

ASSESSMENT OF PHYSICAL AND PSYCHO SOCIAL PERSPECTIVES OF TRIBAL PRE-SCHOOL CHILDREN: AN ANALYTICAL STUDY ON TRIBAL AREAS OF JAJPUR DISTRICT.

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Abstract : This Cross sectional study was conducted in one of the tribal village in Sukinda block of jajpur district of Odisha. Since the study is basically has been collected on Pre School Tribal Children from different AWW center of chingudipal panchayat. Jajpur is the homeland of four different tribal races that includes Santal, Kolha, Munda and Juang tribes. Preschool Children constitute the most vulnerable segment of any community. The objective of this study is to assess the psycho social development of well nourished and malnourished children aged 3-5 years. The main objective of the paper is to identify the micro environmental factors influencing their growth and development. An attempt has been made in this paper to identify and make an assessment of tribal Pre School children of tribal village in Sukinda block of Jajpur District.

IndexTerms - Preschool Children, Physical, Mental Health, PVTC, Anthropometric Measurement.

1. INTRODUCTION:

The most vulnerable and marginalized people in our country are tribal. They are under privileged and discriminated in term socio and economic status. Most of them are desperately poor, backward generally uneducated and lead a hard and miserable life. The tribal societies in India are undisputedly considered to be the weakest sections of the population in view of common socio economic and socio demographic factors such as poverty, illiteracy lack of developmental facilities lack of adequate primary health facilities despite the protection given to the tribal population by the constitution of India in 1950, Scheduled tribes remain the most disadvantaged groups in India. Ake-Tano et.al, 2011 under nutrition is the most important cause of death in less than five years age group in developing countries including India, where high rates of under-five morbidity and mortality are present. One out of every three children less than five years of age in developing countries is malnourished. Malnutrition affects growth and development thus impairing both physical and mental ability. Malnutrition plays an important role in more than half all child deaths worldwide and has adverse effect on the health status of children aged 0-5 years.

Easwaran (1991) made an attempt to study the Nutritional status of tribal school going children (6 to 12). The boys& girls in both areas were shorter and lighter than the standard norms. Nearly half of the children exhibited deficiency signs of one form or other all children also had low hemoglobin level (78%).Lenka (1991) made an attempt to study the nutritional status of children (0 – 3years) of Tribal of Odisha. The average values of height, weight, arm circumference, head circumference and chest circumference of tribal children is found to be less than ICMR standard in both sexes weight for height ratio of the children. It further revealed that 30% of tribal children are suffering from severe malnutrition 34% children are suffering from moderate degrees of malnutrition and 36% children found to be normal. Malnutrition was a leading problem among tribal preschool children in India (Mahapatra et al.,2000). A study by Mitra et al. (2007) revealed that more than 90percent of children (both boys and girls) in the age group of 4-6 years suffered by underweight, which was comparatively lower in 7-9 and 10 years age group children while 84.5 percent of boys suffered by stunting, which was much higher than girls (47.54%) in 4- 6 years age group. Similarly 80 percent of 4-6 years age group children were affected by wasting (<2SD weight for height). The consumption of energy and protein were also much lower among Kamar children than the RDA OF India throughout the ages.

Odisha, is the one of the most scenic state in eastern India, occupies a unique place in the tribal map of the country having largest number of tribal communities. (62 tribes including 13 types of Particulars Vulnerable Tribal Communities (PVTC). While the State is not good, the health status of the PVTC is in a deplorable condition. Mainly governed by multidimensional factors like their habitat, difficult terrain, ecologically variable riches, illiteracy poverty isolation, superstition and deforestation. Some of the important factors of child health have been explored further to provide on overall picture of status of children health in the state indicators like crude birth rate, crude death rate, life expectancy of people of birth child immunization maternal health care and infrastructure in health care system are appropriately analyzed for the revelation of the health status of people. It observed that death rate for people in Odisha in much higher and life expectancy in lower than at the national level. The crude Death Rate (CDR) IN Child mortality are diarrhea, gastro entities, anemia and jaundice which together accounted for 35.4% of total child death. Lack of personal hygiene, poor sanitation poor mother-child health, services health services managed care. The benefits covered under a health contract, absence of health education, lack of national preventive, programmers and lack of health services are responsible for the poor health of the tribal's problems like in sanitary food supplies, water contamination, and poor food intake reflect on the health status of tribal's.

The Jajpur district predominantly populated by Scheduled tribes and falls under the Scheduled area. All the blocks are Integrated tribal Development Agency (ITDA) blocks. The tribes which pre dominantly populate korapu region are Santal, Bhuyan, Kolha and Mankedia. literacy rates are below the state and national average. The Panchayat Raj institutions in the region are not active operational area has 60% of tribal population 35% children are malnourished. The tribal community is not able to link this education process with their way livelihood for survival and hence is moving out from elementary education economic constraints are another reasons for dropouts children are involved in house hold, agriculture and animal husbandry work. In tribal area children due to certain adverse realities like in sufficient food intake, frequent infections, lack of access to health services, illiteracy, unhygienic personal habits, adverse cultural practice etc.

The preschool children being the most vulnerable segment, their nutritional status will indeed reflect the health status this population. Health status especially that of preschool children is a sensitive indicator of health and psychological status of community. Preschool Children constitute the most vulnerable segment of any community. Their nutritional status is a sensitive indicator of community health and nutrition. Lenka (1991) made an attempt to study the nutritional status of children (0 – 3years) of Tribal of Odisha. The average values of height, weight, arm circumference, head circumference and chest circumference of children were less than ICMR standard in both servers weight for height ratio of the children revealed that 30% children were suffering from severe malnutrition 34% children were suffering from moderate degrees of malnutrition and 36% children were found to be normal. P.K. Acharya (2000) made a Report on "Nutritional status, Dietary Habits and Culture in Urban Slums." Based on a survey of pre-school (1 to 5 years old) children and concluded that there is a strong correlation between malnutrition and apathy towards preschool education among the children. Hence, the researcher has suggested that for the preschool education of children, improvement of the nutritional conditions should be given priority, because skill attainment of children depends upon the preschool education, and preschool education depends upon nutritional status of children. The present survey has been carried out to record the anthropometric profile of the tribal children and assess their nutritional status.

The present survey has been carried out to record the anthropometric profile of the tribal children and to assess their physical and psycho social status. The implications of the discussed research will help to promote social activities that appreciate and emphasize, select activities that involve the child's curiosity and creative abilities and formulating better recommendation for further research so as to reduce this nutritional burden.

2. Materials and Methods:

The Present study is an Ernest attempt to assess the physical health status of preschool children (3-5year) representing Santal, Munda and Juang tribe of four villages in Sukinda block of Jajpur district in Odisha. Data were collected through personal interviews with the help of Anthropometric Measurement and the Observation methods. Anthropometric measurements are main indicators in assessing physical status. Anthropometric measurements i.e. height, weight, chest circumference, mid arm circumference, head circumference and calculate BMI. All measurement were taken by one operator (C M) using measurement tape and weight was assessed to the nearest 0.1kg using weighing machine. The body mass index(BMI) was calculate as kg/m². Besides

observation method has been used by the research through a variety of activities of the preschool children over an extended period of time that enable him/her to observe the cultural members in their daily lives and to participating in their activities to facilitate a better understanding of those behaviors and activities .

3. Data Collection:

For the purpose of the data collection the researcher has personally gone to the villages and visited different AWW centers. To meet the research objective the researcher has collected both primary and secondary data by establishing rapport with the local community.

4. Analysis of Data:

For data analysis purpose, the research has used statistical tools like mean and standard deviation graphics.

5. Result and Discussion:

Discussion has been made on the topic of research problem on the basis of the result obtained out of the data analysis.

5.1 :Anthropometric Measurements

The was collected through structural question from different Anganwadi center of Sukinda block of Jajpur district. There around ten Anganwadi centers where boys = 80 and girls = 50 participate in the study. The Anthropometric Measurements(Height, weight, Chest Circumference. Mid arm Circumference, Head Circumference) by standard procedure.

Table No -1 Anthropometric measurements of tribal preschool children

Sl No.	Aspect	Boys		Girls	
		Mean	Standard Deviation	Mean	Standard Deviation
1	Height	100.99	7.29	94.134	5.96
2	Weight	13.98	1.27	13.32	1.30
3	Chest Circumference	59.38	2.79	59.33	2.08
4	Mid arm Circumference	16.87	0.22	16.68	0.19
5	Head Circumference	49.1	1.34	48.57	1.27
6	BMI	13.98	1.27	14.09	0.99

The above table shows us the result of anthropometric measurement. On the basis of data availed the mean value of height, weight , Chest Circumference , Mid arm Circumference , Head Circumference and BMI for the tribal boys in comparative higher than the tribal girls. As far as standard deviation of the above indicators is concerned boys also have a leverage effect

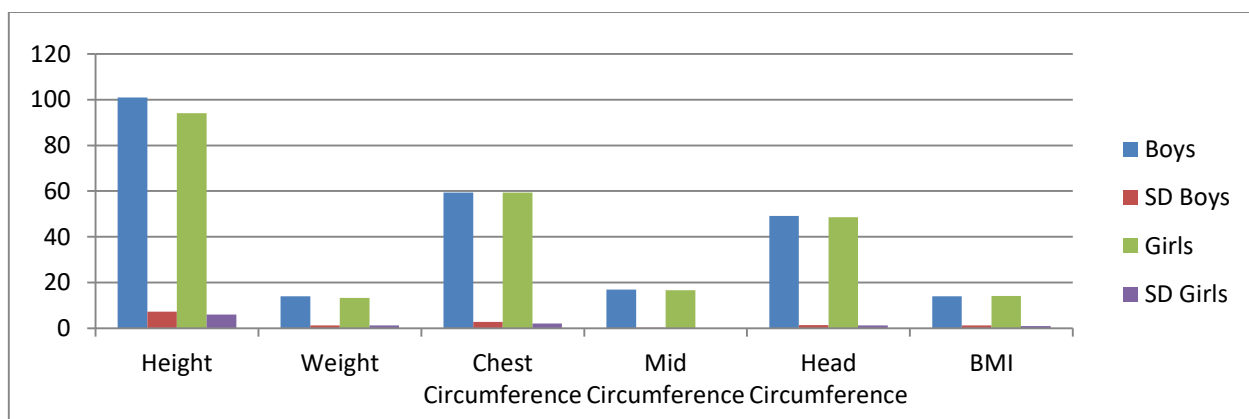


Figure -1 Anthropometric measurement of Boys and Girls

The above graphs also clearly depicts the Mean Scores of physical development in respect to two groups i.e. Boy and Girl. It was observed that the boy s group obtained a higher Mean Scores in all variables if physical development than their counterparts. With regard to Physical Development boys higher Mean Scores(100.99, 13.98, 59.38, 16.87, 49.1, 13.98) in all aspects like Height, Weight, Head circumference, Chest circumference and Mid arm circumference than girls (95.13, 13.32, 59.33, 16.68, 48.57, 14.09).

1.2. Conceptual and Readiness Skills:

Our Conceptual and Readiness skills study was under taken to determine the prevalence of Anganwadi children between the age group of 3 – 5 years. Around (boys = 80, girls = 50) have participated to determine the skills we have taken different variable such as Concept of Shape, Concept of Colour, Concept of Quantity, Auditory Discrimination, Visual Discrimination and copying.

Table No 2 Conceptual and Readiness skills of tribal preschool children.

Sl No.	Aspect	Boys		Girls	
		Mean	Standard Deviation	Mean	Standard Deviation
1	Concept of Shape	2.47	0.83	2.44	1.02
2	Concept of Colour	1.57	0.49	1.5	0.52
3	Concept of Quantity	2.07	0.75	1.09	0.28
4	Auditory Discrimination	1.09	0.45	1.65	0.47
5	Visual Discrimination	1.84	0.36	2.17	0.53
6	copying	1.94	0.61	2.01	0.91

The above table presents data on conceptual and readiness skills of Preschool tribal boys and girls. On the basis of the data value of concept of shape, Concept of Colour, Concept of Quantity, Auditory Discrimination, Visual Discrimination and copying It has been observed that the boys are good in analysis on the concept of shape and concept of colour and Concept of Quantity whereas the girls have excel in Auditory Discrimination, Visual Discrimination and copying .

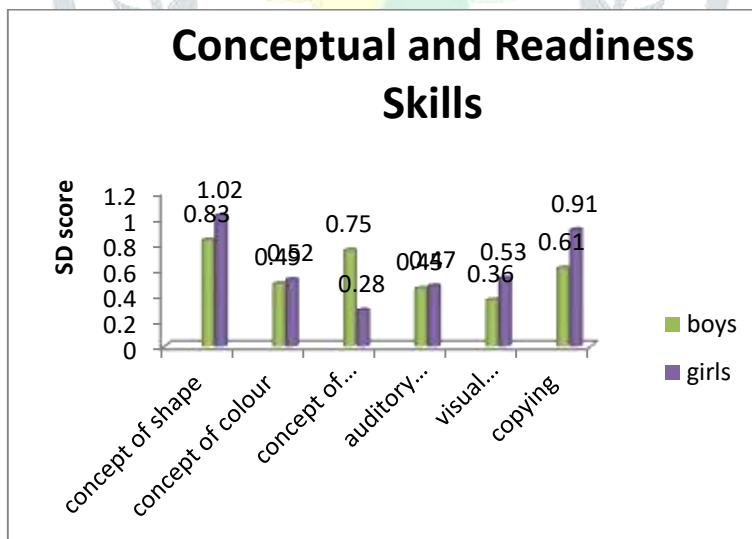


Figure -2 Standard Deviation of boys and Girls

Table No 2 shows that the conceptual and Readiness skills of preschool children. In three aspect like concept of shape, concept of colour, concept of quantity boys have higher mean score (2.47, 1.57, 1.19) than girls(2.44, 1.5 , 1.9) on the other hand conceptual and Readiness Skills like Auditory Discrimination, Visual Discrimination and copying girls mean score (1.65, 2.17, 2.01) higher than boys mean score (1.19, 1.84, 1.94).

CONCLUSION:

After analyzing all the data clearly notice the physical health status of the preschool tribal boys and girls having relevant differences. The tribal boys are found to be little better physical development than the tribal girls, so far as conceptual and readiness skill development in found .

Girls are to be have better performances than the boys. In depth study we have unfolded that the physical and mental health status of tribal boys and girls in the age group of 03 – 05 years {mostly the preschool children of our study area of Sukinda block of Jajpur district.} The findings of the present study would be of great use for motivating the parents to send their children to Anganwadi center, which not only improve the nutritional standard of the tribal boys and girls in the age group of 03-05 , would also ensure hearing skill development of the tribal children's. The study also is highly helpful in promoting girl child. This study also helpful to motivating tribal parents for send their girl children to Anganwadi centers, which is twin ensure greater development of health status in tribal areas. This particular piece of research study however could help the Anganwadi center to adopt measures for all round development of the tribal children in the age group of 03 – 05 by using large motor skills and fine motor skills. In the preschool education system in all these tribal areas the common goal is to make the children mentally and physically strong. Therefore, emphasis has been given to impart training to children about health and hygienic habits, speech abilities and observation capacities through story telling, music and drawing, so that there would be physical, mental and emotional development of children.

Recommendation:

A close observation of the ground situation has exposed the gap and bottle neck in achieving all round development of the tribal preschool children in respect to their physical and mental health status. On the basis of the findings and responses from multi stakeholders consultation i.e. Anganwadi workers, parents and key informants, it was largely noticed that due to lack of a concentrated effort by the Anganwadi center in adopting special measure on never physical and mental activities has failed to achieve the desired result of a proper development of physical and mental health of the tribal children, at this back drop after a careful examination of the bottle neck, it can be recommended here that to improve the situation, the following measures could be taken

- To introduce newer type of physical activities.
- To introduce newer type of mental activities.
- Special initiative to be taken by Anganwadi center towards learning and share by the tribal children.
- Use of large motor skills and fine motor skills, which could use as all round development among the preschool tribal children in the study area.
- Educating the tribal children and empowering them is a challenge which can be achieved by collective effort of all the stakeholders of the society such as village community, private organizations, teachers, and government functionaries, elected representatives and the people in general.
- Necessary infrastructure and the appointment of teacher belonging to the community should be encouraged.
- Proper monitoring is necessary by the Tribal Welfare Department and village panchayat
- Audio and video study pattern should be introduced.
- Regular visit of the doctors should be done to monitor over all development of child.
- Mid day meal should be plan according to the health of the individual child.
- Most of the tribal parents are agricultures and labors; they have little knowledge relating to education .Their environment narrows that created narrow mentality. And most of tribal fathers are addicts to alcoholic and other beverage items. There should be proper counseling in the group panchayat meet by the local educated persons.

REFERENCES

- [1] Morrison, S. BIBLIOGRAPHY. Ambron, SR (1981). Child Development. New York: Holt, Rinehart And Winston.
- [2] Santrok John W., Life-Span Development, University of Texas Dallas, (Sixth edition), 1997.
- [3] Bose, K. and Chakraborty, F. "Anthropometric Characteristics and nutritional status based on body mass index of adult Bathudis: A tribal population OF Kenjhar District, Orissa, India" , Asia pacific Journal of clinical Nutrition, 14, 2005, pp 80-82
- [4] Jelliffe, D, B. "Assessment of the Nutritional Status of the Community" WHO Monegraph Series No 53, 1996. Geneva: WHO
- [5] Sari, O. (2014) "Theory of Mind in Preschool children with normal Development, Autism and mental Retardation", International online journal, Vol (2):pp-66-75.
- [6] Cosco, N.G. (2010) "Behavior Mapping: A Method for Linking preschool Physical Activity and outdoor Design" Vol 42 (3): pp – 513- 19.
- [7] Reunamoj J. Hakala L. et al. (2014) "Children's Physical Activity in day Care and Preschool", Vol 34: pp-32-48.
Thornberg, P. (2006) " The situated Nature of Preschool Children's conflict Strategies", Vol 26 (1): pp-199-126.
- [8] Bisai S.2014. Prevalence of Undernutrition among Santal Tribal Preschool Children of Paschim Medinpur District, West Bengal, India. Int. J. Pediatric. 2(4-3):347-354.
- [9] Das S, Bose K. 2012. Nutritional profile of preschool children: Anthropologist. 14(5):467-472.
- [10] Arjun CM, Ajith VTK. 2017. Nutritional Status and Its Association with Various Socio Demographic Variables among Preschool Tribal Children in Kerala. J.Med. Sci. & Clin. Res. 5(11): 30543-548. <https://dx.doi.org/10.18535/jmscr/v5i11.124>
- [11] Bisai S, Bose K, Ghosh T, De GK, Khongsdien R, Kozial S, Mahalanaolis S, Mallick P. 2012. Nutritional status Based On Anthropometry Of Tribal Preschool Children In Paschim Medinpur District Of West Bengal, India. Int. J. Innovative Res . & Dev. 1(3) : 61-79.
- [12] Das S, Bose K. 2012. Nutritional profile of preschool children: a review, Anthropologist. 14(5) 467-472.
- [13] Singh H, Gupta A, Sachdeva A, Baralla S.2016. Nutritional status of 1-5 years Childen in Hilly Tribal Distret of North India. Int. J. Cont. Med. Res. 3 (11): 3286-3288.
- [14] World Health Organization. 2006. The WHO Child Growth Standard. 2006. Geneva: WHO.