस्त (damage) हो सकती हैं, यहाँ तक कि भ्रूण की मृत्यु भी हो सकती है।
5. दवा (Drug) - माँ को बिना डॉक्टर से सलाह लिए कोई दवा नहीं खानी चाहिए क्योंकि दवा का भ्रूण के विकास पर प्रभाव पड़ता है।
6. X-Ray तथा रेडियम (X-Ray and Radium) - किसी भी तरह के रेडिएशन का भ्रूण पर प्रभाव पड़ सकता है, इसलिए डॉक्टर की सलाह से ही कोई जाँच करानी चाहिए।

7. शराब (Alcohol) – शराब तथा किसी भी मादक पदार्थ का माँ द्वारा सेवन करने से भ्रूण के शारीरिक और मानसिक विकास पर गलत प्रभाव पड़ता है।
8. तंबाकू (Tobacco)– तंबाकू का किसी भी रूप में माँ द्वारा सेवन किए जाने या उस दवा में साँस लेने से भ्रूण की हृदय गति (Heart rate) तथा रक्त पर गलत प्रभाव पड़ता है।
9. माँ की आयु (Maternal Age)– 21 साल से पहले नारी का प्रजनन तंत्र (Reproductive System) पूर्ण रूप से परिपक्व (Mature) नहीं होता है तथा प्रजनन संबंधी हार्मोन (Hormone)की सक्रियता भी कम रहती है। इसलिए 21 साल से पहले माँ बनने वाली स्त्री तथा बच्चे की जान का खतरा अधिक होता है। भारत में माँ और बच्चे की मृत्यु दर के अधिक होने का एक प्रमुख कारण कम उम्र में माँ बनना भी है।
10. माँ का संवेग (Maternal Emotions) – माँ यदि किसी चिंता, तनाव आदि से किसी भी रूप से दुःखी है तो इससे भ्रूण को 'रक्त-जनित चिंता' (blood-borne anxieties) से ग्रस्त होने की समस्या बढ़ जाती है। इससे बच्चे के विकास पर गलत प्रभाव पड़ता है; इसलिए हर हाल में माँ को खुश रखना सारे परिवार व समाज की जिम्मेदारी है।
11. गर्भाशय में एक से अधिक संतान (Uterine Crowding) माँ के गर्भ में एक से अधिक संतान रहने पर भ्रूण के सामान्य विकास (normal development) पर गलत प्रभाव पड़ता है।

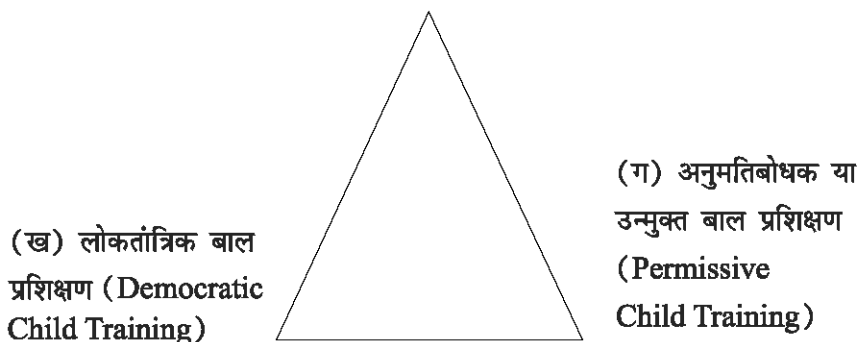
उपर्युक्त कारकों के अलावा हरलॉक ने निम्नलिखित छह (6) परिस्थितियों का उल्लेख किया है; जिनसे बाल विकास की नींव मजबूत बनती है:

1. अनुकूल अंतरव्यक्तिक संबंध (Favorable Interpersonal Relationships) एक व्यक्ति का दूसरे व्यक्ति के साथ अच्छा संबंध; विशेषकर परिवार के सभी सदस्यों का आपस में प्रेमपूर्ण व्यवहार होने से बच्चे का सकारात्मक विकास होता है। माता-पिता तथा परिवार के सभी सदस्यों के प्रेम व सहयोग से

बच्चा खुद को सुरक्षित महसूस करता है। इससे उसके व्यक्तिगत और सामाजिक गुणों का समुचित विकास होता है तथा किसी भी परिस्थिति में खुद को ढालने की क्षमता (समायोजन-व्यक्तिगत व सामाजिक) बढ़ती है।

2. संवेगात्मक स्थिति (Emotional States) – माता-पिता के बीच अनबन, परिवार व माता-पिता से अलगाव या मिली उपेक्षा का बच्चे के व्यक्तित्व के विकास पर गलत प्रभाव पड़ता है। संवेगों (प्रेम, भूख, खुशी आदि) का समुचित विकास होने से बच्चा संवेगात्मक रूप से स्थिर व्यक्तित्व वाला व्यक्ति बनता है।
3. बाल-प्रशिक्षण विधियाँ (Child-Training Methods) माता-पिता व परिवार बच्चे के पालन-पोषण, प्रशिक्षण आदि का कौन सा तरीका अपनाते हैं? इसका बच्चे के व्यक्तित्व पर गहरा असर पड़ता है। मुख्य रूप से बाल-प्रशिक्षण की विधियों को तीन भागों में बाँटा जा सकता है, जिसे निम्न प्रकार से दर्शाया गया है:

(क) अधिकारवादी बाल प्रशिक्षण (Authoritarian Child Training)



चित्र: बाल-प्रशिक्षण विधियाँ (Child Training Method)

- (क) अधिकारवादी बाल प्रशिक्षण – एक चीनी कहावत (Chinese Proverb) है कि – ‘जैसे हम तने को मोड़ेंगे वैसे ही पेड़ भी झुकेगा’ (‘As the twig is bent, so the tree's inclined’) इसी कहावत पर अमल करते हुए जब माता-पिता अपने हिसाब से तय किए गए मानकों या नियमों पर चलने

के लिए बच्चों को बाध्य करते हैं या बच्चे के व्यवहार को उसी दिशा में मोड़ते हुए प्रशिक्षित करते हैं तब यह अधिकारवादी बाल प्रशिक्षण कहलाता है। माता-पिता बच्चे को अपने बनाए साँचे में ढालने के लिए कई बार भय दिखाने और दण्ड देने का भी तरीका अपनाते हैं। माँ-बाप की महत्वाकांक्षा पूरा न कर पाने के कारण बच्चे तनाव, कुण्ठा आदि के शिकार होकर कई बार मादक पदार्थ सेवन, आत्महत्या आदि गलत कदम भी उठा लेते हैं।

(ख) लोकतांत्रिक बाल प्रशिक्षण-माता-पिता बच्चों के दृष्टिकोण से समझने व देखने का प्रयास करते हैं। वे बच्चों को अपने विचार व्यक्त करने का अवसर देते हैं। वे उनपर नियमों को थोपते नहीं, बल्कि जीवन में नियमों पर चलने की आवश्यकता संबंधी उचित मार्गदर्शन करते हैं। बच्चों को यह स्वतंत्रता होती है कि वे नियम संबंधी अपने भाव-विचार व्यक्त कर सकें और यदि वे नियमों में बदलाव या सुधार चाहते हैं तो अपना पक्ष सबके सामने रखें। यदि माता-पिता बदलाव की आवश्यकता समझेंगे तो वे बच्चे के पक्ष से सहमत होकर निर्णय देंगे अन्यथा बच्चे से मिल बैठकर बातचीत द्वारा विकल्प तलाशेंगे। इस तरह बच्चे माँ-पिता के सामने खुलकर अपनी बात रख सकते हैं तथा अपने जीवन की समस्या का समाधान करने में उनका उचित मार्गदर्शन भी प्राप्त कर सकते हैं, इसलिए इसे लोकतांत्रिक बाल प्रशिक्षण विधि कहते हैं। इससे बच्चे एक सुलझे व संतुलित व्यक्तित्व वाले बनते हैं तथा जीवन की समस्या का समाधान करने में सक्षम बनते हैं।

(ग) अनुमतिबोधक या उन्मुक्त बाल प्रशिक्षण-यह वास्तव में प्रशिक्षण नहीं है, बल्कि उसका एक अलग ही रूप है क्योंकि इसमें माता-पिता ने बच्चों को पूरी छूट दे रखी है, कि वे जो चाहे कर सकते हैं। इससे बच्चे अपनी करनी का फल खुद भोगते हैं। यदि वे अपनी गलती से सीख कर दुबारा गलती न करें तथा सुधर जाए तब तो ठीक है नहीं तो परिणाम जानलेवा भी हो सकता है। यह शिक्षाशास्त्री रूसो के नकारात्मक शिक्षा (Negative Education) के प्राकृतिक परिणामों द्वारा अनुशासन से (Discipline by Natural Consequences) मिलता जुलता है। जैसे-गलती करने पर प्रकृति दंड देती थी

वैसे ही यहाँ बच्चा गलती करेगा तो खुद भोगेगा। इस तरह के बाल प्रशिक्षण को अनुमतिबोधक या उन्मुक्त कहते हैं। इससे बच्चे कभी-कभी तो अपनी गलती से सौख्य कर सुधर जाते हैं; तो कभी हृदय से ज्यादा बिगड़ भी जाते हैं। ऐसे बच्चों में उत्तरदायित्व की भावना (Sense of Responsibility) का अभाव रहता है। वे अपने संवेगों तथा भावनाओं (emotions and Feeling) को नियंत्रित न कर पाने के कारण जीवन में कई बार असफल रह जाते हैं।

बच्चे के समुचित विकास के लिए न तो अधिकारवादी की तरह कठोर नियंत्रण की आवश्यकता है और न ही अनुमतिबोधक की तरह खुली छूट देने की। बदलते समय की माँग है कि, माता-पिता लोकतांत्रिक तरीका अपनाते हुए बच्चों को जीवन की सही दिशा की ओर मार्गदर्शित करें।

4. पूर्व भूमिका निभाना (Early Role-Playing)-घर के पहले बच्चे से माँ-बाप की उम्मीद काफी बढ़ जाती है। वे उससे आशा करते हैं कि वह घर की सारी जिम्मेदारियों को एक-एक कर उठाने लगेगा इसलिए शुरू से ही उसके नन्हें कन्धों पर घर के छोटे-मोटे काम, छोटे भाई-बहनों की देखभाल आदि का भार डाल दिया जाता है। इससे बड़े बच्चों में अपने छोटे भाई-बहनों की अपेक्षा अधिक आत्मनिर्भर होने की प्रवृत्ति पायी जाती है। बाद में आगे चलकर दूसरों को हमेशा अपने हिसाब से चलाने की आदत के रूप में भी दिखायी देती है। इस प्रकार शुरू में जिस तरह की भूमिका बच्चा अपने घर-परिवार समाज में निभाता है उसका असर उसके पूरे जीवन व व्यक्तित्व पर पड़ता है।

5. बाल्यावस्था पारिवारिक संरचना (Childhood Family Structure)-जो बच्चे बड़े परिवारों या संयुक्त परिवारों में पलते बढ़ते हैं; उनकी सोच व व्यवहार में अधिकारवाद ज्यादा दिखलायी पड़ता है; बजाए उन बच्चों के जो एकल या छोटे परिवार से आते हैं। परिवार की संरचना तथा परिवार के लोगों के व्यवहार का प्रभाव बच्चे के व्यक्तित्व पर गहरी छाप छोड़ता है; क्योंकि बच्चे बड़ों को देखकर व अनुकरण करके कई व्यवहारिक बातें, भाषा आदि सीखते हैं।

6. पर्यावरण-संबंधी उद्दीपन (Environmental Stimulation) बच्चे के विकास में वंशानुक्रम (Heredity) तथा वातावरण (Environment) दोनों का हाथ होता है। विकास वंशानुक्रम तथा वातावरण के गुणनफल के बराबर होता है। इसे गणितीय भाषा में इस प्रकार लिखा जा सकता है-

विकास = वंशानुक्रम x वातावरण

Development = Heredity x Environment

$$D = H \times E$$

बच्चे के आसपास का वातावरण ऐसा बनाया जाए जो उसके अंदर सीखने की रुचि उत्पन्न करे तो बच्चा बहुत जल्दी आसानी से शब्दों, अंकों आदि को प्रयोग करना सीख लेता है। जैसे - बच्चे से बात करना, उसे कहानियाँ सुनाना या चित्रों के माध्यम से पूरी कहानी को दिखाना, शब्दों व अंकों को कविताएँ करके (अभिनय के साथ) दिखाने से बच्चे स्वाभाविक रूप से सीखने को प्रेरित होंगे। इस तरह से वातावरण बच्चे के शारीरिक, मानसिक आदि विकास के पहलुओं को पूरी तरह से विकसित करने में उद्दीपक (stimulant) का कार्य करता है।

हरलॉक ने उपर्युक्त बिंदुओं में विकास को प्रभावित करने वाले जिन ग्यारह (11) कारकों तथा छह (6) परिस्थितियों का उल्लेख किया है वे हमारे प्राचीन ऋषि मुनियों द्वारा आदर्श गृहस्थ आश्रम के पालन के रूप में दिखलाए गए हैं। यदि माता-पिता अपने गृहस्थ धर्म का पालन अच्छे से करें तो वे आदर्श गृहस्थ कहलाएँगे तथा उत्तम संतान को प्राप्त करेंगे। भारतीय सनातन धर्म की यह मान्यता है कि व्यक्ति का दो बार जन्म होता है- एक बार अपनी माता के गर्भ से तथा दूसरी बार संस्कार से। शास्त्रों में इस संबंध में कही गयी उक्ति प्रसिद्ध है-

“जन्मना जायते शूद्रः संस्काराद् द्विज उच्यते॥”

अर्थात् जन्म से सभी शूद्र पैदा होते हैं, संस्कार से ही द्विज (द्वि= दो, ज = जन्मलेना या 'दूसरा जन्म') या ब्राह्मण कहलाते हैं।

‘संस्कार’ शब्द की व्युत्पत्ति इस प्रकार है- ‘सम् + कृ + घञ’। इस शब्द का प्रयोग अच्छा करना, शुद्ध करना, सुन्दर करना, शिक्षण, प्रशिक्षण, अनुशीलन, आभूषण, शोभा, संस्कृति, स्वरूप, स्वभाव,

प्रभाव, छाप, शुद्धिक्रिया, अभिषेक, धार्मिक अनुष्ठान, विचार, भावना, धारणा, कार्य का परिणाम, नया आकर्षक रूप प्रदान करना आदि विभिन्न अर्थों में होता है। दर्शनशास्त्र के अनुसार संस्काररूपी बीज के अनुरूप कर्मरूपी वृक्ष उत्पन्न होते हैं और वैसा ही फल भी देते हैं। उदाहरण के लिए जंगल में एक सूखा पेड़ निर्जीव खड़ा रहता है। लकड़हारा उसको काटकर बड़ई को सस्ते मूल्य में बेच देता है। फिर बड़ई उसको काटता है, छीलता है, तराशता है और उसके सारे दोषों एवं गाँठों को दूर करके अपने औजार और कला से उसमें गुण डालता है, उसे संस्कार देता है, उसकी गुणवत्ता बढ़ाता है, उसको प्रयोग के योग्य बनाता है, उसकी आवश्यकता व उपयोगिता को सिद्ध कर उसका मूल्य बढ़ाता है। कुछ दिन पहले जो निर्जीव सा पड़ा था, अब वह जीवन्त हो उठता है। इस प्रकार संस्कृत करने की यह क्रिया ही संस्कार कहलाती है। मीमांसादर्शन के सूत्र की व्याख्या में शबर स्वामी ने 'संस्कार' शब्द का अर्थ इस प्रकार किया है—

‘संस्कारो नाम स भवति यस्मिञ्च पदार्थो भवति योग्यः
कस्यचिदर्थस्य’

अर्थात् संस्कार वह है, जिसके होने से कोई पदार्थ या व्यक्ति किसी कार्य के योग्य हो जाता है। व्यक्ति में जो कार्य संस्कार का है, समाज में वही कार्य संस्कृति का है। संस्कार व्यक्ति को सुधारता है तो संस्कृति समाज को। पशु से मानव बनाने का कार्य संस्कार करते हैं तो समूह से समाज बनाने का कार्य संस्कृति करती है। अतः संस्कार नींव के पत्थर हैं, जिनकी आधारशिला पर संस्कृति का विशाल भवन खड़ा किया जाता है।

प्राचीन भारत में व्यक्ति का जन्म से मरण तक का जीवन संस्कारों से संस्कृत होता रहता था। मुख्य रूप से भारतीय परिवार तथा समाज में निम्नलिखित सोलह (16) संस्कार मान्य हैं:

1. गर्भाधान संस्कार-वर-वधु के विवाह के बाद वधु द्वारा गर्भधारण करने का संस्कार। जैसे -किसान जमीन में बीज डालने से पहले जमीन की मिट्टी को ठीक कर तैयार करता है उसी प्रकार इस संस्कार में गर्भ तथा बीज संबंधी दोषों को दूर करने के लिए मंत्र पढ़े जाते हैं तथा हवन किया जाता है।

2. पुंसवन संस्कार – स्त्री में जब गर्भधारण करने के लक्षण प्रकट होने लगे तब गर्भधारण के दूसरे-तीसरे महीने में पुत्र उत्पन्न होने के उद्देश्य से यह संस्कार किया जाता है। इसमें गर्भवती माँ द्वारा हवन-पूजन के बाद प्रसाद रूप से खीर-खिलाया जाता है। इसके पीछे उद्देश्य होता है कि गर्भ में भ्रूण स्वस्थ रहे। भ्रूण के स्वास्थ्य को ध्यान में रखते हुए गर्भिणी स्त्री को औषधि (दवा) के रूप में वट वृक्ष की जटा के मुलायम सिरों का टुकड़ा, गिलोय तथा पीपल की कोपल को पानी से साथ पीसकर घोल तैयार कर पिलाया जाता है। गर्भ की पूजा परिवार के लोगों द्वारा की जाती है तथा माँ के लिए अनुकूल वातावरण खान-पान, आचार-विचार आदि का निर्धारण किया जाता है। इस प्रकार गर्भस्थ शिशु के समुचित विकास तथा गर्भिणी को गर्भ की जिम्मेदारी उठाने के लिए यह संस्कार शारीरिक, मानसिक, भावात्मक तथा सामाजिक रूप से परिवार सहित तैयार कहता है।
3. सीमन्तोन्तन संस्कार – गर्भाधान के चौथे, छठे या आठवें महीने में यह संस्कार होता है। इसमें पति पत्नी की पूरी सेवा करके – उसके सिर में तेल लगाकर, कंधी कर उसके तथा गर्भस्थ शिशु के स्वास्थ्य की कामना करते हुए उसे आश्वस्त करता है कि जब हमारे संतान होने का समय आएगा और तुम स्वयं अपना काम करने योग्य नहीं रह जाओगी तब मैं अपने पूरे परिवार के सदस्यों के साथ तुम्हारी देखभाल करूँगा। इस अवसर पर सभी गर्भस्थ शिशु को आशीर्वाद देते हैं तथा उस शिशु को ईश्वर का प्रतिनिधि मानकर उसके समुचित विकास के लिए अपना कर्तव्य पालन करने का संकल्प लेते हैं। इसमें सबसे पहले कर्तव्य पालन का संकल्प माँ लेती है कि वह अपना आहार-विहार, चिंतन, सोच आदि सही रखेगी। हर हालत में खुश रहेगी और नकारात्मक संवेग (क्रोध, ईर्ष्या, भय आदि) तथा विचार अपने मन में नहीं आने देगी। इसके बाद पति-परिवार समाज को भी अपना कर्तव्य पालन करने का संकल्प लेना चाहिए और माँ का ध्यान रखना चाहिए।
4. जातकर्म संस्कार – यह संस्कार संतान के जन्म होने पर नाल (placenta) काटने से पहले का है। इसमें पिता मंत्रों को पढ़ते हुए घी तथा शहद के मित्रण से संतान के जीभ पर 'ॐ' मंत्र लिखता है तथा दाएँ कान में मंत्र (वेदोऽसीत – तेरा गुप्त नाम

वेद है) बोलता है। इसके बाद पिता नाल-छेदन करता है, संतान को आशीर्वाद देता है, उसका सिर चूमता है और कहता है - 'तुम मेरे एक-एक अंग के रस से पैदा हुए हो, मेरे हृदय के पिण्ड हो। मेरे ही हृदय के विचार, आचार संस्कार तुम्हारे जीवन में आये हैं। मेरी ही आत्मा का नाम अब संतान रखा जा रहा है। तुम्हारे रूप में मैं ही प्रकट हुआ हूँ। तुम सौ वर्ष तक जीते रहना। पत्थर के समान दृढ़ हो, परशु के समान दुष्टों का नाश करो, शुद्ध सोने के समान पवित्र रहो।'

5. नामकरण संस्कार - जन्म के दसवें, बारहवें या किसी भी शुभ दिन संतान का नाम रखा जाता है जिसे नामकरण संस्कार कहते हैं। जीवन में नाम का विशेष महत्त्व है। नाम व्यक्ति की पहचान है। 'यथा नाम तथा गुण' - 'जैसा नाम वैसा गुण' की उक्ति को सत्य करता नाम ऐसा रखना चाहिए जो सुंदर, सार्थक, मांगलिक एवं प्रभावशाली हो क्योंकि नाम का व्यक्ति के जीवन में बड़ा गहरा प्रभाव पड़ता है।
6. निष्क्रमण संस्कार - जन्म के दूसरे या चौथे महीने में संतान को पहली बार सूर्यदर्शन के लिए जब घर से बाहर निकाला जाता है तो उसे निष्क्रमण संस्कार कहते हैं। सूर्य गतिशीलता, प्रकाश, तेज, उष्णता तथा ज्ञान का प्रतीक है। उसकी किरणें संसार में जीवन संचार करती हैं। संतान में भी ऐसे ही गुण विकसित हो तथा वह ज्ञानवान व समाज के लिए परोपकारी बने ऐसे उद्देश्य को ध्यान में रखकर यह संस्कार किया जाता है।
7. अन्नप्राशन संस्कार-जन्म के छठे महीने से आठवें महीने के बीच दही, शहद एवं घी मिला अन्न पहली बार संतान को खिलाने का संस्कार अन्नप्राशन है। अन्न ब्रह्म है तथा उसका संतान के शरीर से गहरा संबंध है। 'जैसा खाए अन्न वैसा होए मन'-इस उक्ति को ध्यान में रखकर संतान के स्वास्थ्य का ध्यान रखा जाता है।
8. मुण्डन या चूडाकर्म संस्कार - पहले या तीसरे साल में संतान के पहली बार सिर के बाल उतारने संबंधी संस्कार मुण्डन कहलाता है। यह किसी देव स्थल या पवित्र नदी के तट पर किया जाता है ताकि वहाँ के दिव्य वातावरण का लाभ संतान को

मिले तथा उसका मानसिक विकास व्यवस्थित रूप से आरंभ हो जाए। संतान में अच्छे विचार तथा सद्गुण आए ऐसी भावना की जाती है।

9. उपनयन या यज्ञोपवीत संस्कार - 'उपनयन' शब्द का अर्थ समीप ले जाना है। जब संतान को गुरु के समीप ले जाते थे तब गुरु उसका उपनयन संस्कार करते थे और शिष्य के रूप में उसे अपने ज्ञान रूपी गर्भ में धारण करते थे। शिष्य भी मन, वचन तथा कर्म से गुरु की आज्ञा पालन करने का संकल्प लेता था।
10. वेदारम्भ या विद्यारम्भ संस्कार - गुरु के पास बैठकर ईश्वर का ध्यान करते हुए जीवन में शिक्षा के महत्त्व को स्वीकार कर जब संतान वेद पढ़ना या विद्या पढ़ना शुरू करता है तब ज्ञान संस्कार का बीजारोपण होता है। शिष्य को अपनी पहली गुरु माँ, फिर पिता तथा गुरु के प्रति सच्ची श्रद्धा तथा विश्वास रखते हुए विद्यार्थी के कर्तव्यों का पालन करना पड़ता है।
12. समावर्तन-विद्याध्ययन के बाद ब्रह्मचर्य आश्रम पूरा कर शिष्य गुरु को गुरुदक्षिणा देकर गृहस्थाश्रम में प्रवेश करने की अनुमति लेता है ताकि जो भी उसने गुरुकुल में सीखा उसे अपने दैनिक जीवन में उपयोग में ला सके। आजकल विश्वविद्यालय की पढ़ाई समाप्त होने पर किया जाने वाला दीक्षान्तसमारोह समावर्तन संस्कार का ही अनुकरण-सा है।
13. विवाह संस्कार - 25 साल तक ब्रह्मचर्य के बाद अगले 25 साल तक गृहस्थ आश्रम का पालन करने के लिए दो आत्माओं के पवित्र मिलन से संबंधित संस्कार विवाह है, जिसे मानव के जीवन में सबसे महत्वपूर्ण संस्कार माना जाता है।
14. वानप्रस्थ संस्कार - 50 साल के बाद 51 साल की संख्या इक्यावन (51) वन जाने की सूचना देती है। यह समय है अपनी जिम्मेदारियों से मुक्त होकर उत्तरदायित्व संतान के हाथ में सौंपकर मोह, आसक्ति आदि को दूर करने का। यह लगभग 25 साल तक अर्थात् 51 से 75 साल तक की अवधि का होता है।
15. संन्यास संस्कार - 75 साल की आयु के बाद सबसे विरक्त

16. होकर ईश्वर के समीप, बैठने का संस्कार संन्यास है।
अन्त्येष्टि या अंतिम संस्कार – यह मानव का अंतिम संस्कार है। इसमें पंचतत्त्वों से बने शरीर को फिर से पंच तत्त्वों में विलीन कर दिया जाता है जैसा रामचरित मानस में कहा गया है-

“क्षिति जल पावक गगन समीरा।
पंचतत्त्व रचित अधम सरीरा॥”

अर्थात् धरती, पानी, आग, आकाश और वायु-इन पाँच तत्त्वों से मिलकर मानव शरीर बना है। इस प्रकार उपर्युक्त 16 संस्कार मानव के जन्म के पहले से आरंभ होकर मृत्यु तक चलते हैं। मिट्टी के बनते हुए बर्तन में जो चित्र खींच दिया जाता है वह चित्र कभी नहीं मिटता। इसी तरह मनुष्य के बचपन में या गर्भ में स्थित रहने पर जो संस्कार डाला जाता है, वह अमिट हो जाता है। इस संबंध में निम्नलिखित महापुरुषों के जीवन का उदाहरण प्रस्तुत किया जा सकता है:

1. बालक ध्रुव – माता सुनीति तथा विमाता (सौतेली माँ) सुरुचि के वचन तथा नारद जी जैसे गुरु के उपदेश से मात्र पाँच वर्ष की आयु में ही उन्होंने आत्म साक्षात्कार तथा ईश्वर साक्षात्कार कर लिया तथा अपने नाम ध्रुव अर्थात् दृढ़ निश्चय को सत्य साबित किया।
2. बालक प्रह्लाद – हिरण्यकशिपु जैसे राक्षस की संतान होते हुए भी अपनी माँ कयाधू के गर्भ में ही देवर्षि नारद के उपदेश से उनके अंदर विष्णु भक्ति के संस्कार व मूल्य इतने गहरे पनपे कि वे ईश्वर को छोड़कर और किसी की चर्चा करते ही नहीं थे। हर तरह की परीक्षा में पास होकर उन्होंने नृसिंह देव का दर्शन प्राप्त किया।
3. अभिमन्यु – महान धनुर्धर अर्जुन के पुत्र अभिमन्यु ने अपनी माँ सुभद्रा के गर्भ में ही पिता द्वारा बताए गए चक्रव्यूह के भेदन की सब विधियाँ सीख ली पर माँ के सो जाने के कारण बाहर निकलने की विधि न जान सके। पर जितना उन्होंने सीखा उससे बढ़कर युद्ध कौशल का प्रदर्शन महाभारत में करके वीरगति को प्राप्त हुए।

4. अलर्क - मानव शिशु जन्म लेते ही रोना प्रारंभ कर देते हैं, यदि उसी समय से कोई संस्कार डाला जाय तो वह भी अमिट हो जाता है। इसका जीवन्त उदाहरण शिष्टाचार, सदाचार, पतिभक्ति, धर्मज्ञान, बालमनोविज्ञान और लोकव्यवहार की विदुषी माता मदालसा हैं। इन्होंने अपने तीन पुत्रों को रोने के समय पालने में लोरी सुनाते हुए ही आत्मज्ञान का उपदेश देकर विरक्त बना दिया था। मार्कण्डेयपुराण में उनका कथन निम्न प्रकार से वर्णित है-

“शुद्धोऽसि रे तात न तेऽस्ति नाम कृतं हि ते कल्पनयाधुनैव।
पञ्चात्मकं देहमिदं तवैत-नैवास्य त्वं रोदिषि कस्य हेतोः॥ ”

अर्थात्, ‘हे तात! तू तो शुद्ध आत्मा है, तेरा कोई नाम नहीं है। यह कल्पित नाम तो तुझे अभी मिला है, यह शरीर पाँच भूतों का बना हुआ है। न यह तेरा है, न तू इसका है। फिर किसलिए रो रहा है? मदालसा ने पति के अनुरोध पर अपने चौथे पुत्र अलर्क को एक योग्य राजा बनने से संबंधित संस्कार व मूल्य प्रदान किए।

5. मीरबाई - बालिका मीरबाई को उनकी माँ के गर्भ में ही भागवत कथा सुनने का सौभाग्य मिला। फिर माँ ने ही उन्हें बताया कि उनके पति गिरधर गोपाल हैं। माँ से मिले भक्ति के संस्कार व मूल्य उनके बाल हृदय में ऐसे गहरे बैठ गए कि उन्होंने अपने आप को पूर्णरूप से गिरधर गोपाल के चरणों में समर्पित कर दिया। इससे संबंधित उनका प्रसिद्ध पद उनकी प्रेम भक्ति को उजागर करता है- “मेरे तो गिरधर गोपाल दूसरे न कोई। जाके सिर मोर मुकुट मेरो पति सोई॥”
6. रामकृष्णपरमहंस - इनके बचपन का नाम गदाधर था। बालक गदाधर को माता-पिता से जन्म से ही भक्ति के संस्कार व मूल्य मिले थे। बचपन में नाटक में शिव की भूमिका निभाते वे स्वयं ध्यानमग्न हो जाते हैं। उनकी एकाग्रता, सरलता तथा भक्ति के कारण ही माता काली ने उन्हें साक्षात् दर्शन दिए थे। इसके बाद उन्होंने विभिन्न धर्मों के देवी-देवताओं का साक्षात्कार किया।

7. विवेकानंद – विवेकानंद के बचपन का नाम नरेन्द्र तथा पुकारू नाम बिले था। बालक बिले जब शरारत करते तो माँ भुवनेश्वरी देवी उन्हें नहलाने लगती। वे सिर पर पानी डालते जाती और शिव-शिव मंत्र का जाप करते जाती। इससे बिले तुरन्त शान्त हो जाते तथा स्वाभाविक ही ध्यानमग्न हो जाते थे। इसी तरह एक बार माँ ने उन्हें सिखाया कि दरिद्र में भी नारायण का रूप होता है। फिर तो उन्होंने अपना कंबल दरिद्र में बाँट दिया। माँ के दिए मूल्य व संस्कार इतने, गहरे थे कि उन्होंने मानव सेवा को ही ईश्वर सेवा बना दिया। आज सभी युवाओं के आदर्श बनकर वे युवाओं को लक्ष्य प्राप्त करने को प्रेरित करते हैं-‘उठो, जागो और अपनी लक्ष्य प्राप्ति होने तक रूको मत।’
8. महात्मा गाँधी-गाँधी जी ने अपनी आत्मकथा-‘सत्य के प्रयोग’ में दो नाटकों का उल्लेख किया है जो उन्होंने अपने बचपन में देखी पर जिसकी अमिट छाप उनके पूरे जीवन पर पड़ी। इनके नाम हैं-‘पितृभक्त श्रवण कुमार’ और ‘सत्यवादी राजा हरिश्चन्द्र’। इससे ही उन्होंने माता-पिता की भक्ति और सत्य के पालन के संस्कार व मूल्य सीखे। इसी तरह बचपन से उन्होंने अपनी माँ को चातुर्मास का कठिन व्रत पालन करते देखा और जीवन में व्रत पालन के मूल्य सीखे। उनकी धाय माँ रम्भा ने उन्हें डरने पर राम नाम लेने की सीख दी जिसका पालन उन्होंने जीवनपर्यन्त किया यहाँ तक कि उनके मुख से अंतिम शब्द के रूप में भी हे राम! ही निकला। पिता के मुख से बचपन में सुने गीता पाठ ने उनके अंदर गीता के तत्त्व को जानने की इच्छा उत्पन्न कर दी। उन्होंने गीता को माँ समान मानते हुए उसके अनुसार जीवन जीने का प्रयास किया। एक आम आदमी से महात्मा तक पहुँचने की उनकी यात्रा बचपन के संस्कार व मूल्य से ही शुरू होती है।
9. रवीन्द्रनाथ टैगोर-पिता महर्षि देवेन्द्रनाथ से प्राप्त शिक्षा तथा उनके साथ के भ्रमण ने बालक टैगोर के अंदर गुरुदेव बनने के संस्कार व मूल्य गहरे बिठा दिए। उनकी बहुमुखी प्रतिभा उनकी रचनाओं (गीतांजलि, शिक्षार हेर फेर आदि) तथा शांतिनिकेतन व विश्वभारती विश्वविद्यालय के रूप में हमारे सामने मूर्तिमान है।

10. ए.पी.जे. अब्दुल कलाम – बालक कलाम ने अपने 'बचपन के दिन' संस्मरण के माध्यम से यह सिद्ध किया है कि उन्हें अपने माता-पिता तथा शिक्षक से कितने उच्च संस्कार व मूल्य प्राप्त हुए जिसका अपने जीवनपर्यन्त उन्होंने पालन किया। 'सादा जीवन और उच्च विचार' के जीवन्त उदाहरण बनकर वे 'मिसाइल मैन' के रूप में हमें आगे बढ़ने की प्रेरणा देते हैं।

उपर्युक्त महापुरुषों के अलावा भी कई ऐसे महापुरुष भारत की इस धरती में पैदा हुए हैं जिन्होंने अपने परिवार से प्राप्त संस्कार और मूल्यों को जीवन में धारण कर अपने मानव जीवन के उद्देश्य को पूरा किया है। आज का भारतीय परिवार उनके जीवन्त उदाहरण से सीख लेकर अपने बच्चों को संस्कार व मूल्य शिक्षा देकर बहुमूल्य मानव बना सकता है। जैसे-हीरे को खान से निकालने के बाद सफाई करके तराशा जाता है, जिससे वह बहुमूल्य बन जाए; वैसे ही बच्चे को विभिन्न संस्कारों और मूल्य शिक्षा के माध्यम से बहुमूल्य मानव बनाया जा सकता है।

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