

E-ISSN: 2709-9369
P-ISSN: 2709-9350
www.multisubjectjournal.com
IJMT 2024; 6(6): 12-17
Received: 12-03-2024
Accepted: 19-04-2024

Premshila
Research Scholar, Department
of Education, Monad
University, Hapur,
Uttar Pradesh, India

Dr. Maheep Mishra
Professor, Monad University,
Hapur, Uttar Pradesh, India

A study on Anganwadi centers as early childhood care and education (ECCE) under the ICDS scheme in Delhi district

Premshila and Dr. Maheep Mishra

Abstract

The Integrated Child Development Services (ICDS) programme has played a crucial role in ensuring that young children receive comprehensive care and education at the grassroots level. Anganwadi Centers (AWCs) serve as key centers for the delivery of early childhood care and educational services. The study aimed to investigate the demographic profile of the Anganwadi workers (AWWs), enumerate general infrastructure facilities in the Anganwadi Centers and evaluate the level of knowledge of the AWWs regarding the ECCE. To conduct the study descriptive survey method was applied, and 30 Anganwadi workers and centers were selected as sample. The data were collected through a combination of questionnaire and checklist. The study found that the majority of the workers were married, with a significant representation in the age range of 41 to 50 years. Educational qualifications varied, but a higher proportion held M.P degrees, and most workers had extensive experience. In terms of general infrastructure facilities, the study also revealed that while 90% of the centers had own rooms, a substantial number lacked proper seating arrangements (76.66%) and sufficient teaching materials (83.34%). Separate toilets were reported in 43.33% of centers, but lighting, ventilation, and electricity were inadequate in all centers. In 63.33% of centers, there were storage rooms, and only 46.66% reported clean classrooms. None of the centers provided adequate water, soap, or outdoor play equipment. The study also found the knowledge levels of Anganwadi workers, with 16.33% having low knowledge, 63.34% average knowledge, and 20% workers have high knowledge levels. These findings highlight the pressing need for infrastructure improvements and resource allocation to enhance the quality of ECCE services in Anganwadi Centers.

Keywords: ICDS, Early Childhood Care and Education, Anganwadi worker (AWWs), Anganwadi Centers (AWCs)

1. Introduction

A child's initial year of life is crucial. The foundation for a child's learning and development is set up over these formative years, which impacts the child's future survival and well-being. Early childhood provides children with the cognitive, physical, social, and emotional skills necessary for future success (Saikia *et al.*, 2020) [9]. ECCE refers to various programmes aimed at children's physical, cognitive, and social development from birth to approximately six years of age before they enter primary education. In addition to supporting children up to the age of six in their development, it also provides support and care to pregnant women. In India, ECCE is a relatively novel concept. It was not mentioned in educational writings before the creation of the National Policy on Education (NPE) in 1986 (Nunhlimi, 2017; Katoch 2021) [7, 11]. It assigned the abbreviation ECCE to the period prior elementary education. Article 45 of the Indian Constitution, as amended in 2002, states: "The State shall endeavor to provide early childhood care and education for all children up to the age of six" (Government of India, 2007). The National Early Childhood Care and Education Policy (2013) reaffirm the commitment of the Indian government to provide comprehensive services for the development of all children from prenatal to six years of age. The Policy outlines a comprehensive strategy for establishing a solid foundation for every Indian child, emphasizing early education. It combines care, health, nutrition, recreation, and early education in a safe and nurturing environment. It is essential for long-term learning and development and has enduring effects on the growth and development of children. According to UNESCO (2016), ECCE is a comprehensive, integrated, and holistic approach to child health, care, learning, and development. It encompasses many services, programmes, and initiatives designed to promote the cognitive, physical, social, and emotional development of infants and toddlers up to the age of eight.

Corresponding Author:
Premshila
Research Scholar, Department
of Education, Monad
University, Hapur,
Uttar Pradesh, India

NEP 2020 envisage ECCE as a five-year foundational stage of education: children age 3 to 6 will receive three years of Early Childhood Education (ECE), and children ages 6 to 8 will receive two years of primary school education. In other terms, ECE should now span the ages of three to eight. In India, the Integrated Child Development Services (ICDS) programme has played a crucial role in ensuring that young children receive comprehensive care and education. It aims to provide comprehensive services for the health, nutrition, and preschool education of 0 to 6-year-old children and their mothers. It was introduced on 2 October 1975 by the Indian government, discontinued in 1978, and re-launched by the Tenth Five-Year Plan. It started in 33 blocks and has since expanded to 5,267 blocks across India (N. Kumar and Nehal A. Farooquee, 2014) [5]. An essential element of the ICDS programme is the establishment of Anganwadi Centers (AWCs), which serve as key centers for delivering ECCE services at the grassroots level. The term "Anganwadi" comes from the Hindi word "Angan," that implies "courtyard". In rural areas, "Angan" refers to an open place where people congregate to speak, greet one another, and socialize. Anganwadi Centers are generally within walking distance from the beneficiary's house. AWCs are run primarily by local women known as Anganwadi workers (AAW). Each AAW receives assistance from a female helper who belongs to the local Community.

2. Review of literature

Arora *et al.* (2006) [1] A study entitled "Evaluation of the non-formal pre-school educational services provided at Anganwadi centers (in the urban slums of Jammu City)", has found that Anganwadi centers offer non-formal pre-school education to children. The Anganwadi Workers employed a two-way interaction strategy and utilized locally crafted instructional aids such as puppets, vegetables, and fruits. The majority of parents were pleased with the informal education offered at the Anganwadi centre. However, some parents felt that Anganwadi workers were too focused on nutrition, which led to dissatisfaction. Parikh & Sharma (2011) [11] conducted a study entitled "Knowledge & Perceptions of ICDS Anganwadi Workers with Regard to the Promotion of Community-based Supplementary Feeding Practices in Semi-tribal Gujarat", where researchers found that Anganwadi workers had moderate knowledge of feeding practices of children and young children. However, Anganwadi workers did not fully understand the reasons for encouraging breastfeeding for children over two years of age. Chauhan *et al.* (2015) [12] conducted a study to evaluate knowledge, practice and infrastructure availability within the integrated child development service (ICDS) program in East Delhi district of Delhi. They found that all Anganwadi workers (AWWs) and 97 per cent of Anganwadi helper had been trained and provided satisfactory services, but did not consistently demonstrate their expertise during the evaluation. Most AWWs (98%) provide a range of services to teenagers, including iron and folic acid supplements, worming pills, informal health education and food supplementation. In addition, 85 per cent of Anganwadi Centers (AWCs) had as single kitchen, restaurant and storage room for food. The study also showed that 98% of the AWCs used LPG for cooking purposes, and 98% built permanent structures (pucca houses). Makadia *et al.* (2016) [6] studied on "Comparative Study for

Evaluating the Functions of NGOs and Government-led Anganwadi Centers in Ahmadabad City, Gujarat, India". The results indicated that most of the AWCs were located in rental homes. They found about 80 per cent of AWCs were managed by non-governmental organizations. Furthermore, they found that children with malnutrition are more likely to die in NGOs-run AWCs than in government-run AWCs. Samanta *et al.* (2017) [13] carried out a study on the status of early childhood education under the integrated child development services plan in the municipality of Bankura in West Bengal. The findings of the survey revealed several shortcomings in the Anganwadi Centre (AWC). In particular, 60 percent of AWCs did not have wall displays, and the other centers were placed at uncomfortable heights. The ideal teacher-student ratio of the AWC is 2:25, but 13% of centers are negative. In addition, only 10 per cent of the centers had sufficient space to conduct indoor activities, while 90 per cent had no adaptable seating arrangement. Baliga & Walvekar (2017) [3] conducted a study on Anganwadi workers' knowledge of integrated child development services in three urban health centers". The study used cross-sectional designs and collected data from 76 Anganwadi workers using questionnaires. The results show that only 45.39 percent of Anganwadi workers had sufficient knowledge of referral services, while 88.16 per cent had a better understanding of vaccination and supplementation. Interestingly, there was no significant correlation between workers' educational backgrounds and their knowledge of various services they provided. Arya *et al.* (2018) [2] carried out a search study on "the knowledge of Anganwadi workers of Uttarkashi District in Uttarakhand on Integrated Child Development Services (ICDSs)." The aim of the study was to assess the socio-economic situation of Anganwadi workers, their knowledge of nutrition and health, and their challenges in their work. Data from 30 Anganwadi workers were collected through a combination of questionnaires and interviews. The study found that 50 per cent of employees were between 36 and 45 years old and nearly all (97 per cent) were married. In addition, only 33.33 per cent of Anganwadi Workers (AWWs) have sufficient knowledge of the methods of monitoring child growth and determining child nutrition requirements. About 83 per cent of workers reported that they had to do extra work in addition to their main responsibilities. Saikia & Roy (2020) [9] studied on the educational activities in Anganwadi Centers in Lakhimpur District, Assam, emphasized the pivotal role of preschool education in preparing children for formal schooling while nurturing their mental and emotional development. The researchers collected data with the help of self-structured questionnaire and interview schedule from 120 Anganwadi workers from 120 different Anganwadi centers and two guardians. The findings showed that 36% of Anganwadi centers had duration of two hours, while 14% operated for more than a two-hour period. Moreover, in 96% of these centers, children between the ages of 2 and 6 were required to share the same room. Play-based teaching methods were uniformly employed across all the centers, and the program's content and activities received approval from over 80% of the study's respondents. Additionally, teaching aids like charts, posters, and flashcards were utilized by 90%, 88%, 58% of Anganwadi workers respectively and 58% of guardians expressed satisfaction with the quality of

education provided by the Anganwadi centers.

3. Major findings from the reviews

- The majority of centres did not have proper seating arrangement. Most AWCs had a single room for cooking, eating, and storing food items. A small number of Anganwadi centres had toilet, playrooms and water facilities.
- Anganwadi workers showed moderate knowledge of feeding practices for children and young children. Few Anganwadi workers AWWs had the proper knowledge about how to monitor a child's growth and how much nutrition is required for a child.

4. Research gap

Based on the extensive literature review, it was evident that numerous researchers had conducted studies on Anganwadi Centers (AWCs) in various regions. However, no research had been conducted in the specific context of Cooch Behar District in West Bengal. Therefore, a research gap existed in this particular area that needed to be addressed. Taking into account this research gap, the researcher aimed to carry out a comprehensive study of Anganwadi Centre as a provider of ECCE as part of ICDS programs in the Coochbehar district. It was important to note that this study is not amere replication of previous research efforts. Instead, it is distinct and original in terms of its primary objective, the geographical region of focus (Coochbehar District), and the unique conditions under which it is conducted.

5. Delimitation of the study

- The study confined to district of Delhi only.
- The study delimited in 30 Anganwadi Centres and 30 AWWs.

6. Objectives of the study

- 1) To determine the demographic profile of the Anganwadi workers.
- 2) To enumerate the general in fra structure facilities available in the Anganwadi centers.
- 3) To determine Anganwadi workers' level of knowledge about ECCE

7. Significance of the study

The study provides valuable information on the demographic profile of Anganwadi workers (AWWs) and provides important information on their marital status, age distribution, educational qualifications and experience. This information can help formulate targeted policies and interventions to meet the specific needs and characteristics of AWWs. The findings on the availability of infra structure facilities at the Anganwadi Centre will help policy makers and administrators identify gaps and shortcomings in infrastructure, which will lead to necessary improvements and allocation of resources for ECCE. The result on Anganwadi workers' knowledge will help governments, policy makers and administrators to design a targeted policy and initiative to improve and develop workers' knowledge of ECCE.

8. Design of the Study

8.1 Methodology: Descriptive survey method was used for carried out the current study, as its primary objective was to

examine the current status of Anganwadi centers that served as providers of ECCE in the Cooch Behar District. The study was analyzed using percentage analysis only. No hypotheses were formulated.

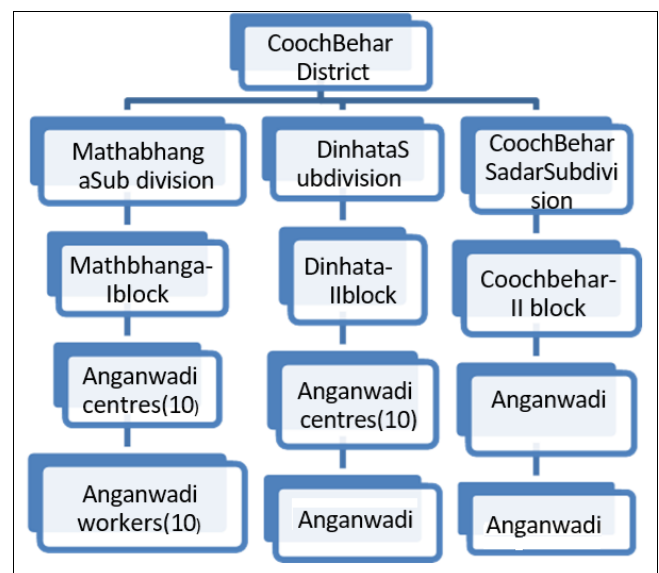
8.2 Population: All the Anganwadi Centers and workers under ICDS of Cooch Behar District were taken as population. This district comprises 5 subdivisions and 12 blocks.

8.3 Sample and sampling technique: The researcher selected a total of 30 AWCs and 30 AWWs (one individual from every centre) from three blocks of three subdivisions under the Coochbehar District. The Sample was selected through a combination of Multistage Random sampling and Purposive sampling technique

8.4 Stage 1: Sub division selection: In the initial sampling stage, 3 subdivisions (Coochbehar Sadar Subdivision, Mathabhanga Subdivision, and Dinhata Subdivision) were randomly chosen from the Coochbehar district.

8.5 Stage 2: Block selection: In the second stage of sampling, one block was randomly chosen from each subdivision, resulting in a total of 3 blocks chosen from 3 subdivisions.

8.6 Stage 3: Anganwadi Centers and workers selection: In the final sampling stage, 10 Anganwadi centers were randomly selected from each block, amounting to a total of 30 Anganwadi centers from 3 blocks. The researchers purposively selected one.



9. Tools of the study: For this study, researcher developed a checklist with 15 items describing the general infrastructure facilities available in the Anganwadi Centers. A Close ended questionnaire was also developed to obtain Anganwadi workers' knowledge regarding ECCE. The questionnaire consisted of 20 items.

10. Data analysis and interpretation

10.1 Analysis of Data Pertaining to 1st Objective

To study the demographic Profile of Anganwadi Workers

Table 1: Demographic Profile of Anganwadi Workers

| | | N | Percentage |
|-----------------------------|-----------------|----|------------|
| Age (Years of age) | 21-30 | 1 | 3.33% |
| | 31-40 | 5 | 16.67% |
| | 41 -50 | 15 | 50% |
| | 51andabove | 9 | 30% |
| Marital Status | Married | 30 | 100% |
| | Unmarried | 0 | 0% |
| Educational Qualification | Eight Grade | 7 | 23.34% |
| | M.P | 16 | 53.34% |
| | H.S | 4 | 13.33% |
| | B.A | 2 | 6.33% |
| | M.A. and others | 1 | 3.33% |
| Years of working experience | Below5years | 1 | 3.33% |
| | 5-10 years | 6 | 20% |
| | 11-20years | 7 | 23.34% |
| | 20andabove | 16 | 53.34% |

10.2 Interpretation

The table 1 shows that out of 30 workers, 1 worker (3.33%) was in the age group of 21-30 years, 5 workers (16.67%) were in the age group of 31-40 years and 15 workers (50%) were in the age group of 41-50 years, and 9 workers (30%) were in the age group of 50 years and above. All workers were married, accounting for 100% of the total respondents. In terms of educational qualification, out of 30 Anganwadi workers, 7 workers (23.34%) had Grade VIII as their highest educational qualification. Majority of Anganwadi Workers, 16 workers (53.34%), had Matriculation as their highest educational qualification. 4 Anganwadi workers (13.33%) who had higher secondary education as their highest qualification. Only 1 Anganwadi worker (3.33%) had higher qualification such as Master of

Arts (M.A) degree. In terms of work experience, the table indicates that only 1 worker (3.33%), who had less than 5 years of work experience, 6 individuals had 5-10 years working experience, 7 individuals had 11-20 years working experience, 16 individuals with 20 or more years of working experience. Overall, the data suggests that the sample primarily consists of married individuals with a significant representation of individuals in the age range of 41-50 years. The educational qualifications are diverse, with a higher proportion of respondents holding M.P degrees. The majority of the workers have extensive working experience.

10.3 Analysis of Data Pertaining to 2nd Objective

- To enumerate the general infrastructural facilities available at Anganwadi Centers

Table 2: General infrastructural facilities available at Anganwadi Centers.

| Sl. No. | Available of facilities | Response | | | | |
|---------|---|--|--------|--------|--------|--------|
| | | Yes | | No | | |
| | | N | % | N | % | |
| 1 | Centre room | 27 | 90% | 3 | 10% | |
| 2 | Seating arrangement | 7 | 23.34% | 23 | 76.66% | |
| 3 | Weight machine | 24 | 80% | 6 | 20% | |
| 4 | Adequate TLM | 5 | 16.66% | 25 | 83.34% | |
| 5 | Separate toilets | 13 | 43.33% | 17 | 56.67% | |
| 6 | Adequate light and ventilation | 0 | 0% | 30 | 100% | |
| 7 | Availability of electricity | 0 | 0% | 30 | 100% | |
| 8 | Condition of doors and windows are good. | 10 | 33.33% | 20 | 66.67% | |
| 9 | Availability of separate kitchen room | 24 | 80% | 6 | 20% | |
| 10 | Storeroom | 19 | 63.33% | 11 | 36.67% | |
| 11 | Availability of storage for worker to keep material and records | 9 | 30% | 21 | 70% | |
| 12 | Clean Classroom | 14 | 46.66% | 16 | 53.34% | |
| | 13 | Water and soap are available in the toilets room | 2 | 6.33% | 28 | 93.33% |
| | 14 | Availability of adequate, clean and drinkable water | 5 | 16.67% | 25 | 83.33% |
| | 15 | Equipment for out door play / activities for all children. | 0 | 0% | 30 | 100% |

10.4 Interpretation

After getting the data, the researcher found that not all services were offered at every Anganwadi centre. The following interpretations of the status of the various Anganwadi centre facilities are based on the table. The study revealed that among the 30 Anganwadi Centers, 27 (90%) had their own rooms, while 3 centers (10%) had not any room. Researcher observed that the Anganwadi workers in the centers where room were not available providing

services in open spaces like field, or courtyard area of people's houses. They were facing lot of problems to provide the services in that situation. Most centers (76.66%) lacked proper seating arrangements, with only 7 centers (23.34%) having suitable seating. Weight machines were available in 24 centers (80%), while 6 centers (20%) did not have them. Adequate teaching and learning materials (TLM) were found in only 5 centers (16.66%), whereas the remaining 25 centers (83.34%) had insufficient supplies. The

presence of separate toilet was reported by 13 Anganwadi workers (43.33%). while 17 workers (56.67%) mentioned the absence of separate toilet facilities. None of the centers had sufficient light, ventilation, or electricity. Among the workers, 10 (33.33%) reported good conditions for doors and windows, while 20 (66.67%) indicated unsatisfactory conditions. Separate kitchen rooms were available in 24 centers (80%), while 6 centers (20%) lacked this facility. 19 centers (63.33%) had storage rooms for storing food items such as rice and pulses, while 11 centers (36.67%) had none. 9 employees (30%) reported that the workers had adequate storage facilities such as cupboard to keep materials and records, while 21 workers (70%) reported its absence. Clean classrooms were reported by 14 workers (46.66%), while 16 workers (53.34%) stated that classrooms were not clean. Adequate water and soap in toilets were confirmed by only 2 workers (6.33%), while 28 workers (93.33%) reported their non-availability. Additionally, only 5 workers (16.67%) reported the availability of clean and drinkable water, while 25 workers (83.33%) mentioned its non-availability. None of the workers reported the presence of outdoor play equipment for children, indicating a lack of this facility in all centers.

10.5 Analysis of Data Pertaining to 3rd Objective

To determine the Anganwadi workers’ knowledge about ECCE

Table 3: Level of knowledge of Anganwadi workers about ECCE

| Sl. No. | Range of score | N | % | Level of knowledge |
|---------|----------------|----|--------|--------------------|
| 1 | 20-60.7 | 5 | 16.66% | Low Level |
| 2 | 60.8- 84.51 | 19 | 63.34% | Average Level |
| 3 | 84.52-100 | 6 | 20% | High Level |

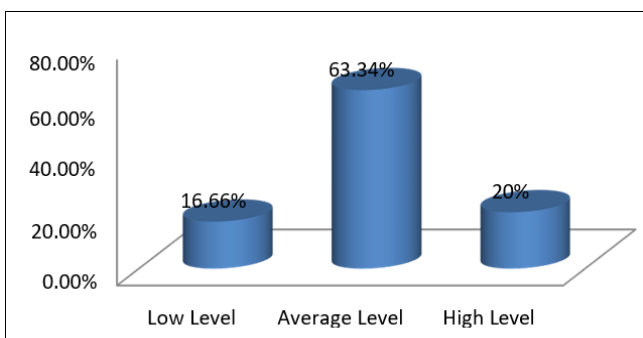


Fig 1: Level of knowledge of anganwadi workers about ECCE

10.6 Interpretation

Table-3 and Figure-1 show the level of knowledge of Anganwadi workers in Coochbehar District. Respondents are divided into three categories or levels; low level, Average level and high level. These levels of knowledge of Anganwadi of workers have been formulated on the basis of Normal Probability Curve (NPC). It is apparent that the majorities of workers, approximately 63.34%, fall within the "Average" knowledge category, while a substantial portion, 20%, and exhibit a "High Level" of knowledge. However, a smaller proportion, 16.66%, falls into the "Low Level" category. This distribution suggests that there is need for improvement in knowledge levels, particularly for those in the "Average" range, through targeted training and support. Ensuring that Anganwadi workers possess a strong understanding of ECCE is crucial for delivering high-quality

early childhood education and care services, underscoring the importance of ongoing efforts to enhance their knowledge and expertise in this field.

11. Discussion and Conclusion

Despite the ICDS scheme being implemented for forty five years, there has not been a complete improvement in the status of Anganwadi centers. Some centers lack basic amenities such as proper rooms, seating arrangements, curriculum, and weight machines. Additionally, the availability of certain facilities like toilets, activities, playrooms, and water is very poor. Therefore, immediate action is required from the government to ensure that all facilities are accessible in every Anganwadi centre. The demographic profile of the AWWs in Coochbehar District indicates that the majorities of them are married and fall in the age group of 41-50 years. The educational qualifications vary, with a higher proportion of AWWs having Matriculation (M.P) as their highest qualification. This highlights the need for considering diverse educational backgrounds and experiences while designing training programs for AWWs. The findings indicate that higher proportion of Anganwadi workers (63.34% average level and 16.33% lower level) lack sufficient Knowledge about ECCE, which may hinder their ability to effectively manage ECCE. In response to this finding, the government should prioritize training programs and capacity-building initiatives for these workers. By providing targeted training sessions, workshops, and resources, the government can empower these individuals with the necessary knowledge and skills to perform their duties more effectively. Additionally, the government should focus on enhancing the overall knowledge levels of Anganwadi workers. While a significant majority of workers demonstrate moderate to very high levels of knowledge. Continuous professional development programs and ongoing training sessions should be implemented to keep the workers updated with the latest research, best practices, and advancements in the field of ECCE. These initiatives have the capability to enhance the services and non-formal education offered at Anganwadi centers

12. References

1. Arora S, Bharti S, Mahajan A. Evaluation of non-formal pre-school educational services provided at Anganwadi centres (urban slums of Jammu city). *Journal of Social Sciences*; c2006, 12(2). DOI:10.1080/09718923.2006.11978381.
2. Arya M, Sachan VK, Limbu R, Nautiyal P, Papnai G. A study on the knowledge of Anganwadi workers of Uttarkashi District in Uttarakhand about Integrated Child Development Services (ICDS). *Anthropologist*. 2018;32(1-3):8-15. DOI:11.258359/KRE-65.
3. Baliga SS, Walvekar PR. A study on knowledge of Anganwadi workers about integrated child development services at three urban health centres. *International Journal of Community Medicine and Public Health*. 2017;4(9):3283-7. DOI:10.18203/2394-6040.ijcmph20173829.
4. Ministry of Women and Child Development, Government of India. Early Childhood Care and Education. ECCE Policy; c2013. Available from: <https://wcd.nic.in/sites/default/files/national%20ecce%20framework%20final.pdf>

5. Kumara N, Farooquee NA. Evaluation study of Integrated Child Development Scheme (ICDS) in Tumkur district of Karnataka, India. *International Journal of Home Science Extension and Communication Management*. 2014;1(2):163-8. Available from: <http://www.researchjournal.co.in/>
6. Makadia KD, Barot DB, Shah YR. Comparative study to assess functions of NGO and government managed Anganwadi centres of Ahmedabad city, Gujarat, India. *International Journal of Community Medicine and Public Health*. 2016;3(9):2605-9. DOI:10.18203/23946040.ijcmph20163082.
7. Nunhlimi AVL. Early childhood care and education in Anganwadi centres of Aizawl city: a critical study. M.Phil dissertation, Mizoram University; c2017.
8. Ministry of Education, Government of India. Early Childhood Care and Education. NEP; c2020. Available from: https://www.education.gov.in/sites/upload_files/mhrd/files/NEP_Final_English_0.pdf
9. Saikia K, Vallès M, Fabregat A, Saez R, Boer D. A bibliometric analysis of trends in solar cooling technology. *Solar Energy*. 2020 Mar 15;199:100-14.
10. Satwik R, Satwik A, Katoch S, Saluja S. ChAdOx1 nCoV-19 effectiveness during an unprecedented surge in SARS COV-2 infections. *European Journal of Internal Medicine*. 2021 Nov;93:112.
11. Parikh P, Sharma K. knowledge & perceptions of ICDS anganwadi workers with reference to promotion of community based complementary feeding practices in semi tribal Gujarat. *National Journal of Community Medicine*. 2011 Dec 31;2(03):457-64.
12. Chauhan H, Bagyaraj DJ, Selvakumar G, Sundaram SP. Novel plant growth promoting rhizobacteria-Prospects and potential. *Applied Soil Ecology*. 2015 Nov 1;95:38-53.
13. Samanta PK, Kim D, Coropceanu V, Brédas JL. Up-conversion intersystem crossing rates in organic emitters for thermally activated delayed fluorescence: impact of the nature of singlet vs triplet excited states. *Journal of the American Chemical Society*. 2017 Mar 22;139(11):4042-51.