

STRENGTHENING EARLY CHILDHOOD HEALTH AND WELL-BEING THROUGH ANGANWADI TEACHER PREPAREDNESS UNDER ICDS

By

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Abstract

For children's health, development, and long-term well-being, early childhood care and education (ECCE) is essential. The foundation of early childhood health and nutrition interventions in India is the Integrated Child Development Services (ICDS). In community-level early childhood settings, Anganwadi Workers (AWWs), often known as teachers, are the front-line providers of ICDS services, including nutrition, growth monitoring, immunisation mobilisation, preschool education, and carer engagement. Effective service delivery is therefore hampered by gaps in teacher capacity, knowledge, training, and readiness. This paper synthesises empirical data, identifies obstacles, and suggests tactical interventions to improve system outcomes to investigate the role of Anganwadi teacher preparation as a pathway to enhance early childhood health and well-being.

Keywords: *early childhood, healthcare, well-being, anganwadi, ICDS, and anganwadi teacher.*

Introduction

The early childhood period is an important window for the acquisition and improvement of social skills, emotional stability, intellectual development, and physical growth. Health care programs during this period are important factors in health outcomes and minimise the risk of illness and growth delay.

The ICDS is a flagship program in India, initiated in 1975, and has been successful in delivering services to bridge the health gap, address malnutrition, and improve child development in the country. Anganwadi teachers directly deliver services to women and children in Anganwadi Centres (AWCs). Service delivery is conducted in a

community-based setting. Teachers' preparedness in terms of knowledge, skills, health awareness, and child care training is an important aspect of service delivery. Teachers' preparedness is an important factor in identifying health risks in the community and ensuring service delivery to all, particularly children with different needs.

Health and Well-being

Children's well-being consists of: Material well-being (meeting children's basic needs for food and shelter); Health and Safety; Education; Relationships with family and peers; and Personal participation and protection (UNICEF 2013). It is important to note that well-being in children is not just

about survival but also about “thriving.” The term “early childhood” generally means “a time from Health and Well-Being in Early Childhood”

The concept of health in early childhood refers to the “total physical, mental, and social state of children in the age group from birth to eight years, in contrast to the absence of illness or disease.” The traditional concept of health was developed by the World Health Organisation in 1948, which states that “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” The concept of health in early childhood deals with the importance of proper growth, proper nutrition, immunisation, prevention of diseases, emotional health, proper environment, etc., for children. The concept of well-being in early childhood deals with the “total concept in which children feel safe, valued, and encouraged for their total potential of development.”

Aspects of Health and Well-Being in Early Childhood

Health and well-being have different aspects that are all related, as follows: (World Bank, 2018).

- Physical Health: Nutrition, immunisation, child growth tracking, hygiene, sanitation, sleep, and physical activity. Poor physical health can affect cognitive and emotional development.
- Mental and Emotional Well-Being: Having positive attachment figures, being able to regulate one’s emotions, having positive feelings about oneself, and lacking negative stressors. Research conducted by the Centre on the Developing Child at Harvard University found that early exposure to toxic stress can interfere with the development of the brain.
- Social Well Being: Positive association with other students, development of social skills, feelings of belongingness, development of inclusion and non-discriminatory practices.
- Cognitive and Developmental Well Being : The development of language skills, problem-solving skills, curiosity, creativity, and school readiness. It has been noted that investments in health and development in early childhood have a significant impact on educational outcomes.

The health and well-being of young children are of utmost importance and have numerous different aspects.

- Basis for Lifelong Learning: Children in good health are better learners, as they are attentive, energetic, and enthusiastic to learn.
- Crucial Brain Development: Brain development occurs by 90% before the age of five, and nutrition is also a part of it.
- Prevention of Future Illnesses: Good health in childhood can prevent numerous illnesses in adulthood.

- **Emergence of Emotional Well-Being:** The benefits of emotional well-being in childhood are two-fold.
- **Emergence of Social Skills:** Healthy health and wellbeing promote healthy social interaction.

As a whole, the health and well-being of children in early childhood require a holistic approach that encompasses their social, emotional, physical, and cognitive development. This is required not only by the individual but also by society and the government as a whole. This is, in fact, for the development of the whole world. The individual, as well as society and government as a whole, will benefited by it in the long run.

Integrated Child Development Services (ICDS) and Early Childhood Development

The Ministry of Women and Child Development (2018): "The Integrated Child Development Services (ICDS) is a centrally sponsored scheme that aims to 'provide a package of services such as supplementary nutrition, immunisation, health check-ups, referral services, pre-school non-formal education, and nutrition/health education to children below the age of six years and their mothers.'"

UNICEF (2019) states that ICDS is one of the largest and most unique community-based early childhood development programs in the world. Integrated Child Development Services (ICDS) is one of India's premier programs in early childhood care and development. It was initiated in India in

1975 by the Indian government. The primary objective of the Indian government in initiating ICDS in the country was to enhance child development, nutrition, and health among children below the age of six years and expectant and lactating mothers. Presently, the Ministry of Women and Child Development is responsible for implementing ICDS.

Objectives of ICDS in Early Childhood Development

The objectives of ICDS are as follows (MWCD, 2018):

- To enhance the nutritional and health status of children (0 to 6 years).
- Laying the foundation for proper psychological, physical, and social development.
- Reducing the mortality, morbidity, malnutrition, and dropout rates.
- Effectiveness of interdepartmental coordination for child development.
- Improving the capabilities of mothers through nutrition and health education.

The objectives of ICDS align with the United Nations' (2015) Sustainable Development Goals (SDGs), including the eradication of hunger (SDG 2) and the achievement of Good Health and Well-being (SDG 3).

Preparedness and aspects of Anganwadi Teachers for the Health and Welfare of Children

The role of Anganwadi Teachers, also called Anganwadi Workers (AWW), in child-centred health care for children under the Integrated Child Development Services Scheme is important. The role of AWW has a major impact on the health, nutrition status, education, and welfare of children. The information, knowledge, skills, and attitude needed to perform child-centred health care effectively are called preparedness.

The level of professional preparedness, proficiency, and potential of Anganwadi teachers in providing integrated health care, nutrition guidance, growth monitoring, and parental guidance to children in the age group of 0 to 6 years. Apart from the above, the six critical ICDS service packages include nutrition education, assistance in immunisation programs, health check-ups, supplementary nutrition programs, pre-school education programs, and the Anganwadi workers, who are the frontline workers, as per the Ministry of Women and Child Development (2018). Hence, the physical, mental, emotional, and social aspects of child development have to be taken into consideration while training the Anganwadi teachers.

Recommendations for Strengthening Anganwadi Teacher Preparedness in Child Care and Health Care

- Continuous Professional Development (CPD): Regular training for Anganwadi Teachers is essential to improve their skills. The Ministry of Women and Child Development has recommended that training for Anganwadi Teachers under

the Integrated Child Development Services (ICDS) scheme be strengthened. Training for Anganwadi Teachers can improve the quality of service delivery. Training workers is essential for building human capital.

- Skill-Based and Competency-Oriented Training: Competency-oriented training for Anganwadi Teacher professionals would improve service delivery effectiveness. The study conducted by the National Institute of Public Cooperation and Child Development (2012) revealed that “training anganwadi workers has been found to improve the effectiveness of service delivery and support provided to child development.” The competency-based training program for workers has been strongly recommended for improving the health of mothers and children (World Health Organisation, 2020).
- Responsive Caregiving and Early Stimulation: The relationship between adults and children is a vital aspect that influences a child's brain development. According to the Centre on the Developing Child at Harvard University (2016), it is important to understand that experiences in early childhood affect a child's brain architecture and learning capacity. Early childhood programs, including health and learning programs, are crucial for child development. (UNICEF, 2019).

- Digital and Monitoring Strengthening: Strengthening digital systems can support the efficient, real-time monitoring of malnutrition. (MWCD, 2018). The strengthening of digital systems can assist in empowering frontline workers. (World Bank, 2018)

Conclusion

In the context of the ICDS model, teacher readiness is a crucial factor for the child's health and wellness. Various studies have indicated that the successful implementation of health, nutrition, and development programs is often compromised by the absence of knowledge, systems, and training.

Thus, it is imperative that an intensive training process be included in the successful implementation of the ICDS programs. The efficiency of the Anganwadi programs can be significantly improved by implementing a professional development program for Anganwadi teachers. ASHA, ANM (NITI Aayog, 2017). To conclude, to improve the health, nutrition, and well-being of children within the ICDS program, teacher readiness for Anganwadi teachers is a key component for improvement. It is possible to achieve successful outcomes in children's development by providing all children with proper support for early childhood care and health through training and skill development for Anganwadi teachers.

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