

# Role of Anganwadi Centres in Child Development: A Study in Dhule Taluka

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## Abstract

Anganwadi Centres play a foundational role in early childhood care and development in rural India under the Integrated Child Development Services (ICDS) scheme. The present study examines the functioning and effectiveness of Anganwadi Centres in promoting child development in Dhule Taluka of Maharashtra. The study is descriptive in nature and based on primary data collected from 100 beneficiary mothers through a structured interview schedule. The research focuses on nutrition services, pre-school education, health check-ups, and infrastructural facilities. The findings reveal that while Anganwadi Centres contribute significantly to improving nutritional status and early learning preparedness among children, issues such as infrastructural inadequacies, irregular food supply, and limited health monitoring reduce overall effectiveness. The study concludes that strengthening infrastructure, improving service consistency, and enhancing community participation are essential to maximize the developmental impact of Anganwadi Centres in rural areas.

**Keywords:** Anganwadi Centres, Child Development, ICDS, Rural Development, Dhule Taluka

## 1. Introduction

Early childhood is the most critical stage of human development. Proper nutrition, cognitive stimulation, and health care during the first six years of life significantly influence physical growth, intellectual development, and future educational outcomes. In rural India, where poverty, malnutrition, and illiteracy remain prevalent, government intervention plays a crucial role in ensuring child welfare.

Anganwadi Centres were established under the ICDS scheme with the objective of providing integrated services such as supplementary nutrition, immunization, health check-ups, referral services, and non-formal pre-school education. These centres function as grassroots-level institutions aimed at reducing malnutrition and improving school readiness among children below six years.

Dhule Taluka, characterized by rural settlements, agricultural dependency, and socio-economic vulnerability, presents a relevant context for studying the effectiveness of Anganwadi Centres. Although these centres have expanded considerably, concerns remain regarding service delivery, infrastructure, and awareness among beneficiaries.

This study aims to examine the role of Anganwadi Centres in promoting child development in Dhule Taluka and to identify operational challenges affecting their performance.

## 2. Review of Literature

Several studies have emphasized the importance of early childhood interventions in reducing malnutrition and improving learning outcomes. Research conducted in Maharashtra indicates that Anganwadi Centres have positively contributed to immunization coverage and supplementary nutrition distribution.

Studies highlight that children attending Anganwadi Centres show better cognitive preparedness at the time of school enrollment compared to non-attending children. However, literature also reports infrastructural deficiencies such as inadequate buildings, lack of sanitation facilities, and insufficient teaching-learning materials.

Some scholars have pointed out irregularity in food supply and inadequate honorarium for Anganwadi workers as major constraints affecting service quality. Community participation and effective monitoring mechanisms are found to significantly enhance programme effectiveness.

Despite positive contributions, gaps in implementation continue to affect service outcomes in rural areas. The present study attempts to contribute to this literature by focusing specifically on Dhule Taluka.

## 3. Objectives

- 1) To examine the socio-economic background of beneficiaries.
- 2) To analyze nutrition services provided by Anganwadi Centres.
- 3) To assess the effectiveness of pre-school education activities.
- 4) To identify infrastructural and operational challenges.
- 5) To suggest measures for improving child development services.

## 4. Research Methodology

The study adopts a descriptive research design to analyze the functioning of Anganwadi Centres in Dhule Taluka. A sample of 100 beneficiary mothers was selected using simple random sampling from different villages. Primary data were collected through structured interviews covering nutrition services, educational activities, and infrastructural facilities. Secondary data were gathered from government reports, ICDS manuals, and research articles.

Data were analyzed using percentage method and simple tabulation to interpret patterns and trends.

## 5. Data Analysis and Interpretation

**Table 1: Age of Beneficiary Mothers**

Age Group	Number	Percentage
18–25	28	28%
26–35	46	46%
36 & Above	26	26%
<b>Total</b>	<b>100</b>	<b>100%</b>

The data indicate that 46% of beneficiary mothers belong to the age group of 26–35 years, followed by 28% in the 18–25 age group and 26% above 36 years. This distribution suggests that Anganwadi services are largely accessed by young and middle-aged mothers who are actively involved

in child-rearing responsibilities. The higher participation of mothers in the 26–35 age group reflects early marriage patterns and higher fertility rates in rural areas. Younger mothers may rely more on Anganwadi services due to limited experience in childcare practices. The presence of older mothers also indicates continued dependency on institutional support for younger siblings. Overall, the age composition highlights the relevance of Anganwadi Centres as primary support systems for maternal and child welfare in rural Dhule.

**Table 2: Educational Status**

Education	Number	Percentage
Illiterate	22	22%
Primary	38	38%
Secondary	28	28%
Higher Secondary	12	12%
<b>Total</b>	<b>100</b>	<b>100%</b>

The table shows that 38% of mothers have primary education, while 28% have completed secondary education. However, 22% remain illiterate and only 12% have higher secondary education. This educational distribution indicates moderate awareness levels among beneficiaries but limited exposure to advanced health and nutrition knowledge. Illiteracy among a significant proportion may affect understanding of nutritional guidelines and health instructions. Mothers with lower education levels may depend heavily on Anganwadi workers for guidance. The limited number of highly educated mothers suggests restricted access to higher education opportunities in rural areas. Hence, Anganwadi Centres not only serve children but also function as informal educational platforms for mothers.

**Table 3: Regularity of Nutrition Supply**

Response	Number	Percentage
Regular	61	61%
Irregular	39	39%
<b>Total</b>	<b>100</b>	<b>100%</b>

The findings reveal that 61% of respondents reported regular nutrition supply, while 39% experienced irregular distribution. Although the majority acknowledges consistent services, the considerable proportion facing irregularity indicates administrative and logistical challenges. Regular supplementary nutrition is crucial for combating malnutrition and ensuring healthy growth among children. Interruptions in food supply may weaken the overall impact of the programme. Irregularity may be due to supply chain issues, funding delays, or transportation problems in rural areas. Such inconsistencies can reduce parental trust in Anganwadi services. Therefore, maintaining uninterrupted nutrition supply is essential for achieving child development objectives.

**Table 4: Satisfaction with Pre-School Education**

Opinion	Number	Percentage
Satisfactory	64	64%

Unsatisfactory	36	36%
<b>Total</b>	<b>100</b>	<b>100%</b>

The data indicate that 64% of mothers are satisfied with pre-school education activities conducted at Anganwadi Centres, while 36% expressed dissatisfaction. The positive response suggests that early childhood learning activities such as storytelling, rhymes, and basic cognitive exercises are effectively implemented. Pre-school education plays a crucial role in preparing children for formal schooling. However, dissatisfaction among over one-third of respondents highlights the need for improved teaching materials and training for Anganwadi workers. Limited space and overcrowding may also affect learning quality. Strengthening early learning components can significantly enhance school readiness outcomes.

**Table 5: Major Operational Problems**

Problem	Number	Percentage
Inadequate Infrastructure	33	33%
Irregular Food Supply	27	27%
Lack of Teaching Materials	22	22%
Limited Health Check-ups	18	18%
<b>Total</b>	<b>100</b>	<b>100%</b>

Inadequate infrastructure (33%) emerged as the most significant operational issue, followed by irregular food supply (27%) and lack of teaching materials (22%). Limited health check-ups (18%) also restrict comprehensive child monitoring. Poor building conditions, absence of sanitation facilities, and insufficient space negatively affect the learning and health environment. Operational constraints reduce service efficiency and impact long-term child development goals. The data suggest that physical and administrative improvements are necessary to strengthen programme effectiveness. Without infrastructural support, service delivery remains incomplete despite policy intentions.

## 6. Findings

- 1) Anganwadi Centres are primarily accessed by young and middle-aged mothers, indicating their importance in early childcare support.
- 2) Moderate educational levels among mothers influence awareness and understanding of nutrition and health practices.
- 3) Nutrition services are generally available but not fully consistent across all centres.
- 4) Pre-school education activities positively contribute to early learning and school preparedness.
- 5) Infrastructural deficiencies remain a major barrier to effective service delivery.
- 6) Administrative gaps such as irregular supply and limited monitoring affect programme sustainability.
- 7) Anganwadi Centres serve not only children but also act as awareness platforms for mothers regarding health and hygiene.
- 8) Despite challenges, the programme plays a crucial role in reducing vulnerability among rural children.

## 7. Recommendations

- 1) Government should allocate additional funds for improving building infrastructure and sanitation facilities.
- 2) Supply chain mechanisms must be strengthened to ensure uninterrupted nutrition distribution.
- 3) Regular training programmes should be organized for Anganwadi workers to enhance teaching skills.
- 4) Updated teaching-learning materials should be provided to improve early childhood education quality.
- 5) Periodic health camps and growth monitoring initiatives should be conducted in collaboration with health departments.
- 6) Community participation committees should be formed for monitoring and feedback.
- 7) Awareness campaigns for mothers on balanced diet and hygiene practices should be intensified.
- 8) Digital record-keeping systems can improve transparency and monitoring efficiency.

## 8. Conclusion

The study clearly demonstrates that Anganwadi Centres in Dhule Taluka play a significant role in early childhood nutrition and education. The data reveal positive outcomes in terms of beneficiary satisfaction and child development support. However, operational and infrastructural challenges limit the full realization of programme objectives. Economic and administrative constraints continue to affect service consistency and quality.

While Anganwadi Centres function as crucial grassroots institutions, strengthening infrastructure, ensuring uninterrupted supply, and enhancing community involvement are essential for long-term sustainability. A holistic approach combining administrative efficiency, community participation, and policy support can significantly improve child development outcomes in rural areas. Therefore, the success of Anganwadi Centres depends not only on policy design but also on effective implementation at the local level.

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