Contribution of Child Care Centers to Early Childhood Development

A case study from the Kathmandu Valley of Nepal

By

Raj Kumar Baral

A thesis submitted to Tribhuvan University, Faculty of Education, Dean's Office

In partial fulfilment of the requirements for

The Master of Philosophy in Education

April, 2011

Table of Contents

Abstract

This thesis explores the contribution of child care centers in Kathmandu valley to early childhood development. Relevant data was collected through questionnaires, interviews, observation, and discussion with over one hundred participants. A general review of pertinent literature is also included to gain perspective. A broad range of theoretical lenses were used to analyze and interpret the data including the perspectives of early childhood development, economic, cultural sociology, and psychology. Analysis of the data showed that commercial child care centers in Kathmandu are in crisis: they need to contribute more to mental and psychological development of the children. Due to economic constraints - they have inadequate materials, facilities, and number of teachers. To address these issues, the author suggests that a special authority be created immediately to monitor commercial childcare centers and create common standards for their operation. Additionally, a policy to include teachers and parents in the management of and decisions making procedures of CCCs should be implemented.

Library Release Form

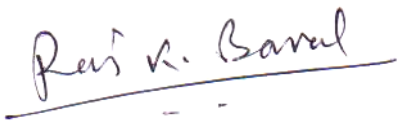
Name of the author Raj Kumar Baral

Degree Master of Philosophy in Education

Year of the degree granted 2011

Permission is hereby given to Tribhuvan University to reproduce single copies of this thesis and to lend or sell such copies for private, scholarly or scientific research purposes only.

The author reserves publication and other rights in association with the copy right in the thesis, and except as herein before provided neither the thesis nor any substantial portion thereof may be reprinted or otherwise reproduced in any material form whatever without the author's permission.



_____

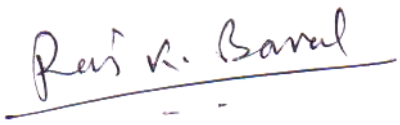
Kathmandu, Nepal

April, 2011

Declaration

I hereby declare that this thesis has not been submitted for the candidature for any other degree.

I understand that my thesis will become a part of permanent collection of Tribhuvan University Library. My signature below authorizes release of my thesis to any readers upon request.



_____

Raj Kumar Baral

April, 2011

Contribution of Child Care CentersVIII

Acceptance and Recommendation

The undersigned certify that we have read, approved, and recommended to the Faculty of Education, Dean's Office, Tribhuvan University for acceptance, a thesis entitled **Contribution of Childcare Centres to Early Childhood Development: A Case Study from Kathmandu Valley of Nepal** by Raj Kumar Baral in partial fulfilment of the requirements for the degree of Master of Philosophy in Education with specialization in Development Studies.

Prof. Bidya Nath Koirala, Ph.D.
Supervisor

Prof. Dr. Prem Narayan Aryal
External Examiner

Prof. Dr. Pradeep Chandra Gautam
External Examiner

Prof. Dr. Basudev Kafle
Member of the Research Committee

Member of the Research Committee

Date: April, 2011

Acknowledgements

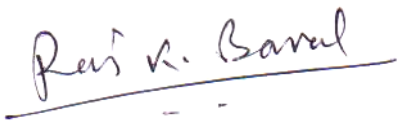
I would like to express intense gratefulness to Prof. Dr. Bidya Nath Koirala, my supervisor of this dissertation. I am grateful to him ever for his invaluable support and encouragement throughout this research work. His moral support and continuous scholarly guidance enabled me to accomplish this task successfully. Without his guidance and persistent help this thesis would not have been possible.

I pay my due respect to numerous intellectuals who have contributed knowledge with deep academic researches to the field of early childhood development. I did this academic work standing on their findings. I would like to express the deepest appreciation to the external examiners of this thesis Prof. Dr.Basudev Kafle, Prof. Dr. Prem Narayan Aryal and Prof. Dr. Pradeep Chandra Gautam for their useful suggestions.

Similarly, I like to deeply thank to my international friends like Laura Mulvey and Cris Hugo, USA, Cara Santosi, University of Toronto, Canada who provided me with useful and helpful assistance.

I am especially indebted to my parents, Jog Raj Baral and Nara Kumari Baral, my family members Ananda Raj Baral, Sarmistha Baral, Akrita Baral, Abhishek Baral, and my wife Binita Pokhrel for their love and support throughout my life. Their unconditional love and inspiring perspectives on education have brought me to this level. My deepest appreciation goes to Mr. Narendra Pariyar and Yegya Bikram Acharya of Afo-Nepal for their support and encouragement.

Finally, I thanks to my friend Mr. Noor Jung Shah for his help in formatting this thesis in to APA standards. Many more people have directly or indirectly contributed to this work and I am grateful for their support and efforts. Thank You!



……

Raj Kumar Baral

Abbreviations

ADD	Attention Deficit Disorder
AECD	Aboriginal Early Childhood Development
BPEP I	Basic and Primary Education Project I
CBECD	Community Based Early Childhood Development
CCC	Child Care Center
CERID	Research Centre for Educational Innovation and Development
DEO	District Education Office
DTP	Diphtheria Tetanus and Pertussis
DOE	Department of Education
ECE	Early Childhood Education
ECCE	Early Child Care Education
ECCRN	Early Child Care Research Network,
EFA	Education for All
EFA-NPA	Education for All-National Plan of Action
GUC	Grown Up Children

IDA	Iron Deficiency Anemia
I/NGOs	International/National Non-governmental Organizations
KG	Kindergarten
LDTA	Local Development Training Academy
M.A.	Master in Arts
MMR	Measles Mumps and Rubella
NICHD	National Institute of Child Health and Human Development
NPOA	National Plan of Action
SCN	Save the children Norway
SC-US	Save the Children United States
SES	Socio-economic Status
SK	Shishu Kaksha
S.L.C.	School Leaving Certificate
T.V.	Television
UNICEF	United Nations Children's Fund
WDTC	Women Development Training Center

CHAPTER I

Introduction

Urbanization, capitalization and the labor market are three influencing factors in the worldwide growth of commercial child care centers. Urbanization has led women to become more engaged in non-domestic activities. Capitalization has enabled them to exchange house work for cash-earning businesses instead. In addition to these new opportunities, the labor market has furthered the economic ambition of women, by increasing their awareness of the rights of women as a whole. The affects of these influencing factors have in turn, resulted in a rapid growth of commercial child care centers, particularly in urban areas around the world.

This study has examined the contribution of child care as non-parental care. NGOs regularly create, support and promote child care centers for underprivileged children where care and education are provided by persons other than immediate family members. It is assumed that these care takers offer the benefits of i) lower child to adult ratios; ii) specialized training; iii) and stimulating environments.

Maternal Child Care Versus Non-maternal Child Care

Authors and experts in these fields, such as Schonkoff, DA Phillips (eds.), 2000), Fox, Fein (eds.), 1990), Lamb in Sigel, Renninger KA, (eds), Wiley, Damon (ed-in-chief) (1998: pp.73-134) (5th ed; Vol. 4) have been involved in the debate on the effects of early non-maternal child care to child development for many years. They have generated differing opinions through the gathering of empirical evidence. Some researchers argue that non-maternal child care can be as beneficial for successful child development as the care given by a child's own birth mother. At the same time, other researchers have argued that when children spend excessive time in non-

maternal care arrangements during the early years of life, they will be more likely to develop insecure attachments to parental figures and demonstrate sensitive, though by no means clinical, levels of externalizing problem behavior (e.g. aggression or disobedience). Similarly, authors such Bates, Marvinney, Kelly, Dodge, Bennett, and Pettit, (1994;30,5, pp.690-700), Belsky, (1988;3,3 pp.235-272), Belsky, and Miller (2001;42,7, pp.845-859) have focused on the quality of care and claim that in environments of high-quality care, non-maternal care-providers (commercial child care centers in this context) also might be attentive, nurturing and stimulating. There have been numerous studies conducted on this topic. These studies have simultaneously examined multiple features of child care. Since most focus on the quality or type of care, they disregard issues such as the amount of care provided or the age of a child's entry into care. (Burchinal, Roberts, Nabors, Bryant, 1996;67(2), pp. 606-620; Howes, Phillips, White : 1992;63(2), pp. 449-460; Phillips, McCartney, Scarr, Howes, 1987;7(3), pp.8-21, Belsky, Emanuel Miller, 2001;42(7), pp. 845-859).

In the face of such challenges and the limits of available research, in the early 1990s the American government initiated the largest and most extensive study of the effects of non-maternal child care ever conducted, entitled the National Institute of Child Health and Human Development（NICHD) Study of Early Child Care. Among the conclusions reached by this study are the following points:

1. Children are somewhat more likely to develop insecure attachments to their mothers by 15 months of age when they experience more than 10 hours of non-maternal care per week in the first year of life, or a more than one child care environment during the first year of life, or low-

quality child care *and* mothering that is relatively low in sensitivity. (NICHD Early Child Care Research Network, 1997;68(5), pp. 860-879).

2. Patterns of mother-child interaction from 6 to 36 months are less harmonious when children spend more time in any kind of non-maternal child care (irrespective of its quality). (ibid, 2001;37(6), Pp. 847-862).

3. Children demonstrate higher levels of externalizing problems (as reported by caregivers, mothers and/or teachers) when they spend more time in non-maternal child care across their first 2 to 4 ½ years of life, irrespective of child care quality (ibid, 1998;69(4), pp. 1145-1170; ibid, 2003;74(4), pp. 976-1005). This effect is no longer apparent, however, by the time children are in third grade, around the age of 8. More time in child care through the first 54 months of life is a believed to be the predicator of higher levels of teacher-reported low social competence and poorer academic work habits (ibid, 43, pp. 537-570).

4. Children who spend more 4 times in child care centers specifically also demonstrate higher levels of behavioral problems, more so than children who have spent time in any other kind of child care. These behavioral issues present through the third grade. (ibid: 2003;74(4), pp. 976-1005; & 2005;43:, pp. 37-570).

5. Children who experience a higher rather than a lower quality of non-maternal child care demonstrate somewhat higher levels of cognitive-linguistic functioning at 2 to 5 years of age. NICHD Early Child Care Research Network, 2005; 43, pp. 537-570), (2000;71(4), pp. 960-980), (2002;13(3), pp. 199-206), (2002;39(1), pp.133-164) (2003;39(3) pp. 451-469).

The findings above imply that child care and the quality of child care are terminologies that are to be considered seriously in the context of the effects of child care centers on early childhood development. Child care may be defined as non-parental care in a child's own home, someone else's home, or in a centre that can provide children with nurturing and learning opportunities that complement or supplement those provided at home. It can also provide support services for working parents and, in some cases, can contribute to reducing the number of children living in poverty, or provide respite care for children at risk of being harmed in their own families. Whether child care can enhance a child's social and emotional development depends on the quality of the care provided. Quality of child care is defined not as the form of care (e.g., in the home, or in a centre), but the provision of nurturing relationships, a stimulating environment, and basic health and safety.

Families with more material, social, and emotional resources tend to use higher-quality child care (Shonkoff & Phillips, 2000). In order to determine the influence of child care quality levels on childhood development, both the quality of care within the family and that which is provided in non-parental child care facilities must be measured and compared. Measuring the impact of early non-maternal child care requires longitudinal research. Furthermore, since there are currently no critical time periods identified in the influence of various environments, home and wider community contexts, on child development, longitudinal research studies should apply ecological models that measure influence over time. Although the structural aspects of child care (i.e., the formal education of a caregiver) do correlate with care quality in the short term (i.e. caregivers with more formal education tend to care for fewer children at a time), there are no single indicators of quality in child care formally identified. There are indicators that the factors that influence child care quality levels may differ across varying demographic groups, such as

race, ethnicity, culture or home-language (ibid). It has been noted that the practices used to create quality in child care differ among these demographic groups as well (Wishard, Shivers, Howes, & Ritchie, 2003;18(1), pp. 65-103).

There is a solid body of evidence linking child care quality to concurrent child development and an increasing body of literature regarding further long-term consequences. Such findings are consistent across studies and across families that vary in demographics and income level. Only a few studies have attempted to define the level of quality needed to be associated with optimal development. (Burchinal, Howes, Kontos, 2002;17(1), pp. 87-105), (Howes, Phillips, Whitebook, 1992;63(2), pp. 449-460), (Peisner-Feinberg, Burchinal, Clifford, Culkin, Howes, Kagan, Yazejian, 2001;72(5) pp. 1534-1553). These studies, all conducted in licensed child care centers or family-run child care homes, suggest that the threshold of quality is very high, much higher than the modal child care arrangement. However, in some studies when children do experience high-quality child care, the child care itself emerges as a protective factor for children (Shonkoff & Phillips, 2000).

With further reading into this subject, yet another body of research suggests that the age of entry into child care is not a risk factor to child development in and of itself. However, very early and extensive exposure to low quality child care facilities does have negative effects. In addition to research that links low quality child care to less-than-optimal child development, other studies have shown that any form of extensive early child care may interfere with the development of harmonious mother–child interaction. For example, the NICHD Early Child Care Research Network found that infants and toddlers with more hours of child care experienced less positive mother–child interaction.

Some studies have found that non-parental child care experiences can lower the strength of parent–child relationships in early child development (Egeland, Hiester, 1995;62(2), pp. 474-485) (Jaeger, Weinraub,1990;49(Fall), pp.1-90) (Oppenheim, Sagi, Lamb, 1988;24(3), pp. 427-433). However, recent evidence from the NICHD Study and other research indicates that families continue to maintain ultimate importance in child development, and that familial influences are consistently stronger and more pervasive than the effects of non-parental child care (Clarke, Gruber, & Fitzgerald, 1994;NICHD Early Child Care Research Network, 1998;34(5), pp.1119-1128).

Positive associations have been consistently demonstrated between higher-quality child care and greater cognitive and language development in a child's first 2 years of life. This fact remains even when taken into account alongside other potentially influencing factors such as family selection, cognitive stimulation received in the home, and a parent's language skills. Similarly, increased childhood experience with care centre-based child care was found to be related to greater language development (i.e. improved speech production) at 15 and 24 months, as well as better cognitive development by age 2, allowing for familial factors as well as language stimulation in the child care setting (Encyclopedia on Early Childhood Development, 2004).

In particular, child care offers opportunities for more extensive social contacts with peers and adults, and thus may open an extended social world for children. Positive child care experiences may also enhance later educational opportunities, such that those experiencing early non-parental child care are better able to benefit from education, adjust to routines, and resist conflicts. Nevertheless, home remains the emotional center of children's lives and it is important

that supportive parent–child relationships not be harmed by child care experiences even when children spend considerable amounts of time in child care (Ahnert & Lamb, 2003;74(4), pp. 1044-1049), (Ahnert & Lamb cited in Tremblay, Barr, Peters)

Child care quality

Child care quality can be accessed via structural features of the child care setting, including, child–staff ratio, group size, and caregiver education and training. These kinds of variables are relevant to formal policy development, as governments can and do regulate child care programs. For example, a ratio of 3 or 4 infants to 1 teacher is generally accepted to be a quality threshold in western countries. Child care quality can also be assessed based on observations of behaviors that reflect positive interactions between children and their teachers or peers. In high-quality care centers, teachers are sensitive and responsive to children's needs, offer a language-rich environment, organize activities that promote intellectual development, and encourage children to conduct themselves with proper social etiquette. Children who experience high-quality child care achieve higher scores on aptitude and language tests, demonstrate stronger social skills and develop fewer behavioral problems (Lamb in Sigel & Renniger, 1998, pp.73-134), Encyclopedia on Early Childhood Development, 2004).

Hours in child care

Although the literature is mixed, there is increasing evidence that the number of hours a child spends in non-maternal child care may constitute a risk factor for the development of behavior problems, including aggression. Some researchers link such a risk with infant child care in particular; however, other researchers have failed to replicate this finding, even when using the same data set. The NICHD researchers found that the more time children spend in any

of a variety of non-maternal child care arrangements during the early years of life, the more negative behavioral issues (i.e. aggression, disobedience) and conflict with adults they manifest by 54 months of age and during kindergarten. (Lamb in Sigel & Renniger1998, pp. 73-134), Baydar & Brooks, 1991;27(6), pp. 932-945), (NICHD Early Child Care Research Network : 2003;74(4) pp. 976-1005). Surprisingly, these findings do not vary as a function of child care quality. This is where I felt the need to qualify that the effects of non-maternal child care on childhood development are relatively insignificant; that most children who experience extensive non-maternal child care do not automatically develop behavioral problems, and that the prevention of such effects is unclear – i.e. parents with more difficult children enrolling them in non-parental child care for longer hours. In future work, it will be important to identify the extent to which the number of hours spent in non-maternal child care poses a risk to positive childhood development. For example, some researchers have speculated that large group sizes (i.e. exposure to too many peers) may increase the likelihood of behavioral or social interaction problems going unnoticed, and therefore uncorrected, by caregivers.

Types of child care

Children attending child care centers and child care homes have higher rates of early communicable illnesses, including ear infections, upper respiratory illnesses, and gastrointestinal illnesses (Johansen, Leibowitz, & Waite, 1988;78(9), pp. 1175-1177).

Similarly, more research is needed to assess how the differing individual characteristics among children, such as temperament, curiosity, cognitive ability, and gender, influence how they experience child care. In most of the studies conducted so far, familial variables are typically better predictors of a child's development than child care variables. Indeed, the effects

of non-maternal child care are often dependant on familial factors. For example, high-quality child care may buffer a child from the negative influence of maternal depression and therefore avoid negative effects to their social and emotional development as a result of this familial issue. Families making decisions about child care arrangements should be heartened by the knowledge that, when all is said and done, it is the familial care they provide to their children that has the most significant and lasting influence (McCartney in Tremblay, Barr, & Peters, 2004, pp. 1-6).

Research evidence supports the contention that better quality child care is related to better cognitive and social development in children. While the direct effects of child care quality can only be demonstrated as being in the minimum to moderate range, they are still found even after adjusting for family selection factors, related to both the quality of child care and to the completion of childhood development. Numerous studies have identified short-term effects of the quality of child care on a child's cognitive, social, and emotional development during the preschool years. Longer-term effects lasting into the elementary school years have also been identified, although fewer longitudinal studies have been conducted to examine this issue. Moreover, these results indicate that the influences of child care quality are important for children from all backgrounds. While some studies have noted stronger effects on children from less advantaged backgrounds (suggesting that this issue may be even more critical for children already at greater risk for school failure) the findings indicate that children from more advantaged backgrounds are also influenced by the quality of child care (Peisner in Tremblay, Barr, & Peters, 2004, pp. 1-7).

The dimensions of experience these studies cite as important include age of entry, hours in child care, type of caregiver and setting, and child care quality. Quality for them has been

defined in terms of both process (activities) and structure (teacher characteristics, class size, etc.). In most countries, specifically developing ones, these factors range typically range from poor to mediocre.

Specialists in early childhood education and child care largely agree on the main features of a good, high quality, inclusive child care system. The establishment of such a system depends, however, on effective government support. It is in this area where the comparative analysis of child care policies, drawing on interdisciplinary research tools and concepts, can make a contribution. Early systems of classifying policy patterns highlighted the important question of whether existing policies fostered the development of an integrated system of early childhood education and child care. More recent research, informed by the work of sociologists and political scientists, has helped to locate child care within the wider set of relations governing the respective roles played by states, families, and markets (Mahon cited in Tremblay, Barr, Peters, & Boivin, 2008, pp, 1-6). This literature sets the background for the academic debate concerning the contribution of child care centers in the following contexts: (i) maternal child care vs. non-maternal child care, (ii) child care quality, (iii) hours in child care, and (iv) type of child care. Of specific concern to this research paper is the contribution of all of these factors to early childhood development (ECD) in reference to Kathmandu valley. The following section presents an historical background of ECD within Nepal and its contribution to child development.

Contribution of early childhood development: The case of Nepal

Though the terms kindergarten and nursery class are understood in the same meaning with pre-primary level education, the objectives, focus, target groups, programming and learning

activities within these two streams are different (Tamang, 1997). The age-span of ECD set by the United Nations (UN) standard for pre-primary level education is 0-8 years old. Typically, this age group is further divided into two ranges: infancy (0-2 years) and early childhood (3-5years). These two stages, in turn, have distinct development characteristics (Shrestha, 1997). Early childhood development has been a primary area of concern for partners involved with the education system of Nepal, specifically the following groups: (i) private and government schools, (ii) colleges and universities, (iii) ministries, and (iv) I/NGOs. Pre-primary education has more academic orientation. Historically, there have been regular and repeated efforts made by various sectors related to ECD to improve the current system since 1949 AD when the first pre-school was established. These efforts have come in varying forms of monetary investment, time investment and the application of services (Koirala & Darlami, 2009). Following such activities, measuring return on investment has also been vital to determine and gain support for further strategic investment in ECD. Distinctly, children from ECD and non- ECD backgrounds can be differentiated. ECD children are more oriented towards process learning and non-ECD children towards product learning. As a result, when evaluated, children from an ECD background are able to conserve and de-center objects while their non-ECD counterparts are less able. Some increases in the ability of ECD-exposed children to more concretely express themselves have also been noted; however they are not dramatic differences from non-ECD-exposed children. Whereas the abstract ability of children from both backgrounds was nearly same, only minimum differences were found and results varied according to places and events (ibid).

In terms of quality and development challenges, Neupane (2009) states that with the increasing volume of ECD centers in Nepal and a limited pool of educated and formally trained

facilitators to run them, the present challenge facing these centers is to ensure quality education. In urban areas and large cities privately run ECD centers are emerging with programs that are heavily academic-focused, whereas in rural areas, government-run ECD centers are predominant, where the facilitators typically have less formal education and no practical training. Most parents in these areas are satisfied if their children develop any rudimentary writing skills (i.e. the alphabet, basic letters and numbers) after months of attending a center. Therefore, all educational objectives or any sense of duty to develop children holistically in the homes are abandoned completely. Instead, children are either burdened with heavy academic loads at early ages or they receive no guidance and are not educated properly according to their developmental levels. Despite these conditions and their potentially negative effects, Nepalese motivation appears to be influenced completely from the internationalism of ECD education in the global context.

Since its foundation, Nepalese Ministries and line agencies other than the Education Ministry have been involved in the ECD programs at various levels, both directly and indirectly. For example, the Women Development Training Center (WDTC), which is part of the Local Development Training Academy (LDTA) has been involved in the development of local women for several decades. Recognizing the volume of rural children without proper child care for their mental and physical development, in 1972 the WDTC established a training center as an experimental child care center (CCC) at Saibu Bhaisepati village in Lalitpur district. Since then, additional child care centers have been established in many other districts of Nepal (CERID: 1997). The concept of the child care center involves assuming daily care for children whose mothers are engaged in household and agricultural activities, must work full time to maintain their livelihood (ibid).

Agriculture Development Bank was involved in the development of ECD programs through the Small Farmers Development Project (SFDP). INGOs, particularly Plan Nepal, United Nation Children's Fund (UNICEF), then Save the Children United States (SC-US), and Norway, now only Save the Children, have also been involved in the ECD programs in Nepal for the last 3 decades. Other donor-supported projects also contribute to various ECD programs as side projects. At the same time, BPEP I has also started an ECD – the Shishu Kaksha (SK) which operates similarly in the traditional ECD line. The Shishu Kaksha was designed for older children in the primary school system. While CCCs were developed for the care of the children from 2 to 6 years old, Sishu Kaksha provides child care services for the 3 to 8 year age-range. CCC has vague and complex objectives such as cultivating morality and discipline by creating a wholesome environment.

Nearly six decades after the initiation of early childhood development education in Nepal, an impressive growth rate in the number of opened and operating ECD centers both in public and private sectors is evidence of their relevance and need. However, the challenges for extending these services to rural, poor and disadvantaged communities remain strong. Unfortunately, quality has not kept pace with the quantitative growth in the number of ECD centers occurring in Nepal. Quality is not guaranteed in the curriculum, physical facilities, child development services, education materials, teacher quality, child care, financing and overall management. Even in physically better equipped and more expensive private sector ECD programs, the focus tends to be on academic achievement of children rather than on their holistic development. This is partly due to demand and pressure from parents and prestigious schools to excel in entrance tests for grade one class. The government prescribed curriculum for ECD centers is geared towards the holistic development of children but its implementation is weak in

government-supported ECD centers. The reasons for weak implementation of the curriculum are varied. Pande (2009) has explored a number of these causes (presented here chronologically). First, the physical infrastructure of both the school-based and community-based ECD centers is inadequate. The rooms used to seat the children are often uncomfortable. They lack flooring and furnishing suitable to the age group. Drinking water and toilet facilities in most of the ECD centers are unsatisfactory. Health care and nutrition are primarily limited to privately run and international agency-supported ECD centers. Children in most of the government-supported ECD centers have access to only a few means of amusement and educational materials to engage in creative activities.

Secondly, not all teachers\facilitators at these centers are qualified and motivated to run ECD classes. Since the minimum required education in Nepal is grade 8 completion to qualify as a facilitator in government-supported ECD centre, the facilitators usually lack knowledge and skills necessary for the holistic development of children. There are rare cases where the facilitators pursue ECD as their career. For many it has been a part time job while they are studying. Moreover, the low amount of remuneration given to facilitators is not motivating them to keep their positions for a long time.

Thirdly, majority of the parents, especially in rural areas do not appreciate the importance of an ECD program for their children. Thus attendance is irregular and the facilitators are not getting minimum cooperation from the parents to make the programs work. Although the government is committed to EFA goals, the ECD program in Nepal is not financially secure yet.

The current level of government funding is inadequate for all aspects of an ECD program. Only a limited number of ECD centers have been able to arrange for additional

sources of financing. The future of ECD centers supported by international agencies is uncertain as there is no guarantee for continuity of such support. Finally, the overall management of government-supported ECD centers is in great need of improvement. Although a mechanism for the coordination of ECD-related activities is in place at the policy level, it is not functioning. The situation is similar at the district level. The majority of management committees of individual ECD centers have not been able to mobilize the physical, financial and human resources they need to offer good quality ECD programs.

For the reasons described above, children in Nepal, especially in government-supported ECD centers, in general have not been able to benefit from high quality ECD programming. Improvement in these conditions is sure to result in more joyful and meaningful ECD programs and the better development of Nepalese children.

Moreover, there are institutions like Montessori and kindergarten centers, who, in contrast, maintain good infrastructures and highly trained teachers in advanced ECD principles. These centres are primarily located in the larger urban areas of Nepal. Similarly, there are thousands of privately-run day care centers and schools that are offering much more effective and properly funded ECD programs. However these centers are not monitored and evaluated by government agencies for compliance to basic policies. In this context, this study was designed to examine the contribution of child care centers in the Kathmandu Valley to early childhood development.

Problem statement

Child care centers run by private investment and international NGOs must also be taken into account as a part of Nepal's ECD education system as they are ECD education institutions offering services to Nepalese children. Today, children under the age of 5 years spend more of their time in the day care centers than they do in their homes with their parents. So, the physical, social, intellectual and emotional development of children depends on the business performed inside these centers. Evidence suggests that high-quality child care is associated with moderate gains in the cognitive, linguistic, social and emotional development of children. Quality child care is also associated with the increased cooperation and compliance with adults, as well as social interaction with peers (Synthesis on child care (0-5 years), Encyclopedia on Early Childhood Development - iii - ©2006 Centre of Excellence for Early Childhood Development). On the other hand, participation in low-quality child care, dealing with excessively large groups, spending long hours in child care and instability within the child care environment may have a negative impact on early childhood development.

District Education Offices (DEO), as state authorities, Plan Nepal, UNICEF, Save the Children US (SCUS), Save the Children Norway (SCN) and more recently Save the Children, as an international community involved in developing the ECD education system of Nepal. DOE and Plan Nepal have developed their own curricula whereas the other agencies, SCUS, SCN and UNICEF, rely on local curriculums to develop their programs. These three agencies have however developed facilitator manuals for daily activities within their ECD centers. This implies that there is still a lack of curriculum and learning materials that have been locally developed for ECD centers of Nepal (CERID, 1997).

Increasing rates of industrial growth and urbanization within Nepal are resulting in day care centers rapidly emerging in the Kathmandu Valley area. As the result, children are being detached from their parents more regularly in Nepalese society. Parents assess good child care by the overall development of their children but the centers they are sending their children have been found to be providing low quality service and are not meeting the needs of the children in their care. Some centers have been established illegally, not obtaining legal registration. Those centers that have been established legally are never assessed or monitored by any government agency. There is no such culture for this form of regular monitoring and evaluation within Nepal. Most of child care centers of Kathmandu Valley area visited during the research gathering stage of this proposal were found to be providing services primarily from non-professional facilitators. None were found to be meeting all ECD quality standards. In general, child care centers in Kathmandu are designed to profit and benefit the proprietors, not the children they serve.

Available literature shows that there is currently no any significant academic or action research being conducted about the contribution of commercial child care centers to early childhood development in the context of this research area within Nepal. Comprehensive study and analysis into the quality of services being provided by child care centers is thus, not only a need of concerned consumers in Nepalese urban areas, it is also their right.

Similarly, there should be a thorough and professional assessment of child care centers from different theoretical perspectives by concerned individuals, affected institutions and the Nepalese academic community. It is therefore, by this logic, that this paper has undertaken the in-depth study of the contribution of child care centers to early childhood development in the Kathmandu Valley.

Literature review in preparation for this paper was conducted while focusing on several viewpoints or objectives. These include: i) the lack of available literature on the independent contribution of Child care centers ii); the goal of going beyond currently available knowledge on the physical, mental/educational and psychological issues of development; iii) evaluating ECD from a socio-cultural context; iv) applying a deductive approach of interpretation rather than theoretical; v) examining and determining general availability of ECD services; and vi) assessing field research from a qualitative perspective. From these points of understanding this paper attempts to examine the contribution of child care centers of Kathmandu Valley and suggest new directions for improvement.

Significance of the study

This study was focused on the contribution of child care centers to early childhood development. The scope of this research did not include Child Care Centers (CCC) from the Women Training development Center or advanced private centers founded on modern ECD principles, and well infrastructures. Although there were some centers selected for review from private schools and NGOs, the primary focus of this research of was commercial child care centers available to the general public

Currently there is no specific government authority in place to monitor and evaluate the quality of service provided at commercial child care centers. Therefore, this study covers an entirely new area of research in the context of early childhood development. This study covers only small portion of potential research into childhood development, however, it has been designed and conducted with the intention of accurately representing the existing condition of commercial child care centers in the Kathmandu Valley and their contribution to

early childhood development. The results of this study will benefit child care center professionals by identifying weaknesses in the Nepal ECD educational system and suggesting strategies for improving ECD standards in the future.

This research can be useful to professionals involved in Montessori and Kindergarten institutions as well. ECD academics can also gain insight from this research. Grade school teachers, primary school teachers, teachers at professional child care centers, parents and other stakeholders of ECD programs will also find the study beneficial.

This research will help to advise policy-level experts in the development of better policies and practices for ECD institutions. Likewise, researchers of ECD and others in academia will also benefit from this research as a comparison study of the standards of services provided by ECD-based child care centers and commercial day care centers.

This study is intended to provide insight into materials and resources for development currently in use by commercial centers and to review their weaknesses and strengths. The study examines parental expectations of both child care centers and their own children. Finally, it promotes creativity and avoids duplication in the field of ECD. These are the grounds upon which this study was conducted.

Objectives of the study

Primary study objectives:

I. To identify the expectations of parents from commercial child care centers.

II. To explore the physical, mental and educational contributions of child care centers in the Kathmandu Valley to early childhood development.

III. To assess the uses and impacts of teaching/care giving materials on early childhood development.

Research questions

The following research questions were posed by this study:

1. What are the contributions of commercial child care centers to the physical development of children?
2. What are their contributions to the educational development in children?
3. What are their contributions to the mental/psychological development of children?
4. What are the expectations of parents from commercial child care centers?
5. What are the teaching/care giving materials used at commercial child care centers and what are their impacts on early childhood development?

CHAPTER II

Methodology

Study population

There is no formal government or academic authority that holds accurate information and data on Kathmandu Valley area child care centers. This complicated the process of finding accurate empirical data for the purpose of this study. However, currently the Ward Office of Municipalities is considered to be the primary agency authorized for child center registration and control. However, most proprietors do apply for any form of registration and the Ward Office makes no effort for enforcement.

The role of commercial child care centers is being taken over by ECD-based Montessori and Kindergarten centers and the private schools that operate them. The number of commercial child care centers funded from private investment has been gradually decreasing. However, it is assumed that there are more than 100 commercial child care centers each in Kathmandu and Lalitpur. In comparison with these districts, Bhaktapur has low number of commercial child care centers because of the abundance of joint families. Senior retired members of these families care for the small children of the family and when children reach at school age, they are admitted to the private schools. However, commercial child care centers are serving a significant part of the population in the new settlements of the district. It is assumed that there are more than about 50 commercial child care centers in Bhaktapur district. So, on the basis of this information, 150 commercial child care centers were considered as the total population of this research. From within this scope, a total of 15 child care centers have been selected randomly as study

population. I selected five CCC from each of three districts of Kathmandu developing table of randam numbers as simple random sampling.

Tools and data collection technique

Questionnaire survey

As a research tool, I developed questionnaires for the proprietors, teachers and assistants, parents, and grown-up children (graduated) of the centers. The questionnaires covered the types of services provided, ECD-related materials available and the psychophysical impacts of ECD. The questionnaires were kept brief and broadly covered the main focus of the research. A total of 100 questionnaires were collected from proprietors, children, parents, and teachers/servers and children from the three districts of the Kathmandu Valley area collectively.

Observation form

During the research period, all of the sampled child care centers were visited and observed randomly. A checklist was developed for the observation and a questionnaire sheet was prepared to solicit information from various types of informants.

Discussion/interaction guideline

Face-to-face discussion was used to gather more detailed information and verify all related data collected during the research period. Discussions/interactions were held with all the sampled child care center organizers. The purpose of this tool was to verify the data gained from the questionnaire survey and it was used after the questionnaire survey.

Interview schedule

Interviews were conducted following the technique used in Babbie, 1995. Interviews were taken with the proprietors, children, parents, teachers/servers and grown up children from the child care centers. A total of 15 interviews, 5 from each district of Kathmandu Valley area (Kathmandu, Bhaktapur and Lalitpur), were conducted. As per the second objective of this study, interviews with the parents were taken to assess their expectations of the child care centers.
Validation of tools: These tools had been prepared in the guidance of my internal supervisor; Prof. Dr. Bidya Nath Koirala, so I claim these tools for my research is valid.

Delimitations of the study

My research focused on the contribution of commercial child care centers in the physical, mental, educational, psychological development of children. I also focused on the parental expectations of the centers. Moreover, I observed, catalogued, and analyzed the impact of the teaching materials used in the centers.

I examined the findings from the 15 commercial child care centers each from the three districts of Kathmandu Valley. In the sample group, I included three private schools promoting day care centers, two centers specifically targeted to children with disabilities, two centres from industrial areas in Kathmandu and Bhaktapur, and one NGO-run child care center. The remaining seven were commercial child care centers.

I examined data from 100 questionnaires collected, addressing all of three research objectives. Among the 100 questionnaires, 15 were collected from proprietors of the centers, 25 from teachers, 20 from grown-up (graduated) children, 20 from parents and remaining 20 were

from children currently attending the child care centers. For the children who could not express their information in questionnaire-form, an alternative information sheet was developed from close conversation with them.

Moreover, I generated data collected from 15 interviews conducted with each demographic group; proprietors, grown up children (graduated) parents, teachers and the children of sample centers. Information from the interviews was gathered collectively in a raw form, and then interpretation and triangulation of the data from different theoretical closure was performed.

Structured observation was also performed to gather information. Discussion and interaction with all respondents was organized to collect, verify and authenticate previous data collected.

Data analysis and interpretation

I refined and analyzed the data and information from different theoretical lenses. The main data analysis techniques applied were descriptive and analytical. Theoretical closure was related to the physical, mental, education and psychological development of children below six years of age. Moreover, I reviewed data beyond the ECD perspectives as well. Socio-cultural, psychological and economic theories related to the physical, educational and psychological development of the children were used in the data interpretation in order to assess the influence of society and culture on early childhood development. Furthermore, I also used the grounded theories as a subsidiary tool in order to interpret the data from different perspectives.

CHAPTER III

Literature Review

In this chapter, I have reviewed eight types of literature by categorizing it into eight segments each completing the other, i) historical interpretation; ii) philosophical interpretation; iii) EFA context; iv) terminology dilemmas their scope and limitation; v) policy context; vi) socio-cultural context; vii) child preparation and readiness context; viii) psychological context and practice behaviors categorically. I reviewed books, journals and Internet sources.

I have overviewed both the background history of ECD in Nepal, from its beginning in 1948, and the existing situation of ECD as institutional education in Nepal. I have tried to link the context of EFA with ECD education with reference to BPEP I and II, and reviewed of contribution of national and international organizations, including government organizations.

I tried to define the term "ECD children" as the pre-school, pre-gang age, pre-operational age, while also relating terminologies such as nursery, kindergarten, day-care, pre-primary, pre-school, Montessori, home-based and community-based child care programs. I have attempted to differentiate between all of these terms. At the same time, I have defined ECD, its scope and limitations. I compared the differences between the children with ECD exposure and those without. I reviewed international practices and standards of service in ECD centers where the rules of law exist and the government regulations are applied.

In following section of this report, I linked the literature related to socio-cultural landscapes and to ECD practices. At the same time, I also arranged the literature according to the local cultural practices and traditional health behaviors in the rural areas of Nepal. I also

arranged this literature along the continuum of child development. I observed the literature regarding maternal and non-maternal services and their influences on ECD children to verify the literature listed above.

The literature review revealed that ECD is widely accepted as the best preparation program of children for the formal education system. It is regarded as the foundation for educating them.

I collected information from different editions of Child Encyclopedias where enough books and journals were available. I attempted to systematically present the academic discourse regarding school transition, its meaning and scope. I have presented some of the ideas from these sources that describe the quality and attempts to attract consumers to the child care centers. At the same time, I also presented biological VS Environmental determinism in the context of ECD with reference to specific literature.

Again I collected literature on the development of school-readiness skills and school transition. I discussed this topic from a cultural point of view, and included the concept of Bernstein. I examined the ECD concept from a linguistic vantage, as well as sociological perspectives. I applied the literature of Retzer (2006) especially in this context. Again, I have included discussion about the relationship of school transition and child psychology.

In the next chapter, I present in depth information on brain development at a child ages and included Eastman's (2006) concept of brain development with graphical interpretation. I attempted to explain culture-specific aspects of human behavior and to bring literature from behaviorists, cognitive psychologists, and cognitive neuroscientists together in this context. At

the same time, I arranged data collected about development trends, school-readiness aspects and the characteristics of development trends as they apply to children from birth to 5 years of age. I examined ideas of development, social deprivation and frustration, children's motivation and physiological/neurological brain activities in personality functioning.

Following this, I have presented literature about teaching vs. learning conditions for ECD children. I reviewed the literature from both the teacher's point of view, as well from the ECD children's. I arranged the literature regarding teaching experience and its influence, alongside literature regarding student performance, and presented the literature regarding ECD children's attachment with their teachers alongside that covering teacher encouragement and its impact on educational performance.

In succeeding chapters, I took data from literature related to the importance and impact of play with special reference to the findings of Eastman (2006). Literature on the importance of health visit program in growth and development of ECD children with especial reference to latest research findings and also about immunization and its effects to ECD to protect from the diseases and prepare the healthy children. In the same section, I have gathered information on food and nutrition, eating habits and its impacts to digestive system, its influencing factors, problems and solutions. This information is mainly for caregiver of the child care centers. At the same time, I reviewed the relationship between attachment and feeding, and how the healthy feeding behaviors influence levels of attachment. In the same section, literature on food preference, peer-relationship, crying behavior and learning disabilities have been discussed. With reference to learning disabilities, I arranged the discourse on mathematical and reading disability as the Dyscalculia.

I have presented discourse about the preschool, its meaning, and curriculum. In addition to this, I have included discourse about aggression, attachment, play, sleeping behaviors, maltreatment (abuse/neglect) and their importance to ECD development. Moreover, I have also reviewed the general temperament of children. I have also presented literature regarding bilingualism.

I have gathered literature about the school-readiness of ECD children which has been repeatedly and massively arranged. This literature covers the wide areas of ECD scope. I could not link these all literature with my field however it provided me with wider insights about the terminologies and ECD content. Therefore, I included only a few relevant literature sources under separate topics after the conclusions of this research.

Historical evolution of ECD in Nepal

The history of Early Childhood Development began with the early development of human civilization. It existed widely from Greek civilizations to the West and Vedic civilizations in the East. The Greeks and Romans considered the child as an important member of the family and they took care to observe the rights and responsibilities of their children. Similarly, this was seen in ancient India too. Ancient Indians considered the child essential for a place in heaven and they reared their children with love and care (Shrestha, 1997, p. 27).

Philosophers like Jean Jacques Rousseau (1912-1778), Johann Heinrich Pestalozzi and others in the eighteen- century spoke for the child and his/her development needs. But the scientific study of child development began only with Charles Darwin (1809-1882), who for the first time kept records of systematic observation of his infant son in 1877 (ibid).

The history of ECD education for Nepal began in 1948 in the form of pre-primary education with the establishment of the first Montessori School in Kathmandu. Later on, it shifted to the laboratory school in 1956. Then, the Montessori school and Kindergarten (KG) section of the laboratory school was merged and operated as Kindergarten school. Likewise, ECD programs were being conducted in the private sector in the name of pre-primary education consisting of Nursery, Lower/Junior KG and Upper/Senior KG. At the same time, the government-funded ECD program was introduced and implemented under Basic and Primary Education Project (BPEP-1) in 1991. It was in the name of Shishu Kaksha (SK). More focus of SK was to prepare children for primary schools, and to minimize drop out and repetition rates at the primary level - particularly in grade one (ibid). It was then converted into Community Based Early Childhood Development (CBECD) centers in order to enhance community participation in ECD (CERID, 2004).

A total of 28000 CBECD centers are currently in operation in Nepal under government support (flash report, 20009/10). Alongside these government centers, 2000 centers are also supported by NGOs/INGOs and 5000 pre-primary classes are being operated in the private sector. The government has planned to establish 74,000 CBECD centers by 2015. To achieve this target, an average of 6000 new centers will need to be established each year (ibid).

A world conference was held in Jomtien, Thailand in 1990 on the theme of Education for All (EFA). One of the major goals of EFA was to expand the ECD program in the member nations. Likewise, the World Education Forum held in Dakar, Senegal, 2002 established six goals for its members, of which one was related to expansion and improvement of comprehensive ECCE. Nepal, being one of the signatory nations, showed its commitment to

these goals in 2001 and developed the EFA-NPA 2001-2015 to serve 80% of total children aged 3 to 5 years old in Nepal (ibid).

As mentioned in the EFA-NPA, there are three types of ECD programs in Nepal: (i) school-based programs, including pre-primary classes; (ii) community-based programs; and (iii) programs for children less than 3 years of age (ibid). In Nepal, school-based programs, including pre-primary classes, have been operating as the primary ECD program, however ECD, by definition, includes more than what this program offers.

The Nepal Government has developed national plans and policies for ECD in its five-year plans, the ten-year National Program of Action (POA) for Children and Development (1992), the EFA Plan of Action (1992-2000), and the BPEP I Master Plan (1991-2002).

BPEP II (1999-2004) also emphasized early childhood development. It recognized the importance of community participation and sustainable community-based ECD centers in coordination with NGOs and INGOs. The government provides support for level-wise training, curriculum development and material development. It also supports for the establishment of the ECD centers and in their monitoring and supervision. It also expects the help of local bodies like VDCs and municipalities.

Inadequate numbers of qualified facilitators, lack of institutionalized training resources, and sustainable employment resources are the problems facing ECD in Nepal (ibid). Similarly, there is a lack of professionals and resource support to the communities to start and sustain the ECD centers.

Culture and child care practice

For Pierre Bourdieu, culture is a realm of power struggle; it is related to the struggle over the means of violence that characterizes the realm of politics (Ballantine and Spade, 2001, p. 25). Each culture has its own approach to the physical care of children. For example; oil massage and tactile stimulation are well-known practices in the care of new borns in Nepalese culture. It is done from birth with special care paid to the whole outer parts of the body. It has nutritional value in the physical growth of the baby (Pradhan, 1981; Edouqrd & Gregory, 1985; Pradhan, 1992). Oil massage is applied usually twice a day or sometimes 3 times a day for the newborn baby. The massage is done in the sunshine or in a heated, warm room and passive exercise is done to the limbs. Molding is done to the facial parts in the every day. The eastern culture of oil massage for babies is a scientifically recognized practice for the healthy development of children (ibid). Similarly, a mustard seed pillow is used for the new baby to shape the head nicely. Besides this, a newborn baby is kept closely with its mother for her filial support. Commercial ECD centers lack all of the afore-mentioned care practices.

Commercial child care centers

The role of commercial child care centers not only contributes to the physical development of children, but to emotional and intellectual development as well. They affect the very influential role of the family, especially the role of the mother. Ribble (1970) states the importance of a mother's attention in child health. He states that the mother's touch has a definite biological implication in the regulation of the breathing and nutritive functions of the child (Montagu, 1978 as cited in Pradhan, 1992). Therefore, the question is how far the

caregivers of commercial child care centers can play the role of mother or not is crucial to this study.

The main contribution of commercial child care centers could be considered in the physical development of young children. Growth and development occur faster from the time of conception to birth and from birth to two years. It is difficult to keep up with how rapidly infants grow and change (Thapa, 1997). Child development is generally sped up by a mother or caretaker's actions, such as talking, reciting rhymes, story telling and encouraging speech. Besides parents, verbal stimulation is also provided by siblings, other children, grandparents and other adults in the environment of the child (Thapa, 1997).

Ideally, commercial child care centers at least should prepare the children for the formal education system. This is why they value for school-readiness and hence follow five determinants: ready children, ready families, ready schools, ready communities, and ready governments (Eastman, 2006).

Literature related to commercial child care center further explores the basic physical and mental ability for school-readiness. In these centers, a child should be able to run, hop, walk backwards for 30 meters, and control a pencil and scissors well. In addition to this, he/she should be able to throw a ball, claps hands, fasten buttons, operate a zipper, build with blocks, complete simple puzzles (5 pieces or less), copy single shapes, matches simple objects, and be able to draw and colour beyond simple scribbles (Eastman,2006).

The promoters of ECD centers also believe that learning begins at birth and neuroscientists have demonstrated that the earliest years count in regard to school-readiness.

They also feel that educational success is somewhat predicated on what children know and can do as they enter their first years of formal education (Bertrand, 2001 as cited in Eastman, 2006).

Commercial ECD centers also believe that a child should have reading readiness before graduating from the center; e.g. they should be able to look at books or magazines, recognize some nursery rhymes and identifies part of the body. They should be able to identify objects that have a functional use, tell the meaning of simple words, have some letter recognition and have the ability to express them verbally. They should be able to print their own first name, pronounce their own first and last names, and identify other children by name. Likewise, children at this stage of development should have the ability to complete the incomplete sentence with proper word, understand that print carries a message and read with left to right progression. They should have the ability to answer questions about a short story, to tell the meaning of words heard in a story, to looks at pictures and identify their story (ibid).

It is also argue that school-readiness skills by the of age 5 years old should include the basic concept of position and direction (i.e.up and down, in and out, front and back, over and under, top, bottom, middle, beside and next to, hot and cold, fast and slow). They should have listening and sequencing skills, be able to follow simple directions, and pay attention to a short story. Similarly, they should have ability to recognize common sounds, repeat a sequence of sounds, and re-tell simple stories in sequence (ibid).

School transition

Early childhood education (ECE) consists of organized, supervised programs with social and educational goals for children (up to school-entry age) in the temporary absence of their

parents, and encompasses a diversity of programs, varying in hours of operation, ages of children and socio-economic status (SES) of families. Examples of ECE include part-day preschools, child care centers, early intervention and family day-care programs.

ECE is not usually compulsory and receives less government funding than education for older children. Countries only develop policies to encourage parental participation. Such centers place high priority on quality by supplying qualified teachers and providing good remuneration to retain them. Parents also provide guidance to their children during this stage of education.

The transition between early childhood and elementary school is widely considered a crucial period in children's development (Pianta, Rimm-Kauffman, Cox in Pianta, Cox, (eds.), 1999:3-12). Early childhood education programs are valuable interventions to assist children in developing appropriate school-readiness skills to facilitate the transition to formal schooling. Some of these programs are targeted at disadvantaged children while others are provided for all children. There are important questions concerning the benefits of early childhood education programs for assisting children's transition to formal schooling and the level of quality required to produce these benefits.

Many reading specialists believe that early skills in reading and writing are essential. These can be obtained from kindergarten, majority of kindergartners today have had at least one experience in out-of-home group care environments, which vary from centre-based classroom settings, operating either full-time or part-time, to private family daycare homes (Zill, Collins, West, Hausken, 1995; NCES, pp. 95-280; Hofferth, Shauman, Henke, West, 1998).

Commercial child care centers also assume that the child should possess math-readiness skills as well for school transition. They believe that students should at least have the ability to recognize likeness and differences in shapes, sort similar objects by color, size and shape, and match objects based on shape. They should recognize circles, squares and triangles and should be able to copy simple shapes, They should understand the concept of more and less, recognizing group of one to five objects, and should be able to arrange blocks in order by size (ibid).

For Bernstein, each child carries their own progression code during their school transition. Differences in progression reflect variations in class and power relations in the social division of labor, family, and schools. Bernstein labeled them as the restricted code of the working class and the elaborated code of the middle class. Restricted codes here are context-dependent and particular, whereas elaborated codes are context-independent and universal (Bernstein, 1970). In Bernstein's view, the dominant code of schooling difference becomes deficit in the context of macro-power relations.

Research related to school transition has verified that oral language accounts for around 35% of a child's later reading ability (Beringer, 1988; Bremiller, 1991). Furthermore, there is a considerable research demonstrating that a child's level of cognitive skills preceding formal schooling predicts later academic success (Tizard, 1988; Eastman, 2006). The ability to recognize that a story has a beginning, middle, and end is also an essential aspect of reading readiness (Rutledge, 1993 as cited in Eastman, 2006).

During transition both the child care centers and the families have equal responsibilities in the physical development of children. It demands partnership between parents and early childhood teachers (MCbride, 199; Swick, 1994). It is also believed that effective

communication can work towards a sense of shared meaning and mutual understanding about daily child rearing practices. This means sharing information related to child rearing practices is one important elements of effective communication on which partnerships are built De Gioia, 2003; Pulido-Tobiassen & Gonzalez-Mena, 1999; Haseloff, 1990; Coleman & Churchill, 1997; Davies, 1997; Chang & Pulido, 1994; Peel, 1995; Magione, 1995).

The growing body of literature and longitudinal studies on school transition confirmed the influence of the early years of development on many components of adult health and well-being (Shonkoff & Phillips, 2000; Carnegie Corporation, 2000; Marmot & Wilkinson, 1999; Wadsworth, 1999; Ziglar & Gilman, 1998; Barry, 1996; Love, Schochet & Meckstroth, 1996; Schweinhart & Weikart, 1993; UNICEF, 1994 as cited in Hayden Jacqueline: 2006).

School transition is also directly related to family participation and support. Studies have explored the long-term effects of such connectedness of the families and individuals. They found that young children whose families score high on indicators of social capital are less likely to become socially alienated and/or depressed in later life. (Wong, 1998; Leeder, 1998; Parcel & Meneghan, 1994 as cited in Hayden Jacqueline: 2006) Some studies have also claimed that partnership between early childhood institutions and families promotes the parental role in directing the program as well as influencing the decision-making of an institution (Shores, 1998; Doherty, 2000). Such partnership establishes the level of parental interaction with their children's ECD institutions, which in turn, improves school transition (ibid).

ECD children and their wellbeing

Child intellect is directly related to his/her physical well-being, and their well-being is, in turn, affected by his/her emotions. His/her emotions are influenced by success or failure at school. The child whose intellectual development is above average is generally above average in health, sociability and special attitudes. This means physical development and mental traits have also close relationship. These relationships are observed in the development of speech organs and thereby language development. Such development establishes the fact that the psychosocial development of children is inseparable from their physical development (Bajracharya and Shrestha, 1997).

Children also develop negative feelings and emotions in their early childhood. They develop fear from imaginary beings, jealousy, prejudices and unhealthy competitions. Play is a good means to channel such emotions to healthy activities (Shrestha, 1997). Like emotions, a child's intellectual development is as great from birth to age 4 as it is from age 4 to 18. Therefore the importance of pre-school years in the learning continuum is accentuated by this fact. The reason for this is that half of a child's intelligence has already been formed by age four (Eastman, 1996, as cited in Eastman: 2006). Moreover, neuroscience claims that the first three years of a child's life is the period of most rapid development of the brain (Bertrand, 2001).

Universality in development has been questioned by the findings of cross-cultural studies, and Etic as well as Emic approaches to human development has been emphasized. Etic refers to culture-general (or universal) aspect of human behavior, where as Emic tries to explain culture-specific aspects of human behavior (Berry et al, 1992; Shrestha, 1997). Behaviorists claim that the human mind at birth is a blank slate. It is learning, which provides inputs to the mind and

develops it. So learning through playing is the most crucial role in the development of a child. John Watson (1875-1958), the father of American behaviorism, claims that he can produce any kind of personality through training and learning. The child according to behaviorism can be developed as passive and dependent. So, parents and teachers can make him/her anything they like (ibid).

At the same time, cognitive psychologists, like Jean Piaget, and others studies the development of thinking and knowing of children. They conceived that the human child is born with some innate structures. These mental structures or schema develop into higher structures through assimilation and accommodation. So, the human child is not a passive being but an active explorer. He/she can be constructive, rational and creative. The parents and the teachers can help the child grow and develop by providing a suitable environment for it (ibid). The cognitive neuroscientists have discovered that the 'logical brain', i.e. the part of the brain which is most involved in learning math, logical and reasoning, develops most from birth to 4 years, the 'language brain' from birth to 10 years; the 'musical brain' from 3 to 10 years and so on (Begley, 1996).

Some interpretations based on research findings explored basic assumptions of children' wellbeing. According to them a child of two months should have sucking and other survival reflexes, little voluntary control as the motor development. However, he/she is still unable to differentiate self from other as the emotional health/positive approach to new experiences. During this period he/she has no concept of being able to influence another, as social knowledge and competence. He/she just responds, crying when nervous system is over-stimulated being the

primary form of language skills. In addition, he/she has no understanding of cause-and-effect as the general knowledge and cognitive skills (ibid).

Children at the age of one become independently mobile, using non-walking methods, assisted walking by holding onto something. They are able to grasp items using thumb and forefinger as motor development. He/she can differentiate primary caregiver(s) from others. He/she uses caregiver as a secure emotional and physical base for exploration as emotional health/positive approach to new experiences. He/she understands that others can act and be acted upon, engages in games with familiar adults, imitates others as social knowledge and competence skill. Skilled at using gestures, e.g., holds up arms to be picked up. Imitates words, first spontaneous and deliberate word uttered around age one as language skills. Moreover, he/she engages in task variation and deliberate experimentation has some sense of cause-and-effect in a specific situation as general knowledge and cognitive development of the children (ibid).

In year two, children become able to walk and climb stairs, eye-hand coordination sufficiently developed to allow manipulation of large objects as motor development. They have increasing self-confidence. They move a considerable distance from caregiver when exploring as emotional health/positive approach to new experiences. Likewise, children show interest in playing alongside other children but not actually with them in a joint activity. It is as social knowledge and competence. They can string two or three words together in a simple sentence, e.g., “look truck” as language skills, begins to move from reliance on replica objects, e.g. a doll, in imaginary play to use of substitute objects, e.g., a pillow for a “baby” as general knowledge and cognitive development (ibid).

In year three, children are skilled at climbing and jumping. They have fine motor coordination sufficiently developed to permit manipulation of small objects as motor development, beginning to regulate own behavior, tries to handle emotions such as frustration as emotional health/positive approach to new experiences, interested in playing with other children. They have difficulty in sharing the feelings because of problem in taking the perspective of another as social knowledge and competence. Similarly, they have some basic idea of grammar, e.g., adds "s" for A plural, asks questions, forms multi-word sentences as language skills, shows some basic understanding of categorization, e.g., can sort by color or by shape, but makes mistakes as general knowledge and cognitive development (ibid).

At the age four, children can control a pencil and cut with scissors as motor skills develop. They can control own emotions, such as anger or frustration, in many situations with minimal adult assistance as emotional health/positive approach to new experiences. Likewise, they play with other children, they are able to take turns and engage in cooperative activities as social knowledge and competence can join simple sentences together to describe a past or present action or experience as language skills. Similarly, they reliably sorts by color or shape, but not by both simultaneously as general knowledge and cognitive development (ibid).

At the age five, children are able to write letters and turn book pages without tearing them as motor skills develop further. They have some ability to stop and think before deciding how to act. Likewise, they are curious about the world outside the home as emotional health/positive approach to new experiences. They have basic peer relationships skills, e.g., they know how to enter a group as social knowledge and competence, they can hold a prolonged

conversation and express ideas as language skills, by the end of the year, and they can sort by both color and shape simultaneously as general knowledge and cognitive development (ibid).

All children develop in an pre-scribed order but the rate and quality of development will vary from child to child. It happens depending on the maturation, leaning, heredity and environment (Bajracharya & Shrestha, 1997). At the early childhood level, children are at a sensory-perceptual level. She/he understands what she/he sees, hears, and feels. She/he learns by doing things. Therefore, at this stage, they should be given opportunities to explore, compare, classify, compare and handle a variety of objects (ibid). Therefore, the early childhood development program should focus on child-centered, activity-oriented play way methods of learning (ibid).

The complete development of the young children depends on a variety of physical and socio-cultural factors. The home atmosphere, their senior brothers and sisters might have influential role in physical, psychological and mental development. Levy (1943) found that over-protection increases dependent behavior. It was confirmed by Kagan and Moss (1962), Marshall (1961), Smith (1958), and Stendler (1954). The first born as compared to later born children were generally more dependent (Becker, Lerner, & Caroll, 1964, 1966; Carrigan & Julian, 1966; Schachter, 1959; Staples & Walters, 1961; Gilmore & Zigler, 1964; Regmi, 1982, pp., 156-157). This means, higher dependency behavior in a child may slow physical and mental development.

Teaching ECD children

Teachers make significant difference in the lives and interests of children. They help a school maintain and enhance its overall capability to provide a positive and effective learning

environment. They play an important role in informing and supporting the ongoing development of children (ibid: 2006).

This implies that early childhood teachers should have inner security, self-awareness, integrity, theoretical ground and general knowledge with emphasis on environmental science, community and young children's books, warmth and respect for children. Unconditional caring, intuition, detachment, laughter and good role model status (Cartwright, 1999) are other important traits. Similarly, in a study the successful teachers were found to have efficient reasoning power, favorable attitude towards children, adaptability, up-to-date professional information, wide interest in teaching, cooperative attitude, kindliness, patience, fairness and enthusiasm (Upreti, 1979).

A teacher's level of teaching experience also influences student achievement. Less experienced teachers produce lower achievement in their students compared to experienced teachers (Fetler, 1999). But in contrast to this logic, new research findings (Sonawat & Furia, 2006) show that less experienced (0-5 years) teachers are more capable than their older counterparts. They demonstrate a more caring nature towards the children. They are more enthusiastic, flexible, innovative, interactive, punctual, responsible, sensitive, sincere, and spontaneous than the more experienced (6-10 years and 10+ years) teachers. On the other hand, more experienced teachers have also been found to be more approachable, confident, fair, and patient than the less experienced (0-5 and 5-10 years).

Children who are close with teachers feel more socially connected in the classroom and they have more positive feelings about their education (Skinner & Belmont, 1993). A close relationship may be more important for younger children (Sonawat & Furia, 2006).

Teacher's encouragement also significantly impacts the performance of the early childhood children. In respect to teacher dynamics, less experienced teachers (0-5 years) provide more positive reinforcement than the more experienced (five-10 years and 10 years+). Likewise, less experienced teachers (0-5 years) are sometimes less able to transfer their enthusiasm to children (ibid). More experienced teachers spend more time encouraging the children. Likewise, general experience (0-5 years) and more experience (10 years +) teachers have similar performances but middle experienced (6-10 years) teachers have the lowest performance levels. One explanation for this could be that less experienced (0-5 years) teachers are fresher and more energetic and therefore score higher whereas middle (6-10 years) experienced teachers have other priorities and more responsibilities attached and hence they score lower. However, teachers with ten years' experience and above again score high. This shows that once other responsibilities are over they can focus on their teaching (ibid). This study also suggests that quality of teacher-child relationship is a stronger predictor of behavioral outcome than of academic outcome (ibid).

Home visit programs

The Home Visit Program is designed for supporting a family in their children's healthy growth and development. It targets to families or caregivers or in situations where a child is more vulnerable to health or developmental concerns.

The Home Visit Program aims to prevent child maltreatment and can identify and address risks of child maltreatment. Home visits help service providers assess the safety of a child's living environment; service providers can then work individually with the parent to improve parent-child interactions.

Research indicates that home visiting programs can produce positive effects among youth. A study of a pre-natal and infancy home visiting program showed long-term treatment-control differences in arrests, convictions/probation violations, emergent use of alcohol and tobacco and promiscuous sexual activity among 15-year-olds.

Targeted home-visiting programs cannot address all families at risk for child maltreatment. This fact highlights the need to reduce the size of the population that requires one-on-one targeted and clinical services through effective universal and targeted programs that reach larger groups of families at a population level (Olds in Tremblay, Barr, & Peters, 2004:1-7).

Family and home life constitutes the primary context for the development of infants and young children. Within the setting of family and home, caregivers provide the nurturing, supervision and interactions with the social and physical world that infants and young children require for growing and thriving. Many factors can influence the ability of caregivers to meet these basic needs: the age and maturity of the caregivers, their mental and physical health, their level of education and economic status will shape the environment that children experience. Sometimes, the health or development of the child poses care giving challenges, for instance, when the child has significant health problems or a compromised birth history (e.g. born at low birth weight) or has a developmental delay or disability. Home visiting programs thus are designed and implemented to support families in providing an environment that promotes the healthy growth and development of their children. Programs may target their services to families and caregivers who are at a particular disadvantage when it comes to establishing and maintaining such an environment. They may also focus on families in which the child is more

vulnerable than the typical child because of health or developmental concerns (Zercher & Spiker cited in Tremblay, Barr, & Peters, 2004, pp. 1-8).

Home visiting programs provide structured services: 1) in a home setting; 2) from a trained service provider; 3) in order to alter the knowledge, beliefs and/or behavior of children, caregivers or others in the care giving environment and to provide parenting support (Wasik & Bryant, 2000). Home visits are structured in some way to provide consistency across participants, providers and visits and to link program practices with intended outcomes. A visit protocol, a formal curriculum, an individualized service plan and/or a specific theoretical framework can be the basis for activities that take place during home visits. Services are delivered in the living space of the participating family and within their ongoing daily routines and activities. The providers may be credentialed or certified professionals, paraprofessionals or volunteers, but typically they have received some form of training in the methods and topical content of the program so that they are able to act as a source of expertise for caregivers (Behrman, 1999;9(1), pp. 4-223).

Finally, home visiting programs are attempting to achieve some change on the part of participating families – in their understanding (beliefs about child-rearing, knowledge of child development) and/or actions (their manner of interacting with their child or structuring the environment) – or on the part of the child (change in rate of development, health status, etc.). Home visiting are also used as a way to provide case management, make referrals to existing community services or bring information to parents or caregivers to support their ability to provide a positive home environment for their children (Halpern in Shonkoff, Meisels, 2000, pp.361-386), (Zercher & Spiker cited in Tremblay, Barr, & Peters, 2004, pp. 1-8).

Immunization

Immunization is a clinical preventive service that is recommended for virtually every child in the world. After proper administration of a single dose or a series of doses of vaccine, they generally confer long-lasting immunity upon the recipient. Vaccines interrupt the circulation of the disease-causing bacteria or virus, which means they protect not only the child vaccinated, but also potentially individuals who were not vaccinated. Historically, infectious diseases have been a significant source of childhood illness, in many cases leading to disability or death. To this effect, immunization programs for young children are one of the great public health success stories of the twentieth century. Through immunization, smallpox and polio have been eradicated from the western hemisphere, and cases of measles have been reduced by over 99 percent there (Hyman cited in Tremblay, Barr, & Peters 2005, pp. 1-5).

Immunizations have dramatically decreased childhood disability from neurologic complications of infections such as congenital rubella syndrome, hemophilus influenza meningitis, measles meningoencephalitis, and the late effect of measles (subacute sclerosing pan encephalitis), among many other examples. With the decreased prevalence of these infectious diseases, the real and potential neuro-developmental complications of the immunizations themselves have become of greater concern to families. Studies have linked discrete side effects such as benign febrile seizures with DTP (diphtheria, tetanus and pertusis) and MMR (measles, mumps and rubella) vaccines. Among the most controversial allegations at present is whether childhood immunizations are associated with autism (ibid).

Food and nutrition

Pregnancy, infancy and early childhood are the most significant periods of growth and development in the human life cycle. Poor nutrition during these critical growth and developmental periods places infants and children at risk of impaired emotional and cognitive development and adverse health outcomes.

Improving maternal and child nutrition requires a range of strategies and interventions designed to ensure adequate diets prior to pregnancy, during pregnancy, breastfeeding, early childhood and all stages of the life cycle. Researchers strongly recommend the integration of services such as family planning, post-partum and breastfeeding support, nutritional and health-care services, with all services provided in one locale.

Education is an essential element in maintaining proper nutritional health. Caregivers need to be aware of how early feeding experiences, appetite regulation and dietary patterns affect the development of healthy eating habits and adult health, and the fact that these patterns can be passed down to the next generation. Healthy eating habits are formed in early infancy and depend on positive interactions between infant and caregiver. It is the caregiver's role to ensure that mealtimes are consistent, pleasant, family-oriented, social occasions that give children the opportunity to try a variety of nutritional foods required for healthy development. Additional research is needed on the familial and environmental influences, including cultural and multi-generation factors, which affect the development of healthy eating patterns (Lumey, Susser cited in Tremblay, Barr, & Peters 2003, pp. 1-6).

Our current understanding of the biological, environmental, and psychosocial mechanisms involved in the cognitive and behavioral deficits of preterm children is incomplete. Failure to provide and sustain the energy, protein and essential micronutrients needed to support the complex process of human brain development is an important contributing factor. This implies that improved strategies are required for early identification and intervention in growth and feeding problems, and the development of feeding strategies to provide the nutrient enrichment needed to maximize potential for catch-up (Innis cited in Tremblay, Barr, & Peters, 2003, pp. 1-6).

Eating habits

Children's eating patterns and food preferences are established early in life. When children refuse nutritious foods such as fruits or vegetables, mealtimes can become stressful or confrontational, and children may be denied both the nutrients they require as well as healthy, responsive interactions with caregivers. Caregivers who are inexperienced or stressed, and those who have poor eating habits themselves, may be most in need of assistance to facilitate healthy, nutritious mealtime behavior with their children (Black, Hurley cited in Tremblay, Barr, Peters, & Boivin, 2007, pp. 1-10). Problems associated with eating occur in 25% to 35% of all children, particularly when children are acquiring new skills and are challenged with new foods or mealtime expectations. For example, infancy and toddlerhood are characterized by bids for autonomy and independence as children strive to do things themselves. When this is applied to eating behaviors, children may become neo-phobic (hesitant to try new foods) and insist on a limited repertoire of foods, leading them to be described as picky eaters.

Most eating problems are temporary and easily resolved with little or no intervention. However, eating problems that persist can undermine children's growth, development and relationships with their caregivers, leading to long-term health and developmental problems. Unfortunately, caregivers of children with persistent eating problems may not seek professional advice until the problems become severe and interfere with their growth or behavior in other areas.

Eating patterns have developmental, family and environmental influences. As children become developmentally able to make the transition to family foods, their internal regulatory cues for hunger and satiety are often overridden by familial and cultural patterns. At the family level, children of caregivers who model unhealthy dietary behaviors are likely to establish patterns of eating behaviors and food preferences that include excess amounts of fat and sugar. At the environmental level, children's frequent exposure to fast-food and other restaurants has led to increased consumption of high-fat foods, such as french fries, rather than more nutritious options, such as fruit and vegetables (Zoumas-Morse, Rock, Sobo, & Neuhouser, 2001;101(8), pp. 923-925). In addition, caregivers may not realize that many commercial products marketed for children, such as sweetened drinks, may satisfy hunger or thirst but provide minimal nutritional benefits (Smith & Lifshitz, 1994;93(3), pp. 438-443).

These poor nutritional patterns (high fat, sugar and refined carbohydrates; sweetened drinks; and limited fruit and vegetables) increase the likelihood of micronutrient deficiencies (e.g. Iron Deficiency Anemia) and excess weight in children.

Attachment and feeding

Healthy feeding behavior begins in infancy, as infants and their caregivers establish a partnership in which they recognize and interpret both verbal and non-verbal communication signals from one another. This reciprocal process forms a basis for the emotional bonding or attachment between infants and caregivers that is essential to healthy social functioning. If there is a disruption in the communication between children and caregivers, characterized by inconsistent, non-responsive interactions, the attachment bond may not be secure, and feeding may become an occasion for unproductive, upsetting battles over food.

Infants who do not provide clear signals to their caregivers or do not respond to their caregivers' efforts to help them establish predictable routines of eating, sleeping and playing are at risk for a range of problems, including feeding problems (Keren, Feldman, Tyano, 2001;40(1), pp. 27-35).

Infants who are premature or ill may be less responsive than healthy full-term infants and less able to communicate their feelings of hunger or satiety. Caregivers who do not recognize their infants' satiety cues may overfeed them, causing infants to associate feelings of satiety with frustration and conflict.

Feeding styles

Feeding styles refers to the interactive pattern of behaviors between caregivers and children that occurs during feeding. As with parenting in general, feeding styles are embedded in dimensions of nurturance and structure (Baumrind cited in Damon, 1989, pp. 349-378; Maccoby, Martin cited in Hetherington, 1983, pp. 1-101).

There are four feeding styles embedded within these two dimensions: sensitive/responsive, controlling, indulgent, and uninvolved.

A sensitive/responsive feeding style, high in nurturing and structure, represent caregivers who form a relationship with their child that involves clear demands and mutual interpretation of signals and bids for mealtime interaction. Responses on their own may or may not be sensitive (e.g. yelling at a toddler in response to food refusal), whereas sensitivity refers to interactive behaviors characterized by emotional availability, contingent, developmentally appropriate and consistent responses to children's cues, and easy give-and-take (Leyendecker, Lamb, Scholmerich, & Fricke, 1997;21(1), pp. 15-24; Kivijarvi, Voeten, Niemela, Raiha, Lertola, & Piha, 2001;22(6), pp. 627-640). The sensitive/responsive style is a derivative of an authoritative parenting style (Baumrind cited in Damon, 1989, pp. 49-378; Maccoby & Martin cited in Hetherington, 1983, pp. 1-101).

A controlling feeding style, high in structure and low in nurturing, represents caregivers who use forceful or restrictive strategies to control mealtimes. Controlling feeding styles are embedded in an overall authoritarian pattern of parenting and include over-stimulating behaviors, such as a mother trying to get a child's attention by speaking loudly, forcing foods or otherwise overpowering the child (Beebe & Lachman, 2002). Observational research has shown that infants and children of over-stimulating caregivers show distress and/or avoidance.

Among preschool children, forceful and restrictive techniques are often counter-productive. Children who are pressured to eat more fruit and vegetables they do not eat, and children of caregivers who use restrictive feeding practices tend to overeat. When families are controlling, particularly around food, they may override their children's internal regulatory cues

for hunger and satiety. The innate capacity that infants have to self-regulate their energy intake declines during early childhood in response to family and cultural patterns. Although the mechanisms that guide regulatory changes are not entirely clear, when caregivers override their children's regulatory processes, eating may occur in the absence of hunger, which, in turn is associated with rapid weight gain and pediatric overweight.

An indulgent feeding style, high in nurturing and low in structure, is embedded in an overall indulgent style of parenting, and occurs when caregivers allow children to make decisions around meals, such as when and what they will eat. Without parental guidelines, children are likely to be attracted to high-salt/high-sugar foods, rather than to a more balanced variety including vegetables. Thus, an indulgent feeding style may be problematic, given infants' genetic predispositions to prefer sweet and salty tastes. Children of caregivers who display an indulgent feeding style have been shown to be heavier than children of caregivers who use non-indulgent feeding styles.

An uninvolved feeding style, low in both nurturing and structure, often represent caregivers who have limited knowledge and involvement in their child's mealtime behavior. Uninvolved child feeding styles may be characterized by little or no active physical help or verbalization during feeding, lack of reciprocity between the caregiver and child, a negative feeding environment and a lack of feeding structure or routine. Uninvolved feeders often ignore both child feeding recommendations and their toddler's cues of hunger and satiety and may be unaware of what or when their toddler is eating.

Although family environments influence children's eating behavior, including the kinds of foods that are offered (composition of diet, different textures and tastes), feeding styles, and

modeling of appropriate and inappropriate eating behavior, correlations between feeding styles and children's weight gain, behavior and development have not been well studied and the conclusions that do exist are contradicting.

Food preferences

Food preferences are also influenced by associated conditions. Children are likely to avoid food that has been associated with unpleasant physical symptoms, such as nausea or pain. They may also avoid food that has been associated with the anxiety or distress that often occurs during meals characterized by arguments and confrontations.

Children also accept or reject food based on qualities of the food, such as taste, texture, smell, temperature or appearance, as well as environmental factors, such as the setting, the presence of others and the anticipated consequences of eating or not eating. For example, consequences of eating may include relief from hunger, participation in a social function or attention from caregivers. Consequences of not eating may include additional time to play, becoming the focus of attention or getting snack food instead of the regular meal.

Increasing familiarity with the taste of a food increases the likelihood of acceptance. Caregivers can facilitate the introduction of new foods by pairing the new food with preferred food and presenting the new food repeatedly until it is no longer "new."

Studies claim that more research is needed to investigate the individual, interactive and environmental determinants of feeding styles and the relationships between feeding styles and children's eating behavior and weight gain. Consistent feeding style definitions and validated tools to measure feeding styles are also needed.

Early childhood eating behaviors are heavily influenced by caregivers and are learned through early experiences with food and eating. Education and support provided by health professionals (i.e. public health nurses, family physicians and pediatricians) and nutrition programs need to be strengthened to ensure that caregivers have the facilities needed to address issues of eating behaviors during childhood. Caregivers should eat with children so modeling can occur and mealtimes are viewed as pleasant social occasions. Eating together lets children watch caregivers try new foods and helps children and caregivers communicate hunger and satiety, as well as enjoyment of specific foods (Black & Hurley cited in Tremblay, Barr, Peters, & Boivin, 2007, pp. 1-10.

Caregivers control both the food that is offered and the mealtime atmosphere. Their "job" is to ensure that children are offered healthy food on a predictable schedule in a pleasant setting. By developing mealtime routines, caregivers help children learn to anticipate when they will eat. Children learn that feelings of hunger are soon relieved and there is no need to feel anxious or irritable. They are not considered to be grazing or eating throughout the day, so they develop an expectation and an appetite around mealtime (ibid). This means mealtimes should be pleasant and family-oriented, with family members eating together and sharing the events of the day. When mealtimes are too brief (less than 10 minutes), children may not have enough time to eat, particularly when they are acquiring self-feeding skills and may eat slowly. Alternatively, sitting for more than 20 or 30 minutes is often difficult for a child and mealtime may become negative experiences. When meals are characterized by distractions from television, family arguments or competing activities, children may have difficulty focusing on eating. Caregivers should separate mealtime from playtime and avoid using toys or television to distract the child during mealtime.

Child-oriented equipment, such as highchairs, bibs and small utensils, may facilitate eating and enable children to acquire the skills of self-feeding (ibid).

Peer relationship

Peer relationships are thought to play an important role in children's development (Asher, Coie, 1990; Hartup, 1996;67(1), pp. 1-13;Rubin, Bukowski, & Parker cited in Eisenberg, 1998, pp. 619-700). They offer unique opportunities for getting acquainted with the social norms and processes involved in interpersonal relationships, and for learning new social skills. They also provide contexts in which capacities for self-control may be tested and refined. Childhood peer relations are also multi-faceted: children experience peer interactions through their participation in group activities, as well as through their dyadic (i.e. one-on-one) associations with friends (Hartup, 1996;67(1), pp. 1-13). These different facets of peer experiences are seen as providing age-related developmental opportunities for the construction of the self, with peer group experiences progressively gaining in importance and culminating in middle childhood, before giving way to friendships as the most central feature in late childhood and adolescence (Rubin, Bukowski, Parker, & Peer cited in Eisenberg, 1998, pp. 619-700).

Unfortunately, peer relationships are not always beneficial to the child: between 5% and 10% of children experience chronic peer relationship difficulties, such as peer rejection and peer harassment (Perry, Kusel, & Perry: 1988;24(6), pp. 807-814). In the last 20 years, there has been substantial research aimed at understanding the nature, meaning and impact of peer relation problems (Rubin, Bukowski, & Parker cited in Eisenberg, 1998, pp. 619-700; Damon). Most of this research effort has been centered on school-age children. Yet a growing number of children are exposed to peers early in their life through daycare (NICHD, 2003;74(4), pp. 976-1005).

Early peer relations are thus highly relevant to social policy issues and should be an object of persistent attention.

The developmental landmarks of early peer interactions and relationships: by the end of their first year of life, most infants will share activities with peers, mainly around objects. By the end of the second year of life, with improved locomotion and the onset of language, toddlers have the ability to coordinate behavior in games with play partners; they can imitate each other and start to alternate roles in play (Ross, Lollis, Elliot, & Toddler cited in Rubin & Ross, 1982, pp. 73-98; Strayer cited in Schneider, Attili, Nadel, & Weissberg, 1989, pp.145-174). Between the ages of three and five, there is a systematic increase in pro-social behaviors and in pretend play, as well as a decrease in aggressive behaviors, reflecting the child's improved capacity to adopt the perspective of the play partner (Strayer cited in Schneider, Attili, Nadel, & Weissberg, 1989, pp. 145-174; Rubin, Watson, & Jambor, 1978;49(2), pp. 534-536). These emerging social interactive skills are the foundation of early peer relationships, which are first shown in the behavioral preference for specific peers. These early preferences will gradually lead to preschool friendships that are mainly based on concrete exchanges and mutual play activities. In daycare settings, these friendships progressively become sex-segregated and embedded in affiliated networks (Lafrenière, Strayer, & Gauthier, 1984;55(5), pp. 1958-1965; Maccoby, 1998; Strayer, Santos, 1996;5(2), pp. 117-130). Informal and mixed-aged play groups are also formed in the neighborhood (Ellis, Rogoff, & Cromer :1981;17(4), pp. 399-407; Ladd & Golter, 1988;24(1), pp. 109-117).

At what age do children start experiencing peer relationship difficulties? Preschoolers gradually form their perceptions about their friends and peers. At least by age four, they will

reliably identify best friends, peers they like and peers they dislike. The aggregation of these perceptions reveals a coherent and consistent peer status structure within the larger group, with specific children being disliked and negatively perceived by the peer group (Boivin & Bégin, 1986;18(2), pp. 167-172; Boivin, Tessier, & Strayer, 1985; pp. 329-343 id. 1760; Howes, 1988;53(1)). This form of peer rejection may lead to various forms of negative behaviors toward the child, such as controlling and dominating a child, excessive teasing and general peer harassment or victimization (Boivin & Hymel, 1997, pp. 135-145; Boivin, Hymel, & Hodges cited in Juvonen, Graham, 2001, pp. 265-289).

Peer harassment refers to a child being exposed, repeatedly and over time, to negative treatment by one or more children. It has mostly been documented in middle childhood, but there is evidence that these difficulties exist in the preschool years (Alsaker & Valkanover cited in Juvonen & Graham, 2001, pp.175-195; Crick, Casas, & Ku: 1999;PP.376-385; Kochenderfer & Ladd, 1996, PP. 1305-1317). What factors are responsible for early peer relationship difficulties? Deviant physical attributes, such as speech problems, physical clumsiness or disability, may lead to peer-relation difficulties. However, children's behavior attributes have been more systematically identified as the main sources of these difficulties. Children who experience peer relationship difficulties tend to be more aggressive, hyperactive and oppositional, but also more socially withdrawn and less sociable (Crick, Casas, & Ku, 1999;35(2), pp.376-385; Landau & Moore, 1991;20(2), pp.235-251; Newcomb, Bukowski, & Pattee, 1993;113(1), pp.99-128). These behaviors could be the proximal determinants, as well as the consequences, of their relationship difficulties in early childhood. Aggressive behaviors are the most commonly cited behavioral correlates and proximal determinants of peer rejection in school settings (Coie,

Kupersmidt, 1983;54(6), pp.1400-1416; Dodge, 1983;54(6), PP. 1386-1399; Rubin, Bukowski, & Parker cited in Eisenberg 1998, pp.619-700).

However, some aggressive children may actually enjoy a fairly high social status (Rodkin, Farmer, Pearl, & Van Acker, 2000;36(1), pp.14-24) especially if the group norms are supportive or neutral with regard to aggressive behaviors (Boivin, Dodge, & Coie, 1995;69(2), pp.269-279). This is more likely the case among preschool children because instrumental and proactive forms of aggressive behaviors may be positively related to popularity (Dodge, Coie, Pettit, & Price: 1990;61(5), pp.1289-1309). Indeed, children of that age, especially boys, (Hawley, 1999;19(1), pp.97-132) often use aggressive means to reach high status in the social structure. A related phenomenon is that aggressive preschoolers also tend to proactively associate with or befriend each other (Farver, 1996;11(3), pp.333-350; Snyder, Horsch, & Childs, 1997;26(2), pp.145-156) a tendency that could reinforce aggressive behaviors as a means of reaching social goals. Finally, shy and withdrawn children are also likely to experience peer relation difficulties (Boivin, Hymel, & Bukowski, 1995;7(4), pp.765-785). However, in this latter case, the relational problems are more likely to occur at a later age because these forms of social reticence are less salient and obvious to preschoolers (Younger & Boyko, 1987;58(4), pp.1094-1100).

What are the consequences of early peer relationship difficulties? There is a consensus in the field of childhood peer relations that children experiencing peer relationship difficulties are at risk for a variety of future adjustment problems, including dropping out of school, delinquency and emotional problems (Rubin, Bukowski, & Parker cited in Eisenberg, 1998, pp.619-700; Damon nd; McDougall, Hymel, Vaillancourt, & Mercer cited in Leary MR,: 2001, pp.213-247).

However, the developmental processes leading to these later problems are still open to question: are early peer relation difficulties really causing these adjustment problems or are these problems resulting from enduring child characteristics (Parker & Asher, 1987;102(3), pp.357-389).

Enduring peer relationship difficulties in childhood have been found to predict internalized problems such as loneliness, depression and anxiety, as well as physical health and school problems (McDougall, Hymel, Vaillancourt, & Mercer cited in Leary, 2001, pp.213-247; Rigby: 1999;69(1), pp.95-104; Rubin, Bukowski, & Parker cited in Eisenberg, 1998, pp.619-700). The evidence with preschool children is more limited, but points in the same direction (Alsaker, & Valkanover cited in Juvonen, & Graham, 2001, pp.175-195; Crick, Casas, & Ku, 1999;35(2), pp.376-385; Kochenderfer, & Ladd cited in Juvonen, Graham, 2001, pp.25-48).

However, it is not clear whether these early peer relationship problems will have long-term consequences. Peer rejection in kindergarten may also strengthen reactive aggressive behaviors among children initially disposed toward aggression, possibly because the experience of peer rejection induces and promotes hostile attributions and expectations about social situations (Dodge, Lansford, Burks, Bates, Pettit, Fontaine, & Price, 2003;74(2), pp. 374-393). As stated earlier, mutual affiliation among aggressive children may also reinforce their aggressive behaviors during early childhood. Indeed, peer interactions among aggressive children during preschool years are sometimes occasions for coercive interchanges, which may, under some conditions (e.g. child's submissiveness, adult and peer tolerance of aggression), serve as learning opportunities and provide training grounds for aggressive behaviors (Patterson, Littman, & Bricker, 1967;32(5), pp.1-43). This process, labelled "deviancy training," has received substantial empirical support (Dishion, Patterson, & Griesler cited in Huesmann, 1994,

pp. 61-95). Preliminary evidence seems to indicate that time spent in daycare is associated with higher rates of aggression, (Coie & Dodge : 1983;29(3), pp. 261-281; Perry, Kusel, & Perry, 1988;24(6), pp. 807-814; NICHD: 2003;74(4), pp.976-1005) and deviancy training processes might partly be responsible for this (Snyder, Horsch, & Childs, 1997;26(2), pp.145-156; Fabes, Hanish, & Martin, 2003;74(4), pp.1039-1043). Finally, it should also be noted that friendship relations (e.g. affiliation with aggressive children; (Boivin, & Vitaro cited in McCord, 1995, pp.183-197) having a protective friend (Hodges, Boivin, Vitaro, & Bukowski, 1999;35(1), pp.94-101) may also play an important protective role with respect to negative peer experiences and the impact of these negative experiences. These processes may also operate in preschool.

Crying behavior

As crying is considered a normal communicative signal, (Barr, Hopkins, & Green: 2000) developmental outcomes for children who cry within the normal range are not of concern. However, some infants exceed the typical pattern of crying, such as those who cry long, hard and inconsolably during the first three months or those who fuss frequently beyond three to four months of age. It is these infants who are often believed to be “at risk” for developmental problems.

Only 5 to 10% of infants who cry excessively, however, are believed to suffer from some organic disease (Gormally, & Barr, 1997;3(2), pp.137-153). While at first infant colic and difficult temperament appear strikingly similar, they differ in the quality and quantity of the crying, as well as in their developmental course. Colic is characterized by more intense crying, whereas frequent fussing is the predominant feature of difficult temperament. And while colic

ends by the fourth month of life, difficult temperament is moderately stable throughout infancy and beyond.

As might be expected, the impact of infant colic is felt more by the parents, particularly mothers who have the burden of caring for the excessively crying child. Mothers reported more stress and greater separation anxiety, (Humphry & Hock, 1989;10(4), pp. 263-272) while also manifesting symptoms of psychological distress (Pinyerd, 1992;15(3), pp.155-167) and low self-efficacy (Stifter & Bono, 1998;24(5), pp.339-351), (Stifter cited in Barr, St James-Roberts, & Keefe, 2001, pp. 273-288).

Aside from clear and diagnosable medical conditions, parents' primary complaint to clinicians during the infancy period is that of excessive fussing and crying, generally that which cannot be soothed or tolerated. There are, however, important distinctions to be made about crying in infancy: (a) Crying in early infancy increases over the first two months of life and then decreases thereafter. Thus, excessive crying may be mis-attributed if the developmental course of crying is not understood; (b) Crying in excess of the normative rate during the first three months of life is categorized as colic. Colic is a transient condition that ends around the third to fourth month of an infant's life and appears to have few consequences for the child; (c) Crying and/or fussing frequently is a characteristic of difficult temperament but can be distinguished from colic in several ways; colic is not a stable phenomenon and it manifests itself as intense crying bouts of long duration, whereas difficult temperament is stable and is characterized by frequent bouts of fussiness. Finally, because of the persistence of difficult temperament more negative outcomes are likely, particularly if the parental environment is non-supportive. It appears that difficult temperament may tax parents, leading to stressful interactions and negative perceptions.

Clinicians receiving complaints of excessive crying and fussing in infants should be aware of these distinctions and use appropriate measures to validate parental assessments (Stifter cited in Tremblay, Barr, & Peters, 2005, pp.1-7).

High-pitched (hyperphonated) cry sounds are characteristic of infants who suffer from a wide range of neuro-behavioural insults (Corwin, Lester, & Golub, 1996;26(9), pp.325-334; Zeskind, & Lester cited in Singer, & Zeskind, 2001, pp.149-166), including brain damage (Prechtl, Theorell, Gramsbergen, & Lind, 1969;11(2), pp.142-152; Wasz-Hockert, Lind, Vuorenkoski, Partanen, & Valanne, 1968;29, pp.1-42), malnutrition, (Lester : 1976;47(1), pp.237-241), asphyxia, (Michelsson, Sirvio, & Wasz-Hockert, 1977;66(5), pp. 611-616; Michelsson, 1971;216, pp.1-45), and maternal use during pregnancy of drugs ranging from heroin (Blinick, Tavolga, & Antopol, 1971;110(7), pp.948-958) to methadone.

In the last 30 years, the accumulation of new interdisciplinary evidence about the properties, time course, and outcome of early crying, including the clinical manifestations of "colic," has changed our understanding of this increased crying from a behavior that was considered abnormal or indicative of disease or dysfunction in the infant, its parents, or both to a behavior that is part and parcel of normal human infant development. This also implies that the socio-emotional consequences of this crying are largely a function of how caregivers interpret and respond to the crying. These responses may have longer- term effects both in terms of how they treat the infant, on the one hand, and whether they consider that they are poor parents if they cannot soothe their infant or handle the crying, on the other (Zeskind cited in Tremblay, Barr, & Peters, 2005, pp.1-7; Stifter cited in Tremblay, Barr, & Peters 2005, pp.1-7; St.James-Roberts, Conroy, & Wilsher, 1995;4(4), pp.177-189; St.James-Roberts, Conroy, & Wilsher, 1996;75(5),

pp.375-384; Zeifman Comment on Stifter, and Zeskind cited in Tremblay, Barr, & Peters, 2005, pp.1-4). However, in the absence of other compromises in the infant or its environment, the outcome for infants with early increased crying or colic is good (Barr in Tremblay, Barr, & Peters, 2006, pp.1-10).

Learning disabilities

Learning disabilities are problems that affect the child's ability to receive process, analyze or store information. They can make it difficult for child to read, write, spell or solve math problems as well as language programs.

Dyscalculia is mathematical disability, basically a problem to understand number concepts, counting principles or arithmetic. Between 3% and 8% of school-aged children show persistent grade-to-grade difficulties in learning such mathematical concepts. About half of children with dyscalculia are also delayed in learning to read or have a reading disability, and many have Attention Deficit Disorder (ADD).

Dyslexia is reading disability, refers to difficulty in reading. For reading, three factors are necessary i) intelligence, ii) motivation and iii) reading instruction. Failure in reading is highly correlated with overall school failure and subsequent behavior, social and emotional problems, with reading considered a protective factor that helps to counter social and/or economic disadvantage. Mathematics competence accounts for variance in employment, income and work productivity. Learning disabilities are therefore a serious public-health problem, leading to life-long difficulties in learning skills both in school and in the workplace, and creating financial burdens on society.

Studies indicate that dyscalculia is not related to intelligence, motivation or other factors that might influence learning (Boivin, & Vitaro cited in McCord, 1995, pp.183-197). Most of the children affected have specific deficits in one or more areas, but often perform at grade level or better in other areas. The early signs of dyscalculia include a poor understanding of number magnitude, a rigid understanding of counting, and use of immature strategies during problem-solving.

Nervousness about mathematics can lead to errors. Dyscalculia is very likely to eventually result in frustration and avoidance, and potentially excess anxiety that, in addition to the underlying cognitive deficit, will almost certainly make it more difficult to learn mathematics.

The key discovery related to dyslexia is that reading is not natural, but is acquired and must be taught. To read, a child must learn how to connect the abstract lines and circles (i.e. letters) on a page to the sound of spoken language. Recent evidence suggests both genetic and environmental influences in the development of dyslexia (ibid). A child with an affected parent is 80 times more likely to be dyslexic (ibid). Boys and girls who come from disadvantaged backgrounds are especially at risk for developing reading difficulties, because they tend to have less exposure to language and often lack the vocabulary skills or background knowledge necessary to develop strong reading comprehension skills.

Although multiple developmental paths lead to dyslexia, children in need of preventive training can be identified early by using two sources of information: the family background in relation to reading, and the development of skills that can predict reading acquisition (e.g. letter knowledge).

Learning disabilities, if left untreated, compromise knowledge acquisition, expose a child to repeated experiences of failure and may reduce motivation for learning in general. For dyslexia as well as dyscalculia, providing early help may avoid many of the associated problems that affect self-esteem and emotional well-being.

Pre-school programs

Preschool Programs are understood as child care centers, nursery schools, preschools, pre-kindergarten, child development centers, playgroups, and Head Start. Their development can be attributed to the worldwide movement of mothers with young children into the workforce and the widespread knowledge of the value of good early childhood education, as evidenced by recent research on the development of the human brain and evaluative research on model early childhood programs.

Preschool programs provide care and education to children in the years before they enter school. They are structured programs with regular activities, the content of which is central to supporting and strengthening young children's learning and development. The curricula of these programs form the "front line" of children's experiences – what is taught and what is learned.

High-quality early care and education have been associated with both short and long-term cognitive, social and emotional benefits for young children's development.

In the case of Canada, publicly funded Preschool Programs, such as Head Start, have shared affect to different aspects of children's cognitive, social and emotional development. Results of short-term preschool studies (e.g. Head Start Impact Study and Head Start Family and Child Experiences Survey) have found growth in children in areas such as literacy skills,

vocabulary, early writing skills, social skills, and reduced behavior problems. Benefits for families include access to health care and, reduced use of physical discipline.

Curriculum is a critical component of preschool programs. Theories of child development have served as the principal foundation for curriculum model development. Variations among curriculum models reflect differences in values concerning what is more or less important for young children to learn, as well as differences in the process by which children are believed to learn and develop. These variations inform the role of teachers, the curriculum's focus, the classroom structure and ways in which children participate in learning.

Early childhood curriculum models also vary in terms of the freedom granted to teachers to interpret how the model's framework is implemented. Some curriculum models are highly structured and provide detailed scripts for teacher behaviors. Others emphasize guiding principles and expect teachers to determine how best to implement these principles. Curriculum models, regardless of their goals and the degree of flexibility in their implementation, are designed to promote uniformity across early childhood programs through the use of a prepared curriculum, consistent instructional techniques and predictable child outcomes.

Each curriculum model has significantly different effects on children. Child results are contingent not only on the curriculum, but also on children's temperament, family background, social class, cultural traditions and the qualifications and qualities of the classroom teacher.

Children's needs vary greatly, making it impractical to identify one ideal curriculum model. Nonetheless, curriculum is central not only to the knowledge and skills children gain, but

also to the application of particular pedagogical approaches and the nature of teacher/caregiver-child interactions (Statistics Canada, 1994-1995 to 2002-2003).

Pre-school curriculum

High quality early care and education has been associated with both short-term and long-term cognitive, social, and emotional benefits for young children's development. When quality is discussed, it is typically measured by two dimensions: (1) *process* variables (e.g., the nature of children's interactions with adult caregivers) and (2) *structural* variables (e.g., the characteristics that can be regulated by policy and that create beneficial conditions for children's development, including adult: child ratios, group size, and teacher training) (National Institute of Child Health and Human Development Early Child Care Research Network, 2002;13(3), pp.199–206, Vandell, & Wolfe, 2000). In discussions of quality, curriculum – or the content of what is taught to children – has not been the focal point until recently.

Throughout the evolution of early childhood education, curriculum has been entangled, and often confused, with important and related issues (i.e., beliefs, learning theories/pedagogies, and skills/standards). Curriculum is different from, but reflects, guiding principles or beliefs about children and their learning. Three beliefs prevail in the field today. They are: (a) children are competent and eager learners whose natural curiosity yields rich learning trajectories; (b) children learn in an integrated way, so that specific subject area learning (e.g., math, science, language) best take place within the context of child-generated experiences (e.g., cooking, gardening, constructing); and (c) children need exposure to all domains of development – physical and motor, language, cognitive, social and emotional – so no single domain takes

precedence over any other (National Research Council, 2001; Kagan, Moore, & Bredekamp, 1995).

Curriculum is also different from, but closely linked to, learning theories and pedagogies. Behaviorist theories of child development led to highly didactic models of direct instruction in which teachers typically present discrete facts to the entire class of children in whole groups. Maturationists believed that children should be allowed to develop at their own pace, advanced pedagogy and curricula that enable children to direct their own learning. Constructivists advanced pedagogy wherein children are regarded as active partners with their socio-cultural environment, including teachers and peers. Finally, curriculum is different from, but supportive of, children's skills and behaviors to both the theoreticians. This means curriculum is intended to encourage learning processes (e.g., attention, observation, memory), cognitive skills (e.g., reasoning, comparing and contrasting, classification), and the acquisition of specific information (e.g., the names of numbers and letters of the alphabet).

In the case of Nepal, Department of Education (DOE) as a state authority, Plan Nepal, UNICEF, the then Save the children US (SCUS), and save the children Norway (SCN) as international societies have been involved in ECD programs. However, regarding the curriculum for ECD program, the DOE and the Plan Nepal have their own curriculum whereas the other agencies do not have curriculum. SCUS, SCN and UNICEF have developed a facilitator's manual for daily activities of their own at the ECD centers. Therefore, there is still huge lack of curriculum and learning materials in the ECD centers in Nepal (ibid). My own experience of child care centers also shows that there is informal curriculum and general materials in the centers that do not address the needs of the early childhood children. Available literature shows

that there has no any significant academic as well as action research about the contribution of child care centers to ECD in Nepal (NNCFU, 2006). In this sense, curriculum is sometimes confused with standards or expectations of what children should know and do.

Bilingualism

Communication is the key factor of human civilization from birth to death. Language carries images of mental response of infants to adult. It is therefore language as one of the most important factors has great influence in overall development of children to adult. It is no doubt to say that language has great influence to early childhood development but there is debate on monolingual, bilingual and multilingual acquisition in early childhood development. However, some of the literature suggests that early bilingualism influences children's language and cognitive development. But till the decades of 1950s it was believed that bilingualism and second-language acquisition early in life made children confused and interfered with their ability to develop normal cognitive functions (Hakuta, 1986) and succeed in educational environments (Macnamara, 1966). But such ideas were radically reversed in a study by (Peal, Lambert, 1962 PP. 1-23). This study informed a general superiority of bilinguals over monolinguals in a wide range of intelligence tests and aspects of school achievement.

Research of (Cummins, 1979;49(2), pp.222-251) has suggested that there are no negative effectives of bilingualism and multilingualism but the context in which the bilingualism or second language occurs is important. There is evidence that whether the child's home language is in a majority or minority situation, is valued in the community and is used as a medium for literacy tasks affects the child's linguistic and cognitive outcomes. Therefore, a child's social and educational environment, the implications of the child's language experience should ideally be

examined with careful attention to the social and linguistic factors that describes the child's social and educational environment (ibid).

However, in some research, three patterns of influence were noted. First, bilingualism makes no difference, monolingual and bilingual children develop in the same way and at the same rate. The second is that bilingualism disadvantages children in some way. The primary example of this is in the development of vocabulary in each language. The third pattern is that bilingualism is a positive force that enhances children's cognitive and linguistic development, improving access to literacy if the two writing systems correspond and development of general executive processes for all bilingual children solving a wide range of non-verbal problems requiring attention and control. These executive control abilities are at the centre of intelligent thought (Bialystok cited in Tremblay, Barr, & Peters 2008, pp.1-4).

In most cases, the child's degree of involvement with a second language is an important variable that determines both the degree and type of influence that is found. In the early stages of the acquisition of a second language, children hearing two languages can show some developmental lags relative to children who speak only one. Bilingual children show some advantages in socio-cognitive development when compared to monolinguals, particularly in understanding the beliefs of others, picking out the important variables to solve a problem, and entertaining two possible interpretations of the same stimulus at once. However, there has been no research on bilingual children's use of emotion language. But, research with bilingual adults suggests that the language in which events occur could be strongly linked to the emotional overtone of the memory of those events. It is possible, then, that the context in which a language is learned can have an impact on bilingual children's ability to express themselves and their

accuracy in expression. In sum, there are no overall disadvantages to bilingualism. On the contrary, there can be significant disadvantages regarding children's loss of a home/heritage language, which is often deeply intertwined with family, emotions and identity (Hamers & Blanc, 2000).

Implications of the review of literature to the theme of the study

The literature discussed above cover the wide areas of ECD scope. Some of them are directly related to my study and some others just gave me a wide insight about the terminologies and the content.

Going through them, I found some research gaps. These gaps are i) that none of the literature discussed the contribution of independent child care centers to ECD; ii) that researches mainly focused on physical, mental/educational and psychological issues and development but not for what types of development the child care centers contributed; iii) that they discussed only clinical types of research but not the socio-cultural perspectives iv) and that researchers tried to develop theory out of only empirical findings. In this sense, almost all of the researchers have not used judgment perspectives to determine the contribution of ECD on childhood development. However, it gave me i) insights on child development, its process, and caring responses to them ii) it also helped to develop the conceptual framework of entire study.

Therefore I tried to i) determine the contribution of independent child care centers of Kathmandu Valley area and new directions through this study; ii) focus not only on the physical, mental and psychological development trends analysis theoretically but also have tried to assess the particular contribution of the child care centers to the children and clear the ways forward for

further improvement; iii) initiate the discourse of ECD linking with the socio-cultural standpoints; iv) make efforts to move to inductive approach; and v) arrange the discourse on service, its delivery and impact.

CHAPTER IV

Discussion of Results

In this chapter, I have presented the field findings as per the objectives of the research. Presentations on i) expectation of parents from the childcare centers ii) contribution of Chilcare centers to physical development iii) contribution of chilcare centers to mental development iv) materials used in childcare centers have been placed respectively and the starting of the discussions is with the short introductory notes.

Expectations of parents from child care centers

Introductory notes

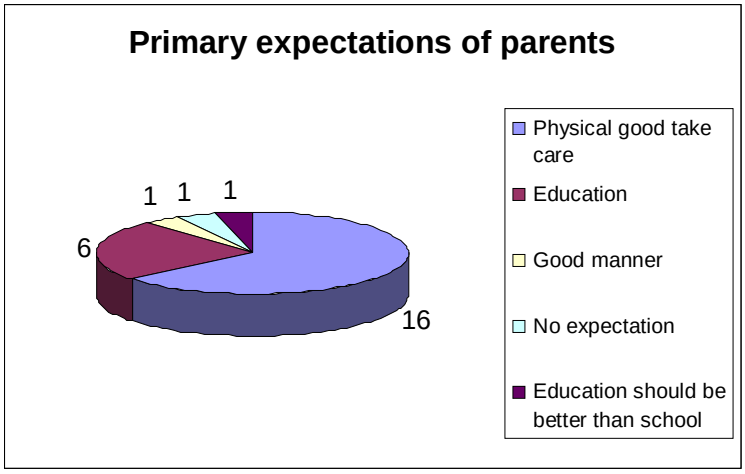
In the process of evaluating parental expectation, I generated data and findings from i) proprietors or managers; ii) teachers (through physical contribution section also), and iii) grown up children who experienced ECD learning. For this I used questionnaires as a tool to gather information on the physical contribution of CCCs with the proprietors, and the educational contribution from teachers and grown up children. In doing so, I focused on i) primary expectation of parents; ii) motivation for sending children to the child care centers; iii) the expense of using a child care center; iv) the expectations of parents from the child care centers; v) the realized benefits from the centers; and vi) the expectation of future professions for the children.

Expectations

In the field I tried to understand the parental expectation of child care centers. I investigated the general expectations of the parents from three sources: i) teachers, ii) the owners

of the child care centers, and iii) the parents themselves. The chart below displays the expectations of the parents:

Figure 1, Primary expectations of parents



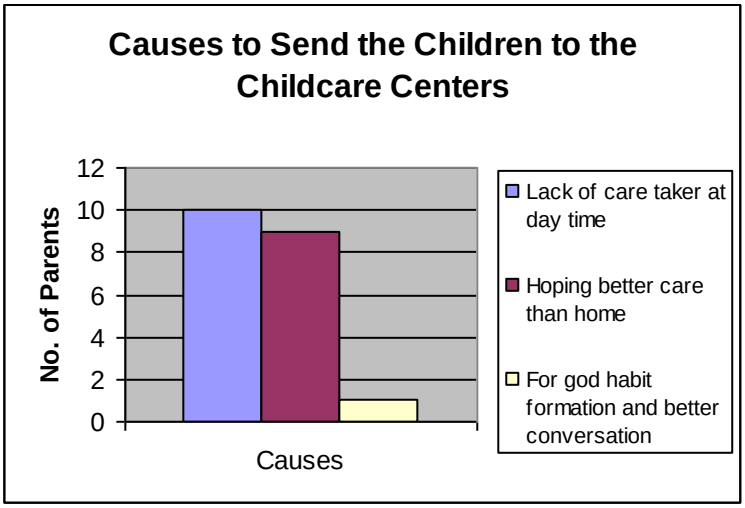
Source: Field Survey, 2009

As the field survey shows, the parents placed a higher priority on the physical development of their children rather than on other types of development, including education. Education was identified as the second-highest priority. The development of good manner is another important expectation. Some of the parents from agricultural backgrounds expected better educational development of their children more than the formal preprimary school. At the same time, there are some parents with no expectations. The surveyed parents belonged to three primary categories: i) illiterate; ii) less educated; and iii) blue-color labor. Overall, good physical care was the most important expectation of the parents from the child care centers. This factor was directly related to the age of the children and, for the parents, just to be free in the daytime. The educated parents told me that children who were less than 3 years of age need more physical care than educational improvement and that the children over 3 years of age require for

more educational activities. However, the parents who were illiterate and less educated had educational expectations for all of their children regardless of age. For example, if their children speak some English words and sentences, sing songs in English, carry more books in their bags and go to the center, their parents felt happy. Otherwise, they would compare the educational development with the children of neighbors who go to the formal private schools. Such parents become unsatisfied with the educational performance of the CCCs.

Socio-cultural and educational factors influence parental expectations. Demonstrative effects also found influencing them. The established tradition is to admit children to formal schools from the age of six years in the majority of rural areas. On the other hand, in the urban areas and in places where private schools exist, parents admit their children from the age of 3 years. These two types of differences appear in urban and rural setting. However, one of the main reasons for sending children to child care centers in the urban settings was because of the absence of a caretaker at home during the day. This meant that the parents wanted the children to be engaged in a safe environment during the daytime. It eased their mind and helped them to go to their own offices and work all day. When they return from their office/work, they take their children home. In the situation where attending jobs to earn income for the family was the primary motivating factor for using a child care centre, it could be concluded that these parents' expectation was no more than physical care.

Figure 2, Causes to send the children to the child care Centers



Source: Field Survey, 2009

The diagram above also supports the interpretation that physical care and sufficient food can be considered as the important contribution of the centers by the parents.

Children below three years do not need many more provisions than the physical care. In this regard, there might be several roles from the center's side to prepare the desired infrastructure for physical care in the future.

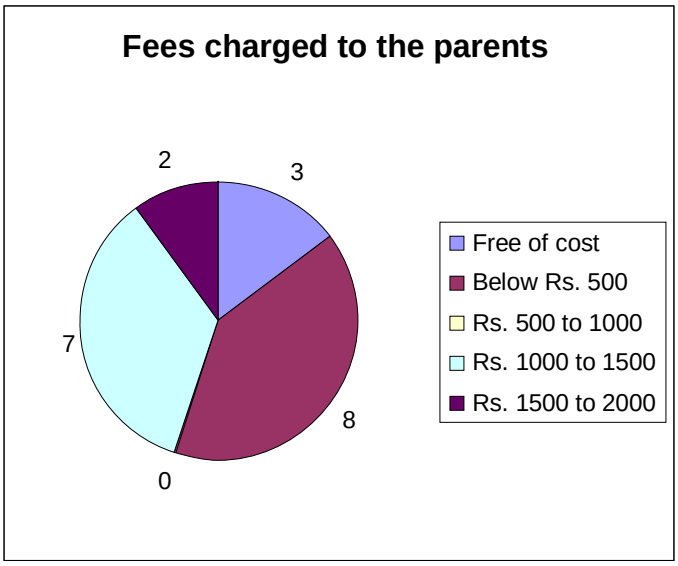
Some parents had different intentions. They send their children hoping for better care than the care of their homes. It is also mainly for physical care at the same time, parents seemed very worried about physical as well as mental betterment. Although the service of child care centers itself is not enough, better care at home is also needed.

Parents with formal education expected mental instead of physical development of their children. They also expected attitude and good habit formation, skill development, social

interaction, and language development. However, as the data and my own analysis suggest, the parents were not satisfied with the contribution of centers to their children's development.

The Contribution of child care centers also depends on the expectations and the payment of the parents as well. Expectation and investment create significant differences in services and the attention given to each child. Among the parents who pay more money got more food and others whose parents pay less got less. In some centers, parents send all the food items and the center cooked and fed the children. There was a separate fee system in such CCCs.

Figure 3, Fees charged to the parents

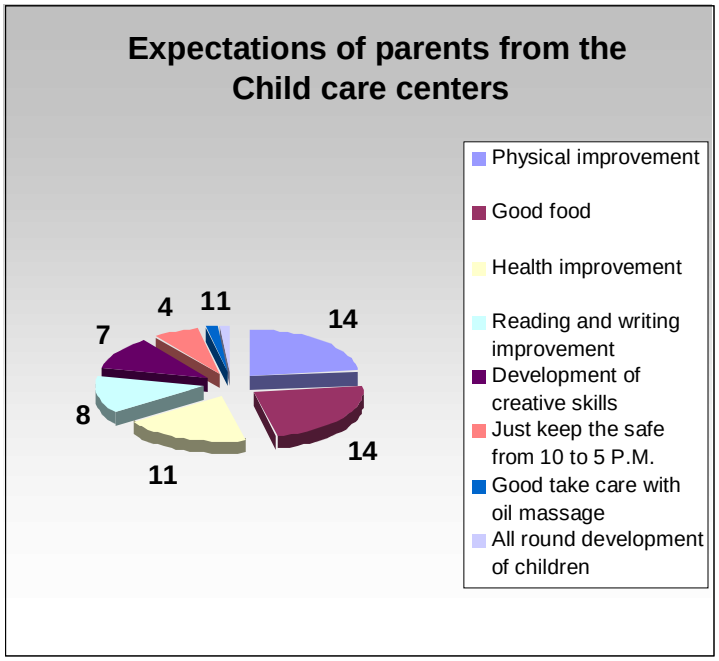


Source: Field Survey, 2009

As the field data of 15 childcare centers shows, three parents whose children were getting free service from the centers. Eight parents paid below Rs. 800, seven parents paid Rs. 1000 to 1500 per month and there were only two parents who paid up to 2000 for a child per month. According to this figure, the monthly payment was low in comparison to the market value of the

Kathmandu city. This finding also shows that the more fee taken from the parents the more demand from the parents of the child care centers for additional food and care. Despite this situation, it is no doubt to claim that the child care centers are providing the services to the children in the minimum cost.

Figure 4, Expectations of parents from the childcare centers



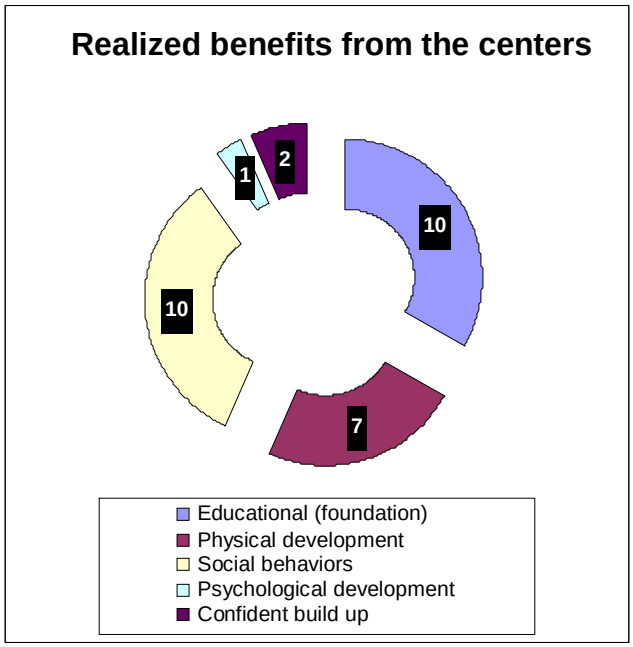
Source: Field Survey, 2009

Expectations depend on the level of investment as well. Parents' expectations were also shown in line with their payment. In this context, parents were emerging as consumers and the owners and teachers as service providers. Therefore, it is natural that the parents expect more from the child care centers. As the data from the field suggests, the studied parents expected both physical improvement and good food. Health improvement of their children was their next priority. Improved reading and writing improvement and development of creative skills were

their fourth and fifth priorities. Moreover, some parents just expected the physical safety of their children during the daytime. They might have other expectations as well but physical care was their foremost need and this was also related to the physical development of the children. And some others expected good physical care with oil massage to their children. This also falls under the physical development of the children. Interestingly, a few parents expected overall development of the children from the child care centers.

Perception of grown up children also worked as the evidence of services consumed in the child care centers. Following chart provides the perceived benefits of CCCs.

Figure 5, Realized benefits from the center



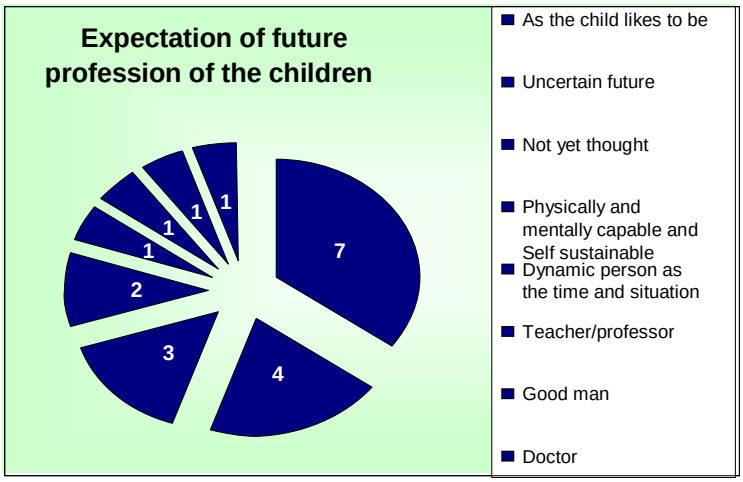
Source: Field Survey, 2009

Parents of the grown up children always looked for i) educational development ii) formation of social behaviors iii) physical development iv) development of self confident, and v)

psychological development. Among these benefits child care centers' contributed to educational development, development of social behaviors, and physical development but the psychological development and confidence build up was seemed weaker. According to the grown up children, they used to get reading, writing, eating, and playing services in the centers. Some of them used to get the facilities in free of cost. There was good health care. Sometimes, they would go to picnic. Some of the differently able children would get the physiotherapy service, too. This data also shows that educational foundation and the formation of social behavior appeared as the major benefits of the CCCs realized by the grown up children. The physical development appeared in third position. This finding contrasts with the conclusions that i) more expectation of parents is for physical development and ii) more services are available in the centers related to the physical development.

Parents have different expectations from their children in future. The parental expectation depends on their economic class.

Figure 6, Expectation of future profession of the children



Source: Field Survey, 2009

Most of the educated parents expected their children as the doctors and engineers in their future but formally uneducated parents did not have that type of imagination about it. They just wanted to leave their children in their own interest. It is remarkable change that the parents showed because the children were left to decide for them and parents were not pressurizing them. This means the parents have been more democratic, liberal towards selecting the study area and the future profession of their children. In addition to this, there were other types of parents. They were i) 'unsure' parents, and ii) 'still not thought' type of parents. At the same time, some parents hoped that their children will be capable, physically, mentally and economically self sustain in their future days. On the other side, there were teachers as well who expected their students to make doctor, teacher or professor in future. This shows that the so called urbanized or civilized medium class parents of Kathmandu were minimizing their expectations to make their children doctors in future. There were some parents who expected their children to be a good and dynamic person. This means, the trend of determined expectation of the parents has been decreasing. They are gradually being democratic and at the same time, children are also gradually being independent to choose the way of their future by themselves.

The discussion above shows that I) Physical development was the major expectation of parents and then only the next expectation was for educational development, ii) educated parents expected more physical care and illiterate parents more educational development from the CCCs, and iii) the parents are gradually reducing their pressure to the children in determining their future, which was an established trend among the households of Kathmandu.

Contribution of childcare centers to physical development

Introductory notes

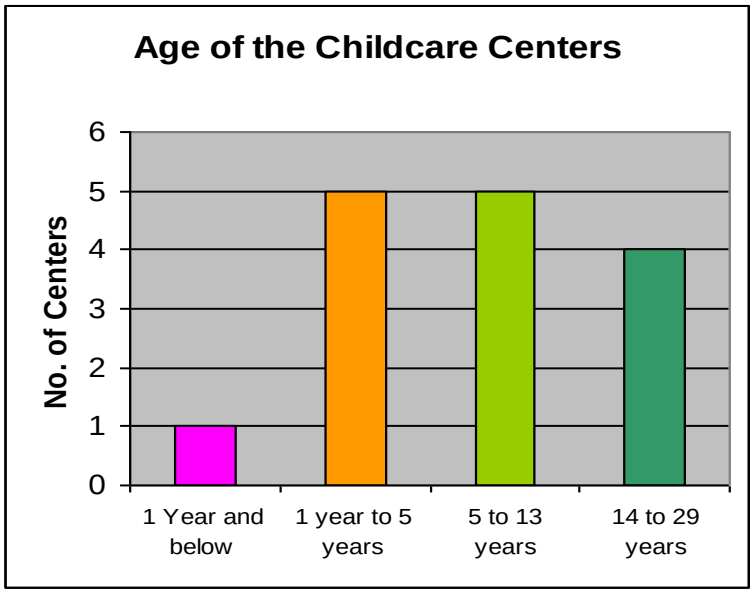
Under the heading- services to physical growth (which I understand as physical contribution) I have tried to collect some information on i) age of the child care centers ii) reasons of operating the centers iii) number of served children iv) age of the grown up children v) children's age and duration of living in child care centers vi) types of parents of ECD children vii) knowledge of child care center owners about the early childhood development ix) study/training attainment of owners in the workshops and seminars.

The data which I have gathered from the field have been illustrated in pie chart and diagram. In doing so, I tried to link i) age (old and new) ii) intention iii) services iv) age of grown up children v) living duration vi) types of parents vii) facility viii) knowledge on ECD ix) study/training with the physical growth and development of early childhood children. For physical services available in the centers, I understood this as contribution to physical growth and development of the early childhood of the children. And importantly, I saw it only from the managerial or proprietors' perspectives.

Field research

Many factors influence the management and services of the commercial child care centers. Among them, the age of child care centers i.e. year of establishment also counts a lot for its maturation; management, and quality of services to the ECD children. The chart below presents the age of establishment of the studied CCCs.

Figure 7, Age of the child care centers



Source: Field Survey, 2009

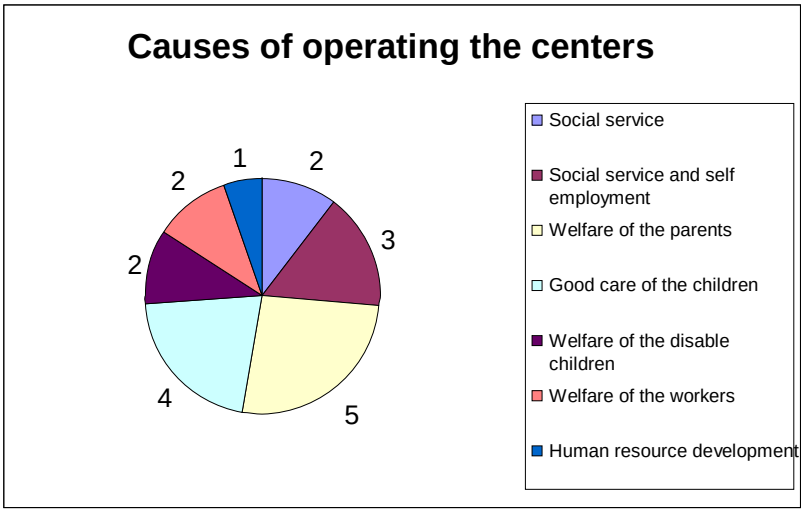
As the chart above shows, there were four Childcare centers aged from 14 years to 29, five centers from one year to five years, and some others ranged from 5 to 13 years of age. Before the restoration of multiparty democracy in 2046 (1990) and inflow of people from outside the Kathmandu Valley area, the number of child care centers was limited. Some of the centers had been established with the initiation of industrial areas i.e. Balaju Industrial Area, Patan industrial area and Bhaktapur Industrial Area. Because of these industrial estates, the owners needed their female workers, and these workers required child care centers inside the industrial area so that even after 45 days of child delivery the female workers could come to work in the factory. This idea was conceptualized in the decade of 1930. This means the child care centers of Kathmandu Valley area were the oldest centers among these industrial areas. The other centers were gradually emerged in the mid 1950s as the Kathmandu Valley area experienced population growth, urbanization and industrialization (Field Survey, 2009). In this sense they were young.

However, this data shows that the observed Childcare centers were mature in terms of their age and experience. Only one newly established child care center (below one year) was owned by a woman. She had also worked as an assistant for long time in a private school.

The age of Childcare centers indicated the quality in service but my reflection from the field suggests that quality seems to be influenced by the professionals' attention towards the children, children's age of entry, and hours in care taking, type of caregiver and setting, and quality. By quality I meant the betterment of both the process (activities) and structure (teacher characteristics, class size, etc.).

Why the Childcare centers were opened? I asked this question to the CCCs professionals. In response they gave me number of reasons. The chart below displays these reasons.

Figure 8, Causes of operating the centers

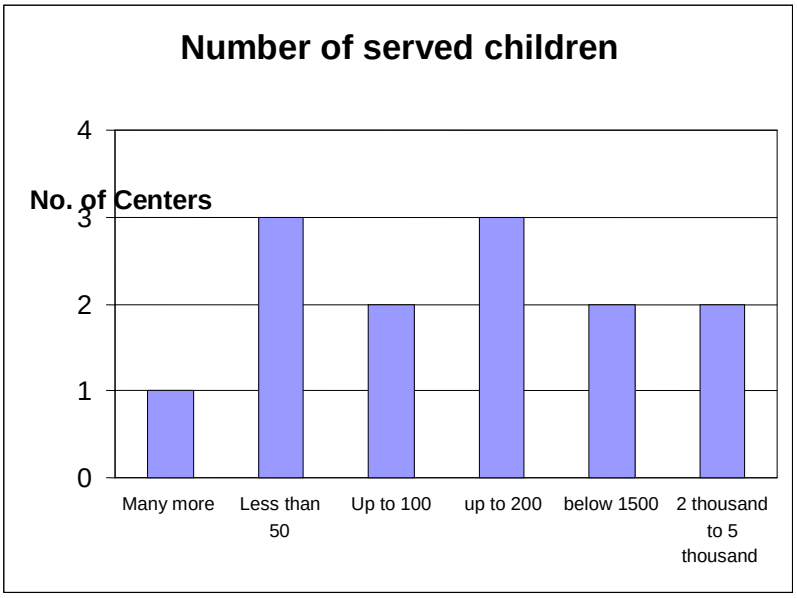


Source: Field Survey, 2009

I found the main causes of opening Childcare centers that ware i) to give good care for the children, ii) to generate self-employment, iii) to provide a social service, iv) to ensure the welfare of disabled children, v) to provide for the welfare of the workers, and vi) contribute to human resource development respectively. Interestingly, no one answered that Childcare centers have been opened for economic gain, though it was the inherent interests of the proprietors. As I observed in the field there were three types of interests among the entrepreneurs. They were: i) social service ii) self employment and iii) both. The 'both' type of interest was carried out by all the proprietors of the CCCs. But the centers, which were established inside the industrial areas and run by the Non-governmental organization, appeared as service oriented. But in the case of private child care centers, they were more profit based. At the same time, some of the CCCs centers appeared as the employment need of mothers in Kathmandu. It means they evolved because of the mothers' employment. Once they got employment they needed someone to take care of their children at the daytime and hence CCCs emerged to serve their purpose.

In order to find out the numerical contribution of CCCs, I observed two centers established in the decade of 1930. These centers were serving the substantial number of CCCs. The chart given below shows the number of the served children through CCC establishments.

Figure 9, Number of served children



Source: Field Survey, 2009

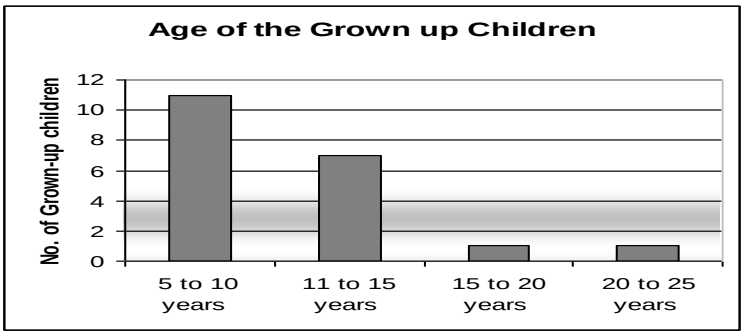
The chart above showed that the surveyed Childcare centers had already served two thousand to five thousand children to date. The next two centers had served 1500 children, 3 centers up to 200 children; two centers up to 100 children and the other three centers had served less than 50 children. The served number of children shows that centers that were established with the initiation of management of industrial areas served more ECD children, than the next two child care centers, which were associated with the structure of the formal school (please see the appendix for the list of studied child care centers) also served the substantial number of ECD children. Rest of others were new and were established in the mid 1950s gave fewer services to the children because there was a lot of internal displacement and huge migration of people to the Kathamandu Valley area from different parts of Nepal due to the Maoist insurgency. And hence they could not catch all the needy children. The other reason was that there were old members of the migrants and they were there to take care of the ECD age children. I could have no access to the exact database about the served number of children. The data available to me gave the

knowledge that a significant number of children were taken care by the Childcare centers of Kathmandu Valley area at least in their catchments.

Looking at the numerical contribution of Childcare centers from gender perspective, I found that there were eight owners who had no information /or exact data of the served girls and boys. Three owners claimed that they served the girls and the boys equally. Their claim might be because of i) changing patriarchal mindset in urban settings, and ii) proportionate population growth of children (girls and boys). The rest of the four proprietors said that there were boys in majority. In other words the number of boys outnumbered the girls. It was so because the socio-cultural and economic background gave second priority to the daughters. There was another reason as well i.e. i) Less population of girls, and ii) still prevailing patriarchic mind set of the community people.

I also examined the age group of the service-receiving children of the child care centers to understand the physical contribution of the centers as they grow up. Herein below is the chart that displays the number of served children.

Figure 10, Age of the grown up children

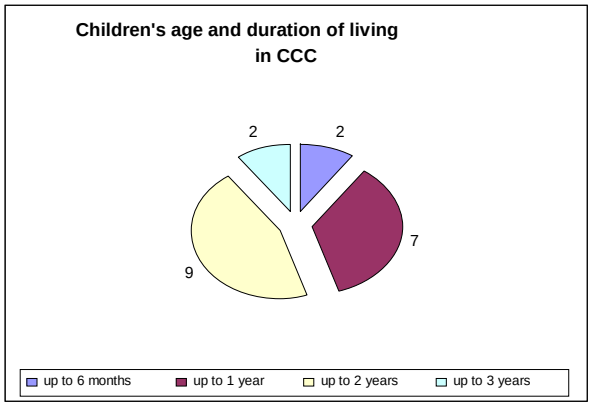


Source: Field Survey, 2009

I found there were majority of Grown Up children below ten years of age. It was 11 in number among the 20 GUCs. Seven grown up children were that who were ranged from 11 to 15 years of age. On the other side, there were only two grown up children from 15 to 25 years of age. Such GUCs were few in this survey meaning that they were numerically non-significant. The reason for this was found i) most of the centers were recently established. Only two centers were 10 years or older but rests of others were from 5 to 10 years ii) new ECD centers were based on Montessori principles and they were replacing the old child care centers, and iii) massively growing private schools of Kathmandu Valley area were displacing the commercial child care centers. These three reasons were found as the influencing factors for the low number of GUC.

Looking from age of ECD age children and their living period in child care centers only two grown up children were living there up to 3 years. Similarly, nine grown up children had lived up to 2 years, 7 grown up children up to 1 year and 2 grown up children up to six months only. Herein below is the chart that details out this finding.

Figure 11, Children's age and duration of living in CCC



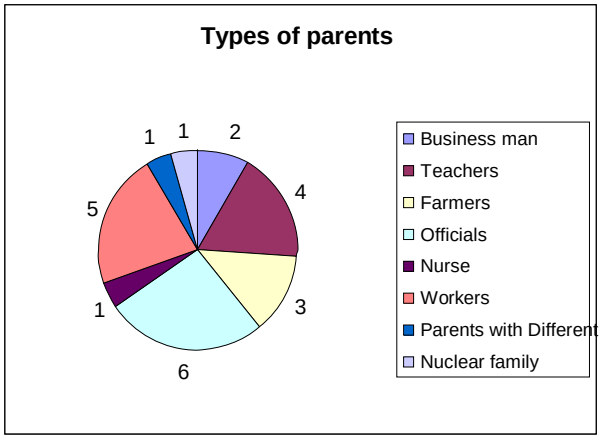
Source: Field Survey, 2009

On the basis of this survey I understood that the consulted grown up children were of relevant age to receive ECD experiences. But the others were very young. Due to their young age, their education and maturation level was weak. Therefore, I could not assess them as it should be. What I did is that I just received their perception about daily routine and the facilities consumed by them during their stay at Childcare centers as their self-reflection of past. I have used such reflection relating to the facilities available in the centers in different parts of this study.

Attempts of child care centers are nothing in itself unless there are other functions in a well-arranged system. This implies that there are many factors that influence the ECD in an integrated way. Parental socio-cultural, educational, economic and occupational backgrounds are some of them. During the field visit I observed that those children who were from the well off family were more confident, frank, talkative, and cheerful than the children of other background.

In this background, I looked into the field from parental professional background and found the following result as below.

Figure 12, Type of parents



Source: Field Survey, 2009

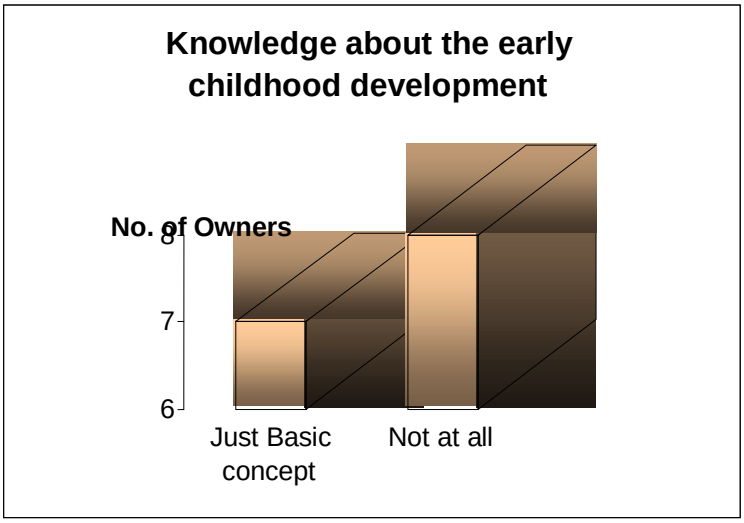
The chart above shows that among the parents the officials were in majority. Official, as I understood in this research, were those who used to work in offices; in private or governmental or NGOs and others. Following the officials, physical workers were in second position, teachers were in third position, farmers were in forth position, and businesspersons were in fifth position. The rest of others like nurses, parents from nuclear family and 'all types' of people were in equal position numerically. However, this data shows that Urbanization, capitalization and labor market are three influencing factors in the growth of commercial child care centers in Kathmandu. Because all of the categories of parents with different professional background were employed in the labor market of Kathmandu and such flourishing labor market is the product of urbanization and capitalization of Kathmandu Valley too.

I also saw the linkage of parental professions, parental expectation and its influence on their children, mainly on physical development. I also found that the parents with artisan skills wanted to see their children to continue their occupation; at the same time, the educated parents encouraged their children to think of others' profession and disliked their own. It was the same in the case of the farmers. Children whose parental occupation was related to physical work appeared as the physically strong and healthy, on the other side, those who were from the mental profession found mentally active. This means there is an effect of parental occupation on the physical, psychological, personal and social attitude and socialization process of early childhood development.

Running child care center is not an easy enterprise like the other commercial business. This means, the proprietors of child care business should have at least basic understanding about

the ECD to run the profession with basic standards. Moreover, the academic qualification or any other kind of ECD related training is considered to be the most necessary; otherwise, this profession might be as the other commercial profession like shopping center. And the proprietors might have difficulties to manage teachers, assistants, children and entire child care centers. On this backstop I tried to find out the knowledge of the CCC proprietors. Following chart presents the knowledge of the CCC proprietors of the studied centers.

Figure 13, Knowledge about the early childhood development

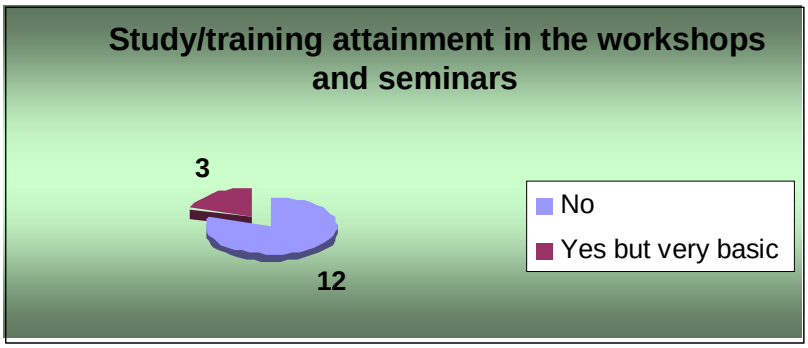


Source: Field Survey, 2009

Looking from this understanding of the field, I found that there were seven proprietors with basic concepts about the early childhood development. They had understood the meaning of early childhood development and the full form of ECD. Rests of the others 8 proprietors had zero knowledge about it. These zero knowledge holders were operating CCC with their common sense for commercial purpose.

If the proprietors have no academic qualification there might be professional training courses available on ECD. Short-term training course has been available in the urban areas for the last few decades. With this understanding I searched for the academic qualification or training of the proprietors of the child care centers. The chart given hereunder displays the nature and the types of training that the proprietors had.

Figure 14, Study/participation in training, workshops and seminars



Source: Field Survey, 2009

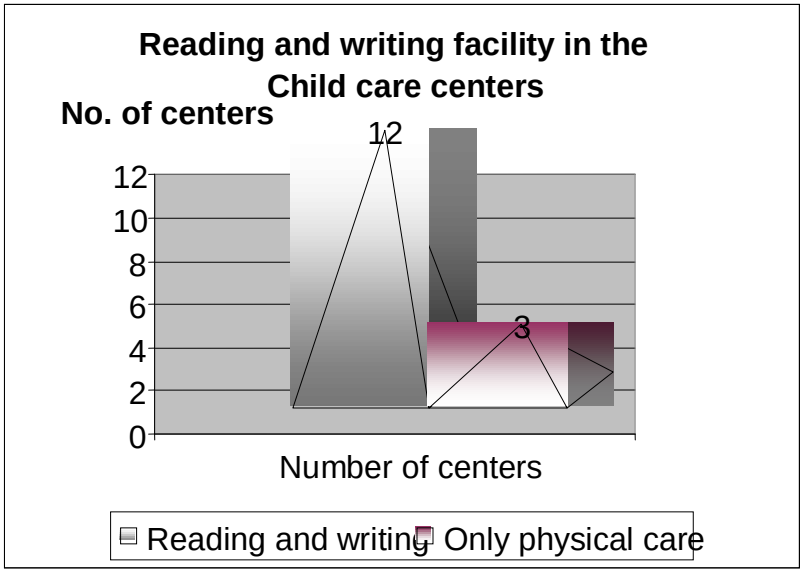
The chart above shows that there were only 3 proprietors who had attended the short term basic training on ECD but rest of others were completely unaware of the training, and never attended the workshops and seminars. It also showed the level of understanding of proprietors about the ECD. In this context, issue on the qualification of proprietors in ECD could be raised. I also understood that the proprietors were operating their centers just for commercial purpose.

The qualitative information that I received showed that the owners lacked managerial skills; teachers and their assistants lacked i) pedagogical skills ii) knowledge of physical care iii) child psychology, and iv) the knowledge to assess the growth and development of ECD children. This shows the lack of knowledge about the ECD among the entrepreneurs of child care centers.

The reasons behind such situation was i) lack of opportunity to be specialized in ECD academically, because there was no provision of ECD course specialization to their proximity and convenience, ii) inadequate training institutions, and iii) lack of professional culture of Nepalese market. The aggregate of all these causes brought this situation among the proprietors of child care centers.

As the proprietors, they were contributing to the ECD children as far as possible but they seemed to be focused on day time physical care, so that the parents could get the time for their job. Some of them were trying to i) improve the physical disability of the children from the economically and socially disadvantaged community, and ii) make the educational foundation of the children. At the same time, some of them had been already left teaching learning service and provided only the physical care service. Looking the centers from the service availability and non-availability, I found that 12 out of 15 centers had the reading and writing facility as the nursery classes as that of the private schools. The figure below presents the details of it.

Figure 15, Reading and writing facility in the childcare centers



Source: Field Survey, 2009

As I found the Childcare centers were involved in teaching the children to be disciplined, neat and clean, formation of social habit, cooperativeness, love and affection.

Some of the proprietors claimed that they had contributed to the children of poor and needy people. Therefore, they are gradually emerging as the suitable place for physical development of the children i.e. health promotion and formation of health habits.

Summary of ECD contribution to physical development

Looking from managerial side of the CCCs I found their physical contributions to ECD children. The following paragraphs present them:

Most of the studied centers were mature in terms of age and experience of the centers. They were focused on the care taking aspect as their business, such as feeding the children, making them neat and clean, letting them sleep, giving good physical care and protection from accident and injuries, offering the time to the children to play according to their time table. It means concentration of the CCCs was on i) the services to make the physics of ECD children better and ii) protection of the children physically better. In other words concentration was on input, and the protection for physical growth of ECD children. Some of the CCC proprietors were involving to improve the physical disability of the children from the economically and socially disadvantaged families.

The main aim of the proprietors of the Childcare centers was to give good physical care for the ECD children. This type of support was helping for the physical growth of the ECD

children. Similarly, all the 15 child care centers have already served two thousand to five thousand children to date.

Looking at the numerical contribution of ECD centers from gender perspective, in some of the centers, I found girls and boys were served in an equal numbers. In rest of others, boys were in majority. It might be because of the socio-cultural and economic mindset of the parents: the mindset was that culturally daughters are given second priority. But I realized that the situation has been gradually changing, and yet some remains of the bias mindset were still working in the studied ECD centers.

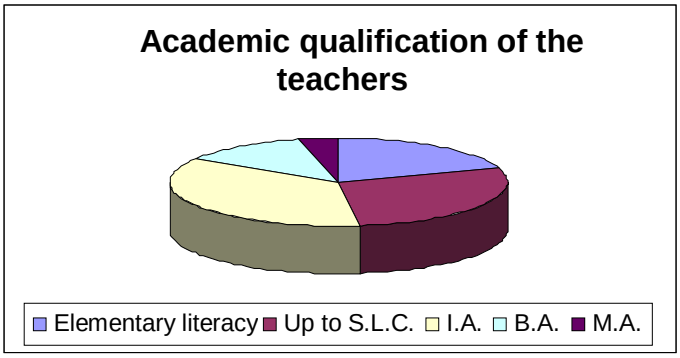
Contribution of child care centers to mental development

I concentrated in four areas: teachers' individual qualifications (training, formal education and experience), number of teachers, length of time teachers worked with the same children, and pedagogy. In this process, I asked the graduates about four different areas: age and how long they lived at the shelters, their academic qualifications at graduation, their individual learning abilities and their overall self-reflection about their experiences. Using self-reflection as a qualitative research tool I tried to find out their contribution on child care centers. I also triangulated the information that I obtained from different sources and cooked them against myself-reflection.

As I found, teachers had made significant difference in the lives of the children they had worked with. For instance, they had helped child care centers maintain and enhance the facilitators' capability for the creation of positive and effective learning environment, and promote children's ongoing development. Teachers' academic qualifications and training

appeared to be most important in determining the level of their contributions in ECD. Other factors affecting quality included teachers' job satisfaction and their perceptions towards the problems (Sonawat & Furia, :2006). Herein below is the chart that displays the qualification of the teachers.

Figure 16, Academic qualification of the teachers



Source: Field Survey, 2009

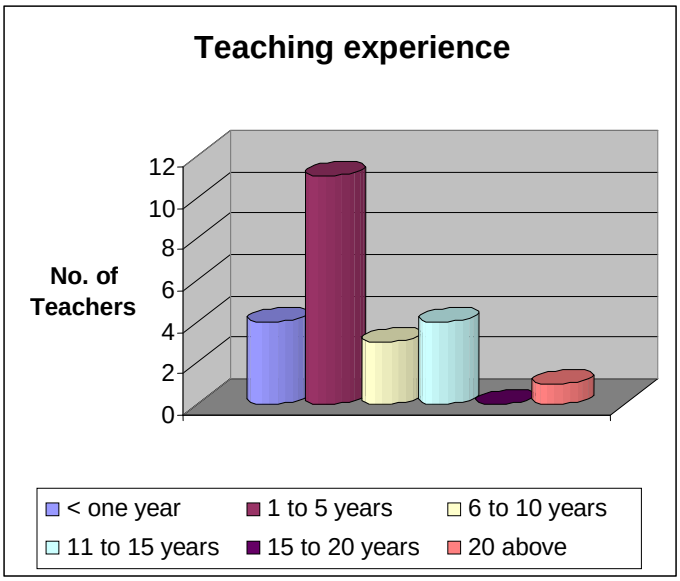
There was only one teacher with M.A. level qualification. Teachers with intermediate degrees were found in nine child care centers. In next seven centers, the teachers had only passed the S.L.C. level, and three centers had teachers with Bachelor's degrees. The remaining five centers merely had literate teachers. No centers in this study had illiterate teachers.

My reflection over the academic qualification of the ECD teachers reminded me the literature. These literature (in the literature review part) said that teachers should have inner security, self-awareness, integrity, theoretical grounding and general knowledge with emphasis on environmental science, community and young children's books, warmth and respect for children, unconditional caring, intuition, detachment, laughter and model behavior (Cartwright, 1999). The other set of literature mentioned that the successful ECD teachers should have

efficient reasoning power, favorable attitudes toward children, adaptability, up-to-date professional information, wide interest in teaching, cooperative attitudes, kindness, patience, fairness and enthusiasm (Upreti, 1979). With these standards in mind, I found that the teaching staffs of the studied ECD center were neither academically qualified, nor well grounded in its principles. They viewed their jobs as temporary and were actively looking for "better" jobs. They were not satisfied with their salaries, nor did they see opportunities for advancement in their present positions.

Length of teaching experience is also a determinant of how much a teacher was able to contribute to a child's early development. Such teaching experience includes experience teaching in any educational institution, but for the purposes of this study I only included the teaching experience of the teachers in these child care centers. Going back to the literature, the less experienced teachers produce lower achievement in their students compared to experienced teachers (Fetler, 1999). But in contrast to this logic, new research findings (Sonawat & Furia, 2006) show that less experienced (0-5 years) teachers are more capable than their older counterparts. They demonstrate a more caring nature towards the children. They are more enthusiastic, flexible, innovative, interactive, punctual, responsible, sensitive, sincere, and spontaneous than the more experienced (6-10 years and 10+ years) teachers. On the other hand, more experienced teachers have also been found to be more approachable, confident, fair, and patient than the less experienced (0-5 and 5-10 years). So the issue of teaching experience still stands contradictorily here.

Figure 17, Teaching experience

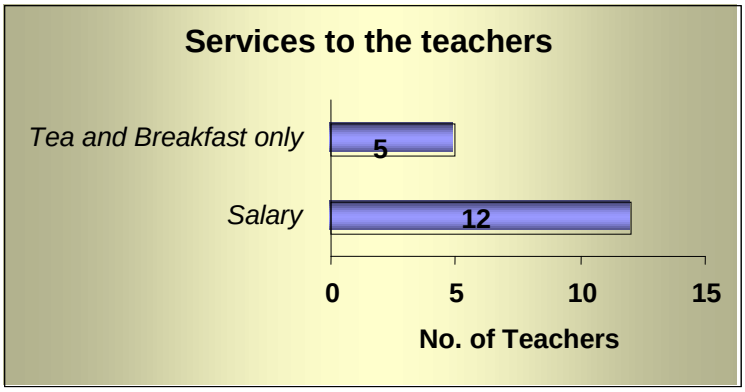


Source: Field Survey, 2009

However, among the 25 teachers in the study, the highest number of teachers (11) fell into the category of having one to five years' teaching experience in the same child care center. Four teachers had 11 to 15 years of experience, three fell in the 6 to 10 year range, one had over 20 years, and one had less than a year teaching in the same child care center. Teachers with less experience in the ECD centers also tended to be new to teaching altogether, and the majority of teachers in the child care centers have three years' experience or less. This indicates a lack of adequately trained and experienced teachers.

There are some reasons for this. Socio-cultural and economic factors affect teachers' decisions about whether to remain in their jobs or to leave for better opportunities. Salaries, services and facilities provided for them also influence these decisions.

Figure 18, Services to the teachers

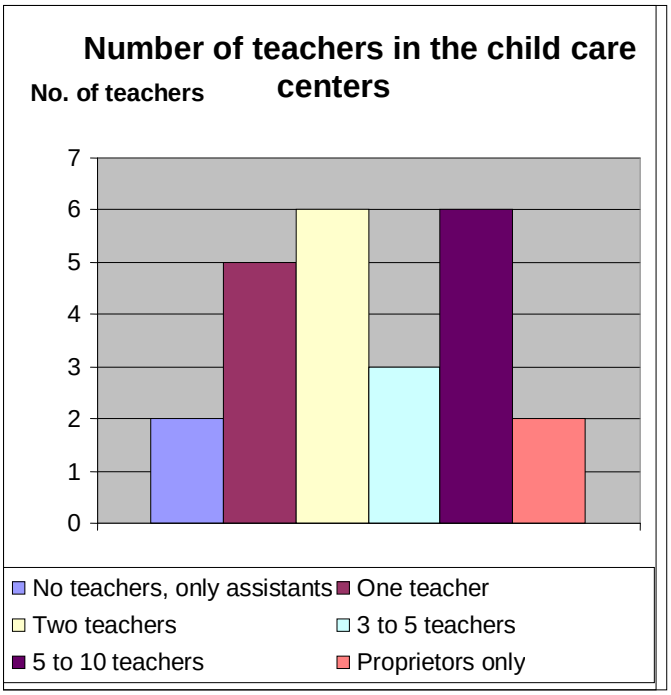


Source: Field Survey, 2009

The field shows that only twelve of the 25 teachers had received salaries from the centers for their work. Five teachers get only tea and breakfast, and a small amount of money as a Tiffin allowance. The rest of the teachers were either proprietor as well, or were not willing to disclose their compensation schemes.

Of the 25 teachers included here, only two were permanent employees. Salary range was from Rs. 800 to 6000 in the school-promoted day care centers. The majority of salaried teachers in the child care centers had received between Rs. 1200 to 2000 per month, which is very low and insufficient to fulfill even their basic needs. And yet teachers had accepted work in under these terms because of the terrible unemployment situation in Kathmandu. How devoted these teachers will be to their work when their own economic security is so precarious is a compelling question generated by this research. Therefore, it can logically be hypothesized that their devotion to the quality of early childhood development in Kathmandu's child care centers is poor.

Figure 19, Number of teachers in the child care centers



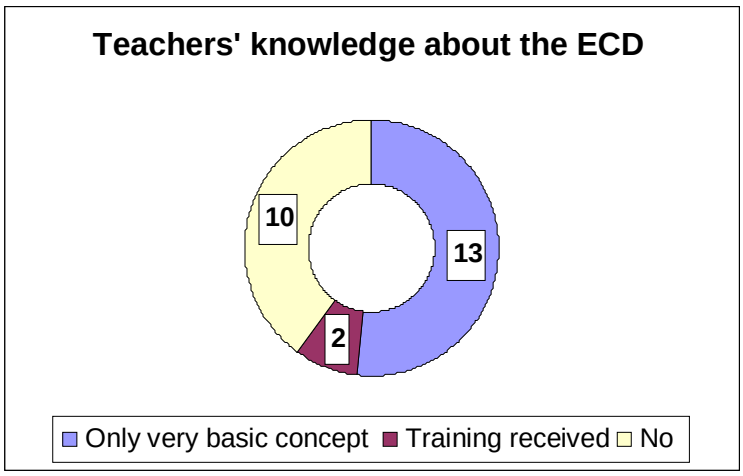
Source: Field Survey, 2009

Two child care centers among the 15 centers included in my study have no teachers, so there are no educational services offered in those centers and the only people working in these two centers were the proprietors. Five centers had one teacher each, six centers had two teachers, three centers had three to five teachers, and six centers had between five to ten teachers. Level of teaching experience, as discussed above, might seem of secondary concern to the number of teachers overall since teacher-student ratio seems inadequate in most of the centers, but my perceptions are that the bigger problem is teacher quality and their devotion to centers along with the salaries that they get.

I found that teachers' knowledge about ECD is more important than their numbers and how long they have worked in the centers. Those who had adequate academic and practical knowledge about ECD understand principles related to the physical, educational, psychological

nature of children, and only with this understanding will their contribution to ECD be effective. Herein below is the chart that gives the details of the teachers' knowledge on ECD.

Figure 20, Teachers' knowledge about the ECD



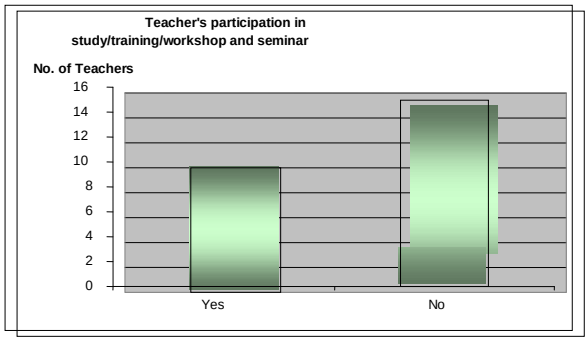
Source: Field Survey, 2009

Only two teachers in my study had received training on ECD. Thirteen teachers had basic understanding of the abbreviated term "Early Childhood Development," and some of them only guessed at the meaning of the term. These teachers had designed their lessons on the basis of their common sense rather than formal ECD training. Interestingly, 10 teachers had no information about ECD at all.

Increased academic qualification on ECD might be one of the approaches to address the quality problem. But, because of age, cost and time factors, it might not be appropriate for all the teachers. Alternatives can include providing ECD trainings in the center itself and organizing trainings, workshops, or seminars in cooperation with other agencies. There could be other ways as well. For instance, teachers seek out these kinds of trainings on their own and institutions

provide such trainings free of charge. These findings helped me draw the knowledge that there is a need of economically viable communications strategy to inform teachers about these programs and facilitate their participation in them. With this free access to training and encouragement from their superiors at the centers, teachers will be motivated more and increase their knowledge about ECD, even if these facilitators get low salary.

Figure 21, Teacher's participation in study/training/workshop and seminar

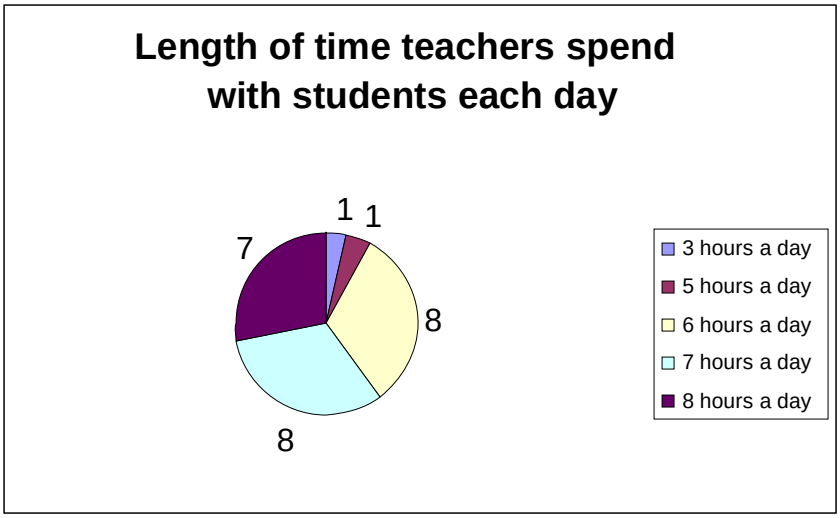


Source: Field Survey, 2009

As shown above, there are 15 teachers who had never attended the trainings. Ten teachers had attended one or two trainings over the course of their careers. Two among ten had read some ECD-related material in their I. Ed. and B. Ed. academic courses. The reason was that there was no ECD training course at the universities that was there once at least in Tribhuvan University.

Children between the ages of two and five were challenging the knowledge of the teachers. This shows that, there is need of such teachers or assistants who can manage all types of children in the appropriate way. The length of time that teachers have worked together with the children or the strength of teacher-student relationships is also important.

Figure 22, Length of time teachers spend with students each day



Source: Field Survey, 2009

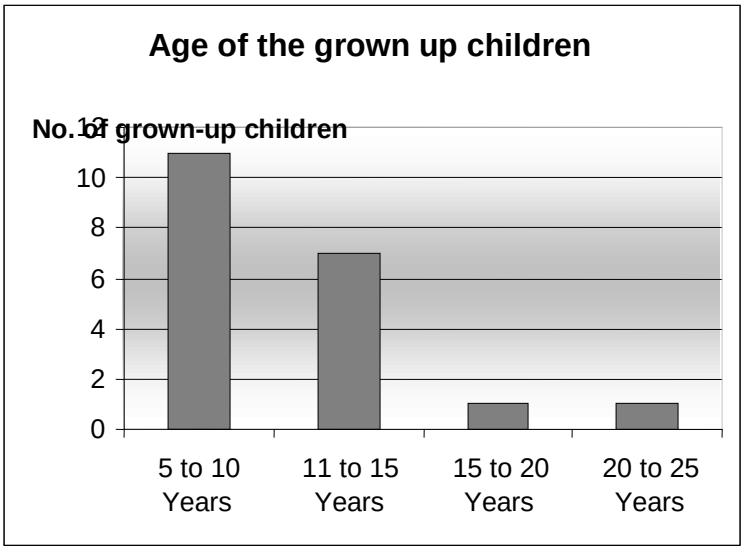
Most of the teachers used to work for six to eight hours a day with the children. They were found engaged in teaching for some time, and the rest of the time they used to attend other business. Therefore, the children receive less opportunity to interact with the teachers beyond reading and writing. Therefore, children used to be engaged more with the teaching assistants (Ayas) who fed them and cared for them physically. It is a kind of paradox that children with special needs also received insufficient time with their teachers; they too were attached more with assistants who were illiterate and untrained in child psychology and ECD.

Routine observations of teachers and children in the field revealed that there was a warm, positive relationship between them. Teachers facilitated play, dancing, speaking, reading and writing as per the age of the child. Teachers also fed them breakfast and lunch. They lead the children in physical exercise as well as physiotherapy for children with disabilities. Some of

them also taught social skills and self-sustainability in a gradual and indirect manner. Likewise, they taught songs, changed the children's clothes, and sometimes helped their assistants.

There is still debate about the ages of children for child care centers, ECD centers, and pre-primary level of formal school. But it is practiced in Nepal that the children below 3 years of age attend child care centers, but that above 3 years they are admitted in pre-primary schools. The age of children is also important when evaluating the educational contribution of child care centers to their development. If the children are below 3 years old, then that is the age of physical care rather than educational development, although there might be attempts by family and in the centers to develop the foundations for future all-around intellectual, social and educational development of children, such as early reading, writing, and counting preparation exercises.

Figure 23, Age of the grown up children

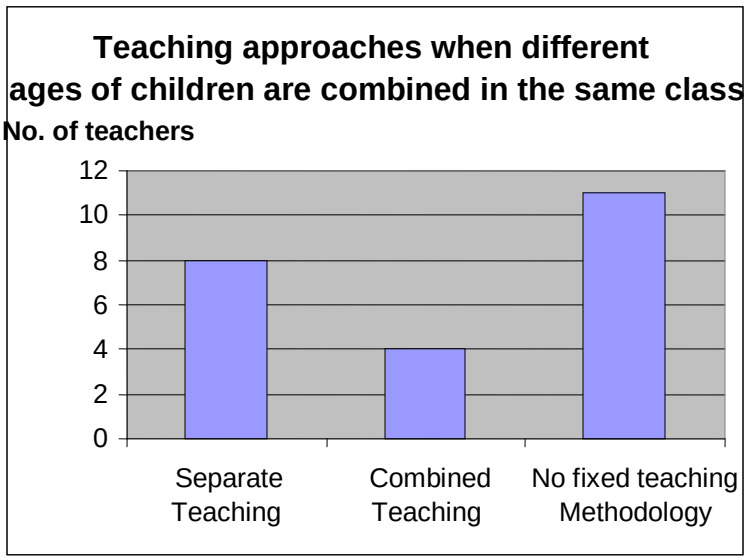


Source: Field Survey, 2009

As seen above, the ages of the children in the fifteen visited child care centers varied widely. Most of the children were aged between two months to four years. The next largest group was from five to six years of age. Interestingly, there were also some unusual children between the ages of seven to sixteen, and in one case there was a 56-year-old man, although he was in a community rehabilitation center (Patan), which provides daytime care service for disabled children. Ideally speaking it is not appropriate to include the 56-year-old man together with the children for many reasons, nor is the least of which the legal ramifications of doing so. However, it was observed that the old man was gentle with the other children of the Child care center.

Teaching methods also contribute to the children's development. But the field showed that ECD classes practiced grade teaching. There the children were taught collectively or in groups.

Figure 24, Teaching approaches when different ages of children are combined in the same class



Source: Field Survey, 2009

Eight of the teachers responded that they employ separate teaching methods according to ages and interests of the children. Four teachers reported that they used combined teaching (meaning they teach all ages of children using the same method), and 11 teachers reported that there was no fixed or standardized teaching methods.

However, regardless of time, space and other resource constraints that the child care centers may face, the issue of separate vs. combined teaching methods has important implications for how well the centers can shape a child's educational development. If children are taught separately based on age and educational level, there may be individual teaching, individual treatment, individual interaction, and the teacher will deeply understand the nature, progress and opportunities of the children. There the teacher can inspire and draw out a child's latent potential. Moreover, teachers can assist children individually.

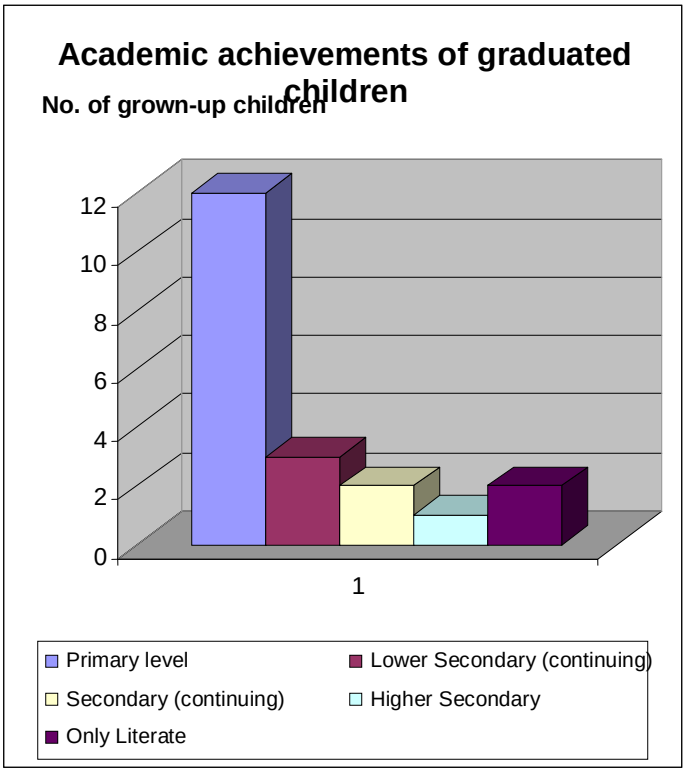
Moreover the classroom observations that I did in the field showed the following practices:

i) Most teachers used available teaching materials to support their lessons
ii) Most teachers demonstrated material as far as possible.
iii) Most teachers used conversational or interactive teaching methods

They also used "learning-by-doing" approach to teaching. As many of the teachers said, teaching methods have been chosen as per the age, interest and capacity of the children.

Academic qualification of the students is widely acceptable criteria to assess the educational contribution of the institutions like child care centers. But there are many other educational contributions, which the formal educational certificate alone cannot ensure.

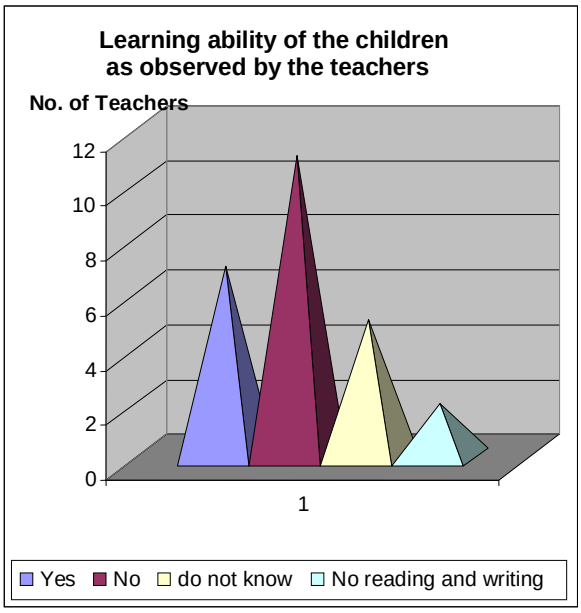
Figure 25, Academic achievements of graduate children



Source: Field Survey, 2009

Looking at the graduated children's current academic status, the data shows that there are more children who have graduated from the program. These children belonged to the age between 6 and 13 years of age. Out of these children only six were reading between lower secondary to higher secondary level. Only two children were found fully literate. This indicates that the child care centers were not adequately providing academic support to the children. I also found that except Patan and Balaju centers, all the centers were far behind in their ability to produce students who were qualified as work force.

Figure 26, Learning ability of the children as observed by the teachers



Source: Field Survey, 2009

Can the children learn in the same way and with the same level? It should be noted that not all children learn in the same way, with the same materials, or through the same method. This implies that learning capacity is affected by individual differences between students and by socio-cultural factors.

In response to the question about the learning ability of the children, seven teachers said that all the children had learned equally via the same methods and materials. Eleven teachers disagreed completely, five teachers said that they didn't know one way or the other, and the last two did not provide educational services in their child care centers at all. Here, the teachers varied in their answers as well. These variations showed that these teachers were not consistent in their answers.

The older children had life experience along with the memories of their days in the child care centers, and they can reflect on these and critically determine how much their time at the centers influenced their physical, mental, psychological, emotional, and skills development. So, I again visited the field to gain the older children's perspective, and my visit showed that the majority of the older children were still less than 10 years of age: this group comprised eleven of the 20 older children. Likewise, seven were from 11 to 15 years of age, and only two were between 15 and 25 years of age. Three reasons were observed. One, most of the centers were recently established, they were opened before five to ten years ; two, older child care centers were gradually disappeared and new ECD-based centers such as Montessori were appearing; and three crowded private schools in the Kathmandu Valley area were displacing the commercial daycare centers.

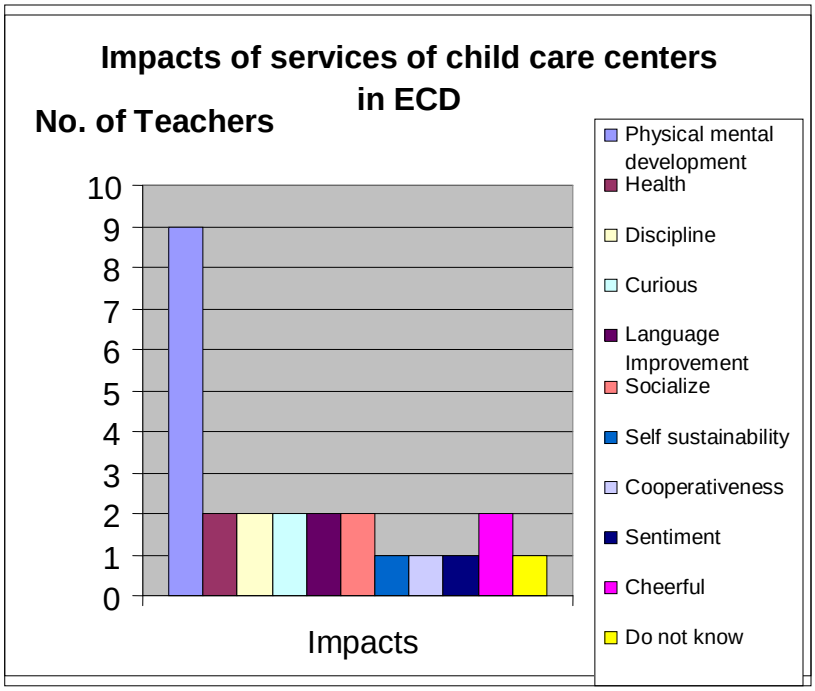
How well the centers can contribute to children's educations also depend on the expectations of the parents. In order to find it, I observed two types of parents in the field: educated and illiterate. The educated parents understand the age and needs of young children, and expected better physical care first with educational/mental development the second.

Partnership between early childhood institutions and families promotes the parental role to direct the program as well as to influence the decision-making of the institution. Such partnership sets the way of parental interaction with the institutions and determines the expectations. As observed in the field, the level of partnership between the parents, teachers and the proprietors was weak, and level of influence exerted by parents on expectations was also weak. However, the changed mindset about the age and educational needs of children, even based on guessing, was apparent in the views of the parents. Parents were gradually detached

from the fashionable culture of educating very young children, even in the urban areas like Kathmandu Valley area, and this declining demand contributed to lower levels of early childhood education.

What is the impact of the child care centers to the early childhood development is the important question of this research. This same question was asked with the teachers to understand their perceptions, as well as those of the parents.

Figure 27, Impacts of services of child care centers in ECD



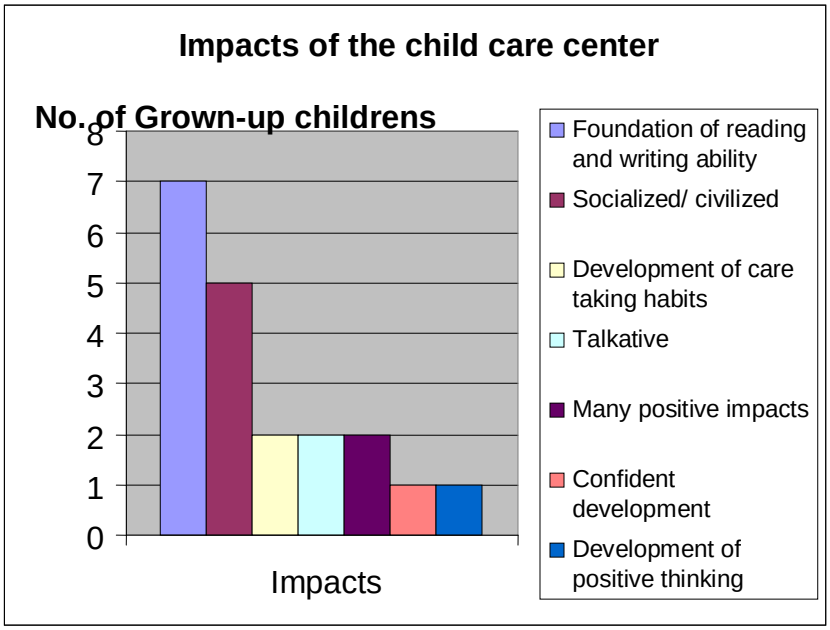
Source: Field Survey, 2009

The information obtained from the chart above showed that child care centers' services were observed in physical and mental development of the children. In other words, almost all children were healthy. They were also curious and eager to learn, their level of language was improved, they were socialized, and they were practical social and self-sustained within their

peer groups. Furthermore, they were cooperative, cheerful and emotional as well. Children were also learning to manage their feelings, sentiments, and emotions.

Looking the overall impacts of the ECD program, I again revisited the field to find out more impact of the program. The chart below displays the impact of the child care centers.

Figure 28, Impacts of the child care center



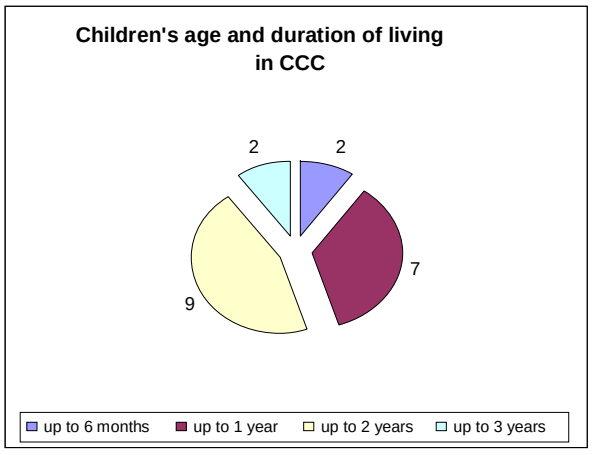
Source: Field Survey, 2009

As the result shows, there are more positive impacts of child care center on reading and writing. Some older children agreed with this. Others internalized the impact of centers in helping them socialize and learn to be civil. Moreover, the older children have developed care-taking habits, have been talkative, and also become confidant, as they have gradually made positive thinking their natural habit. However, some children had no clear perception about the impacts of the child care centers on their personality formation.

The information above shows many contradictions among the older children. These contradictions were on their information. Such contradiction might be because of the age and mental immaturities of the children. However, it can still be said that there are some contributions of child care centers to early childhood development. These contributions are related to physical care, social manners, and in reading and writing.

How long young children tend to stay in the centers is very important to determining the impact the child care centers. Children who attended only for one or two months had no significant and visible contribution. The age of children at the time of entry is also important. If the children entered at very low age, for example; only two or three months old, then there was no visible or measurable impact. Looking from this perception I revisited the older children in the field.

Figure 29, Children's age and duration of living in CCC

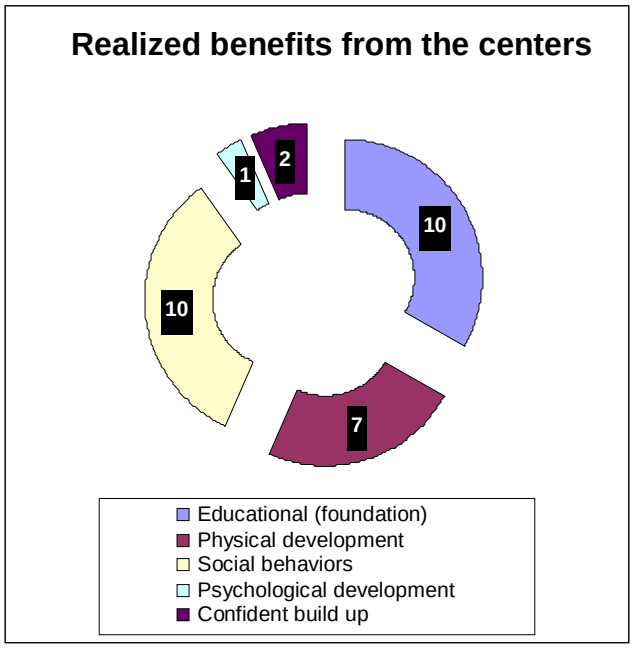


Source: Field Survey, 2009

There were only two older children who had spent up to 3 years in the child care centers. Nine had spent up to 2 years, 7 up to 1 year, and had spent six months or less. Older children

consulted reflected the amount of time they spent in the centers, but due to age, education and maturation factors, they were unable to reflect everything. I also tried to determine the internalization of learning of the older children through the questionnaire. The chart blew presents it.

Figure 30, Realized benefits by the graduated children from the centers



Source: Field Survey, 2009

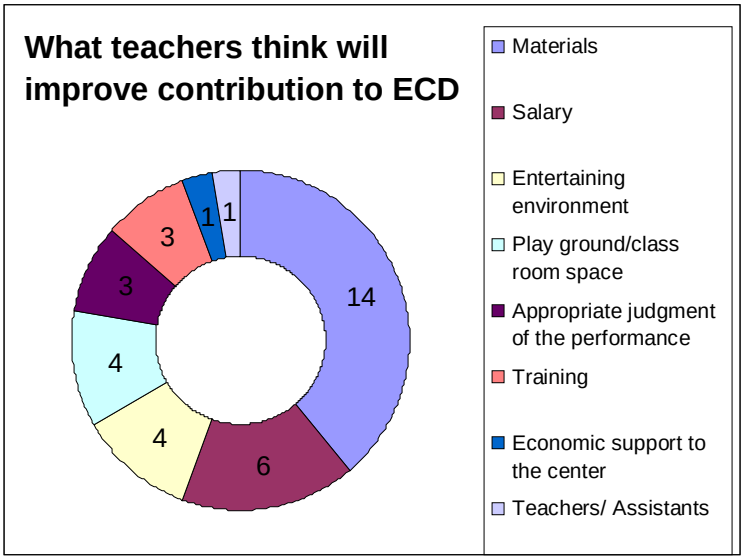
As they internalized there were four benefits. They were educational development and change in social behavior, physical development, confidence, and psychological development. My observations also reiterated the first two contributions but the later two were found weaker.

In addition to the contributions, I asked what daily services the older children received during their time in the centers. According to their answers, they got five or six types of services: reading and writing instruction, meals, play time, good health care, recreational and

entertainment activities like picnics and physiotherapy for the needy person. Some of them would get these free of cost. As I observed, they received enough services, but I could not determine the level of quality. Mainly, eating, sleeping, playing, sometimes reading and writing were the main activities in the centers. Children were engaged less in the reading and writing, of the reason was that they lack teachers and materials.

Interests of the teachers and the center owners tended to be opposite. Additionally, the views of the teachers shifted from context to context and time to time. Sometimes they defended against the weakness of their centers. And sometimes they exposed the reality of the centers. I tried to understand the further needs and expectations of the centers through the teachers' perceptions. The chart below describes it.

Figure 31, What teachers think will improve contribution to ECD



Source: Field Survey, 2009

Teachers believe that they needed more teaching materials. Lack of materials showed economic weakness, and this weakness led to lower quality in service. Secondly, improvement in salary is very important in the context of teachers' devotion to the centers and the children. Data from this research shows that most of the teachers were working for very low salary and they were not satisfied with their jobs. Some of them were working without pay, and some of them were working for only breakfast and tea. These were two very important issues that had impact on the quality of child care centers of Kathmandu Valley area.

In addition, some teachers expected an entertaining environment in the center, which indicates the monotonous environment of the centers. Emotional development of the young children was not taken into account. Similarly, other teachers expected a large playing space and a large classroom.. Here I reflected that only providing physical care inside the room and safe handing of the children to the parents in the afternoon does not seem enough to meet the expectations of parents sending their children to the child care centers.

Ideally teachers must have self-respect, as well as respect from their employer and within the profession. Otherwise, better quality becomes impossible. For all these reasons, there is a need of a performance evaluation scheme in the child care centers. Three teachers among the 25 had such understanding. It might be because these teachers were physically, mentally and economically exploited by their owners

Three teachers expected trainings related to early childhood development for them. As the survey data showed, there is a large lack of training to the proprietors, teachers and other stakeholders of child care centers. Most of the teachers were working with common sense about ECD. At the same time, some teachers expected economic support to the center. Teachers

working in pure commercial child care centers had no idea about external support from the donors. But, those teachers who were working in NGO-promoted child care centers had more expectation of external monetary support. This study also showed that monetary support alone does not assure quality, but quality depends on attitude, motivation, devotion, and ability.

In summary, several issues were identified that hampered the quality of early childhood education. They are as follows:

- Low priority placed on education by the service providers and consumers
- Low educational expectations
- Low academic qualification and experience of teachers
- Low salary and employees services provided to teachers
- Low availability of teachers
- Low teacher knowledge and training in ECD
- Low teacher participation in ECD-related trainings and seminars
- Insufficient time spent by teachers with the children

Materials used in child care centers

Quality play materials are important teaching tools for the ECD children. They add on children's overall cognitive, emotional and physical development. Play often acts in three levels: i) process ii) flexibility and iii) positive effects. Process works as means. Play as a process is flexible and yields positive effect in a new way. Positive effects include smile, laugh, and talk as joyful activities. Play encourages children for exploration and investigation as the child gets new toy or environment.

Balls

Wooden horse

Developmentally, games with rules tend to be common after 6 years of age whereas free play is frequent for 2- to 6-year-olds. Therefore, the younger children are more attracted to toys and materials with different colors and shapes. These materials are important for developing their visual object recognition, and to their physical and mental development.

More effective learning may happen if the teachers use age-appropriate materials based on the children's interests. Pictures of objects that are familiar or interested to the children in some way are considered to be relevant. Nevertheless, how effectively the child care centre can stretch and manage the materials is an important issue addressed in this research.

As I observed in the field, teachers were using materials like pictures of different objects, calendars, blocks, dolls, toys, story books, flash cards, plastic animals, balls, plastic and wooden horses, plastic fruits, letter blocks, abacuses, cartoons, T.V., etc.

Television

The truck

Colorful pictures that illustrate accompanying written names of objects were also used in the Child Care Center. They were made available in the observed schools.

Plastics animals Wooden horse

These pictures below were also pasted in the wall of the CCCs. The intent of these pictures was to help children recognize the object when they see it again in different settings.

The dolls/blocks Colors

There were Calendars in the Child Care Centers. According to the facilitators they were useful in teaching object recognition, depending on the pictures, colors and messages on the calendar. Such calendars had also helped children teach the concepts of day, date and year. So, pictures and calendars were considered as tools for advancing cognitive development in young children. However the Calendars and pictures were not that attractive. They were used limitedly said the teachers, assistants and proprietors of the child care centers.

Plastics fruits

Blocks are excellent tools for teaching shapes to the children, and they also help to teach concentration, colors and shapes as well as to enhance overall cognitive development. Dolls, toys, and plastic animals and fruits are also important for teaching these concepts, as well as the concept of sizes, but their effectiveness might vary between individual children. Moreover, these materials can also support the child's emotional and physical development depending on the way the children play with them.

Letter blocks

Balls and wooden and plastic horses can also contribute to young children's physical and cognitive development, as well as even a child's horse-riding skill even though it is not a live horse.

Cartoons

Moreover, storybooks, flash cards and letter blocks are useful for cognitive development. All these materials were used in the studied centers. However, the use and impact of these materials on early childhood development depended upon the art and skill of the teachers, and there were also may have multiplier effects of the use of the materials. These effects were mainly i) Physical development ii) mental/cognitive/creativity development, and iii) psychological and emotional development.

Dolls

However, these materials were not adequate in the studied child care centers. There are many centers without teaching and learning-related materials, and in some cases there was no toy available for the children; only beds and a kitchen were there. In these centers, teachers used to teach the children how to read and write ka, Kha, ABCD and two-letter words through pen and

paper; there are no other teaching materials in use at these centers. In other centers, there was only a ball for the children to play with.

I asked the causes of this situation and found the following answer from different stakeholders.

Table: Stakeholders' response on the availability of the ECD materials

Parents	Facilitators	Promoters	Children
Materials are inadequate in the centers. So their children are not getting enough chance to play with them. Promoters are less investing for the materials. They should increase their budget.	Materials are inadequate and available materials are limited, less effective as the time and context (new technologies). Promoters are not serious about the materials, we are serious but we have no authority (money) to manage it.	We are average in materials availability in our centers. However, as per the fee received from the children materials are available there. No innovative materials are available in the local markets. There is need of such material developers in ECD, we are also thinking in this line. At the same time, there is	As appeared and felt their self reflection, they are eager to play with more then more and interesting materials.

		need to adopt in local as the materials on ECD are innovated in global.	

Keeping the above responses and background mindset of field discourses on i) expectations of parents, ii) physical contribution, iii) mental and educational contribution in mind, I listed the following reasons for the unavailability of the ECD materials:

lack of good management staff with ECD expertise,

- lack of resources,
- not enough profits to feed back into the operation,
- lack of professionalism, and
- lack of monitoring and evaluation over the centers by government and non-government authorities.

Theoretical base of field findings

Urbanization, capitalization and labor markets are three influencing factors in worldwide growth of commercial child care centers. Labor market and child care centers have a duel relationship. Mainly, women participation in the labor market has significant importance in rapid growth of commercial child care centers particularly in urban areas. The situation of my field appeared similar to this type of understanding. Child care in the commercial or NGO promoted centers. In these centers, care and education are provided by a person other than an immediate family member. Such child care centers usually have i) low child-adult ratios; ii) highly educated providers with specialized training; iii) and stimulating environments (Encyclopedia on Early Childhood Development, 2006). There was the similar practice in my field as well.

There is big debate on maternal care Vs non-maternal care among researchers and the scholars of ECD. Scholars like Schonkoff, Phillips (2000), Fox, (1990), Renninger, Wiley, Damon, 1998: pp.73-134) have been involved in the debate. Some of the researchers argue that effect of non-maternal child care is as good as the care by mother. At the same time, other researchers argued that when children spend a lot of time in non-maternal care arrangements during the early years of life, they will be more likely to develop insecure attachments to parents and demonstrate sensitive, though by no means clinical, levels of externalized problem behavior (e.g. aggression or disobedience). As I compare this knowledge with my field, I also found the continuing debate on the same issue and in the same manner. Similarly different authors (Bates, Kelly, Bennett, : 1994;30(5), pp.690-700;Belsky: 1988;3(3), pp.235-272; Belsky,: 2001;42(7), pp.845-859) have focused on the quality of care and claimed if the quality is good then non-maternal care-providers (commercial child care centers in our context) also might be attentive,

nurturing and stimulating. Observing the services in the field, the non-maternal care in some of the child care centers of Kathmandu appeared to be the same as the claim of above authors. There are other similar studies as well. These literature (Burchinal, Nabors, 1996;67(2), pp.606-620; Howes, Whitebook,1992;63(2), pp.449-460; Phillips, Scarr, : 1987;7(3), pp.18-21) also examined the multiple features of child care. Most of them have focused on the quality or type of care, thereby disregarding issues such as the amount of care provided or the age of entry into care (Belsky,: 2001;42(7), pp.845-859). Looking back to my field with this literature, I also used the similar process and checked lists to examine the contribution of child care centers. Though these researches seemed in depth but my process and research components were scattered in different areas.

In the early 1990s, the American government initiated the largest and most extensive study of the effects of non-maternal child care ever conducted, called the NICHD Study of Early Child Care. A similar type of research was initiated by US government in 1990 (NICHD Early Child Care Research Network, 2005). That study revealed i) Children are somewhat more likely to develop insecure attachments to their mothers by 15 months of age when they experience more than 10 hours of care per week in the first year of life, or more than one child care arrangement across the first year, or low-quality child care *and* mothering that is relatively low in sensitivity (NICHD Early Child Care Research Network: 1997; 68(5), pp.860-879). As this knowledge claim, I could not test it in my field because their age differed from 45 days to 12-24 months. So the relation between this literature and reflection of my field could not be compared. However I could figure out that ii) patterns of mother-child interaction from six to 36 months are less harmonious when children spend more time in any kind of child care (irrespective of its quality) (ibid: 2001;37(6), pp.847-862). This means my field also complied with this knowledge

as I felt in the talks with the children, though I did not test it clinically iii) children demonstrate higher levels of externalizing problems (as reported by caregivers, mothers and/or teacher) when they spend more time in child care across their first two, or first 4 1/2 years of life, irrespective of child care quality (ibid: 1998;69(4), pp.1145-1170), (ibid: 2003;74(4), pp.976-1005). This effect is no longer apparent, however, by the time children are in third grade, around the age of eight, though at this time, more time in care through the first 54 months of life is a predictor of less teacher-reported social competence and poorer academic work habits;(ibid:2005;43, pp.537-570). But my research did not agree and critic this knowledge iv) Children who spend more time in child care centers also demonstrate higher levels of problem behavior, even after taking into account time spent in any kind of child care, and this is so through third grade;(ibid: 2003;74(4), pp.976-1005; & 2005;43, pp.537-570) v) Children who experience a higher rather than a lower quality of child care demonstrate somewhat higher levels of cognitive-linguistic functioning at two, three, four and five years of age (NICHD Early Child Care Research Network:2005;43, pp.537-570; 2000;71(4), pp.960-980; 2002; 13(3), pp.199-206; 2002; 39(1), pp.133-164; 2003, 39(3), pp.451-469). My field also complied with this knowledge as I talked with the teachers, grown up children, parents and as I observed in ECD children' physical, mental/educational, psychological and types and nature of attachments.

Child care and quality of care are separate terminologies. Child care may simply be defined as non-parental care in a child's own home, someone else's home, or in a centre that can provide children with nurturance and learning opportunities that complement or supplement those provided at home. Child care can also provide support services for working parents and, in some cases, can contribute to reducing the number of children living in poverty, and provide respite care for children at risk of being harmed in their own families. Whether child care can

enhance children's social and emotional development depends on the quality of the care provided. Quality of care is defined not as the form of care (e.g., in the home, or in a centre), but the provision of nurturing relationships, a stimulating environment, and basic health and safety.

Families with more material, social, and emotional resources tend to use higher-quality child care (Shonkoff & Phillips, 2000). In order to determine the influence of the quality of child care on development, quality of care within the family and in child care facilities must be measured. Measuring the impact of early care requires longitudinal research. As I link this understanding to my field, except the few, almost all the centers were contributing to the early childhood children in educational development through separate teachers but the number of teachers was inadequate as well as almost all the teachers were untrained, without having expertise in ECD and beyond the ECD related discipline academically. Teachers were not hopeful with their jobs in the centers. They used to get very low salary and almost all the teachers are working voluntarily. This means the educational contribution of the centers has been affected by this fact. At the same time, the traditional teaching learning approach was in practice in almost all of the studied centers. Teachers used to teach to read, write and pronounce the alphabets such as Ka, Kha, ABCD, A, AA, 1 to 10. Children used to rote and recite it. It means there was quantitative educational development of the children but there was less quality and creativity in them. At the same time, there were races, ethnicity, or home-language differences in the influence of quality on children's development (ibid). The practices used to create quality in child care but the quality used to differ from ethnicity to ethnicity and language to language (Wishard, Shivers, Howes, & Ritchie: 2003; 18(1), pp. 65-103).

There is a solid body of evidence linking child care quality to children's concurrent development and an increasing body of literature regarding further long-term consequences. Such findings are consistent across studies and across families that vary in ethnicity, home language, and income level. So was the case with my studied children. Only a few studies (Burchinal, Howes, Kontos: 2002; 17(1), pp.87-105; Howes, Phillips, White book, 1992; 63(2), pp.449-460; Peisner-Feinberg, Burchinal, Clifford, Culkin, Howes, Kagan, Yazejian: 2001, 72(5), pp.1534-1553) have attempted to define the level of quality needed to be associated with optimal development. These studies, all conducted in licensed child care centers or family-child care homes, suggested that the threshold of quality is very high, much higher than the modal child care arrangement in the United States. However, when children do experience high-quality care, in some studies child care emerges as a protective factor for children (Shonkoff & Phillips,: 2000).

Another body of research suggests that the age of entry into child care is not a risk factor, in and of itself. However, very early and extensive care in poor-quality facilities does emerge as disadvantageous. In addition to studies that link poor-quality care to less-than-optimal development, other studies have shown that extensive early child care may interfere with the development of harmonious mother–child interaction. For example, the NICHD Early Child Care Research Network found that infants and toddlers with more hours of care experienced less positive mother–child interaction. Some studies have found that non-parental care experiences appear to lower links between parent–child relationships and child development (Egeland,: 1995, 62(2), pp.474-485; Weinraub: 1990; 49(Fall), pp.71-90; Oppenheim, Sagi, Lamb: 1988; 24(3), pp.427-433). However, recent evidence from the NICHD Study and other studies have indicated that families continue to matter, and family influences are consistently stronger and more

pervasive than the effects of child care in child development (Clarke-Stewart, Gruber, Fitzgerald : 1994;NICHD Early Child Care Research Network: 1998;34(5), pp.1119-1128). I also found the same thing in my field.

Child care quality can be accessed via structural features of the child care setting, for example, child–staff ratio, group size, and caregiver education and training. These kinds of variables are policy relevant, because governments can and do regulate child care programs. For example, a ratio of 3 or 4 infants to 1 teacher is generally accepted to be a quality threshold in western countries. It was found opposite in my field that a ratio of more than 10 children to a teacher. Child care quality can also be assessed based on observations of behaviors that reflect positive interactions between children and their teachers as well as peers. In quality centers, teachers were found sensitive and responsive to children's needs, offer a language-rich environment, organized activities that promote development, and encouraged children to behave in pro-social ways. Children who experienced high-quality child care had higher scores on achievement and language tests, showed better social skills and fewer behavioral problems (Lamb in Sigel & Renniger: 1998, pp.73-134; Encyclopedia on Early Childhood Development: 2004). Comparing this knowledge to my field, the situation found unsatisfactory. The interaction between teachers, caregivers and the children was found mechanical and artificial rather than natural. Teachers' sensitivity and their response to the children also did not seem innate. Children were from different linguistic background but almost all the teachers and child care centers used to speak Nepali language and in some of the centers they used to speak Newari as well. Activities were appeared very limitedly and that had hardly promoted social behavior in the children. But the finding of this research agreed that the children with high quality care score

high in academic achievement, language tests, showed better social skills and less behavioral problems.

There is increasing evidence that hours in child care may constitute a risk factor for the development of behavior problems, including aggression. Some researchers link such a risk with infant child care in particular; however, other researchers have failed to replicate this finding, even when using the same data set. The NICHD researchers found that the more time children spend in any of a variety of non-maternal care arrangements across the first (Lamb in Sigel I & Renniger, 1998, pp.73-134; Baydar, Brooks-Gunn, 1991, p.27) years of life, the more acting-out problem behavior (i.e. aggression and disobedience) and conflict with adults they manifested at 54 months of age and in kindergarten (NICHD, 2003;74(4), pp. 976-1005). Surprisingly, these findings did not vary as a function of child care quality. It is where I realized the importance to qualify that the effects are relatively small, that most children with extensive child care experience do not have behavior problems, and that the direction of such effects is not clear. In other words, parents with more difficult children might have enrolled their children in child care for more hours. In future work, it will be important to identify the processes through which hours in care may pose a risk. For example, some researchers have speculated that large group sizes (exposure to too many peers) may increase the frequency of acting out behaviors that go unnoticed, and therefore uncorrected, by caregivers. But in the context of the field, most of the parents send their children to the centers during the office hour in the daytime. The main purpose to send the children was to be free for the work but not because of the behavior problems of the children. Stay period of the children mainly found between 7 to 8 hours a day and rest of the time they spent at their home. It means the time of ECD children in the centers was longer.

Specialists in early childhood education and care largely agree on the main features of a good, high quality, inclusive child care system. The establishment of such a system depends, however, on effective government support. This is where the comparative analysis of child care policies, drawing on interdisciplinary research tools and concepts, can make a contribution. Early systems of classification of policy patterns highlighted the important question of whether existing policies fostered the development of an integrated system of early childhood education and care. More recent research, informed by the work of sociologists and political scientists, has helped to locate child care within the wider set of relations governing the respective roles played by states, families, and markets (Mahon in Tremblay, Barr, Peters, Boivin, 2008, pp.1-6). It is the same in the state policy and role crisis in the context of my field. Exact and compulsory government policy does not exist yet. At the same time, no specific government agency has been appointed as the monitoring agency of the child care centers. Only municipalities register the centers if the owners come to be registered and to be renewed in every year. No tax office had attended to it.

In terms of quality and challenge aspects of ECD centers Neupane (2009) says that increasing numbers of ECD centers, lack of educated and trained facilitators have created the present challenge is to ensure the quality education in the ECD centers. In cities there were privately run ECD centers that were heavily academically focused. The discussion with the parents showed that they too were happy if their children used to write A, B, C, D after a couple of months of attending the center. It is therefore educational objectives to develop children holistically are not being met. Rather, children were either burdened with heavy academic loads at early ages or they were not guided or treated properly according to their developmental levels. Findings of the field were also exactly the same with the interpretation of Neupane (2009).

Evidence like this suggests that high-quality child care is associated with moderate gains in cognitive, linguistic and social and emotional development for children. Quality care is also associated with increased cooperation and compliance with adults and social interactions among peers (Encyclopedia on Early Childhood Development - iii :2006). On the other hand, participation in low-quality care, large groups, long hours of care and instability within the care environment might have a negative impact on early childhood development.

Different cultural practices within the indigenous knowledge on the physical care of the children can be found in different cultural society. For example; the oil massage and tactile stimulus are well-known practice in the care of new born in Nepalese culture. It is done from the day of birth with special care of whole outer parts of the body. It has nutritional value in the physical growth of the baby (Pradhan 1981; Edouqrd & Gregory 1985; Pradhan: 1992). Oil massage is applied usually twice a day or sometimes 3 times a day for the newly born baby. Oil massage is done in the sun shine or heated warm room and passive exercise is done to the limbs. Molding is done to the facial parts in the every day. Eastern culture of oil massage for the baby is scientifically recognized practice for the health development of the early childhood children (ibid).

Tori (mustard) seed pillow is used for the new baby to shape the head nicely. The baby is cleaned, oiled, breasted, and let sleep in the sun, it is a total gratification of physiological, and psychological needs of the early childhood children (Pradhan: 1981, Pradhan :1992). Infant senses a high level of well -being. With repetition of same patterns of behavior will lay foundations to baby's love for the mother, and baby also develops a sense of safety trust, and security in his environment which helps in the latter dependability. Thus, the baby develops a

sense of positive relationship with the mother or others who care for her/him (ibid). In some of the child care centers of the Kathmadu, particularly assistants were found using these indigenous practices to the children. But it would depend on the payment scale of the parents.

The main contribution of commercial child care centers seems physical. But the growth and development occur faster from the time of conception to birth and from birth to two years. One cannot even notice how rapidly the infants grow and change (Thapa, 1997). Child development is speed up by mothers or caretaker's actions such as talking, reciting rhymes, storytelling and encouraging the child to talk. Besides parents, verbal stimulation is also provided by siblings, other children, grandparents and other adults in the environment of the child (Thapa, 1997). Connecting this understanding to the field, the situation did not appear as positive as it could be. The role of caretakers was only focused on i) feeding the children on time ii) let the children sleep, toileting and cleaning.

The centers at least should prepare the children for school education, too. In conclusion, the concept of school-readiness has to be viewed from a multi-dimensional approach that encompasses the following five determinants: ready children, ready families, ready schools, ready communities, and ready governments (Eastman, 2006). Many reading specialists believe that early skills in reading and writing are essential precursors to later success at learning to read, and becoming a fluent reader is central to academic achievement in elementary school and beyond. Prior to kindergarten, the majority of kindergartners today have had at least one experience in out-of-home group care environments, which vary from centre-based classroom settings, operating either full-time or part-time, to private family daycare homes (Zill, Collins, West, Hausken, 1995, NCES, pp. 95-280. Hofferth, Shauman, Henke, West: 1998, NCES, pp.

98-128. Centre-based early childhood learning environments may be beneficial for the development of all children, but especially for those from higher-risk family environments (NICHD Early Child Care Research Network (ECCRN, 2000; 71(4), pp. 960-980). Linking this knowledge with the field, child care centers are contributing the children knowingly and unknowingly for physical, educational and skill development to some extent.

During transition both the child care centers and the families have equal reponsibilities in the physical development of children. Therefore for this, there should be partnership between parents and early childhood teachers teachers (McBride, 1999; Swick, 1994). It is also believed that effective communication can work towards a sense of shared meaning and mutual understanding about daily child rearing practices. This means sharing information related to child rearing practices is one important elements of effective communication on which partnerships are built (De Gioia, 2003; Pulido-Tobiassen & Gonzalez-Mena, 1999; Haseloff, 1990; Coleman & Churchill, 1997; Davies, 1997; Chang & Pulido, 1994; Peel,1995; Magione,1995).

All children are developed in an order but the rate and quality of development will vary from child to child. It happens depending on the maturation, leaning, heredity and environment (Bajracharya & Shrestha, 1997). The complete development of the early childhood children depends on variety of factors physically and socio-culturally. In the case of the early childhood children the home atmosphere, their senior brothers and sisters might have influential role in physical, psychological and mental development. Levy (1943) found that over-protection increased the dependency behavior. It was confirmed by Kagan and Moss (1962), Marshall (1961), Smith (1958) and Stendler(1954). The first born as compared to later born were generally

more dependent (Becker, Lerner, and Caroll, 1964, 1966; Carrigan and Julian, 1966; Schachter, 1959; Staples and Walters, 1961; and Gilmore and Zigler, 1964); (Regmi,: 1982,p.p, 156-157). Therefore, dependency may create less development physically and mentally. The tradition of Hegel, Marx, and Rubinstein regards both the organism and environment as active. Their psychology emphasis that material conditions force people into activity they explained personality in terms of dialectical and historical materialism (ibid). In this regard Weber says that conflict between social groups over wealth, power, and status are the fuel of social life (Ballantine & Spade, 2001, p. 26). Freud's theory is deterministic in considering the forces of unconscious motives (ibid). To Jung the collective unconscious is the inherited, racial foundation of the whole structure of personality (ibid). Carl Rogers's theory emphasizes the conscious process of becoming and creating himself to search meaning in life (ibid). Likewise, Whiting and Child (1953) concluded that severity of dependence socialization created anxiety in the child and ultimately affected its personality (ibid). I observed the field from this knowledge and it has been conformed positive.

Teachers make significant difference in the lives and interests of children. They help a school to maintain and enhance its overall capability to provide a positive and effective learning environment. They play an important role in informing and supporting the ongoing development of children. A good early childhood teacher should have inner security, self-awareness, integrity, theoretical ground and general knowledge with emphasis on environmental science, community and young children's books, warmth and respect for child. Unconditional caring, intuition, detachment, laughter and model for children (Cartwright: 1999) are other important traits. Teaching experience also influences student achievement. Less experienced teachers produce lower achievement in their students compared to experienced teachers (Fetler, 1999). But

differing this logic, latest research findings (Sonawat & Furia, 2006) shows that less experienced (0-5 years) teachers are more capable. They have more caring nature to the children. They are more enthusiastic, flexible, innovative, interactive, punctual, responsible, sensitive, sincere, and spontaneous than the more experienced (6-10 years and 10+ years) teachers. On the other side the more experienced teachers are more approachable, confident, fair, and patient than the less experienced (0-5 and 5-10 years). In the field, less experienced teachers have been found more active and effective, so the latest research findings of (Sonawat & Furia: 2006) has been confirmed by this research. Similarly, children who are close with teachers felt socially connected in the classroom and they have more positive feelings about their teachers and the school (Skinner & Belmont, 1993). This has been also confirmed by this research. A close relationship may be more important for younger children (Sonawat & Furia, 2006).

Pregnancy, infancy and early childhood are the most significant periods of growth and development in the human life cycle. Poor nutrition during these critical growth and developmental periods places infants and children at risk of impaired emotional and cognitive development and adverse health outcomes. Improving maternal and child nutrition requires a range of strategies and interventions designed to ensure adequate diets prior to pregnancy, during pregnancy, breastfeeding, early childhood and all stages of the life cycle. Education is an essential element in maintaining proper nutritional health. Caregivers need to be aware of how early feeding experiences, appetite regulation and dietary patterns affect the development of healthy eating habits and adult health, and the fact that these patterns can be passed down to the next generation. Healthy eating habits are formed in early infancy and depend on positive interactions between infant and caregiver. It is the caregiver's role to ensure that mealtimes are consistent, pleasant, family-oriented, social occasions that give children the opportunity to try a

variety of nutritional foods required for healthy development. Looking the field from this literature the food time of almost the child care centers appeared consistent, pleasant, family-oriented and social but the varieties and the quality of food, in some centers was unhygienic and imbalance.

Failure to provide and sustain the energy, protein, and essential micronutrients needed to support the complex process of human brain development is an important contributing factor. Therefore, improved strategies are required for early identification and intervention in growth and feeding problems, and the development of feeding strategies to provide the nutrient enrichment needed to maximize potential for catch-up (Innis in Tremblay, Barr, Peters: 2003:1-6). Eating patterns have developmental, family and environmental influences. As children become developmentally able to make the transition to family foods, their internal regulatory cues for hunger and satiety are often overridden by familial and cultural patterns. At the family level, children of caregivers who model unhealthy dietary behaviors are likely to establish patterns of eating behaviors and food preferences that include excess amounts of fat and sugar. At the environmental level, children's frequent exposure to fast-food and other restaurants has led to increased consumption of high-fat foods, such as French fries, rather than more nutritious options, such as fruit and vegetables (Zoumas-Morse, Rock, Sobo, Neuhouser, 2001;101(8), pp.923-925). In addition, caregivers may not realize that many commercial products marketed for children, such as sweetened drinks, may satisfy hunger or thirst but provide minimal nutritional benefits (Smith, 1994;93(3), pp.438-443), although there was non-significant feeding problem to the children in the field.

Infants who do not provide clear signals to their caregivers or do not respond to their caregivers' efforts to help them establish predictable routines of eating, sleeping and playing are at risk for a range of problems, including feeding problems Keren, Feldman, Tyano : 2001;40(1), pp.27-35). Infants who are premature or ill may be less responsive than healthy full-term infants and less able to communicate their feelings of hunger or satiety. Caregivers who do not recognize their infants' satiety cues may overfeed them, causing infants to associate feelings of satiety with frustration and conflict.

Feeding styles refers to the interactive pattern of behaviors between caregivers and children that occurs during feeding. As with parenting in general, feeding styles are embedded in dimensions of nurturance and structure (Baumrind in Damon,1989, pp.349-378; Maccoby, Martin in Hetherington,1983, (4), pp.1-101).

There are four feeding styles embedded within these two dimensions: sensitive/responsive, controlling, indulgent, and uninvolved (Leyendecker, Lamb, Scholmerich, Fricke,1997;21(1), pp.15-24;Kivijarvi, Voeten, Niemela, Raiha, Lertola, Piha, 2001;22(6), pp.627-640). The sensitive/responsive style is a derivative of the authoritative parenting style (Baumrind in Damon, 1989, pp.349-378; Maccoby, Martin in Hetherington (ed.) 1983, (4), pp.1-101). These styles include i) Controlling or forceful feeding style such as a mother trying to get a child's attention by speaking loudly, forcing foods or otherwise overpowering the child (Beebe, Lachman, 2002). Observational research has shown that infants and children of over-stimulating caregivers show distress and/or avoidance. It is often becomes counter- productive to the ECD children iii) An indulgent feeding style is tolerant style of parenting, and occurs when caregivers allow children to make decisions around meals, such as when and what they will eat iv) An

uninvolved feeding style, often represents caregivers who have limited knowledge and involvement in their child's mealtime behavior. Children should not graze or eat throughout the day, so they develop an expectation and an appetite around mealtime (ibid). But i) the caregivers of the field were unsatisfactory with their current job, ii) mostly they were uneducated but working with common sense and few years of practice iii) they had lack of knowledge and skills in psychological behaviors with the ECD children. This situation of caregivers has been found negative in my field as these literature advocated.

In the context of time for eating, some of the literature says that the caregivers should separate mealtime from playtime and avoid using toys or television to distract the child during mealtime. But it was completely opposite in most of the centers that the play ground, sleeping beds, TV room were in the same place. So the mealtime and the arrangements and environment of the field were not exactly as the literature say. Child-oriented equipment, such as highchairs, bibs and small utensils, may facilitate eating and enable children to acquire the skills of self-feeding (ibid). In this regards also, the child care centers were not equipped with the materials and the human resource arrangement.

Play is often defined as activity done for its own sake, flexibility, and positive affect (children often smile, laugh, and say they enjoy it). These criteria contrast play with exploration (focused investigation as a child gets more familiar with a new toy or environment, that may then lead into play), work (which has a definite goal), and games (more organized activities in which there is some goal, typically winning the game). Developmentally, games with rules tend to be common after about 6 years of age, whereas play is very frequent for 2- to 6-year-olds.

Almost all children play, except those who are malnourished, deprived, or have severe disabilities. Between 3% and 20% of young children's time and energy is typically spent in play (Pellegrini, Smith, 1998;69(3), pp.577-598). If young children are temporarily deprived of play opportunities, for example being kept in a classroom, they play for longer and more vigorously afterwards (Pellegrini, Smith:1998;69(3), pp.577-598). As children invest time and energy in play, and there are opportunities for learning when they do play, there seems to be a need for play. This is true of young mammals generally, although other mammals show much less variety of play forms than human children. These findings suggested that play has developmental benefits. Benefits might be immediate, long-term, or both. However, the exact role of play in learning is still debated. A prevailing "play ethos" (Smith in Pellegrini, 1988, pp.207-226) has tended to exaggerate the evidence for the essential role of play. Nevertheless, co-relational and experimental evidence suggest important benefits of play, even if some benefits can also be obtained in other ways. As I observed the field, most of the teachers were using materials like pictures of different objects, calendar, blocks, dolls, toys, story books, flash card, animals of plastics, ball, plastic and wooden horse, fruits of plastics, letter blocks, abacus, cartoon, T.V. etc. Among the materials only few of them i) blocks ii) dolls iii) toys iv) animals of plastics v) ball vi) plastic and wooden horse have been used as the materials for play. The playing space was congested in most of the centers, so the use of these materials was also limited. Almost were indoor games. Therefore, the games, which were practiced in the centers, were less for physical development of the ECD children. The rest of the materials like i) pictures ii) calendar etc, were also used but that was related to the cognitive development of early childhood children.

The maturation of the sleep-wake system and the consolidation of nocturnal sleep is a very prominent and rapid process in early childhood (Anders, Halpern, Hua:1992;90(4), pp.554-

560; Burnham, Goodlin-Jones, Gaylor, Anders: 2002;43(6), pp.713-725; Anders, Halpern, Hua,1992;90(4), pp.554-560; Burnham, Goodlin-Jones, Gaylor, Anders, 2002;43(6), pp.713-725). This process is influenced by the child's psychosocial context, (Adair, Bauchner, Philipp, Levenson, Zuckerman,1991;87(4), pp.500-504; Benoit, Zeanah, Boucher, Minde,1992;31(1), pp.86-93; Gelman, King, 2001;53(1), pp.18-22; Guedeney, Kreisler, 1987;8(3), pp.307-318; Hiscock, Wake, 2001;107(6), pp.1317-1322; Kataria, Swanson, Trevathan, 1987;110(4), pp.642-646; Morrell, 1999;40(2), pp.247-258; Nishihara, Horiuchi, Eto, Uchida, 2000;54(3), pp.305-306; Pollock,1994;35(4), pp.699-708; Sander, Stechler, Burns, Julia, 1970;9(1), pp.103-123; Van Tassel,1985;6(2), pp.81-85; Zuckerman, Stevenson, Bailey, 1987;80(5), pp.664-671; and has a significant impact on the child's neurobehavioral and emotional functioning (Bates, Viken, Alexander, Beyers, Stockton, 2002;73(1), pp.62-74; Thoman, 1975;21(4), pp.295-314; Thoman, Denenberg, Sievel, Zeidner, Becker,1981;12(1), pp.45-54; Dahl,1996;8(1), pp.3-27). Furthermore, the child's sleep patterns or sleep disruptions have significant effects on the well-being of the parents (Gelman, King, 2001;53(1), pp.18-22; Hiscock, Wake,2001;107(6), pp.1317-1322;Papousek, von Hofacker, 1998;24(5), pp.395-424).

Sleep-wake patterns evolve rapidly during early development and are considered to be one of the major developmental or health concerns during this period. Surveys indicate that 20 to 30 percent of children are considered to be poor sleepers during the first three years of life (Adair, Bauchner, Philipp, Levenson, Zuckerman,1991;87(4), pp.500-504; Zuckerman, Stevenson, Bailey, 1987;80(5), pp.664-671; Beltramini, Hertzig, 1983;71(2), pp.153-158;Kerr, Jowett,1994;20(6), pp.379-391;Scher, Tirosh, Jaffe, Rubin, Sadeh, Lavie,1995;18(4), pp.701-711; Richman in Guilleminault, 1987, pp.115-127; Ottaviano, Giannotti, Cortesi, Bruni, Ottaviano, 1996;19(1), pp.1-3). The high prevalence of sleep problems and their potential

adverse effects on psychosocial development are the main research and clinical issues in early childhood. Comparing these literatures to the field, there was only the feeding and makes sleep the children in the majority of the centers. As observed to the children, some of them were good sleeper and some of others poor sleepers. So the field has been confirmed positively as the literature claim.

Maltreatment is a serious issue in early childhood development. It has been well documented that children who experience maltreatment are at very high risk for the emergence of behavioral, emotional and social problems later in life. (Cicchetti, Manly, 2001;13(4), pp. 755-757). However, maltreated children often show unusual patterns of emotional development. These children perform poorly on tasks that measure how well they recognize and express emotions (Camras, Ribordy, Hill, Martino, Sachs, Spaccarelli, Stefani, 1990;26(2), pp.304-312;Camras, Sachs-Alter, Ribordy in Lewis, Sullivan (eds.), 1996, pp.203-225; Pollak, Cicchetti, Hornung, Reed, 2000;36(5), pp.679-688). Physically abused children, in particular, often display both withdrawal and aggression,(Hoffman-Plotkin, Twentyman,1984;55(3), pp.794-802; Jacobson, Straker,1982;6(3), pp.321-327; Rogosch, Cicchetti, Aber,1995;7(4), pp.591-609) readily attend to and remember cues related to aggression (Pollak, Tolley-Schell, 2003;112(3), pp.323-338), (Rieder, Cicchetti,1989;25(3), pp.382-393) and tend to attribute hostility to others. As might be expected, such constellations of behaviors often lead to interpersonal difficulties for these children (Klimes-Dougan, Kistner,1990;26(4), pp.599-602), (Rogosch, Cicchetti, Aber,1995;7(4), pp.591-609). The extreme stress associated with child maltreatment can also lead to problems in stress and emotion regulation, including depression (Brown, Cohen, Johnson, Smailes,1999;38(12), pp. 1490-1496; Koverola, Pound, Herger, Lytle, 1993;17(3), pp.393-400) and substance abuse, (Kilpatrick, Acierno, Saunders, Resnick, Best, Schnurr, 2000;68(1), pp.19-

30) which likely reflects attempts to help regulate emotional states (Kendler, Bulik, Silberg, Hettema, Myers, Prescott, 2000;57(10), pp.953–959). As adults, victims of maltreatment have high rates of anxiety, eating disorders and post-traumatic stress disorder (McCloskey, Walker, 2000;39(1), pp.108-115), (Widom,1999;156(8), pp.1223-1229). An area of current interest is the effect of elevated stress hormones on the development of brain regions associated with memory storage and retrieval. (De Bellis, Keshavan, Spencer, Hall,2000;157(7), pp.1175-1177; Heim, Newport, Heit, Graham, Wilcox, Bonsall, Miler, Nemeroff, 2000;284(5), pp.:592-597). Although most child victims of maltreatment do not grow up to be criminals, about 30% of these children will engage in criminal behaviors (Kaufman, Zigler in Cicchetti, Carlson, 1989, pp.129-150; Widom, 1989;244(4901), pp.160-166). But as I observed the children from psychological perspective they found all right. I also observed them from socioeconomic strata, poverty and environmental point of view but they were fit and fine and did not appear abused.

Temperament is individual differences on reactivity and self-regulation. It can be observed in children's emotionality, activity and attention. Temperament's influence on developmental pathways and outcomes has now been recognized, even in areas that have traditionally been seen as almost exclusively the result of socialization, such as conduct problems, empathy and the development of conscience (Rothbart, Bates in Damon, Eisenberg, 1998, pp.105-176). Temperament includes variability in positive affect and approach, fear, frustration, sadness and discomfort, as well as intentional reactivity and controls on behavior, thought and emotion (Ibid). Temperamental dispositions, which are reflected in orientations toward or away from objects, people and events, (Kagan, Snidman, Arcus, Reznick, 1994) are critical to the development of competence and motivation (Rothbart, Hwang in Elliot, Dweck,

2005, pp.167-184). As in maltreatment context, the temperament as the respondents (children) appeared in the field also conformed to be healthy.

CHAPTER V

Conclusions and Recomendations

Introduction to the chapter

In this conclusive chapter, I reviewed the findings as context for the conclusion. Out of this context I generated some conclusive understanding. On the basis of these understandings, I derived some recommendations.

Let me begin with the findings of the field. As my field study showed i) Physical development of the child care center was the major expectation of parents and then only the next expectation was for educational development, ii) educated parents expected more physical care and illiterate parents more educational development from the Child Care Center, and iii) the parents are gradually reducing their pressure to the children in determining their future, which was an established trend among the households of Kathmandu. Similarly, looking from managerial side of the ECD center I found their physical contributions to ECD children. Most of the studied centers were matured in terms of age and experience of the centers. They were focused on the care taking aspect as their business, such as feeding the children, making them neat and clean, letting them sleep, giving good physical care and protection from accident and injuries, offering the time to the children to play according to their time table. It means concentration of the ECD centers was on i) the services to make the physics of ECD children better and ii) protection of the children physically better. In other words concentration was on input, and the protection for physical growth of ECD children.

Some of the ECD proprietors are involving to improve the physical disability of the children from the economically and socially disadvantaged families. The main aim of the proprietors of the CCCs was to give good physical care for the ECD children. This type of support was helping for the physical growth of the ECD children. Similarly, all the 15 child care centers have already served two thousand to five thousand children to date. Looking at the numerical contribution of CCCs from gender perspective, in some of the centers, I found girls and boys were served in an equal numbers. In rest of others, boys were in majority. It might be because of the socio-cultural and economic mindset of the parents: the mindset was that culturally daughters are given second priority. But I realized that the situation has been gradually changing, and yet some had the bias mindset that was still working in the studied CCCs.

Regarding the mental and educational contribution, I found some problems that hampered the quality of early childhood education. They were: i) low priority placed on education by the service providers and consumers ii) low educational expectations of parents who were illiterate by formal education iii) low academic qualification and experience of the teachers iv) low salary and services provided to teachers v) low number of teachers vi) low teacher knowledge and training in ECD vii) low teacher participation in ECD related trainings and seminars viii) Not enough time spent by teachers with the children

Regarding the materials in the centers, it was not adequate in the studied child care centers. There are many centers without teaching and learning-related materials, and in some cases there was no toy available for the children; only beds and a kitchen were there. In these centers, teachers used to teach the children how to read and write ka, Kha, ABCD and two-letter

words through pen and paper; there are no other teaching materials in use at these centers. In other centers, there was only a ball for the children to play with.

Regarding the stakeholders' response on the availability of the ECD materials, in the Parents' view, materials were inadequate in the centers. So their children were not getting enough chance to play with them. Promoters were less investing for the materials so they should increase their budget. In facilitators' view, materials were inadequate and available materials were limited, less effective as the time and context (new technologies). Promoters were not serious about the materials; they were serious but have no authority (money) to manage it. In promoters' view, they were average in materials availability in their centers. However, as per the fee received from the children, materials were available there. On the other side, no innovative materials were available in the local markets. There was need of such material developers in ECD, they were also thinking in this line. At the same time, there is need to adopt these materials in local setting.

In the children' reflection, they were eager to play with more and interesting materials. Keeping the above responses and background mindset of field discourses on i) expectations of parents, ii) physical contribution, iii) mental and educational contribution in mind, I listed the following reasons for the unavailability of the ECD materials:

- lack of good management staff with ECD expertise,
- lack of resources,
- not enough profits to feed back into the operation,
- lack of professionalism, and

- lack of monitoring and evaluation over the centers by government and non-government authorities.

Conclusions

The following paragraphs summarize the conclusions of this study:

Traditional Commercial child care centers are in crisis in terms of their existence. The role of commercial child care centers in the Kathmandu Valley has been replaced by privately developed centers founded on ECD principles/standards and by school-promoted day care centers.

More contributions of the child care centers could be seen in the physical development (feeding and physical care) of early childhood than the mental/educational and psychological development.

Due to economic insufficiency, there are inadequate materials and space for appropriate levels of physical activity for young children in the most of child care centers.

In commercial child care centers only the minimum care standards of food, play areas and sleep are provided. Hygienic considerations and bathroom facilities are severely lacking.

Almost all centers are contributing to mental or educational ECD development by providing separate teachers, however the number of teachers provided is inadequate and almost all the teachers are untrained and lack expertise in ECD-related methods.

Teachers are neither satisfied nor committed to their jobs at the centers. They receive minimal salaries and many are working voluntarily. The educational contribution of these centers is affected by this fact.

Traditional teaching/learning approaches are in practice in almost all commercial child care centers. Teachers instruct basic reading, writing, counting and verbal pronunciation. Children perform basic writing and recitation exercises. There is quantitative educational development of the children, however the quality and creativity of this education is questionable.

Generally speaking, ECD children are well socialized, talkative, frank and confident; this is one significant and positive contribution of the child care centers.

Almost all parents have expectations of improved physical development of their children by these centers, as opposed to mental, educational and psychological.

The majority of parents have no clear expectation about their children's futures. Generally, they want to leave their children to follow their own wishes. As a result, parental pressure on children to choose academic streams and future professions is decreasing in the Kathmandu Valley area.

Most teachers at the child care centers are using basic learning materials such as pictures, calendars, building blocks, dolls, toys, story books, flash cards, plastic or wooden animals, balls, plastic fruit, letter blocks, abacus', cartoons, television etc. Despite this, there is still a need for adequate materials for the physical, mental, educational development of young children. Very few of the centers have relevant, objective and adequate amounts materials for the number of children in their care to adequately cater to their physical and educational needs.

Recommendations

On the basis of the above conclusions, the followings strategies are recommended for the improvement of the ECD system in the Kathmandu Valley area:

Government authority is needed immediately to monitor and evaluate the management, financial operations, and quality of services of commercial child care centers.

Minimum quality and service standards based on ECD principles are needed in order to regulate the commercial child care centers and support enforcement of those regulations. Similarly, separate standards and criteria should be developed and implemented to encourage the entry of higher quality and better intentioned owners, teachers and assistants into the ECD educational system.

Separate curriculum should be prepared and implemented for commercial Child Care Centers. They should be based on ECD principles and designed specifically for commercial child care centers.

Existing commercial child care centers should be converted into the day care centers. This would make use of existing systems and infrastructures while making way for properly functioning CCCs. As current child care centers only provide for the very basic physical needs of childhood development, they should be re-directed towards a younger age group that requires less mental and educational stimulation.

Commercial child care centers should become more competitive by adapting new knowledge and technologies available in modern ECD centers based on Montessori, KG knowledge and principles and aim to provide better quality services.

Coordination between child care centers and their local stakeholders is needed. Policy should be created and implemented to reduce the monopolistic decisions of the care centre owners. The centers should have management committees that should include owners, teachers, parents and other members of the society.

References

Abraham Francis M.(2004). *Modern Sociological Theory: An Introduction*. Oxford University Press, New Delhi.

Adair R, Bauchner H, Philipp B, Levenson S, Zuckerman B. (1991;87(4):500-504). Night waking during infancy: role of parental presence at bedtime. *Pediatrics*

Adair R, Bauchner H, Philipp B, Levenson S, Zuckerman B. (1991;87(4):500-504). Night waking during infancy: role of parental presence at bedtime. *Pediatrics*

Ahnert L, Lamb ME. (2003;74(4):1044-1049). Shared care: Establishing a balance between home and child care settings. *Child Development*

Ahnert L, Lamb ME.(2004:1-6). Child care and its impact on young children (2–5). In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/Ahnert-LambANGxp.pdf).

Ainsworth MDS, Blehar MC, Waters E, Wall S. (1978). *Patterns of attachment: a psychological study of the strange situation*. Hillsdale, NJ: Lawrence Erlbaum Associates;

Alsaker FD, Valkanover S. (2001:175-195). Early diagnosis and prevention of victimization in kindergarten. In: Juvonen J, Graham S, eds. *Peer harassment in school: The plight of the vulnerable and victimized*. New York, NY: Guilford Press

Anders T, Sadeh A, Appareddy V. (1995:7-18). Normal Sleep in Neonates and Children. In: Kryger M, Ferber, R, eds. *Principles and practice of sleep medicine in the child*. 2nd Ed. Philadelphia, PA: W.B. Saunders Co.

Anders TF, Halpern LF, Hua J. (1992;90(4):554-560). Sleeping through the night: a developmental perspective. *Pediatrics*

Asher SR, Coie JD. (1990). *Peer rejection in childhood*. New York, NY: Cambridge University Press;

Audas R, Willms JD. (2001). *Engagement and dropping out of school: A life-course perspective*. Ottawa, Ontario: Applied Research Branch. Strategic Policy. Human Resources Development Canada; No. W-01-1-10E. Retrieved from http://www.hrsdc.gc.ca/en/cs/sp/hrsd/prc/publications/research/2001-000175/SP-483-01-02E.pdf. Accessed October 25, 2007).

Barr RG, Hopkins B, Green JA. (2000). *Crying as a sign, symptom, and a signal: Clinical emotional and developmental aspects of infant and toddler crying*. New York, NY: Cambridge University Press

Barr RG. (2006:1-10). Crying behaviour and its importance for psychosocial development in children. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/BarrANGxp.pdf).

Bates JE, Marvinney D, Kelly T, Dodge KA, Bennett DS, Pettit GS. (1994;30(5):690-700). Child care history and kindergarten adjustment. *Developmental Psychology.*

Bates JE, Viken RJ, Alexander DB, Beyers J, Stockton L. (2002;73(1):62-74).Sleep and adjustment in preschool children: sleep diary reports by mothers relate to behavior reports by teachers. *Child Development*

Baumrind D. (1989:349-378). Rearing competent children In: Damon W, ed. *Child development today and tomorrow.* San-Francisco, CA: Jossey-Bass Publishers

Baydar N, Brooks-Gunn J. (1991;27(6):932-945). Effects of maternal employment and child care arrangements on preschoolers' cognitive and behavioral outcomes: Evidence from the children of the national longitudinal survey of youth. *Developmental Psychology*

Beebe B, Lachman F. (2002). *Infant research and adult treatment: Co-constructing interactions*. Hillsdale, NJ: The Analytic Press

Behrman RE, ed. (1999;9(1):4-223).*The Future of Children: Home visiting: Recent program evaluations.*

Belsky J. Emanuel M. (2001;42(7):845-859).Lecture: Developmental risks (still) associated with early child care. *Journal of Child Psychology & Psychiatry & Allied Disciplines*

Beltramini AU, Hertzig ME. (1983;71(2):153-158).Sleep and bedtime behavior in preschool-aged children. *Pediatrics*

Benoit D, Zeanah CH, Boucher C, Minde KK. (1992;31(1):86-93). Sleep disorders in early childhood: association with insecure maternal attachment. *Journal of the American Academy of Child and Adolescent Psychiatry*

Benoit D. (2004;9(8):541-545). Infant-parent attachment: Definition, types, antecedents, measurement and outcome. *Paediatrics & Child Health*

Benoit D. (2005:1-5). Efficacy of attachment-based interventions. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/BenoitANGxp-Attachment.pdf.

Bialystok E. (2008:1-4). Second-language acquisition and bilingualism at an early age and the impact on early cognitive development. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/BialystokANGxp_rev.pdf).

Bjorklund D, Green B. (1992;47(1):46-54). The adaptive nature of cognitive immaturity. *American Psychologist*

Black MM, Hurley KM. (2007:1-10). Helping children develop healthy eating habits. Rev. ed. In: Tremblay RE, Barr RG, Peters RDeV, Boivin M, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/Black-HurleyANGxp_rev-Nutrition.pdf.

Blampied NM, France KG. (1993;26(4):477-492). A behavioural model of infant sleep disturbance. *Journal of Applied Behavior Analysis*

Blinick G, Tavolga W, Antopol W. (1971;110(7):948-958).Variations in birth cries of newborn infants from narcotic-addicted and normal mothers. *American Journal of Obstetrics and Gynecology*

Boivin M, Bégin G. (1986;18(2):167-172). Temporal reliability and validity of three sociometric status assessments with young children. *Canadian Journal of Behavioural Science*

Boivin M, Dodge KA, Coie JD. (1995;69(2):269-279). Individual-group behavioral similarity and peer status in experimental play groups of boys: The social misfit revisited. *Journal of Personality and Social Psychology*

Boivin M, Hymel S, Bukowski WM. (1995;7(4):765-785).The roles of social withdrawal, peer rejection, and victimization by peers in predicting loneliness and depressed mood in childhood. *Development and Psychopathology*

Boivin M, Hymel S, Hodges EVE. (2001:265-289).Toward a process view of peer rejection and harassment. In: Juvonen J, Graham S, eds. *Peer harassment in school: The plight of the vulnerable and victimized*. New York, NY: Guilford Press

Boivin M, Hymel S. (1997;33(1):135-145). Peer experiences and social self-perceptions: A sequential model. *Developmental Psychology*

Boivin M, Vitaro F. (1995:183-197).The impact of peer relationships on aggression in childhood: Inhibition through coercion or promotion through peer support. In: McCord J,

ed. *Coercion and punishment in long-term perspectives*. New York, NY: Cambridge University Press

Boivin M. (2005:1-7). The origin of peer relationship difficulties in early childhood and their impact on children's psychosocial adjustment and development. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/BoivinANGxp.pdf.

Bowlby J. (1969). *Attachment*. London, England: Hogarth Press; *Attachment and loss*; vol 1.

Bowman BT, Donovan MS, Burns MS, (2000). Committee on Early Childhood Pedagogy, Commission on Behavioural and Social Sciences and Education, National Research Council, eds. *Eager to learn: Educating our preschoolers*. Washington, DC: National Academy Press; Retrieved from http://fermat.nap.edu/books/0309068363/html/. Accessed April 6, 2006).

Broidy LM, Nagin DS, Tremblay RE, Bates JE, Brame B, Dodge KA, Fergusson D, Horwood JL, Loeber R, Laird R, Lynam D, Moffitt TE, Pettit GS, Vitaro F. (2003;39(2):222-245). Developmental trajectories of childhood disruptive behaviors and adolescent delinquency: A six site, cross-national study. *Developmental Psychology*

Brown J, Cohen P, Johnson JG, Smailes EM. (1999;38(12):1490-1496). Childhood abuse and neglect: Specificity and effects on adolescent and young adult depression and suicidality. *Journal of the American Academy of Child and Adolescent Psychiatry*

Burchinal M, Howes C, Kontos S. (2002;17(1):87-105). Structural predictors of child care quality in child care homes. *Early Childhood Research Quarterly*.

Burchinal MR, Roberts JE, Nabors LA, Bryant DM. (1996;67(2):606-620). Quality of center child care and infant cognitive and language development. *Child Development*.

Burnham MM, Goodlin-Jones BL, Gaylor EE, Anders TF. (2002;43(6):713-725). Night time sleep-wake patterns and self-soothing from birth to one year of age: a longitudinal intervention study. *Journal of Child Psychology and Psychiatry and Allied Disciplines*

Burnham MM, Goodlin-Jones BL, Gaylor EE, Anders TF. (2002;43(6):713-725). Nighttime sleep-wake patterns and self-soothing from birth to one year of age: a longitudinal intervention study. *Journal of Child Psychology and Psychiatry and Allied Disciplines*

Camras LA, Ribordy S, Hill J, Martino S, Sachs V, Spaccarelli S, Stefani R. (1990;26(2):304-312). Maternal facial behaviour and the recognition and production of emotional expression by maltreated and nonmaltreated children. *Developmental Psychology*

Camras LA, Sachs-Alter E, Ribordy SC. (1996:203-225).Emotion understanding in maltreated children: Recognition of facial expressions and integration with other emotion cues. In: Lewis M, Sullivan MW, eds. *Emotional development in atypical children*. Hillsdale, NJ: Lawrence Erlbaum Associates

Center for Educational Research and Development (CERID). (2004). *Formative Research Project Study Report 28*: Effective Operation and Sustainable Development of Early Childhood Development Program: Strategies for Rapid Expansion. Author.

CERID. (1997). *An Evaluation Study of Shishu Kaksha program of BPEP* (A CERID/UNICEF project) A report submitted to UNICEF Nepal.

Cicchetti D, Manly JT. (2001;13(4):755-757). Editorial: Operationalizing child maltreatment: Developmental processes and outcomes. *Developmental and Psychopathology*

Clarke-Stewart KA, Gruber CP, Fitzgerald LM. (1994). *Children at home and in day care*. Hillsdale, NJ: L. Erlbaum Associates.

Coie JD, Dodge KA. (1983;29(3):261-281). Continuities and changes in children's social status: A five-year longitudinal study. *Merrill-Palmer Quarterly*

Coie JD, Kupersmidt JB. (1983;54(6):1400-1416). A behavioral analysis of emerging social status in boys' groups. *Child Development*

Corwin MJ, Lester BM, Golub HL. (1996;26(9):325-334). The infant cry: what can it tell us? *Current Problems in Pediatrics*

Crick NR, Casas JF, Ku HC. (1999;35(2):376-385). Relational and physical forms of peer victimization in preschool. *Developmental Psychology*

Crick NR, Casas JF, Ku HC. (1999;35(2):376-385). Relational and physical forms of peer victimization in preschool. *Developmental Psychology*

Crick NR, Casas JF, Ku HC. (1999;35(2):376-385). Relational and physical forms of peer victimization in preschool. *Developmental Psychology*

Cummins J. (1979;49(2):222-251). Linguistic interdependence and the educational development of bilingual children. *Review of Educational Research*

Dahl RE. (1996;8(1):3-27).The regulation of sleep and arousal: Development and psychopathology. *Developmental Psychopathology*

De Bellis MD, Keshavan MS, Spencer S, Hall J. N-acetylaspartate (2000;157(7):1175-1177). concentration in the anterior cingulate of maltreated children and adolescents with PTSD. *American Journal of Psychiatry*

De Weerd AW, van den Bossche RA. (2003;7(2):179-191). The development of sleep during the first months of life. *Sleep Medecine Reviews*

De Wolff MS, van IJzendoorn MH. (1997;68(4):571-591). Sensitivity and attachment: A meta-analysis on parental antecedents of infant attachment. *Child Development*

Dishion TJ, Patterson GR, Griesler PC. (1994:61-95). Peer adaptations in the development of antisocial behavior: A confluence model. In: Huesmann LR, ed. *Aggressive behavior: Current perspectives*. New York, NY: Plenum Press

Dodge D. (2004:1-2). Human capital, early childhood development and economic growth. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/DodgeDANGxp.pdf).

Dodge KA, Coie JD, Pettit GS, Price JM. (1990;61(5):1289-1309).Peer status and aggression in boys' groups: Developmental and contextual analyses. *Child Development*

Dodge KA, Lansford JE, Burks VS, Bates JE, Pettit GS, Fontaine R, Price JM. (2003;74(2):374-393). Peer rejection and social information-processing factors in the development of aggressive behavior problems in children. *Child Development*

Dodge KA. (1983;54(6):1386-1399). Behavioral antecedents of peer social status. *Child Development*

Dunn J, Cutting AL. (1999;8(2):201-219). Understanding others, and individual differences in friendship interactions in young children. *Social Development*

Eastman Wayne D. (2006). *Starting Smart: A Study of School Readiness Skills. An article published in the Journal of Early Childhood development Vol. III.* Research Center for Educational Innovation and Development (CERID) T.U., Balkhu, Kathmandu.

Egeland B, Hiester M. (1995;62(2):474-485).The long-term consequences of infant day-care and mother-infant attachment. *Child Development*

Ellis S, Rogoff B, Cromer CC. (1981;17(4):399-407). Age segregation in children's social interactions. *Developmental Psychology*

Encyclopedia on Early Childhood Development. (2004). Centre of Excellence for Early Childhood Development McCartney K 2CHILD CARE (0-5 YEARS)

Encyclopedia on Early Childhood Development.(2004).Centre of Excellence for Early Childhood Development Owen MT 3CHILD CARE (0-5 YEARS)

Fabes RA, Hanish LD, Martin CL. (2003;74(4):1039-1043).Children at play: The role of peers in understanding the effects of child care. *Child Development*

Fantuzzo JW, Lindquist CU. (1989;4(1):77-94). The effects of observing conjugal violence on children: A review and analysis of research methodology. *Journal of Family Violence*

Farver JAM. (1996;11(3):333-350). Aggressive behavior in preschoolers' social networks: Do birds of a feather flock together? *Early Childhood Research Quarterly*

France KG, Blampied NM, Henderson JMT. (2003;13(3):241-246). Infant sleep disturbance. *Current Paediatrics*

France KG, Blampied NM. (1999;3(4):265-280). Infant sleep disturbance: Description of a problem behaviour process. *Sleep Medicine Reviews*

France KG, Blampied NM. (1999;3(4):265-280). Infant sleep disturbance: Description of a problem behaviour process. *Sleep Medicine Reviews*

France KG, Henderson JMT, Hudson SM. (1996;5(3):581-599). Fact, act, tact: A three-stage approach to treating sleep problems of infants and young children. *Child & Adolescent Psychiatric Clinics of North America*

Frede E, Ackerman DJ. (2006). Curriculum decision-making: Dimensions to consider. New Brunswick, NJ: National Institute for Early Education Research;. Retrieved on

http://nieer.org/resources/research/CurriculumDecisionMaking.pdf. Accessed June 07, 2006).

Gelman VS, King NJ. (2001;53(1):18-22). Wellbeing of mothers with children exhibiting sleep disturbance. *Australian Journal of Psychology*

Gelman VS, King NJ. (2001;53(1):18-22).Wellbeing of mothers with children exhibiting sleep disturbance. *Australian Journal of Psychology*

Goal One Technical Planning Group. (1991:1-18). The Goal One Technical Planning Subgroup report on school readiness. In: National Education Goals Panel, ed. *Potential strategies for long-term indicator development: Reports of the technical planning subgroups*. Washington, DC: National Education Goals Panel; Report no. 91-0).

Goodlin-Jones BL, Anders TF. (2001;10(3):487-499). Relationship disturbances and parent-child therapy. Sleep problems. *Child and Adolescent Psychiatric Clinics of North America*

Gormally S, Barr RG. (1997;3(2):137-153). Of clinical pies and clinical cues: Proposal for a clinical approach to complaints of early crying and colic. *Ambulatory Child Health*

Green J, Goldwyn R. (2002;43(7):835-846). Annotation: Attachment disorganisation and psychopathology: new findings in attachment research and their potential implications for developmental psychopathology in childhood. *Journal of Child Psychology & Psychiatry & Allied Disciplines*

Grossmann K, Grossmann KE. (2007:1-8). The impact of attachment to mother and father at an early age on children's psychosocial development through young adulthood. Rev ed. In:

Tremblay RE, Barr RG, Peters RDeV, Boivin M, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/GrossmannANGxp_rev.pdf.

Guedeney A, Kreisler L. (1987;8(3):307-318). Sleep disorders in the first 18 months of life: Hypothesis on the role of mother-child emotional exchanges. *Infant Mental Health Journal*

Hadfield J.A. (1962). Children and Adolescence. Penguin books. Great Britain.

Hakuta K. (1986). *Mirror of language: the debate on bilingualism*. New York, NY: Basic Books

Halpern R. (2000:361-386). Early childhood intervention for low-income children and families. In: Shonkoff JP Meisels SJ, eds. *Handbook of early childhood intervention.* 2nd Edition. New York, NY: Cambridge University Press

Hamers JF, Blanc MHA. (2000). *Bilinguality and bilingualism*. 2nd ed. Cambridge, England: Cambridge University Press

Harris JR. (1998). The nurture assumption: Why children turn out the way they do. New York, NY: Free Press

Hartup WW. (1996;67(1):1-13).The company they keep: Friendships and their developmental significance. *Child Development*

Hartup WW. (1996;67(1):1-13).The company they keep: Friendships and their developmental significance. *Child Development*

Hawley PH. (1999;19(1):97-132).The ontogenesis of social dominance: A strategy-based evolutionary perspective. *Developmental Review*

Hayden J. (2006). Early Childhood Services as Health Promoting Settings: A New Focus on Family Partnerships and Community Building. An article published in the Journal of *Early Childhood development Vol. III.* Research Center for Educational Innovation and Development (CERID) T.U., Balkhu, Kathmandu.

Heckman J. (2004:1-2). Invest in the very young. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/HeckmanANGxp.pdf).

Heim C, Newport DJ, Heit S, Graham YP, Wilcox M, Bonsall R, Miler AH, Nemeroff CB. 2000;284(5):592-597). Pituitary-adrenal and autonomic responses to stress in women after sexual and physical abuse in childhood. *JAMA - Journal of the American Medical Association*

Hiscock H, Wake M. (2001;107(6):1317-1322). Infant sleep problems and postnatal depression: A community- based study. *Pediatrics*

Hiscock H, Wake M. (2001;107(6):1317-1322).Infant sleep problems and postnatal depression: A community- based study. *Pediatrics*

Hodges EVE, Boivin M, Vitaro F, Bukowski WM. (1999;35(1):94-101). The power of friendship: Protection against an escalating cycle of peer victimization. *Developmental Psychology*

Hofferth SL, Shauman KA, Henke RR, West J. (1998). *Characteristics of children's early care and education programs: Data from the 1995 National Household Education Survey.* Washington, DC: U.S. Department of Education, Office of Educational Research and Improvement, National Center for Education Statistics;. NCES 98-128. Retrieved from http://nces.ed.gov/pubs98/98128.pdf. Accessed November 30, 2004).

Hoffman-Plotkin D, Twentyman CT. (1984;55(3):794-802). A multimodal assessment of behavioural and cognitive deficits in abused and neglected preschoolers. *Child Development*

Holland P. (2003).*We don't Play with Guns here: War, Weapon and Superhero Play in the Early Years*. Maidenhead, UK: Open University Press

Howes C, Phillips DA, Whitebook M. (1992;63(2):449-460). Thresholds of quality: Implications for the social development of children in center-based child care. *Child Development*

Howes C, Phillips DA, Whitebook M. (1992;63(2):449-460).Thresholds of quality: Implications for the social-development of children in center-based child care. *Child Development.*

Howes C. (1988;53(1).Peer interaction of young children. *Monographs of the Society for Research in Child Development*

Humphry RA, Hock E. (1989;10(4):263-272.) Infants with colic: A study of maternal stress and anxiety. *Infant Mental Health Journal*

Hyman SL. (2005:1-5). Immunization and its impact on child neurodevelopment. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/HymanANGxp.pdf. Accessed [insert date].

IJzendoorn M. (2005:1-6). Attachment at an early age (0-5) and its impact on children's development. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/van_IJzendoornANGxp.pdf.

IJzendoorn MH, Schuengel C, Bakermans-Kranenburg MJ. (1999;11(2):225-249). Disorganized attachment in early childhood: Meta-analysis of precursors, concomitants, and sequelae. *Development and Psychopathology*

Innis SM. (2003:1-6). Nutrition and its impact on psychosocial child development: Preterm infants. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/InnisANGxp.pdf.

Jacobson RS, Straker G. (1982;6(3):321-327). Peer group interaction of physically abused children. *Child Abuse & Neglect*

Jaeger E, Weinraub M. (1990;49(Fall):71-90).Early nonmaternal care and infant attachment: In search of process. *New Directions for Child Development*

Jaffe PG, Wolfe DA, Wilson SK. (1990).*Children of battered women*. Newbury Park, Calif: Sage Publications

Johansen A, Leibowitz A, Waite L. (1988;78(9):1175-1177). Child care and children's illness. *The American Journal of Public Health*

Kagan J, Snidman N, Arcus D, Reznick JS. (1994).*Galen's prophecy: Temperament in human nature*. New York, NY: Basic Books

Kagan J. (2005:1-4). Temperament.. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/KaganANGxp.pdf).

Kagan SL, Kauerz K. (2006:1-5). Preschool programs: Effective curricula. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/Kagan-KauerzANGxp.pdf).

Kagan SL, Moore E, Bredekamp S, eds. (1995). Reconsidering children's early development and learning: Toward shared beliefs and vocabulary. Washington, DC: National Education Goals Panel

Kataria S, Swanson MS, Trevathan GE. (1987;110(4):642-646). Persistence of sleep disturbances in preschool children. *Journal of Pediatrics*

Kaufman J, Zigler EF. (1989:129-150).The intergenerational transmission of child abuse. In: Cicchetti D, Carlson V, eds. *Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect*. New York, NY: Cambridge University Press

Kaufman, S. (2004:1-7). School transition and school readiness: An outcome of early childhood development In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/Rimm-KaufmanANGxp.pdf).

Kendler KS, Bulik CM, Silberg J, Hettema JM, Myers J, Prescott CA. (2000;57(10):953–959).Childhood sexual abuse and adult psychiatric and substance use disorders in women: An epidemiological and Cotwin control analysis. *Archives of General Psychiatry*

Keren M, Feldman R, Tyano S. (2001;40(1):27-35). Diagnoses and interactive patterns of infants referred to a community-based infant mental health clinic. *Journal of the American Academy of Child & Adolescent Psychiatry*

Kerr S, Jowett S. (1994;20(6):379-391). Sleep problems in pre-school children: a review of the literature. *Child: Care, Health & Development*

Kerr SM, Jowett SA, Smith LN. (1996;24(5):938-942).Preventing sleep problems in infants: A randomized controlled trial. *Journal of Advanced Nursing*

Kilpatrick DG, Acierno R, Saunders B, Resnick HS, Best CL, Schnurr PP. (2000;68(1):19-30). Risk factors of adolescent substance abuse and dependence: Data from a national sample. *Journal of Consulting and Clinical Psychology*

Linda K. (2006). Relationship-Based Home Visiting : Enhancing Child Development one Family at a Time. An article published in the Journal of Early Childhood Development Vol. III. Research Center for Educational Innovation and Development (CERID) T.U., Balkhu, Kathmandu.

Kitzmann KM, Gaylord NK, Holt AR, Kenny ED. (2003;71(2):339-352). Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology*

Kivijarvi M, Voeten MJM, Niemela P, Raiha H, Lertola K, Piha J. (2001;22(6):627-640). Maternal sensitivity behaviour and infant behaviour in early interaction. *Infant Mental Health Journal*

Klimes-Dougan B, Kistner J. (1990;26(4):599-602). Physically abused preschoolers' responses to peers' distress. *Developmental Psychology*

Kochenderfer BJ, Ladd GW. (1996;67(4):1305-1317). Peer victimization: Cause or consequence of school maladjustment? *Child Development*

Kochenderfer-Ladd B, Ladd GW. (2001:25-48).Variations in peer victimization: Relations to children's maladjustment. In: Juvonen J, Graham S, eds. *Peer harassment in school: The plight of the vulnerable and victimized*. New York, NY: Guilford Press

Kohyama J, Iwakawa Y. (1990;76(4):325-330). Developmental changes in phasic sleep parameters as reflections of the brain-stem maturation: Polysomnographical examinations of infants, including premature neonates. *Electroencephalography & Clinical Neurophysiology*

Koirala B. N. and Darlami B. (2009). Study on Impact of ECD in Primary Education (with special focus on Learning Achievement of children), an abstract paper presented on ECD national conference at Kathmandu.

Kolbo JR, Blakely EH, Engleman D. (1996;11(2):281-293). Children who witness domestic violence: A review of empirical literature. *Journal of Interpersonal Violence*

Koverola C, Pound J, Herger A, Lytle C. (1993;17(3):393-400).Relationship of child sexual abuse to depression. *Child Abuse & Neglect*

Ladd GW, Golter BS. (1988;24(1):109-117). Parents' management of preschooler's peer relations: Is it related to children's social competence? *Developmental Psychology*

Lafrenière PJ, Strayer FF, Gauthier R. (1984;55(5):1958-1965). The emergence of same-sex affiliative preferences among preschool peers: A developmental/ethological perspective. *Child Development*

Lamb M. (1998:73-134). Nonparental child care: Context, quality, correlates, and consequences. In: I. Sigel I & Renniger K, eds. *Handbook of child psychology: Vol. 4. Child psychology in practice*. 5th ed. New York, NY: Wiley

Landau S, Moore LA. (1991;20(2):235-251). Social skill deficits in children with attention-deficit hyperactivity disorder. *School Psychology Review*

Lester BM, Corwin MJ, Sepkoski C, Seifer R, Peucker M, McLaughlin S, Golub HL. (1991;62(4):694-705). Neurobehavioral syndromes in cocaine-exposed newborn infants. *Child Development*

Lester BM, Dreher M. (1989;60(4):765-771). Effects of marijuana use during pregnancy on newborn cry. *Child Development*

Lester BM. (1976;47(1):237-241). Spectrum analysis of the cry sounds of well-nourished and malnourished infants. *Child Development*

Lester BM. (1987;80(4):529-534). Developmental outcome prediction from acoustic cry analysis in term and preterm infants. *Pediatrics*

Leyendecker B, Lamb ME, Scholmerich A, Fricke DM. (1997;21(1):15-24). Context as moderators of observed interactions: A study of Costa Rican mothers and infants from differing socioeconomic backgrounds. *International Journal of Behavioural Development*

Lumey LH, Susser ES. (2003:1-6). Long-term effets of prenatal and early postanal nutrition on adult psychosocial outcomes. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/Lumey-SusserANGxp.pdf.

Lyytinen H, Erskine J. (2006:1-6). Early identification and prevention of reading problems. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/Lyytinen-ErskineANGxp.pdf).

Maccoby EE, Martin J. (1983:1-101). Socialization in the context of the family: parent-child interaction. In: Hetherington EM, ed. *Handbook of child psychology: Socialization, personality, and social development.* Vol 4. New York, NY: John Wiley

Maccoby EE. (1998). *The two sexes: Growing up apart, coming together*. Cambridge, Mass: Harvard University Press

MacDonald NE. (2004:1-17). Routine immunization in young children recommended vaccine schedule, proven benefits of vaccines, noted adverse effects of vaccines, best practices for vaccine programs, vaccine programs for special needs and new vaccines recommended for young children. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of

Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/MacdonaldANGxp.pdf.

Macnamara JT. (1966).*Bilingualism and primary education: a study of Irish experience*. Edinburgh, Scotland: Edinburgh University Press

Mahon R. (2008:1-6). Child care policy: A comparative perspective. In: Tremblay RE, Barr RG, Peters RDeV, Boivin M, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/MahonANGxp.pdf).

Margolin G, Gordis EB. (2000;51:445-479). The effects of family and community violence on children. *Annual Review of Psychology*

McCartney K. (2004:1-6). Current research on child care effects. In: Tremblay RE, Barr RG, Peters RDeV, (eds.) *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/McCartneyANGxp.pdf.

McCloskey LA, Walker M. (2000;39(1):108-115). Posttraumatic stress in children exposed to family violence and single-event trauma. *Journal of the American Academy of Child and Adolescent Psychiatry*

McDougall P, Hymel S, Vaillancourt T, Mercer L. (2001:213-247).The consequences of childhood peer rejection. In: Leary MR, ed. *Interpersonal rejection*. London, England: Oxford University Press

McDougall P, Hymel S, Vaillancourt T, Mercer L. (2001:213-247).The consequences of childhood peer rejection. In: Leary MR, ed. *Interpersonal rejection*. London, England: Oxford University Press

Mead G.H..(1934), Mind, self and society. Chicago University Press. US.

Michelsson K, Sirvio P, Wasz-Hockert O. (1977;66(5):611-616). Pain cry in full-term asphyxiated newborn infants correlated with late findings. *Acta Paediatrica Scandinavica*

Michelsson K. (1971;216:1-45). Cry analyses of symptomless low birth weight neonates and of asphyxiated newborn infants. *Acta Paediatrica Scandinavica - Supplement*

Ministry of Children and family development Canada. Last Up date (11-13-2008).

Morrell JM. (1999;40(2):247-258). The role of maternal cognitions in infant sleep problems as assessed by a new instrument, the maternal cognitions about infant sleep questionnaire. *Journal of Child Psychology and Psychiatry and Allied Disciplines*

Morris PA. (2004:1-7). The effects of welfare reforms on the social and emotional development of young children. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/MorrisANGxp.pdf)

National Institute of Child Health and Human Development (NICHD) Early Child Care Research Network.(2005;43:537-570). Early child care and children's development in the

primary grades: Follow-up results from the NICHD Study of Early Child Care. *American Educational Research Journal*

National Institute of Child Health and Human Development Early Child Care Research Network. (2002;13(3):199–206). Child-care structure -> process -> outcome: Direct and indirect effects of child-care quality on young children's development. Psychological Science

National Research Council. (2001). Eager to learn: Educating our preschoolers. Washington, DC: National Academy Press

Nepal National Commission for UNESCO.(2006). An action Research for Developing Early Childhood Program for Country-Wide Promotion. Author.

Newcomb AF, Bukowski WM, Pattee L. (1993;113(1):99-128).Children's peer relations: A meta-analytic review of popular, rejected, neglected, controversial, and average sociometric status. *Psychological Bulletin*

NICHD Early Child Care Research Network (ECCRN). (2000;71(4);960-980). The relation of child care to cognitive and language development. *Child Development*

NICHD Early Child Care Research Network. (1997;68(5):860-879). The effects of infant child care on infant-mother attachment security. *Child Development*.

NICHD Early Child Care Research Network. (1998;34(5):1119-1128). Relations between family predictors and child outcomes: Are they weaker for children in child care? *Developmental Psychology*.

NICHD Early Child Care Research Network. (1998;69(4):1145-1170). Early child care and self-control, compliance and problem behavior at twenty-four and thirty-six months. *Child Development*

NICHD Early Child Care Research Network. (2000;71(4):960-980). The relation of child care to cognitive and language development. *Child Development*

NICHD Early Child Care Research Network. (2002;13(3):199-206). Child-care structure process outcome: Direct and indirect effects of child care quality on young children's development. *Psychological Science*

NICHD Early Child Care Research Network. (2002;39(1):133-164). Early child care and children's development prior to school entry: Results from the NICHD study of Early child care. *American Educational Research Journal*.

NICHD Early Child Care Research Network. (2003;74(4):976-1005). Does amount of time spent in child care predict socio-emotional adjustment during the transition to kindergarten? *Child Development*

NICHD Early Child Care Research Network. (2003;74(4):976-1005). Does amount of time spent in child care predict socioemotional adjustment during the transition to kindergarten? *Child Development*

NICHD Early Child Care Research Network. (2005;43:537-570) Early child care and children's development in the primary grades: Follow-up results from the NICHD Study of Early Child Care. *American Educational Research Journal*.

NICHD Early Child Care Research Network.(2001;37(6):847-862). Child-care and family predictors of preschool attachment and stability from infancy. *Developmental Psychology*

NICHD Early Child Care Research Network.(2003;39(3):451-469). Does quality of child-care affect child outcomes at age 4 ½? *Developmental Psychology*.

NICHD Early Child Care Research Network.(2005). *Child care and child development: Results from the NICHD study of early child care and youth development*. New York, NY: Guildford Press

Nicoladis E, Charbonnier M, Popescu A. (2006:1-6). Second language/bilingualism at an early age with emphasis on its impact on early socio-cognitive and socio-emotional development. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development;. Retrieved from http://www.child-encyclopedia.com/documents/Nicoladis-Charbonnier-PopescuANGxp.pdf.

Nishihara K, Horiuchi S, Eto H, Uchida S. (2000;54(3):305-306). Mothers' wakefulness at night in the post-partum period is related to their infants' circadian sleep-wake rythm. *Psychiatry and Clinical Neurosciences*

Olds D. (2004:1-7). Prenatal/postnatal home visiting programs and their impact on the social and emotional development of young children (0-5). In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/OldsANGxp.pdf.

Oppenheim D, Sagi A, Lamb ME. (1988;24(3):427-433). Infant adult attachments on the kibbutz and their relation to socio–emotional development 4 years later. *Developmental Psychology*.

Ottaviano S, Giannotti F, Cortesi F, Bruni O, Ottaviano C. (1996;19(1):1-3).Sleep characteristics in healthy children from birth to 6 years of age in the urban area of Rome. *Sleep*

Pande B. D. (2009). Improving Quality of Early Childhood Development Program in Nepal, an abstract paper presented on ECD national conference at Kathmandu

Papousek M, von Hofacker N. (1998;24(5):395-424). Persistent crying in early infancy: a non-trivial condition of risk for the developing mother-infant relationship. *Child: Care, Health & Development*

Parker JG, Asher SR. (1987;102(3):357-389). Peer relations and later personal adjustment: Are low-accepted children at risk? *Psychological Bulletin*

Parten M. (1932;27:243-269). Social participation among preschool children. *Journal of Abnormal and Social Psychology*

Patterson GR, Littman RA, Bricker W. (1967;32(5):1-43). Assertive behavior in children: a step toward a theory of aggression. *Monographs of the Society for Research in Child Development*

Paxton J., and Shoemake T., (2006). Positive Teacher-Parent Communication and Its importance in Student Achievement. An article published in the *Journal of Early*

Childhood development Vol. III. Research Center for Educational Innovation and Development (CERID) T.U., Balkhu, Kathmandu.

Peal E, Lambert WE. (1962;76(27, Whole No. 546):1-23). The relation of bilingualism to intelligence. *Psychological Monographs.*

Peisner-Feinberg ES, Burchinal MR, Clifford RM, Culkin ML, Howes C, Kagan SL, Yazejian N. (2001;72(5):1534-1553).The relation of preschool child care quality to children's cognitive and social developmental trajectories through second grade. *Child Development*

Peisner-Feinberg ES. (2004:1-7). Child care and its impact on young children's development. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/Peisner-FeinbergANGxp.pdf).

Pellegrini AD, Smith PK. (1998;69(3):577-598). Physical activity play: The nature and function of a neglected aspect of play. *Child Development*

Perry DG, Kusel SJ, Perry LC. (1988;24(6):807-814). Victims of peer aggression. *Developmental Psychology*

Phillips D, McCartney K, Scarr S, Howes C. (1987;7(3):18-21). Selective review of infant day care research: A cause for concern. *Zero to Three*.

Pianta RC, Rimm-Kauffman SE, Cox MJ. (1999:3-12). Introduction: An ecological approach to kindergarten transition. In: Pianta RC, Cox MJ, eds. *The transition to kindergarten*. Baltimore, Md: Paul H. Brookes Publishing

Pianta RC. (1999). *Enhancing relationships between children and teachers*. Washington, DC: American Psychological Association

Pinyerd BJ. (1992;15(3):155-167.) Infant colic and maternal mental health: Nursing research and practice concerns. *Issues in Comprehensive Pediatric Nursing*

Pitambar N. (2009). Holistic Development of children at ECD centers, an abstract paper presented on ECD national conference at Kathmandu on behalf of Early Childhood Education Center Pvt Ltd.

Pollak S. (2004:1-6).The impact of child maltreatment on the psychosocial development of young children. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/PollakANGxp.pdf).

Pollak SD, Cicchetti D, Hornung K, Reed A. (2000;36(5):679-688). Recognizing emotion in faces: Developmental effects of child abuse and neglect. *Developmental Psychology*

Pollak SD, Cicchetti D, Klorman R, Brumaghim JT. (1997;68(5):773-787).Cognitive brain event-related potentials and emotion processing in maltreated children. *Child Development*

Pollak SD, Tolley-Schell SA. (2003;112(3):323-338). Selective attention to facial emotion in physically abused children. *Journal of Abnormal Psychology*

Pollock JI. (1994;35(4):699-708). Night-waking at five years of age: predictors and prognosis. *Journal of Child Psychology and Psychiatry and Allied Disciplines*

Porter ML, Hernandez-Reif M, Jessee P. Play therapy: A review. *Early Child Development and Care*. In press).

Pradhan, H. B.. (1992). The Significance of Traditional Nepali Baby Care Practice on the Growth and Development of Children, A Dissertation Submitted to the Faculty of Humanities and Social Sciences of Tribhuvan University in fulfillment of requirement for the purpose of Doctor of Philosophy, Department of Sociology/Anthropology, Tribhuvan University, Kathmandu, Nepal.

Prechtl HF, Theorell K, Gramsbergen A, Lind J. (1969;11(2):142-152). A statistical analysis of cry patterns in normal and abnormal newborn infants. *Developmental Medicine and Child Neurology*

Ramey SL, Ramey CT. (2000:122–150). Early childhood experiences and developmental competence. In: Danziger S, Waldfogel J, eds. Securing the future: Investing in children from birth to college. New York, NY: Russell Sage Foundation; Recent Research Results

Regmi M. P. (1982). The personality structure of Nepalese Gurungs, A Thesis submitted for the degree of Doctor of Philosophy in Psychology. Department of Psychology, faculty of social sciences, University of Saugar, India.

Richman N. (1987:115-127). Surveys of sleep disorders in child in a general population. In: Guilleminault C, ed. *Sleep and its disorders in children*. New York: Raven Press;

Rieder C, Cicchetti D. (1989;25(3):382-393). Organizational perspective on cognitive control functioning and cognitive-affective balance in maltreated children. *Developmental Psychology*

Rigby K. (1999;69(1):95-104). Peer victimisation at school and the health of secondary school students. *British Journal of Educational Psychology*

Rodkin PC, Farmer TW, Pearl R, Van Acker R. (2000;36(1):14-24). Heterogeneity of popular boys: Antisocial and prosocial configurations. *Developmental Psychology*.

Rogosch FA, Cicchetti D, Aber JL. (1995;7(4):591-609). The role of child maltreatment in early deviations in cognitive and affective processing abilities and later peer relationship problems. *Development and Psychopathology*

Ross HS, Lollis SP, Elliot C. (1982:73-98). Toddler-peer communication. In: Rubin KH, Ross HS, eds. *Peer relationships and social skills in childhood*. New York, NY: Springer-Verlag

Rothbart MK, Bates JE. (1998:105-176).Temperament. In: Damon W, Eisenberg N, eds. *Social, emotional, and personality development*. New York, NY: John Wiley & Sons; *Handbook of child psychology*. 5th ed; vol 3).

Rothbart MK, Hwang J. (2005:167-184).Temperament and the development of competence and motivation. In: Elliot AJ, Dweck CS, eds. *Handbook of competence and motivation*. New York, NY: Guilford Press

Rowe DC. (1994). The limits of family influence: genes, experience, and behavior. New York, NY: Guilford Press

Rubin KH, Bukowski W, Parker JG. (1998:619-700). Peer interactions, relationships, and groups. In: Eisenberg N, ed. *Social, emotional, and personality development*. New York, NY: J. Wiley; Damon W, ed-in-chief. *Handbook of Child Psychology*; vol 3).

Rubin KH, Watson KS, Jambor TW. (1978;49(2):534-536). Free play behaviors in preschool and kindergarten children. *Child Development*

Sander LW, Stechler G, Burns P, Julia H. (1970;9(1):103-123). Early mother-infant interaction and 24-hour patterns of activity and sleep. *Journal of the American Academy of Child Psychiatry*

Scher A, Tirosh E, Jaffe M, Rubin L, Sadeh A, Lavie P. (1995;18(4):701-711). Sleep patterns of infants and young children in Israel. *International Journal of Behavioral Development*

Scher MS, Steppe DA, Salerno DG, Beggarly ME, Banks DL. (2003;114(1):17-22). Temperature differences during sleep between fullterm and preterm neonates at matched post-conceptional ages. *Clinical Neurophysiology*

Schonkoff JP, Phillips DA, (eds).(2000). *From neurons to neighbourhoods: The science of early childhood development*. Washington, DC: National Academy Press.

Schweinhart LJ, Montie J, Xiang Z, Barnett WS, Belfield CR, Nores M. (2005). *Lifetime effects: The High/Scope Perry Preschool Study through age 40*. Ypsilanti, Mich: High/Scope Press; Summary Retrieved from http://www.highscope.org/file/Research/PerryProject/3_specialsummary%20col%2006%2007.pdf. Accessed October 25, 2007).

Schweinhart LJ. (2006:1-7). Preschool programs. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/SchweinhartANGxp.pdf).

Shonkoff JP, Phillips DA, eds. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press; Retrieved from http://fermat.nap.edu/books/0309069882/html/. Accessed April 6, 2006).

Shrestha K. and Bajracharya H.R. (1997). Current Understanding of Early Childhood Development and Practices in Nepal. Research Center for Educational Innovation and Development (CERID) T.U., Balkhu, Kathmandu.

Shrestha A. B. (1997). *Early Childhood Development: Concept, Components and issues A seminar paper presented on Early Childhood Development*, Organized by CERID and sponsored by UNICEF on May 29-30, 1997.

Smilansky S. (1968). The effects of Socio-dramatic Play on Disadvantaged Preschool children. *New York: Wiley*

Smith AB. (2003:1-6). School completion/academic achievement-outcomes of early childhood education. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/SmithANGxp.pdf).

Smith MM, Lifshitz F. (1994;93(3):438-443). Excess fruit juice consumption as a contributing factor in nonorganic failure to thrive. *Pediatrics*

Smith PK, Dalgleish M, Herzmark G. (1981;4(4): 421-441). A comparison of the effects of fantasy play tutoring and skills tutoring in nursery classes. *International Journal of Behavioural Development*

Smith PK, Pellegrini A. (2008:1-6). Learning through play. In: Tremblay RE, Barr RG, Peters RDeV, Boivin M, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development, Retrieved from http://www.child-encyclopedia.com/documents/Smith-PellegriniANGxp.pdf.

Smith PK. (1988: 207-226).Children's play and its role in early development: A re-evaluation of the 'Play Ethos'. In: Pellegrini AD, ed. *Psychological Bases for Early education*. New York, NY: John Wiley & Sons Ltd.

Snyder J, Horsch E, Childs J. (1997;26(2):145-156). Peer relationships of young children: Affiliative choices and the shaping of aggressive behavior. *Journal of Clinical Child Psychology*

Sonawat R. and Furia K. (2006). A Study to Identify Exemplary Teacher Qualities in Pre-school Education Centers. An article published in the Journal of Early Childhood development Vol. III. Research Center for Educational Innovation and Development (CERID) T.U., Balkhu, Kathmandu.

Spangler G, Grossmann KE. (1993;64(5):1439-1450). Biobehavioral organization in securely and insecurely attached infants. *Child Development*

St.James-Roberts I, Conroy S, Wilsher K. (1995;4(4):177-189). Clinical, developmental and social aspects of infant crying and colic. *Early Development and Parenting*

St.James-Roberts I, Conroy S, Wilsher K. (1996;75(5):375-384). Bases for maternal perceptions of infant crying and colic behaviour. *Archives of Disease in Childhood*

Statistics Canada. Child care: An eight-year profile, 1994-1995 to 2002-2003. *The Daily* April 5, 2006. Retrieved from http://www.statcan.ca/Daily/English/060405/d060405a.htm. Accessed February 4, 2008).

Stifter CA, Bono MA. (1998;24(5):339-351. The effect of infant colic on maternal self-perceptions and mother-infant attachment. *Child: Care, Health and Development*

Stifter CA. (2001:273-288). "Life" after unexplained crying: Child and parent outcomes. In: Barr RG, St James-Roberts I, Keefe MR, eds. *New evidence on unexplained early infant crying: its origins, nature and management*. Skillman, NJ: Johnson & Johnson Pediatric Institute

Stifter CA. (2005:1-7). Crying behaviour and its impact on psychosocial child development. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/StifterANGxp.pdf)

Strayer FF, Santos AJ. (1996;5(2):117-130). Affiliative structures in preschool peer groups. *Social Development*

Strayer FF. (1989:145-174).Co-adaptation within the early peer group: A psychobiological study of social competence. In: Schneider BH, Attili G, Nadel J, Weissberg R, eds. *Social competence in developmental perspective*. New York, NY: Kluwer Academic/Plenum Publishers

Synthesis on child care (0-5 years).(2006). *Encyclopedia on Early Childhood Development - iii -* © Centre of Excellence for Early Childhood Development.

Tamang S. (1997) Early Childhood Development : Existing Practices, Issues and Suggestion, A seminar paper presented on Early Childhood Development, Organized by CERID and sponsored by UNICEF on may 29-30, 1997.

Thapa A. (1997). *Importance of Early Childhood development (0-3 years). A seminar paper presented on Early Childhood Development*, Organized by CERID and sponsored by UNICEF on May 29-30, 1997.

Thoman EB, Denenberg VH, Sievel J, Zeidner LP, Becker P. (1981;12(1):45-54). State organization in neonates: developmental inconsistency indicates risk for developmental dysfunction. *Neuropediatrics*

Thoman EB. (1975;21(4):295-314). Sleep and wake behaviors in neonates: Consistencies and consequences. *Merrill Palmer Quarterly*

Upreti (Sharma) N. (1979). *A study of the family support system: Child Bearing and Child Rearing Rituals in Kathmandu, Nepal*. A thesis submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy (family studies) at the University of Wisconsis-Madison.

Van Tassel EB. (1985;6(2):81-85).The relative influence of child and environmental characteristics on sleep disturbances in the first and second years of life. *Journal of Developmental and Behavioral Pediatrics*

Vandell DL, Wolfe B. (2000). Child care quality: Does it matter and does it need to be improved? Madison, Wis: Institute for Research on Poverty; Retrieved on http://ecti.hbg.psu.edu/docs/publication/vandell.pdf. Accessed June 07, 2006).

Wasik BH, Bryant DM. (2000). *Home visiting: Procedures for helping families.* 2nd Edition. Thousand Oaks, Calif: Sage Publications

Wasz-Hockert O, Lind J, Vuorenkoski V, Partanen T, Valanne E. (1968;29:1-42). The infant cry: A spectrographic and auditory analysis. *Clinics in Developmental Medicine*

Widom CS. (1989;244(4901):160-166). The cycle of violence. *Science*

Widom CS. (1999;156(8):1223-1229). Posttraumatic stress disorder in abused and neglected children grown up. *American Journal of Psychiatry*

Wiggs L. (2004:1-7). Effective services and programs for managing infant/child sleeping disorders and their impact on the social and emotional development of young children (0-5). In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/WiggsANGxp.pdf).

Wishard AG, Shivers EM, Howes C, Ritchie S. (2003;18(1):65-103).(Child care program and teacher practices: Associations with quality and children's experiences. *Early Childhood Research Quarterly*.

Wolak J, Finkelhor D. (1998:73-112).Children exposed to partner violence. In: Jasinski JL, Williams LM, eds. *Partner violence: A comprehensive review of 20 years of research*. Thousand Oaks, Calif: Sage Publications

World Health Organization. (2002).World Report on Violence and Health. Geneva : World Health Organization

Younger AJ, Boyko KA. (1987;58(4):1094-1100). Aggression and withdrawal as social schemas underlying children's peer perceptions. *Child Development*

Zeifman DM. (2005:1-4). Crying behaviour and its impact on psychosocial child development: Comment on Stifter, and Zeskind. In: Tremblay RE, Barr RG, Peters RDeV, eds.

Encyclopedia on Early Childhood Development [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/ZeifmanANGxp.pdf. Accessed March 27, 2006).

Zercher C, Spiker D. (2004:1-8). Home visiting programs and their impact on young children. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/Zercher-SpikerANGxp.pdf.

Zeskind PS, Lester BM. (1978;49(3):580-589). Acoustic features and auditory perceptions of the cries of newborns with prenatal and perinatal complications. *Child Development*

Zeskind PS, Lester BM. (1981;52(1):207-212). Analysis of cry features in newborns with differential fetal growth. *Child Development*

Zeskind PS, Lester BM. (2001:149-166). Analysis of infant crying. In: Singer LT, Zeskind PS, eds. *Biobehavioral assessment of the infant*. New York, NY: The Guilford Press

Zeskind PS, Platzman K, Coles CD, Schuetze PA. (1996;19(4):497-500). Cry analysis detects subclinical effects of prenatal alcohol exposure in newborn infants. *Infant Behavior & Development*

Zeskind PS. (1981;4(3):297-306). Behavioral dimensions and cry sounds of infants of differential fetal growth. *Infant Behavior & Development*

Zeskind PS. (2007:1-7). Impact of the cry of the infant at risk on psychosocial development. Rev ed. In: Tremblay RE, Barr RG, Peters RDeV, Boivin M, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; Retrieved from http://www.child-encyclopedia.com/documents/ZeskindANGxp_rev.pdf).

Zill N, Collins M, West J, Hausken EG. (1995). *Approaching kindergarten: A look at preschoolers in the United States.* Washington, DC: U.S. Department of Education, Office of Educational Research and Improvement, National Center for Education Statistics, National Household Education Survey; NCES 95-280. Retrieved from http://nces.ed.gov/pubs95/95280.pdf. Accessed November 30, 2004).

Zill N, Moore KA, Smith EW, Stief T, Coiro MJ. (1995:38-59). The life circumstances and development of children in welfare families: A profile based on national survey data. In: Chase-Lansdale PL, Brooks-Gunn J, eds. *Escape from poverty: What makes a difference for poor children?* New York, NY: Cambridge University Press

Zoumas-Morse C, Rock CL, Sobo EJ, Neuhouser ML. (2001;101(8):923-925). Children's patterns of macronutrient intake and associations with restaurant and home eating. *Journal of the American Dietetic Association*

Zuckerman B, Stevenson J, Bailey V. (1987;80(5):664-671). Sleep problems in early childhood: continuities, predictive factors, and behavioral correlates *Pediatrics*

Appendix 1

Brain growth and child age

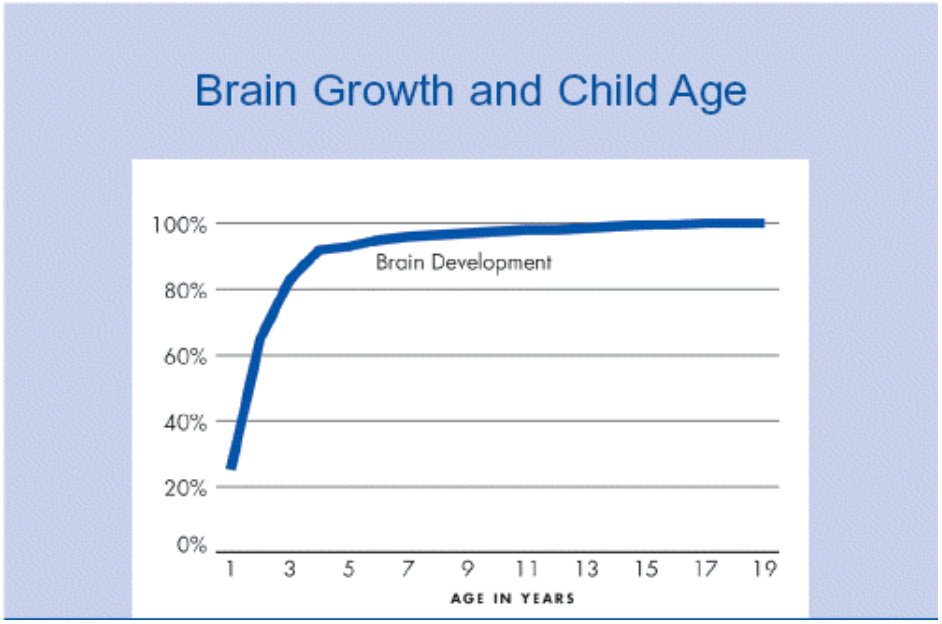


Figure 1: Brain Growth and Child Age

Source: Figure 1 (Bruner, 2005 cited in Eastman, 2006).

- Brain development begins three weeks after conception.
- At birth, a child has 100 billion brain cells (neurons) and trillions of connections (synapses).
- Early childhood experiences exert a dramatic impact and physically determine how the brain is wired.
- Growth continues and a single neuron can connect with as many as 15,000 other neurons.
- A three year old child has twice as many connections as an adult.
- The number of connections could easily go up or down by 25 percent of more, depending upon whether a child grows up in an enriched environment.
- Those synapses that aren't used wither away in a process called pruning.

- At about 10, the brain begins to dramatically prune extra connections and make order of the tangled circuitry of the brain.
- New synapses grow throughout life and adults continue to learn but they do not master new skills so quickly or rebound from setbacks so easily.
- During the initial years of life the young brain develops most rapidly with the establishing of neural pathways (ibid). The first five years of life is the critical period for developing language and cognition. In the factual context floored by Eastman (2006) above, the fact should be marked that the more a brain is stimulated the more it is capable of doing (Eastman, 2002). Bruner, Floyd, and Copeman (2005) states most of the brain's actual physical growth occurs during the first two years of life, when vital neural connections are made in response to the child's environment (ibid p. 1). By age 3, approximately 85 percent of a child's brain core is formed (Bruner, 2005). Figure 1 (Bruner, 2005) puts forth the relationship between brain growth and the age of a child. As can be ascertained from this figure, neural neurodevelopment is extremely active during the early years (ibid).

Appendix 2

Questionnaire sheet

प्रारम्भिक बालविकासमा शिशु स्याहार केन्द्रको योगदान
काठमाण्डौं उपत्यकाको घटना अध्ययनका लागि तयार पारिएका प्रश्नावलीहरु

<u>शिशुस्याहार केन्द्र सञ्चालकहरुका लागि</u>

१. तपाइँले शिशु स्याहार केन्द्र सञ्चालन गर्नु भएको कति भयो ?

.....

२. किन सञ्चालन गर्नु भएको ?

.....

३. अहिलेसम्म कतिजना बच्चाहरुलाई सेवा दिइसक्नु भएको छ ? कृपया छ महिनाभन्दा बढी अवधी सेवा गरेका बच्चा संख्या लेखिदिनु होला ।

.....

३. ती बच्चाहरुमध्ये कति केटा कति केटी छन् ?

.....

४. यहाँ प्राय कस्ता कस्ता अभिभावकहरुले बच्चा बच्चा पठाउँछन् ?

.....

.....

५. तपाइँको शिशु स्याहार केन्द्रले बालबालिकाहरुलाई केके सेवासुविधाहरु दिएको छ ?
क) शारीरिक विकास गर्ने सेवाहरु .....
ख) बौद्धिक, शैक्षिक विकास गर्ने सेवाहरु .....
ग) मनोबैज्ञानिक विकास गर्ने सेवाहरु .....
घ) अन्य .....

६. तपाइँले प्रारम्भिक बालविकास (Early Chilhood Development) को बारेमा थाहा पाउनु भएको छ ?

.....

७. प्रारम्भिक बालविकासको बारेमा कतै कुनै तालिम, अध्ययन, कार्याशाला गोष्ठी अथवा सेमिनारमा भाग लिनु भएको छ ? छ भने कहिले कुन संस्थाबाट के विषयमा लिनुभएको हो उल्लेख गरिदिनु होला ।

.....

.....

८. तपाइँको संस्थाले प्रारम्भिक बालविकासमा के कति योगदान दिएको छ ?

.....

.....

समाप्त

प्रारम्भिक वालविकासमा शिशु स्याहार केन्द्रको योगदान
काठमाण्डौं उपत्यकाको घटना अध्ययनका लागि तयार पारिएका प्रश्नावलीहरु

अभिभावकहरुका लागि

१. तपाइँले किन बच्चालाई शिशुस्याहार केन्द्रमा पठाउनु भएको हो ?

.....

२. तपाइले बच्चा पठाएवापत कति रुपैयाँ तिर्नुहुन्छ ?

.....

३. तपाइँले बच्चालाई शिशुस्याहार केन्द्रमा राखेर के अपेक्षा गर्नुभएको छ ? सही उत्तरमा ठीक चिन्ह र थप लेख्नुपर्ने भए लेखिदिनु होला ।

क) पढाइ, लेखाइमा सुधार
ख) स्वास्थ्यमा सुधार
ग) राम्रो खानपानको व्यवस्था
घ) शारीरिक विकास
ङ) रचनात्मक सीपको विकास
च) १० देखि ५ बजेसम्म जसोतसो सुरक्षित राखिदेओस
छ) अन्य केही भए

.....

.....

४. भविश्यमा तपाइँ आफ्नो बच्चालाई के कस्तो वनाउन(पेशा र व्यक्तित्व) चाहनुहुन्छ ?

.....

समाप्त

प्रारम्भिक वालविकासमा शिशु स्याहार केन्द्रको योगदान
काठमाण्डौं उपत्यकाको एउटा घटना अध्ययनका लागि तयार पारिएका प्रश्नावलीहरु

<u>शिक्षक तथा अन्य सहयोगीहरुका लागि</u>

१. तपाइँको शैक्षिक योग्यता कति हो ?
.....

२. यस शिशुस्याहार केन्द्रमा पढाउन थाल्नु भएको कति भयो ?
.....

३. यदी तपाइँ जागिरे होभने तपाइँले केन्द्रबाट के कस्ता सेवा सुविधा पाउनु भएको छ ?
.....

४. तपाइँ शिक्षकहरु कतिजना हुनुहुन्छ ?
.....

५. प्रारम्भिक वालविकास Early Childhood Development (ECD) को बारेमा थाहा पाउनु भएको छ ?
.....

६. प्रारम्भिक बालविकासको बारेमा कतै कुनै तालिम, अध्ययन, कार्यशाला, सेमिनारमा भाग लिनु भएको छ ? छभने कहिले कुन संस्थाबाट के बिषयमा लिनुभएको हो उल्लेख गरिदिनु होला ।
.....

७. तपाइँ बच्चाहरुसँग दिनमा कति घण्टासँगै रहनुहुन्छ ? .....

८. बच्चा केन्द्रमा आएदेखि घर नजाउन्जेलसम्म तपाइँ उनीहरुलाई के के गराउनु हुन्छ ? कृपया रुटीन उल्लेख गरिदिनु होला । .....
.....

९. बच्चाहरु कतिकति उमेरका छन् ? .....

१०. बिभिन्न उमेर समुहमा बच्चाहरु छुट्याइ पढाइन्छ कि एकै ठाउँमा एकै बिषयवस्तु उस्तै तरीकाबाट पढाइन्छ ? .....

११. कुन विधिबाट कसरी पढाइन्छ ? .....
.....

१२. शिक्षण सामग्रीहरु केके हुन्छन् ? ती सामग्रीहरु शारीरिक, मानसिक, मनोबैज्ञानिक विकास गर्न कतिको सहायक छन् ? .....
.....

१३. एकै विधि र एकै सामग्रीबाट सबै बच्चाहरुले बराबरी सिकेको महसुस गर्नुभएको छ ? .....
.....

१४. अभिभावकहरुको पढाइलगायत अन्य सेवाहरुका सम्बन्धमा प्रतिक्रिया के छ ? शुरुमा ल्याउँदा उनीहरुको अपेक्षा के हुन्थ्यो ? .....

१५. केन्द्रका सेवा सुविधाबाट प्रारम्भिक बालविकासमा के प्रभाव परेको देख्नु भएको छ ?
.....

१६ केन्द्रबाट प्रारम्भिक वालविकासमा अझ राम्रो गर्न कसबाट के के अपेक्षा गर्नुहुन्छ ? अथवा केन्द्रमा तपाइँका के के आवश्यकताहरु छन् ?
.....

समाप्त

प्रारम्भिक वालविकासमा शिशु स्याहार केन्द्रको योगदान
काठमाण्डौं उपत्यकाको एउटा घटना अध्ययनका लागि तयार पारिएका प्रश्नावलीहरु

<u>शिशुस्याहार केन्द्रबाट हुर्किएका बच्चाहरुका लागि</u>

१. तपाइँको उमेर कति भयो ?
.....

२. तपाइँको शैक्षिक योग्यता कति र के काम गर्नुहुन्छ ?
.....

३. तपाइँ कति बर्षको उमेरमा कति समयसम्म शिशु स्याहार केन्द्रमा बस्नु भएको हो ?
.....

३. त्यहाँको बसाइमा केके कुरा व्यक्तिगत रुपमा फाइदा भयो जस्तो लाग्छ जस्तो शारीरिक विकासमा, शैक्षिक विकासमा, मनोबैज्ञानिक विकासमा अथवा तपाइँको विकासमा केन्द्रका योगदानहरु के के हुन् ?
.....
.....

४. त्यहाँ बस्दा के के सेवासुविधाहरु पाईन्थ्यो ?
.....
.....

५. त्यहाँ बस्दा दिनभरी केके गरिन्थ्यो ?
.....
.....

६. अहिले तपाइँलाई शिशु स्याहार केन्द्रमा बसेको कारणले के के सकारात्मक र नकारात्मक प्रभाव परे जस्तो लाग्छ ?
.....
.....

समाप्त

प्रारम्भिक वालविकासमा शिशु स्याहार केन्द्रको योगदान
काठमाण्डौं उपत्यकाको घटना अध्ययनका लागि तयार पारिएको मार्गनिर्देशक रुपरेखा ।

<u>शिशुस्याहार केन्द्रमा रहेका बच्चाहरुका लागि</u>

१. बच्चाको परिचय
२. बच्चाको परिवारको परिचय
३. बच्चा शिशुस्याहार केन्द्रमा केके गर्छ ?
४. उसलाई केके गर्न मन पर्छ ?
५. उसको शैक्षिक विकासको स्तर सुनाइ, वोलाइ, पढाइ, लेखाइ , भिन्नीकरण र गणितको क्षमता परिक्षण गर्ने
७. उसको उमेरअनुसारको शारीरिक विकास हेर्ने
८. उसको मनोवैज्ञानिक तहको परिक्षण गर्ने
९. उसको समग्र विकासमा शिशु स्याहार केन्द्रको प्रभाव हेर्ने ।

अवलोकनका लागि

शिशु स्याहार केन्द्रको भौतिक अवस्था (घर, कक्षाकोठा, खेल मैदान, शिक्षण सिकाइ क्रियाकलाप, मनोरञ्जन तथा खेलकूद सामग्रीहरु र अन्य विविध पक्षहरु अवलोकन गर्ने

अन्तरबार्ताका लागि

प्रश्नावली सर्वेक्षणका लागि तयार गरिएका प्रश्नहरुनै अर्न्तवार्ताका लागि प्रयोग गरिनेछ र बच्चाहरुका लागि रुजु सूचीअनुसार अर्न्तबार्ता तयार गरिनेछ ।

छलफल तथा अन्तरक्रियाका लागि

१. शिशु स्याहार केन्द्रका सेवा सुविधासम्बन्धमा
२. ती सेवा सुविधाहरु बच्चाको शारीरिक, मानसिक, शैक्षिक र मनोवैज्ञानिक विकासमा कत्तिको सहयोगी छन् ?
३. शिक्षक तथा सहयोगी कार्यकर्ता, केन्द्र सञ्चालकका भनाइहरु तथा अभिभावकका अपेक्षाहरु
४. शिशुस्याहार केन्द्रमा प्रयोग भएका विभिन्न खेलकूद तथा मनोरञ्जनका सामाग्री र अन्य सामाग्रीहरु बच्चाको शारीरिक, मानसिक, शैक्षिक र मनोवैज्ञानिक विकासमा कत्तिको सहयोगी छन् ?

Appendix 3

Check list 1

Contribution of Child Care Centers in Early Childhood Development
A case study from the Kathmandu Valley of Nepal

Research Questions	Tools	Teachers	Parents	Proprietors	Grown up Children	Children(check list only)
1. What is the contribution of childcare centers of Kathmandu valley in early childhood development particularly in physical, educational and psychological development of the children of 3-8 years age? 2. What are the expectations of the parents from childcare centers? 3. How are the materials, its uses and impact in early childhood development?	Questionnaire sheet	**Factual** **Q.1** 1. Education 2. Teaching experience 3. Salary and other services from the center 4. Number of teacher 5.Knowledge about ECD 6. Training, study, and participation in workshop, seminar and others 7. Age group of children **Perceptual** 8. Living with children 9. Interaction	**Factual** **Q.2** 1.Expenses/fee **Perceptual** **Q.2** 2. Causes of sending children to the center 3.Expectations from center 4. Future hope/expectation from the children	**Factual** **Q.1** 1. Age of center 2. Number of already served children(boys and Girls) 3. Types of services provided for children 4.Knowlede of ECD 5. Training, study, participation in workshop, seminar etc **Perceptual** 6. Cause of establishing the center **Q.2** 7. Type of parents to send their children in the center	**Factual** **Q.1** 1. Age 2. Current education status and profession 3. Total duration lived in the center and the age at that time 4. Services gained from the center 5. Daily activities in center **Perceptual** **Q.1** 6.Benefits(physical, educational, mental and others… from the center(contribution of the center)	**Q.1** 1. Introduction 2. Family introduction 3. Children's activities in the center 4. Physical development as per the age **Perceptual** 5. Likes and dislikes 6. Level of educational development(listening, speaking,

		with children 10. Activities with children/Routine 11. Learning nature and capacity of the children 12. Teaching methodologies **Q3** 13. Teaching materials **Q2** 14. Comment of parents 15. Expectation from the teachers 16. Impact of the program in ECD		and their expectations 8. Impact of the program in ECD	7. Effects/ influences of center in this age ?	reading, writing, differentiation knowledge, and mathematical concept) 7. Level of psychological development **Q.3** 8. Impact of center in overall development of the children

Appendix 4

Check list 2

S.N.	Research Questions	Tools	Check List
1	Same as check list 1	Observation	**Q.1,2,3** 1. Physical condition of the center(building, class room, play ground, education) 2. Teaching learning environment, sports and recreational activities and materials and other miscellaneous aspects
2		Interview	**Q.1,2,3** Check list for interview will be based on the abovementioned check list for questionnaire sheet
3		Discussion/interaction	**Q.1,2,3** **Factual** 1. Services of center **Perceptual** 2. Relevance of services in physical, mental, educational and psychological development of the children 3. Perceptions of teachers, assistants, proprietors, and expectations of the parents 4. Materials used in center and physical, mental, educational and psychological impact in the children