

Health and Nutrition Practices of Tribal Children During Early Childhood

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ABSTRACT

Early Childhood Care and Education (ECCE) supports children's survival, growth, development and learning including health, nutrition and hygiene, along with cognitive, social, physical and emotional development from birth to entry into primary school in formal, informal and settings. Parent involvement has been the topic of study for many researchers in the field of education. However, the more it is studied, the more it seems further research needs to be conducted. This paradox seems to exist due to the many different existing about parental involvement. Parent and community relationships have been inconsistently measured across various studies and research, thus not capturing a full perspective and picture of these relationships. New ways need to be utilized in order to better understand the relationships existing between families and schools. The significance in this study lied in its study of the perceptions of those chiefly involved in the education of children: parents and teachers. This study also provided an alternative view to an issue that has mostly been studied in purely qualitative manners such as field interviews and focus groups. The present study was conducted in anganwadies centres of Nizamabad and Kamareddy districts of Telangana state. The result reveals that there were significant differences in the health and nutrition practices followed in anganwadies among tribal children during early childhood.

Keywords: Tribal Children, Early child hood care, Anganwadies.

Early Childhood Care and Education (ECCE) is an indispensable foundation for lifelong learning and development, and have critical impact on success at the primary stage of education. It therefore becomes imperative to accord priority attention to ECCE and invest adequately by providing commensurate resources.

Early Childhood Care and Education (ECCE) supports children's survival, growth, development and learning - including health, nutrition and hygiene, and cognitive, social, physical and emotional development- from birth to entry into primary school in formal, informal and non- formal settings. Developmentally appropriate early stimulation programmes (for 0-3 year olds) and ECCE programmes (for 3-6 year olds), with integrated nutrition and health components are a critical investment for enhancing elementary education outcomes; laying a strong 72 foundation for cumulative lifelong learning and human

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Health and Nutrition Practices of Tribal Children During Early Childhood

development and also for intergenerational benefit towards ensuring social inclusion and equity. In India, ICDS is identified as a major programme to achieve the first goal of Education for All (EFA) i.e., universal provision of ECCE. It is the largest public provider of Early Childhood Care and Education. The Early Childhood Care and Education (ECCE) Scheme provides a free year of early childhood care and education for children of pre-school age. In general, children are eligible for the ECCE scheme if they are aged over 3 years 2 months and less than 4 years 7 months on 1 September of the year that they will be starting.

Early childhood refers to the first six years of life. This is acknowledged as the most crucial period, when the rate of development is very high and foundations are laid for cumulative lifelong learning and human development. There is growing scientific evidence that the development of the brain in the early years is a pathway that affects physical and mental health, learning and behavior throughout the life cycle. The idea of parent involvement is not a new concept. For decades paradigms have shifted with regards to involvement, and in the 21st century, active parents are considered to be a vital component of education by teachers and administrators alike. In the 1940s, attempts to involve parents focused on PTA attendance, homework monitoring, and signing homework and report cards to acknowledge the students had shown them to their parents. Parents were also called upon as fund raisers for the schools, helping to supplement government funding.

Objective

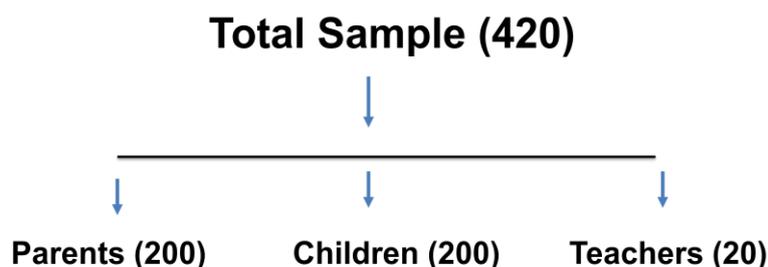
- To know the Health and Nutritional Practices of tribal children during early childhood Omg the tribal people.

Hypotheses

- i) There is no significant difference in the health and nutrition practices of tribal children during early childhood in relation to their parent's age.
- ii) There is no significant difference in the health and nutrition practices of tribal children during early childhood in relation to their parent's education.
- iii) There is no significant difference in the health and nutrition practices of tribal children during early childhood in relation to their parent's occupation.
- iv) There is no significant difference in the health and nutrition practices of tribal children during early childhood in relation to their type of family.
- v) There is no significant difference in the health and nutrition practices of tribal children during early childhood in relation to their size of family.
- vi) There is no significant difference in the health and nutrition practices of tribal children during early childhood in relation to their family income.

Sample Description / Sample Design

The sample for the present study consists of Anganwadi teachers, children and Parents from Nizamabad and Kamareddy districts of Telangana state. The Sample selection will be stratified random sampling method. From each mandal 5 anganwadies are selected, i.e one Anganwadi from each village comprising it to a total of 20 anganwadies. From each Anganwadi 01 teacher, 10 parents and 10 children are selected. Thus making the total sample as 420.



Tools for data collection

1. Structural Interview Schedule for Parents
2. Questionnaire for Anganwadi Teachers
3. Checklist of facilities of Anganwadi centres
4. Checklist of observation of inmates (children) at Anganwadi centres.

The researcher prepared the tools with the help of experts from psychology, education and sociology departments. As per the suggestions of the experts, the final tools were prepared and reliability and validity was established.

Hypothesis testing

To test the above hypotheses one way ANOVA was employed to find out the mean score differences among the health and nutrition practices of tribal children during early childhood with respect to parent’s age, education, occupation, type of family and family income. Results were presented in the following table:

Table No. 1 Showing health and nutrition practices of tribal children – parent’s category wise

Variables	Parent’s category	N	Mean	SD	F	Df	Sig.
Age	18 to 24	51	22.16	3.12	2.11	195	0.88
	25 to 30	65	22.95	1.15			
	31 to 40	37	23.34	1.2			
	41 to 50	28	24.27	2.5			
	51 and above	19	20.30	1.4			
	Total	200	22.60	1.87			
Education	Illiterate	85	41.74	1.20	2.76	196	0.05*
	Primary School	58	43.95	2.80			
	Secondary School	39	42.85	1.2			
	Intermediate	18	46.76	1.1			
	Total	200	43.83	1.57			
Occupation	Government	13	51.79	2.45	3.01	196	0.05*
	Private	55	42.57	2.05			
	Farmers	101	43.89	1.91			
	Daily wage workers	31	41.69	3.78			
	Total	200	44.99	2.54			
Type of family	Joint	128	81.90	2.93	2.85	198	0.67
	Nuclear	72	92.28	2.32			
	Total	200	87.09	2.62			
Size of family	Less than 5 members	109	94.01	2.32	2.04	198	0.79
	Above 5 members	91	89.04	1.93			

Health and Nutrition Practices of Tribal Children During Early Childhood

	Total	200	91.52	2.13			
<i>Family income</i>	Below 10,000	85	43.89	4.56	2.27	196	0.95
	10,001 – 25,000	64	45.56	1.36			
	25,001 – 50,000	41	42.75	2.65			
	50,001 – 1,00,000	10	48.40	2.02			
	Total	200	45.15	2.65			

Parents Age: From the given table, the obtained mean scores for parents age who were 18 to 24 years was 22.16, 25 to 30 years was 22.95, 31 to 40 years was 23.34, 41 to 50 years was 24.27 and 51 years and above was 20.30. The obtained F value 2.114 with a df of 195 was found to be statistically not significant. Based on the mean scores it may be observed that parents whose age was between 25 to 30 years were better than other parents who were in the age group of 18 to 24 years, 31 to 40 years, 41 to 50 years and 51 years and above. Hence the hypothesis which states that there is no significant difference in the health and nutrition practices of tribal children during early childhood in relation to their parent's age is **accepted** as majority of the sample were clear in not accepting the role of parent's age in the health and nutrition practices of tribal children during early childhood.

Parents Education: The obtained mean scores for parent's education upto primary level was 43.95, secondary level was 42.85, intermediate was 46.76 and those who were illiterate was 41.74. The obtained F value 2.76 with a df 196 was found to be statistically significant at 0.05 level of significance. Therefore, it may be inferred that parents who had education upto primary level were better than other parents who had education upto secondary level, intermediate or who were illiterate and this was statistically significant.

Hence the hypothesis which states that there is no significant difference in the health and nutrition practices of tribal children during early childhood in relation to their parents' education is **rejected** as majority of the sample were clear in accepting the role of parents education in the health and nutrition practices of tribal children during early childhood.

Parents Occupation: The obtained mean scores for parents occupation who were in government sector was 51.79, private service was 42.57, farmers was 43.89 and daily wage workers was 41.69. The obtained F value 3.01 with a df of 3, 196 was found to be statistically significant at 0.05 level of significance. Therefore it may be concluded that parents whose occupation was in government sector were better than other parents who were in private service, farmers or daily wage workers and this was statistically significant.

Hence the hypothesis which states that there is no significant difference in the health and nutrition practices of tribal children during early childhood in relation to their parents occupation is **rejected** as majority of the sample were clear in accepting the role of parents occupation in the health and nutrition practices of tribal children during early childhood.

Type of family: The mean scores obtained for the joint families was 81.90 and for the nuclear families was 92.28. The obtained F value 2.85 with a df of 1, 198 was found to be statistically not significant. Based on the mean scores it may be said that joint family was better than nuclear family. Hence the hypothesis which states that there is no significant difference in the health and nutrition practices of tribal children during early childhood in relation to their type of family is **accepted** as majority of the sample were clear in not

Health and Nutrition Practices of Tribal Children During Early Childhood

accepting the role of type of family in the health and nutrition practice of tribal children during early childhood.

Size of family: The mean scores obtained for the size of families with less than 5 members was 94.01 and families with above 5 members was 89.04. The obtained F value 2.04 with a df of 1, 198 was found to be statistically not significant. Based on the mean scores it may be observed that the size of families with 5 members and above was better than the other families which were having less than 5 members. Hence the hypothesis which states that there is no significant difference in the health and nutrition practices of tribal children during early childhood in relation to their size of family is **accepted** as majority of the sample were clear in not accepting the role of size of family in the health and nutrition practice of tribal children during early childhood.

Family income: The mean scores obtained for the family income with below 10,000 was 43.89, for 10,001 to 25,000 was 45.56 and for 25,001 to 50,000 was 42.75 and for 50,001 to 1,00,000 was 48.40. The obtained F value 2.27 with a df of 3, 196 was found to be statistically not significant. Based on the mean scores it may be observed that the families whose income was in the range of 25,001 to 50,000 were better than other families whose income was from 50,001 to 1, 00,000 and from 10,001 to 25,000 and below 10,000. Hence, the hypothesis which states that there is no significant difference in the health and nutrition practices of tribal children during early childhood in relation to their family income is **accepted** as majority of the sample were clear in not accepting the role of family income in the health and nutrition practice of tribal children during early childhood.

Findings

- **Parents Age:** Parents whose age was between 25 to 30 years were better than other parents who were in the age group of 18 to 24 years, 31 to 40 years, 41 to 50 years and 51 years and above.
- **Parents Education:** Parents who had education upto primary level were better than other parents who had education upto secondary level, intermediate level and who were illiterate.
- **Parents Occupation:** Parents whose occupation was in government sector were better than other parents who were in private service, farmers or daily wage workers.
- **Type of family:** Joint family was better than nuclear family.
- **Size of family:** The size of families with 5 members and above was better than the other families which were having less than 5 members.
- **Family income:** Families whose income was in the range of 25,001 to 50,000 were better than other families whose income was from 50,001 to 1, 00,000 and from 10,001 to 25,000 and below 10,000.

CONCLUSION

Early childhood stimulation attempts to provide learning opportunities to the child so as to enhance her development. However, the learning experiences need to be so planned that they are in accordance with the child's maturational status: This stimulation should be provided from early infancy. By and large, stimulation comprises activities that involve a close interaction “between the child and the caregiver”. The basis of these activities is a warm, loving relationship between the child and the caregiver. Thus, an affectionate and aware caregiver holds the key to the child's optimum development. It is important that the trained ECCE worker instils this confidence in individual parents that even if they are poor and

Health and Nutrition Practices of Tribal Children During Early Childhood

illiterate, they can provide stimulation to their child, and that it should be done right from early infancy. Good health supports successful learning. Successful learning supports health. Education and health are inseparable.

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Health and Nutrition Practices of Tribal Children During Early Childhood

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Conflict of Interest

The author(s) declared no conflict of interest.

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