

A PSYCHO-SOCIAL STUDY ON THE ISSUES OF ANGANWADI GOING CHILDREN IN KOLLAM DISTRICT OF KERALA DURING COVID-19 IMPOSED LOCKDOWN

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ABSTRACT

Children are the back bone of the inspiration of parents, society and the country as well, whether it is during past, present or future period. Caring and nurturing of children in the age group of three to six years is very crucial and plays a typical role as far as the physical, psychological and social development are considered. Kerala being a welfare state is dedicated to provide care and support as well as to protect their rights. Special Act like POSCO has been implemented in the state in addition to various agencies and authorities like Child Rights Commission, Juvenile Justice Board, Child Protection Officer and Child Line Services (1097). The present study is an attempt to assess what are the effects of COVID-19 imposed lock down on the socio-psychological aspect of anganwadi going children. Special thrust is given on 'child-parent' aspect. Stress, mood elevation, minor disorders and coping aspect were covered under the study. A post-mortem is done regarding the issues and challenges faced and overcome during the lock down period. It suggests measures to be taken while imposing such lockdowns in future, due to medical emergencies or during other calamities.

KEYWORDS: *Child, parent, Coping issues, disorder, Anganwadi.*

INTRODUCTION

Every child is born as a biological mechanism. Nurturing is essential on that condition and it is very significant. If proper care and attention are given the child will emerge as a citizen having developed personality. The surrounded environment, family influence and peer pressure will influence personality development. If these are positive, we will get a constructive and capable child having good physical, psychological, social, moral and spiritual strength. Ultimately the child is an end result of socialization.

Personality development is based on the nature of socialization one undergo. On the other hand detrimental environment, poor parenting, lack of basic needs etc. will lead to a delinquent child. Children need support, love, care, affection, parenting support and involvement of family members to grow properly and get socialised. Every child is unique in his/her behavioural pattern. All these have an influence in the developmental psychology of the child. So adaptability to situations and environment also vary from child to child. Sigmund Freud was of the opinion that a child's early experiences influence his/her personality. Erik Erikson on the other hand pointed to the environmental factors. The attachment and innate bond between mother and child is the theme forwarded by Margaret Mahler. Academically biological, mental and social factors influence development of any child.

While defining Child, there are a good number of Acts dealing with child rights. Various Acts give different definitions with respect to the age of child, depending on the purpose of the Act. Child means a person who has not completed his fourteenth year of age as per the Child Labour (Prohibition and Regulation) Act 2016. As per the Right of Children to Free and Compulsory Education Act 2009, the age of child is from 6 to 14. As per the Prohibition of Child Marriage Act, 2006 the upper age is 21 for male and 18 for female. For the purpose of anganwadi going child the entering age is from 3 to 6 years. From 2021 onwards children in the age group from 2 to 3 years is allowed to enter anganwadis in Kerala but registered in a separate register as it is intended for the age group from 3 to 6 years.

Whereas adolescence is a stage where in a person, male or female, who has completed 14 years and not completed 18 years. Adolescence is the phase of life between childhood and adulthood, from ages 10 to 19 . Adolescents experience rapid physical, cognitive and psychological growth.

Child rights include the children's rights adopted in the United Nations Convention on the Rights of the Child on the 20th November 1989 and ratified by Government of India on the 11th December 1992. Parent means either the natural or step or adoptive father or mother or next friend of the child.

Best interest of child means the basis for any decision taken regarding the child to ensure fulfilment of his/her basic rights and needs, identity, social well being and physical , emotional and intellectual development.

Child in conflict with law means a child who is alleged or found to have committed an offence and who has not completed 18 years of age on the date of commission of the offence.

The growth and development of children, especially socialization, imbibing the culture and values mainly depend upon the family to which they belong and the peer. Parenting is a difficult task and utmost care is to be given by the parents during childhood. Children from 3 years of age are enrolled in

anganwadis and there they come across with the peer group, colleagues and the teacher. The family and the anganwadi act as two sides of the same coin as far the development and socialization of the enrolled children are concerned.

According to WHO, health is a state of complete physical, mental and social well-being. The National Family Health Survey results (2019-2020) show that there is a rise in anaemia, wasting and stunting in children under the age of five years .

Anganwadis are pre-primary education centres functioning at ward level with 10 to 20 children, a teacher and a helper. Anganwadis are functioning under the Integrated Child Development Scheme (ICDS) which is a major national programme that addresses the needs of children under the age of six years. ICDS is a centrally sponsored scheme implemented through the state government in Kerala covering 152 blocks. It is the largest women and child welfare program across the countries. The manpower of anganwadis is fixed as two: a teacher (worker) and a helper. The minimum qualification required for teacher is SSLC pass. They are selected from the nearby community or within the village or nearby community. The honorarium will be met from the state exchequer. Anganwadis are expected to work with the participation of the nearby community especially mothers. The ward member or councillor is the patron. It seeks to provide children with an integrated package of services for children in the age group 0 to 6 years. But pre-school facilities are given to children in the 3-6 years age group. Children having age 2 to 3 years are also considered. ICDS supervisor and CDPO are monitoring the system, in addition to the District Social Welfare Officer. However, it is an organized childcare support programme having wide recognition.

There are 33115 anganwadis functioning in Kerala under 258 ICDS projects. Nearly 3.5 lakh children are availing pre-school services from all these anganwadis. (www.wcd.kerala.gov.in accessed 05-11-2022)

Anganwadis offer six package of services

1. Supplementary nutrition
2. Pre school and non formal education
3. Nutrition and health education
4. Immunisation
5. Health check ups
6. Referral services

Among children, disorders in one form or other are quite common. Disorder is a typical issue covered under this study. A psychiatric disorder is a disturbance or disequilibrium between Cognition (Thought), Connation (Action) or Affect (Feeling). (Niraj Ahuja, 2011)

Emotional disturbance is another concern in both child and parent. Emotion is a strong feeling derived from one's circumstances, mood or relationship with others. The child and the parent are constantly in mutual relationship and hence the chance of emotional disturbance is very high. It may develop anger, disgust, happiness or sadness. (Jayaprakash.R., 2007)

The study area is Kollam district which is famous for traditional industries including cashew, coir, country tiles etc. The health indices are keeping an upward curve. Though it is a noted midland, coastal and hilly terrains add much more colour.

COVID-19 was a medical emergency contagious and infectious that occurred during 2019 in India. As a result in India, a 'JANATHA CURFEW' was observed on Sunday 22nd March 2020. Followed by this, the Prime Minister (PM) declared a three week nationwide lockdown from the midnight of 23rd March 2020 as a means to prevent the infection through social distancing. Availability and movement of essential commodities were given exemption. All transport services -air, rail and roadways - were suspended from 24th March to 14th April 2020. All government and private offices except those handling essential services were closed, imposing provisions under the National Disaster Management Act 2005.

Kerala also observed lockdown from 24th March 2020 onwards complying with the National lockdown 1.0 declaration by the Prime Minister. India is the first country which declared lockdown among the World Countries. At that time in India there were 11 deaths and 536 COVID-19 infections; but turned to 1,60,437 deaths and 1,17,27,733 infections after one year. Lockdown started on 23-3-2020 with a message 'Don't move', 'stay wherever you are' or 'Be wherever you are'. Anganwadi going children were directly affected by the 21 days lockdown during lockdown1.0.

In Kerala, the COVID-19 cumulative figure (tally) as on 24th March 2021 was 11,07,452 infections and total deaths was 4517 (toll). However it is interesting to note that the all-cause mortality in Kerala registered 263901 deaths in 2019, where as the figure dipped to 2,34,536 in 2020. This shows a decline of 29365 deaths (5%) during 2020 against the 2019 figure. Reported road accident deaths also declined to 2979 in 2020 against the 2019 figure of 4440. A decrease of 1461 cases was recorded in road accident fatalities during last year.

Table -1 (The lockdown series announced in Kerala were as follows)

Series	From	To	Days
Lockdown 1.0	24 th March 2020	14 th April 2020	22
Lockdown 2.0	15 th April 2020	3 rd May 2020	19
Lockdown 3.0	4 th May 2020	17 th May 2020	14
Lockdown 4.0	18 th May 2020	31 st May 2020	14
		Total	69

The lockdown series, 1.0 to 4.0, continued for three months before the unlock process and it extended different implications to different people. Even there were psychological disturbances and failure in coping strategies due to the ban in religious worship ceremonies, social gatherings and functions. Mental health issues and instances of suicides were reported due to the stigma attached to the pandemic and related issues. One particular issue was the objection of local people to the funerals of victims died due to the virus infection.

The policies introduced were discriminatory in various respects, misguided and manipulated to the society at large. ‘Work from home’ was only feasible to a minority of IT professionals. People stopped talking each other and began to communicate to mobile phones and computers which increased their stress. A Man is a social animal by nature. He can’t live without fellow beings or neighbours.

Considering the repercussions and economic crises in addition to the understanding that lockdown is not the only exclusive measure to control the infection, Government of India announced the UNLOCK series from 1st June 2020. Relaxations were introduced in different sectors according to a national priority. During this lockdown period even children also turned towards mobiles.

Table – 2 (Unlock series announced in Kerala were as follows)

Series No	From	To
Unlock 1.0	1 st June 2020	30 th June 2020
Unlock 2.0	1 st July 2020	31 st July 2020
Unlock 3.0	1 st August 2020	31 st August 2020
Unlock 4.0	1 st September 2020	30 th September 2020
Unlock 5.0	1 st October 2020	31 st October 2020
Unlock 6.0	1 st November 2020	30 th November 2020
Unlock 7.0	1 st December 2020	31 st December 2020
Unlock 8.0	1 st January 2021	31 st January 2021
Unlock 9.0	1 st February 2021	28 th February 2021
Unlock 10.0	1 st March 2021	31 st March 2021

Unlock series extended a mixed response in the state, especially among the life of society at large. The socio-economic reconditioning took more time for normal restoration. On medical side, the COVID-19 vaccination was started in Kerala on 16th January 2021, during the unlock series 8.0 as part of the national campaign. Due to the lock down, the anganwadis in the state remained closed for nearly two years which resulted in children affected with psycho-social, problems, mis-behaviour, maladjustment in family, and parenting issues leading to stress both in children as well as in parents and teachers.

The study results are presented in the analysis and discussion part

OBJECTIVES

The objective of the research initiative was to find out the psycho-social problems faced by the anganwadi-going children and the parents as counter parts, due to the COVID-19 imposed lock down and to suggest intervention strategies to cop up with the situation and prevent such issues in future.

Identifying the issues and challenges faced by them, causative or influencing factors as well as ways to overcome the situation were also considered. Perception of parents is also covered under the study.

METHODOLOGY

The present study is primarily based on the primary data collected from field using a structured interview schedule from 10 anganwadis in Kollam district covering 100 children and their parents.

There are 71 grama panchayats, 4 municipalities and one municipal corporation in Kollam district. Anganwadis are functioning in both rural and urban areas. Nearly 25000 children are covered through anganwadis in Kollam district. Ten Anganwadiis, 5 each, were selected from rural and urban areas using lottery method. From these anganwadis 100 samples were selected using stratified systematic sampling as the list of children is available. Parents and children were the respondents. Information was collected from anganwadi teachers, key informants, elected representatives from wards/divisions in grama panchayats and municipalities. Key informant interviews were used to get an in-depth understanding of the phenomenon. Focus Group Discussions were also held in three ICDS. Descriptive statistical analysis was held using SPSS, a statistical data analysis software while secondary sources were used for reference.

ANALYSIS, DISCUSSION AND FINDINGS

Deviant behaviour was observed as a notable phenomena among children as they were prevented from going to anganwadis which created stress. Among certain children, deviant behaviour can be

projected as delinquency in one form or other. The causes of such deviations are influence of television , lack of recreation, association with deviant peers, substance abuse, parental anti social behaviour , poor academic performance, criminal behaviour of siblings, poor monitoring in anganwadis or pre school, broken homes, gang sub culture, poverty, parental crimes or antisocial activities (situational factors). Environmental, individual, socio-cultural and family variables play vital role while responding to stressful situation. Parental interview, medical examination, observation, cognitive testing, sensory evaluation, adaptive functioning assessment and sensory evaluation were usually used while assessing any child for socio-psychic disorder.

As per the study, the majority, 99% of the parents accepted the view that anganwadi teachers and workers have the role of a ‘primary care giver’ and there is a unique attachment between the child and the teacher. This will help in overcoming the child’s difficulties.

In 54% cases there are poverty issues of parents and children lack food or nutritional supplements. Anganwadi system helped in providing nutritious food for the growth of their children. The parents have no money to provide snacks or extra food for their children. The main reason is that parents had no income during the lockdowns. The children were not having proper clothings.

Though a minority, 33% of the children are having coping issues in family. As they stayed in their homes on 24x7 basis without external contacts where by social and environmental factors influenced.

The majority, 67% of the respondent parents informed that the academic performance was adversely affected due to the lack of educational facility, due to closing of anganwadis.

Among the respondents, 78 % parents were of the opinion that their children deprived recreational facilities due to the lock down, not only in the anganwadis but also in nearby places. Symptoms of over weight were observed among 6% children due to lack of proper exercise.

In 12% cases, deviant behaviour was noted by the parents.

Table – 3 Distribution showing deviant behaviour among children

Deviant behaviour observed	No. of respondents	Percentage
Yes	12	12%
No	88	88%
Total	100	100%

Parental stress is defined as an intricate set of non specific persistent and the major challenges associated with caring for their child, which is one of the most important roles of parents. It is a set of

processes that leads to aversive psychological behaviour and reactions arising from attempts to adapt to the demands of parenthood. (Perry, 2004) Parental stress is also viewed as the stress that is directly related to a person’s role as a parent and parenting the child. (Clauser, 2021).

Nearly 99% of the parents expressed that they faced stress during lockdown period in one form or other. They had parenting issues. They did not have dedicated time for caring their children. They considered anganwadi system as a boon from all these issues. Most of the anganwadi going children are from low income and lower middle class families. The capacity of the parents is also comparatively less for parenting. When the difficulties of parenting get aggravated due to increased situational demands of the child’s behaviour, parents may experience higher levels of stress.



Figure 1 – Chart showing parental stress among the respondents

Parental stress is based on each parent’s unique experiences. The response to emotional distress and anxiety is influenced by the parent’s idealisations. Every parent has different perceptions regarding the child’s abilities and when those expectations are not met, the ability to adjust to the child suffers. A psychologically powerful relationship and the child-parent bond shape a child’s growth and personality, ultimately, the future outcome. When this bond gets strained, parents as well as the child undergo stress.

Coping is the cognitive and behavioural efforts to manage specific external and or internal demands appraised as taxing or exceeding the resources of the individual (Folkman, 1988). There are two types of coping mechanisms, namely

- i) Emotion -focused- coping mechanisms which are the efforts to regulate and control emotions
- ii) Problem - focused- coping refers to the efforts made with the goal of changing the environment, as well as individual actions taken in relation to the environment and the individual. They are usually geared to alter the pressure creating environment.

Coping strategies are those which reduce stress level- refereed as adaptive or constructive coping strategies. Some are maladaptive, may raise stress level (non coping). The categories are Reactive coping- which occur after stress and Proactive coping- which prevents future stress. Both have impact on human beings and stimulate stress .(Lazarus, 2008)

FINDINGS

- i. Child disorders are the common disorders found in psychological development. It was found among the respondents, children (15%) and parents (23%) in one form or other.
- ii. Conduct disorders include hesitations to do or not to do certain norms which are the accepted pattern of behaviour of any society. The rules of society are not followed due to lack of proper socialization. These disorders are limited to family and friendship circle. This type of symptoms include frequent lying, stealing, running away, physical violence and cruelty towards brothers sisters and even pets. Lying was found among 7% children. Some kind of violent behaviour and cruelty to siblings were found among 4% children.
- iii. Enuresis- (voiding urine at inappropriate places) and Encopresis- (repetitive passing of faeces at inappropriate time or place) was found among 8% children. In anganwadis usually this type of trainings are provided and reiterated through common timings for adherence.
- iv. Hyper activity and impulsivity (act before thinking- difficulty in waiting for turn) are found in 1% cases each. (behaviour modification- treatment- counselling and supportive psycho therapy can be given in such cases)
- v. Habit disorders like thumb sucking, nail biting, teeth grinding, picking of nose, wallowing of air-aerophagia and head banging were found among 10% of the children.
- vi. Anxiety disorder is occurred due to disorder of mood and emotions . This is also found among the children (2%).
- vii. Eating issues are reported by 12% of the respondent parents.
- viii. Weight gaining or over weight disorder was found among 6% children.
- ix. Lack of exercise was a concern for 14% children, in their parents view
- x. Lack of entertainment was another concern for 6% children
- xi. Behavioural issues in general was noted in 27% cases.
- xii. Coping issues were observed in 33% children and 78% parents.

- xiii. Learning disability or delay in learning was found among 20% children
- xiv. Separation anxiety disorder was not found among children as they were always with their parents due to lockdown.

SUGGESTIONS AND WAY FORWARD

- a. Psychological well being is necessary for both the parent and the child. It is the subjective feeling of contentment, happiness and with life experiences and one's role in the world of work, sense of achievement, utility, belongingness and no distress, dissatisfaction or worry.
- b. Individual act is the first strategy which directs to share to your friend, colleague about your feelings which will help you manage your stress. Parents may be advised to share their stress with other parent friends.
- c. Group meeting of parents shall be organized at anganwadi or clusters to get socialized and get accommodated with similar issues or experiences. Spending time together is advisable .
- d. Individual acts are sometimes not enough to alleviate long term stress as there are factors beyond our direct control. Then some group therapy may be necessary with the intervention of a psychiatric social worker or psychologist.
- e. Coping is an important grieving process and family acceptance aspect. Different coping mechanisms may be learnt or provided through the anganwadi's system.
- f. Behaviour modification therapies may be given to the children who have underwent stress issues, through anganwadis or the mental health authorities of National Health Mission.
- g. Counselling sessions for parents as well as children may be useful. Linkage with DISHA (mental health) program of government of Kerala shall be more useful.
- h. Sharing concept may be promoted among children and parents so as to flow the unconditional flow in both directions which will ultimately develop self confidence.
- i. Recreational activities and exercises or Yoga may be attempted for imparting creative training methods.
- j. Good food habits shall also be promoted with supplement through anganwadis for good physical health. (alternate food supply mechanism shall be developed during such future incidences like home based supply).
- k. Behaviour modification therapy may be given to children and parents in need.

CONCLUSION

There is a saying that children are assets for the future. Keeping it in mind an attempt has been made to identify the causes, consequences and effects of COVID-19 imposed lockdown on anganwadi-going

pre-school children and their parents. Intervention in mental, social and environmental aspects of the children and parents is a need of the time. The results carry a message to the parents, governance systems and institutions, welfare bodies in government as well as private and NGO sector. Donor agencies working for children can also have a birds eye view on the findings and contribute in the future development initiatives across the country and the public at large.

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