CHAPTER 5

MAJOR FINDINGS

5.0 Introduction

After the Analysis and interpretation now we shall discuss about the major findings of the study, their implications and suggestions. Findings is based on the objectives of the study, these objectives are as follows:

1) To find out the activities of Anganwadi Centres for children

2) To find out its impact on the physical and sociological development of a child

3) To find out its contribution on the nutritional and health status of children

4) To find out the opinion of parents towards Anganwadi

The major findings are based on the above objectives.

5.1 Activities Provided by the Anganwadi Centres.

Based on the first objective “To find out the activities of Anganwadi Centres for children”

The main goal for the Anganwadi centres is to bring about a joyful learning to a child, they also provide enjoyable, enriching and stimulating environment for holistic development of children, so these centres provide the non formal education for children between the age of 3-6 years and consider education as one of the most important services under the ICDS program and the type of education or services that they provide under the early Childhood Care and Education (ECCE) are the early childhood stimulus and the early childhood education.
The activities for the development of basic cognitive skills like the sense of touch, sense of taste, sense of smell, sense of sight and sense of hearing were taught at the centres. Memory and observation, sequential thinking, classification, grouping, categorization, reasoning and problem solving is practiced at the centres. The centres conduct a 3 hours preschool for these children at the average of 25 days a month.

It was also found that activities like the Language development which includes listening, vocabulary, oral expression, reading and writing. Physical and Motor Development like walking, skipping, catching, throwing, hopping, relay race etc. is used here. The activities for the development of the basic concepts like the concepts of colour which include colour dominoes, colour blocks, colours cards, paintings, free conversation, colour name, games, rhymes and riddles. The concept of shape which include shape dominoes, shape games, shape cards, free play, clay work, drawing, painting, pasting, drawing, painting, pasting. Psycho social development, creativity and science exposure were used at the Anganwadi centres.

5.2 Physical and Social development of a child.

Based on the second objective “To find out its impact on the physical and sociological development of a child”

It was found out that these children who went to the Anganwadi centres are far more better compare with those children who never attend the centres, because the centres provide education which is helpful to children. All the activities which bring about the all round development of a child like the social, physical, mental development were taught at the centre. The teaching of 3 R’s, preparation of different activities like creative expression through arts, aesthetic appreciation, social development etc makes them aware of the fact of life. Because the Anganwadi Worker (AWW) teaches the development of Basic Concepts like the concept of time, space, temperature, as well as the concept of the environment like the natural environment, physical environment, and social development it provide awareness about all these to young children. As the centres provide such activities it creates the interest of the children to come regularly.
It was also find out that during the teaching process the AWW follows the thematic approach while preparing their classes. The AWW also create an atmosphere of sharing, loving, and caring each other. Gross Motor Coordination over the movement of the large muscles of the body such as thighs, legs, arms, etc all these activities which includes the out door games and physical exercises help to bring about the impact on the social and sociological development of a child.

5.3 Nutrition and Health

Based on the third objective “To find out its contribution on the nutritional and health status of children”

Nutrition is the process by which a human body ingests digests, absorbs and utilizes nutrients presents in the food and disposes off the end products. Health then is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Therefore we can say that a child must have a good and balanced diet in order that they can be healthy and able to concentrate in their daily life.

It was found out that the Anganwadi centres provides food to the children and the type of food that they provide is cooked food and they sometimes provide ready to eat food. The food contains a balanced diet which is required by children of different age groups. While inquiring about the health status of the children before coming to the centre it was found that it was good, The Anganwadi also provided medical assistance to children like polio, immunization etc. in collaboration with the Health Department. The AAW also keep the Record Sheet of sick child, the centres administered the health to children between 1-5 years

It was also found that regarding the health and medical assistance that they are provided with a medicine kit for treating common ailments for children and for providing first aid in case of injuries and accidents. The cost if these Medicine Kit is Rs 600 which include the following medicines;
- Paracetamol Tablets
- Paracetamol Syrup
- Mebendazole Tablets
- Benzyl Benzoate (For Application)
- Chloramphenicol Eye Ointment
- Sulphacetamide Sodium Eye Drop
- Gention Violet
- Povidine Iodine Ointment and
- Absorbent Cotton Roll & Cotton Bandage

It was also found that the ICDS program has provided Nutrition and Health Services at the AWC these are as follows:

### 5.4 Nutrition Service under ICDS Program

- Supplementary Nutrition
  - i) Supplementary Feeding
  - ii) Prophylaxis against vitamin A deficiency and control of Nutritional Anaemia
- Growth monitoring
- Nutrition and Health Education

It was also found out that most of the parents allow their children for medical assistance provided by the centre, and there is a lot of improvement regarding the health status of a child after coming to the centre.

### 5.5 Opinion of Parents.

**Based on the fourth objective “To find out the opinion of parents towards Anganwadi Centres”**

Parents who sent their children to AWC found out the impact on them, their behavior has change completely after coming to the centre, they are more sociable with others, physically active as well as they learn many words and able to communicate with others too. Parents said that their children are more intelligent and inquisitive than before.
5.6 Problems faced by the Anganwadi Worker/Anganwadi Centres

The major problems faced by these AWW are that there is a lack of infrastructure most of them have to rely on using the premises of their own houses for the purpose. As Mylliem Block is situated within the urban areas so it has become a semi-urban area where lots of pre schools and play schools are run privately are mushrooming so most of these parents send their children to such schools rather than in Anganwadi Centres. It can be noted here that these centres need to have proper buildings, playground, small plot of land for gardening, toilets, water, etc. but almost all the centres suffer the same, this lead to malfunction of the Anganwadis.

Other problems faced by the AWC are as follows:

1) Skill training of Pre School Education caters only to a few seniors AWWs and AWHs.
2) Locally available Pre School Education materials cannot be given as the office does not provide chart paper, sketch pen, etc.
3) Overlapping of education by the education department and ICDS. (no enrollment of children).
4) Despite meager honorarium, the AWW has to see to the all round development of children, not only education new additional schemes have been added which will ultimately adversely affect the implementation of ICDS schemes by the over burdened AWW and AWH eg. SABLA for adolescent girls etc.
5) Up to date training methodology and content are not imparted to the LS who can teach the Anganwadi Worker and the Anganwadi Helper.