

# **A Sociological Study on Role of Anganwadis in Early Childhood Development**

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## **Abstract**

Early childhood is a crucial stage in human development, laying the groundwork for lifelong learning, health, and well-being. Established under the Integrated Child Development Services (ICDS) Scheme, Anganwadis play a crucial role in promoting early childhood education by providing a stimulating environment for children to learn and develop their cognitive, social, and emotional skills. This early exposure to education has been shown to have a significant impact on a child's future academic success and overall well-being. They have been instrumental in nurturing children less than six years of age, particularly in rural and underserved communities. This paper assesses their impact on child development outcomes, and discusses strategies to strengthen their effectiveness in the context of India's developmental goals.

**Keywords:** Anganwadis, ICDS, cognitive development

## **1. Introduction**

Early childhood development encompasses physical, cognitive, emotional, and social growth from birth to age six. Research consistently demonstrates that investments in this stage yield significant long-term benefits, including improved educational attainment, health outcomes, and economic productivity. Recognizing this, India launched the Integrated Child Development Services (ICDS) in 1975, with Anganwadis serving as the cornerstone for service delivery. Anganwadis function as community-based centres providing a holistic package of services including supplementary nutrition, preschool education, health check-ups, immunization, and health education.

## **2. Objectives of the study:**

1. To know the services offered by anganwadis to children.
2. To assess the role of anganwadis in childhood development.
3. To identify the challenges faced by anganwadis as constraints in childhood care.

### 3. Methodology:

The present paper is based on Primary data i.e. random sampling and interview schedule method. Non-participatory method also adopted in this study.

### 4. Review of Literature:

**Sandhyarani & Usha Rao (2013)**, the Integrated Child Development Service Scheme (ICDS) is one of the initiatives taken up by the Central Government, which provides a package of six services viz., supplementary nutrition, immunization, health checkups, referral services, nutrition and health education for mothers/pregnant women, nursing mothers and to adolescent girls (kishoris) through Anganwadi workers.

**Bhasin et al (2001)** conducted a study in 13 anganwadis (out of 132) in Nand Nagri, East Delhi to assess nutritional status of children in relation to ICDS use in their early childhood. Through interviews, anthropometric and clinical examination of each child, information on use of ICDS facilities, socio-demographic details, general awareness, etc. were collected and anganwadi attendance score of each child was calculated. The results showed that most of the children were not beneficiaries. Most of the children's parents were illiterate, 94.2% of the children went to school. The age and gender of children, educational status and anganwadi participants showed a statistically significant association with the degree of malnutrition. Overall, children who participated in anganwadis had better nutrition than their counterparts who did not attend anganwadis as children.

**Vaid and Vaid (2006)**, conducted a study on the nutritional status of ICDS and non-ICDS children and the results showed that all anganwadi workers assessed the nutritional status of children using anthropometric measurements of children, viz. height and weight of the anganwadi. Majority of the respondents were not aware of record in anganwadi centers but had very positive attitude towards ICDS centers and all mothers noticed changes in their children after enrollment in ICDS centers. It also found that children who attended 4,444 anganwadis centers had good health or appearance compared to their counterparts.

A study conducted by **Kant, Gupta and Mehta (1984)**, in Indupur area of West Delhi, which examined the knowledge of AWs on immunization, breastfeeding, nutrition, oral 't' rehydration and child growth and development, showed that the knowledge of very poor knowledge.

A study by **Renu and Rekha (1982)**, on the impact of ICDS on children aged 0–6 years in Mumbai confirmed that the nutritional status of slum children improved as a result of supplementary feeding provided in Anganwadis

## Services Offered by Anganwadis to Children

1. **Child Health Services:** Anganwadi centers play a crucial role in providing maternal and child health services, including antenatal care, postnatal care, immunization, and growth monitoring.
2. **Supplementary Nutrition Program:** One of the key components of the ICDS scheme is the provision of supplementary nutrition to children to address malnutrition and promote healthy growth.
3. **Early Childhood Care and Education (ECCE):** Recognizing the importance of early childhood education, Anganwadi centers offer preschool education services to children aged three to six years. Through play-based activities, storytelling, and interactive learning sessions, Anganwadi workers support children's cognitive, social, and emotional development, preparing them for formal schooling.
4. **Immunization and Health Education:** Anganwadi centers play a vital role in promoting immunization coverage among children through regular vaccination drives and awareness campaigns. Anganwadi workers educate parents and caregivers about the importance of immunization in preventing childhood illnesses and promoting overall health.
5. **Community Engagement and Awareness:** Anganwadi centers actively engage with communities to raise awareness about health, nutrition, and child development. Through community meetings, health camps, and outreach programs, Anganwadi workers empower families to adopt healthy practices and access essential services for their children's well-being.
6. **Health Check-up Programme:**  
Regular health check-ups are essential for monitoring the growth and development of children and identifying any health concerns at an early stage. Anganwadi centers conduct health check-ups for children under six, focusing on parameters such as weight, height, and developmental milestones.

## 5. Data Analysis and Interpretation

50 Respondents were asked with interview schedule with the following parameters. The result of the data collection is presented as below.

Sl. No.	Parameter	Opinion of the respondents	Percentage
1.	Are you aware of ICDS?	No	80
2.	Do you find your child more physically active after sending to anganwadi?	Yes	60
3.	Do you find your child learn to speak more words?	No	70
4.	Do you find your child is more sociable after sending to	Yes	66

	anganwadi?		
5.	Do you feel activities in the anganwadi helped the child about social relationship?	No	60
6.	Do you feel toys and learning materials are enough for child's activity?	No	80
7.	Are you happy with medical facilities provided under ICDS at anganwadi?	Yes	60
8.	Are you happy with teaching methods of anganwadi?	No	78

- Awareness of ICDS:** The ICDS is mainly meant for children age 0-6 and plays major role in their childhood development. But majority of the beneficiaries's parents (around 80 percent) have not awareness of the program.
- Physical Activeness:** After joining to anganwadis have to make children physically active. Deficit of playground made some respondents to opine that their children are not so active.
- Speaking Skill:** Speaking ability is the capacity to articulate and convey thoughts, opinions, or feelings verbally to others in a clear and coherent way. 60 percent respondents expressed their opinion on children's speaking skill is not up to the mark.
- Sociability of the children:** Sociability is the quality of being friendly and enjoying spending time with other people, a tendency to be social, or the capacity for social interaction. After joining anganwadi children join with their peer and interact.
- Social relationship:** Social relationships are foundational to child development, enabling children to build crucial emotional, cognitive, and social skills through interactions with caregivers, peers, and teachers. But respondents are not satisfied with the anganwadis' activities developing this competency.
- Activity of the children:** Child development activities are play-based experiences that help a child grow mentally, physically, and socially. Majority of the anganwadis have limited toys, learning materials. And it's also observed that majority of the anganwadis have no playgrounds as well.
- Medical care for children:** Medical care for children involves regular preventive checkups, diagnosis and treatment of illnesses by staff of the Health department. Immunization camps will be arranged at regular intervals.
- Teaching methods:** Effective teaching methods for kids include play-based learning, which encourage hands-on exploration and critical thinking. Majority of the respondents are not happy

with the teaching methods. Because the anganwadi workers have not proper training and have not much time to make children involve in the pre-school learning activities.

## 6. Challenges faced by anganwadis

- **Infrastructure Challenges:** Majority of the anganwadis have infrastructure challenges like own buildings, playgrounds
- **Burden of workload :** Anganwadi Workers have burden of documentation and other department workload
- **Quality of ECCE:** Recently Government of Karnataka introduced Kindergarten method in primary schools. But anganwadis are lacking in this regard.
- **Lack of Public Support:** There is a lack of public with the staff instruction in learning of the children.

## 7. Conclusion

Anganwadis are playing a crucial role in promoting the wellbeing and development of children and ensuring a healthier, more prosperous future for the nation. Anganwadis contribute to breaking the cycle of poverty and fostering a generation of healthier and more educated children, who will ultimately contribute to the country's growth and development. They represent early childhood development framework. It is an investment in the nation's human capital and future prosperity. Ensuring their evolution into vibrant, inclusive, and resourceful early learning centres is vital for realizing the vision of New India where every child can thrive from the very beginning.

## References:

1. Banerje, Sangita 1999. A Study on community Participation ICDS at north Calcutta: Research Abstract on ICDS1998-2009;
2. Bhalani KD, Kotech P V 2009, Nutritional status and gender differences in the children of less than 5 years of age attending ICDS anganwadi in Vadodara city Indian journal of community. vol, 27 no 3, 16 -20.
3. Carl Carter Janette Pelletier 2010. Schools as integrated Services Hubs for Young children and Families: Policy implications of the Toronto First duty Projects: International journal of Child Care and Education Policy vol. 4 (2) 45-54.
4. Dongre AR, Deshmukh PR, Garg BS, 2008. Eliminating Childhood Malnutrition Discussion with mothers and Anganwadi workers, Journal of Health Studies 1:48-52.
5. Gupta RS, Gupta A, Gupta HO, Venkatesh Shivilal 2006. Mothers and Children Service Coverage: Reproductive and child health programme in Alwar district Rajasthan state. Journal of Communicable Disease 38(1), 79-87.
6. Rajesh Kumar Sunderlal 1985. Mothers Reaction to the services of ICDS Scheme, Journal of Health and Population 8(2) 117-122.