CHAPTER 1

1.0 Introduction

Childhood education often focuses on children learning through play, based on the research and philosophy of Jean Piaget. This belief is centered on the "power of play". It has been thought that children learn more efficiently and gain more knowledge through play-based activities such as dramatic play, art, and social games. This theory plays stems children's natural curiosity and tendencies to "make believe", mixing in educational lessons.

Researchers and early childhood educators both view the parents as an integral part of the early childhood education process. Often educators refer to parents as the child's "first and best teacher".

Much of the first two years of life are spent in the creation of a child's first "sense of self"; most children are able to differentiate between themselves and others by their second year. This is a crucial part of the child's ability to determine how they should function in relation to other people. Early care must emphasize links to family, home culture, and home language by uniquely caring for each child.

Children who lack sufficient nurturing, nutrition, interaction with a parent or caregiver, and stimulus during this crucial period may be left with developmental deficits. Children must receive attention and affection to develop in a healthy manner. There is a false belief that more hours of formal education for a very young child confers greater benefits than a balance between formal education and family time. A systematic, international review suggests that the benefits of early childhood education come from the experience of participation; more than 2.5 hours a day does not greatly add to child development outcomes, especially when it detracts from other experiences and family contact.
1.1 Developmental domains

There are five different developmental domains of children which all relate to each other. They can be referred to as the SPICE of life:

**Social**

Refers mostly to the ability to form attachments, play with others, cooperate, share, and create lasting relationships

**Physical**

Development of fine (small) and gross (large) motor skills

**Intellectual**

Learning to make sense of the physical world

**Creative**

Development of talents in areas such as music, art, writing, and reading

**Emotional**

Development of self-awareness, self-confidence, and the ability to cope with and understand feelings

Early Childhood is considered to be highly impressionable stage in life. Habits formed during this period shape the adult character and personality. Freud (1917) pointed out that the major traits of personality were established early in childhood, and that subsequent personality development was merely an extension and elaboration of these traits. Most of the problems of the adolescents are the results of unfavorable and improper adjustment during the pre-school
period. The International Commission on Education (1972) emphasized that the education of pre-school children is an essential pre-condition to any educational and cultural policy. Recent developments in the field of psychology have focused the attention of the society on the needs of children during the impressionable years.

Early childhood Education is integral to social policies in develop and developing countries, reflecting the significance of high quality education and care to children’s immediate and future life. The purpose is to examine change, transformation and continuity, and to present indicative scholarship in relation to five key themes:

- Theoretical perspective on learning
- Curriculum and pedagogy
- Play
- Policy
- Professionalism and research method

Evelyn Beyer had found that one of the most dramatic developments in the field of early childhood education has been the discovery that the child’s intellectual capacity and abilities are far greater than has been previously thought. This has lead to the revolution of the nursery school and the role it plays in child development. In Teaching Young Children Evelyn Beyer has taken a comprehensive look at the subject, presenting a timely account of the excellence which can be achieved in an atmosphere where the real needs of the young child are understood.

Play group leaders, nursery school and infant teachers as well as parents will find that they have much to learn from one who can both communicate with children and impart her skills and experience to other adults. Early Childhood Education has reached a level of unprecedented national and international focus. Parents, policies makers and politicians have both opinions and questions about what, how, when and where young children should learn. Teachers and program administrators find curriculum discussion linked to dramatic new understandings about children’s early learning and brain development. Early Childhood Education is also a major topic of concern internationally, as social policy analyst point to its role in determining a nation’s economic outlook.
1.2 **Significance of Pre-School Education Programme:**

The significance of Pre-School education is now being recognized all over the world. It foundations for physical, mental, moral and social developments are laid. It has been recognized that take place in early childhood are very important for the development of the child. The Education Commission (1964-66) stressed the need and importance of pre-school education stating thus; “and intellectual development of children, especially to those with unsatisfactory home backgrounds”. Researches in the area of creativity have pointed out that if children are provided early formalized experience, their creativity will also enhanced. The early years are the best period when the child is without inhibition and external control. If he is provided experience through pre-school activities, his creativity level and problem solving capacity can be developed considerably

1.3 **Beginning of ECCE in India**

The earliest documentation of pre school or Early Childhood Education, as an organized initiative in India, dates back to the later half of the nineteenth century when Gijubhai Badheka and Tarabai Modak, among others, became the pioneers of this movement in the Country. Influenced by Madame Montessori’s visit to India, they established pre school education centres in Gujrat. In 1946 Madame Montesory met Mahatma Gandhi, who asked her to ‘Indianized’ her method to make pre school education availability to a large majority of children. That was the beginning of pre school basic education’ in rural parts of the country, largely through voluntary effort. Till India’s independence in 1947, voluntary agencies and private institutions primarily fulfilled the need for ECCE, particularly in the form of pre school education. The first government initiative in this area was the setting up of Central Social Welfare Board in 1953, which started a grand- in- aid scheme of voluntary agencies over this half century, however, the concept of Early Childhood Care and Education ( integrating health’ nutrition and education aspects) has been widely accepted. India has in this context, been able to put together a fairly supportive policy framework and has launched some major initiatives for children for this stage of development.

Pre School education in India has shown a steady but a low profile of progress. It is western in origin and was introduced in India towards the end of 19th century. The Christian
missionaries took initiative and started elementary schools and attached pre-primary classes or started separate nursery school such as Loreto Convent, Lucknow (1874) and St. Hilda’s Nursery school Poona (1885). Saidapeth High school, Madras was started in 1888 with the purpose of training teachers for the nursery schools. The Kindergartens started by the missionaries were later Indianised as ‘Balwadis’ (children’s Orchards’) or ‘Shishuvihars’ (houses of children).

The first initiative from the government side was the Sargent Report of 1944 which called upon the government to provide pre primary education. The emergence of pre basic scheme in 1945 was another landmark.

Since independence, there has been a growing awareness of the significance of pre school education and the need to provide care and education for the young children. The need of pre school education was felt in First Five Year Plan (1951-1956) but no financial provision was made for this purpose. In the First Five Year Plan, Central Social Welfare Board was set up to established pre school education in rural areas. In 1952-53 the Secondary Education Commission for the first time recommended to have provision for Nursery Schools for age group 3-6 years. In the Second Five Year Plan (1956-1961) again, no financial assistance was provided for the development of pre school education. The Child Care Committee was appointed by the Central Social Welfare Board for child welfare and education. First time in the Third Five Year Plan (1961-1966) the pre school education was recognized by the Government of India as the base for national system of education.

In 1963, the Ministry of Education, Government of India opened a Child Study unit in National Council of Educational Research and Training. In 1964 Indian association of pre school Education was also established by the Government of India for the care and education of young children. The Indian Education Commission (1964-66) put more emphasis on pre primary education and recommended particularly to have provision of pre primary education for children with ‘unsatisfactory background’ for their better physical, emotional and intellectual development. This commission made clear recommendation to have pre primary education development centres one in each State Institute of Education and suggested for Government Grant-in-aid for centres run by private enterprises.
In 1967 a Committee of Members of Parliament on Education was set up by the government to draft a statement on the National Policy on Education. In this statement, they advocated for greater attention for the development of pre primary education. They recommended give more encouragement and financial assistance to the organizations who work in rural areas and urban slums for the cause of pre primary education.

There was no specific allocation for pre school education in the Fourth Five Year Plan (1969-1974).

National Seminar on Pre School Education held in 1971 spelt out different actions for furthering pre primary education and emphasized that the state government should take the responsibility of providing funds for training teachers and supervisors and to look into this, there should be a special cell of pre primary education in state institute of education and SCERTs. In 1972 a study grouped was organized on the development of pre school children. They recommended to open Comprehensive day care centres for urban slums, half-day Balwadis, First Stage Centres and to have a strong administrative machineries at all levels-national, state, district and local, for better supervision and guidance. They also recommended for active community participation to explore all possible avenues to raise resources for pre-schools child service.

In the Fifth Five Year Plan (1974-79) there was a specific allocation of ₹100 crores for the first time for pre-. In 1975, Integrated Child Development Services (ICDS) scheme was launched on experimental basis in thirty-three selected blocks of Rajasthan concentrating on nutrition, health and non-formal pre-school education for young children. Through this scheme, rural, tribal, and urban slums were provided basic services.

The term ‘Early Childhood Education’ replaced ‘pre-school education’ in Sixth Five Year Plan (1980-85). This was intended to make it more broad based to cover the entire period of crucial development. Special attention was paid to the children of under-privileges groups. This plan provided an outlay amount ever allotted of ₹2524 crores has been allotted for Early Childhood Education which is the highest amount ever allotted for this purpose.
The Seventh Five Year Plan (1985-90) continued the strategy of promoting early childhood survival and development through programmes in different sectors, important among these being ICDS, universal immunization, maternal and child care services, nutrition, pre-school education, protected drinking water, environmental sanitation and hygiene, and family planning. The ICDS continued to be the main integrated national Programme for early childhood survival and development. By the end of December, 1991, about 129 lakh children below 6 years of age were getting supplementary nutrition under ICDS, and about 67 lakhs children of 3-5 age groups were getting pre-schools education services.

The Eight Plan (1992-97) witnessed a rapid expansion of ICDS culminating the universalization of the programme by 1995-96 covering all the 5291 CD blocks and 310 major urban slums in the country. With the sanction of 3020 new projects during the Eight Plan, the total number of ICDS rose from 2594 in March 1992 to 5614 in December, 1996. Of these, 3946 ICDS projects were practiced by the end of March, 1997. Consequently number of beneficiaries who received supplementary nutrition under ICDS rose from 16.6 million in 1991-92 to 22.3 million (18.6 million children and 3.7 million mothers) while pre-school education was provided to 11 million children during 1996-97.

The Ninth Plan (1997-2002) commits to empower women and provides for the development of children, as one of its nine primary objectives. The annual plan 1997-98 being the first year of the Ninth Five Year Plan, accords high priority for empowerment of women and development of children in line with the objectives of this plan.

Development of children as an investment in the country’s human resource development has the major strategy in the Ninth Plan. The nation wide programme of ICDS continues to be the major intervention for the overall development of children. It caters to the pre-school children below six years of age and expectant and nursing mothers with a package of services viz, immunization, health check-ups, referral services, supplementary nutrition, pre-school education and health and nutrition education. The universalization of ICDS contemplated in 1995-96 could not be achieved due to the restriction imposed by the Ministry of Finance. Therefore of the total 5614 ICDS projects sanctioned till 1996, only 4200 projects became operationalized by the end of the Eight Plan. The same position continued even during the first two years of the Nine Plan with the total coverage of 21.5 million children and 4.03
million mothers. During 1999-2000, it was decided to operate 390 major projects in a phase manner during the Nine Plan period with domestic support. Simultaneously, approval of the government has also been obtained for operation of 461 additional ICDS projects under the World Bank Assisted ICDS-II and ICDS-APER Projects. Thus it will also be possible to cover about 5051 blocks/urban slums in the country by the end of the Ninth Plan. However, the process of universalisation will continue beyond the Ninth Plan till all the 5614 projects become operationalised.

The impact of ICDS, which completed 25 years of its implementation in (NIPCCD), New Delhi in 1992 needs a special mention. The findings of the study indicated a very positive impact of ICDS on the health and nutrition status of pre-school children. Keeping in view the future prospects of ICDS, the following Action Points have been receiving special attention during the remaining period of the Ninth Plan starting from 2000-01.

Special efforts to ensure that adequate funds are made available for supplementary feeding of ICDS by all states/UTs, as there exists a large gap around 50 percent between the ‘need’ and the ‘supply’. ICDS becomes meaningful only when the funds for food supplementation from states/UTs get synchronized with the funds contributed by the Government of India towards the maintenance of the super-structure for operation and supervision of ICDS.

The concept of mini-aganwadi (four mini-aganwadis centres can be opened in lieu of full fledged aganwadis) being flexible enough to take care of the sparse population in remote hilly areas in remote hilly areas dominated by tribals. The process will continue during the Ninth Plan.

Of the Ninth Plan outlay ₹4980 crore, an expenditure of ₹2285.65 crore was incurred during the year 1997-2000 for ICDS. For the Annual Plan 2000-2001, the outlay of ₹935.00 crore has been provided.

Training being the most critical component of ICDS, the department of women and Child Development formulated a comprehensive training strategy for different functionaries of ICDS. Till November, 1999, 26926 Aganwadi workers at 470 Aganwadi Workers Training Centres and 571 Supervisors at 36 Multi-Level Training Centres have been trained. NIPCCD
organized 68 programmes up to February 2000 and trained 1986 participants. In the year 199-2000, the institute undertook several new initiatives in making its training programmes more interesting and effective by laying emphasis on participatory methods of training. Of the Ninth Plan outlay of ₹329.29 crore, an expenditure of ₹69.81 crore was incurred during the year 1997-2000. An outlay of ₹35.00 crore has been provided for the year 2000-2001.

Other programmes for the development of children include Early Childhood Education (ECE) which extend pre-school education to over one lakh children through 4365 ECE centres run by the voluntary organizations in the educationally backward states of Andhra Pradesh, Assam, Bihar, Jammu and Kashmir, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh, West Bengal; Balwadi Nutrition Programme which provides supplementary nutrition feeding besides the other pre-school services to 10,000 children through 336 Balwadis and the NIPCCD which takes care of the training needs of various ICDS functionaries. A total outlay of ₹37.40 crore is made available for these three schemes in the Annual Plan 2000-01 Pre School Education is gaining popularity and momentum in our country. More and more private bodies and voluntary organizations are showing interest to open pre-school centres even in rural and tribal areas. They are also being encouraged by getting some financial assistance from the Government and other international organizations like the UNICEF. In spite of this, pre school education in our country is at a pre mature stage in terms of available facilities and quality of experiences provided there in.

It may be mentioned that almost all the pre-school in our country are based upon the models developed in the western country. The Balwadi and Aganwadi models which are indigenously developed have also found acceptance in our country, particularly for the children of the rural, tribal and slum population. The aims and objectives of the pre-school educations enunciated by the Secondary Education Commission (1964-66) are as follows:

1) To develop in the child good health habits and to build up basic skills necessary for personal adjustment, such as dressing, toilet habits, eating, washing, cleaning etc.
2) To develop desirable social attitudes and manners; and to encourage healthy groups participation, making the child sensitive to the rights and privileges of others.
3) To develop emotional maturity by guiding the child to express, understand, accept and control his feelings and emotions.
4) To encourage aesthetic appreciation.
5) To stimulate the beginnings of intellectual curiosity concerning the environment and to help him understand the world in which he lives; and to foster new interest through opportunities to explore and experiment.
6) To encourage independence and creativity by providing the child with sufficient opportunities for self-expression.
7) To develop the child’s ability to express his thoughts and feeling in fluent, correct and clear speech, and
8) To develop in the child a good physique, adequate muscular coordination and basic motor skills.

1.4 Integrated Child Development Services (ICDS)

Government of India sponsored programme, is India’s primary social welfare scheme to tackle malnutrition and health problems in children below 6 years of age and their mothers. The main beneficiaries of the programme were aimed to be the girl child up to her adolescence, all children below 6 years of age, pregnant and lactating mothers. The gender promotion of the girl child by trying to bring her at par with the male child is a key component of the scheme.

The ICDS is the country’ most comprehensive and multi-dimensional programme. It is a centrally sponsored scheme of the ministry of Women and Child Development. This programme was launched on 2nd October 1975- the 106 birth anniversary of Mahatma Gandhi the Father of the Nation, it is also the most unique programme for early childhood care and development encompassing integrated services for development of children below six years, expectant and nursing mothers and adolescent girls living in the most backward, rural, urban and tribal areas.

Majority of children in India have underprivileged childhoods starting from birth. The infant mortality rate of Indian children is 47 and the under-five mortality rate is 93 and 25% of newborn children are underweight among other nutritional, immunization and educational deficiencies of children in India. Figures for India are substantially worse than the developing country average.
1.5 **Objectives of Integrated Child Development Services**

The predefined objectives of ICDS are:

1. To raise the health and nutritional level of poor Indian children below 6 years of age

2. To create a base for proper mental, physical and social development of children in India

3. To reduce instances of mortality, malnutrition and school dropouts among Indian Children

4. To coordinate activities of policy formulation and implementation among all departments of various ministries involved in the different government programmes and schemes aimed at child development across India.

5. To provide health and nutritional information and education to mothers of young children to enhance child rearing capabilities of mothers in country of India

1.6 **Scope of Services**

The following services are sponsored under ICDS to help achieve its objectives:

1. Immunization

2. Supplementary nutrition

3. Health checkup

4. Referral services
5. Pre-school non formal education

6. Nutrition and Health information

1.7 Implementation

For nutritional purposes ICDS provides 300 calories (with 8-10 grams of protein) every day to every child below 6 years of age. For adolescent girls it is up to 500 calories with up to 25 grams of protein every day.

Delivery of services under ICDS scheme is managed in an integrated manner through Anganwadi centres, its workers and helpers. The services of Immunization, Health Check-up and Referral Services delivered through Public Health Infrastructure under the Ministry of Health and Family Welfare. UNICEF has provided essential supplies for the ICDS scheme since 1975. World Bank has also assisted with the financial and technical support for the programme. The cost of ICDS programme averages ₹10–₹22 per child a year. The scheme is Centrally sponsored with the state government contributing up to ₹1.00 per day per child.

Furthermore, in 2008, the Government Of India adopted the World Health Organization (WHO) standards for measuring and monitoring the child growth and development, both for the ICDS and the National Rural Health Mission (NHRM). These standards were developed by WHO through an intensive study of six developing countries since 1997. They are known as New WHO Child Growth Standard and measure of physical growth, nutritional status and motor development of children from birth to 5 years age.
1.8 Organizational setup of ICDS

ICDS has a well planned administrative and organizational set up, the following are the area in which the ICDS work:
1.9 Beginning of Anganwadi

India is a country suffering from overpopulation, malnourishment, poverty and high infant mortality rates. In order to counter the health and mortality issues gripping the country there is a need for a high number of medical and healthcare experts. Unfortunately it is suffering from a shortage of skilled professionals. The country is trying to meet its goal of enhanced health facilities that are affordable and accessible by using local population in many ways in reaching out to the rural population. Therefore it has set up the Anganwadi Centre to take care of these issues especially for women, adolescent girls and childhood education.

The word Anganwadi is derived from the Hindi word “Angan” which refers to the courtyard of a house. In rural areas an Angan is where people get together to discuss, greet, and socialize. The angan is also used occasionally to cook food or for household members to sleep in the open air. This part of the house is seen as the heart of the house. It is perceived as a sacred place. Thus the significance that this part of the house enjoys is how the worker who works in an angan and visits other angans to perform the indispensible duty of helping with health care issues among other things came to be known as the Anganwadi worker. They are after all the most important link between the rural poor and good healthcare.

Anganwadis are India's primary tool against the scourges of child malnourishment, infant mortality and curbing preventable diseases such as polio. While infant mortality has declined in recent years, India has the world's largest population of malnourished or under-nourished children. It is estimated that about 47% of children aged 0–3 are under-nourished as per international standards. They are extremely important and needs to be carried out in the most efficient manner possible. They need to provide care for newborn babies as well as ensure that all children below the age of 6 are immunized or in other words have received vaccinations. They are also expected to provide anti natal care for pregnant women and ensuring that they are immunized against tetanus. In addition to this they must also provide post natal care to nursing mothers. Since they primarily focus on poor and malnourished groups it becomes necessary to provide supplementary nutrition to both children below the age of 6 as well as nursing and pregnant women.
The Anganwadi system is mainly managed by the Anganwadi worker. She is a health worker chosen from the community and given 4 months training in health, nutrition and child-care. She is incharge of an Anganwadi which covers a population of 1000. About 10 Anganwadi workers are supervised by a Supervisor called Mukhyasevika. 4 Mukhyasevikas are headed by a Child Development Projects Officer (CDPO). There are an estimated 1.053 million anganwadi centers employing 1.8 million mostly-female workers and helpers across the country. They provide outreach services to poor families in need of immunization, healthy food, clean water, clean toilets and a learning environment for infants, toddlers and pre-schoolers. They also provide similar services for expectant and nursing mothers. According to government figures, anganwadis reach about 58.1 million children and 10.23 million pregnant or lactating women.

The Ministry of Women and Child Development has laid down certain guidelines as to what are the responsibilities of Anganwadi Workers (AWW). These include showing community support and active participation in executing this programme, to conduct regular quick surveys of all families, organize pre-school activities, provide health and nutritional education to families especially pregnant women as to how to breastfeeding practices etc, motivating families to adopt family planning, educating parents about child growth and development, to educate teenage girls and parents by organizing social awareness programmes etc, identify disabilities in children etc.

Every 10 Anganwadi workers are supervised by the Mukhya Sevika. They provide on the job training to these workers. In addition to performing the responsibilities along with the anganwadi workers they have other duties such as keeping a check as to who are benefitting from the programme from low economic status specifically those who belong to the malnourished category, guide the Anganwadi workers in assessing the correct age of children, weight of children and how to plot their weights on charts, demonstrate to these workers as to how everything can be done using effective methods for example in providing education to mothers regarding health and nutrition, and also maintain statistics of anganwadis and the workers assigned there so as to determine what can be improved.
1.10 A Profile of Meghalaya

Meghalaya is a state in the north-east of India. The word "Meghalaya" literally means the Abode of Clouds. Meghalaya is a hilly strip in the eastern part of the country about 300 km long (east-west) and 100 km wide, with a total area of about 8,700 sq mi (22,720 km²). The population numbered 2,175,000 in 2000. The state is bounded on the north by Assam and by Bangladesh on the south. The capital is Shillong also known as the Scotland of the East, which has a population of 260,000.

About one third of the state is forested. The Meghalaya subtropical forests eco region encompasses the state; its mountain forests are distinct from the lowland tropical forests to the north and south. The forests of Meghalaya are notable for their biodiversity of mammals, birds, and plants. It was previously part of Assam, but on January 21, 1972, the districts of Khasi, Garo and Jaintia hills became the new state of Meghalaya.

Meghalaya is predominantly an agrarian economy. The important crops of the state are potatoes, rice, maize, pineapples, bananas etc. The service sector is made up of real estate and insurance companies. The state has also become a hub of illegal mining activity. Meghalaya's gross state domestic product for 2004 is estimated at ₹1.6 billion in current prices.

Shillong, the capital of the state, is a popular hill station. There are several falls in and around Shillong. Shillong Peak is highest in the state and is good for trekking. It is also known as the "abode of the gods" and has excellent views. If one is not in a mood for camping, the state also offers many good hotels and lodging facilities.

MEGHALAYA CURRENTLY HAS 11 DISTRICTS.

JAINTIA HILLS:

- West Jaintia Hills (Jowai)
- East Jaintia Hills (Khliehriat)
KHASI HILLS DIVISION:

- East Khasi Hills (Shillong)
- West Khasi Hills (Nongstoin)
- South West Khasi Hills (Mawkyrwat)
- Ri-Bhoi (Nongpoh)

GARO HILLS DIVISION:

- North Garo Hills (Resubelpara)
- East Garo Hills (Williamnagar)
- South Garo Hills (Baghmara)
- West Garo Hills (Tura)
- South West Garo Hills (Ampati)
1.11 Demographic

Tribal people make up the majority of Meghalaya's population. The Khasis are the largest group, followed by the Garos. These were among those known to the British as "hill tribes". Other groups include the Jaintias, the Koch, the related Rajbongshi, the Boro, Hajong, Dimasa, Hmar, Kuki, Lakhar, Mikir, Rabha and Nepali.

Meghalaya is one of three states in India to have a Christian majority with 70.3% of the population practicing Christianity; the other two (Nagaland and Mizoram) are also in the north-east of India. Hinduism is the next sizable faith in the region with 13.3% of the population practicing it. A sizable minority, 11.5% of the population, follow traditional animist religions (classified as other on the census). Muslims make up 4.3% of the population. In 1991 when Christians made up 65% of the population of Meghalaya, the 1.1 million (11 lakh) Christians made it the state in Northeast India with the most Christians. At that point more Christians lived in Meghalaya than there were people in Mizoram.

As per the census of India 2011, the sex ratio in the state was 986 females per thousand males which was far higher than the national average of 940. The percentage of females has grown steadily from a 1981 level of 954. Traditionally the female sex ratio in the rural areas has been higher than that in the urban areas. However, as per the census figures for 2001, the urban female sex ratio of 985 was higher than the rural sex ratio of 972. This has often been attributed to the belief that, unlike most other parts of India, there is no special preference for male children in Meghalaya.

Religion

Religion in Meghalaya is closely related to ethnicity. Close to 90% of the Garo and nearly 80% of the Khasis are Christian, while more than 97% of the Hajong, 98.53% of the Koch are Hindu.

Out of the 689,639 Garo living in Meghalaya, only 49,917 follow their original religion (Songsarek) as of 2001 Census (down from 90,456 in 1991). 9,129 of the Garo were Hindu
(Up from 2,707 in 1991) and 999 were Buddhist (Up from 109 in 1991). There were also 8,980 Muslims.

Unlike the Garo, a significant number of the Khasi still follow their original religion (Niam Shnong / Niamtre). Out of the 1,123,490 Khasi, 202,978 followed the indigenous religion (slightly up from 189,226 in 1991). 17,641 of the Khasi were Hindu (8,077 in 1991) and 2,977 were Muslim.

A number of minor tribes live in Meghalaya, including Hajong (31,381 - 97.23% Hindu), Koch (21,381 - 98.53% Hindu), Synteng (18,342 - 80% Christian), Rabha (28,153 - 94.60% Hindu), Mikir (11,399 - 52% Christian and 30% Hindu), and Kuki-Chin (10,085 - 73% Christian and 26% Hindu).

1.13 Culture and Society

The main tribes in Meghalaya are the Jaintias, the Khasis and the Garos. One of the unique features of the state is that a majority of the tribal population in Meghalaya follows a matrilineal system where lineage and inheritance are traced through women. The Khasi and Jaintia tribesmen follow the traditional matrilineal norm, wherein the "Khun Khadduh" (or the youngest daughter) inherits all the property and acts as the caretaker of aged parents and any unmarried siblings. However, the male line, particularly the mother’s brother, may indirectly control the ancestral property since he may be involved in important decisions relating to property including its sale and disposal. In the Garo lineage system, the youngest daughter inherits the family property by default, unless another daughter is so named by the parents. She then becomes designated as 'nokna' meaning 'for the house or home'. In case there are no daughters, then a chosen daughter-in-law (bohari) or an adopted child (deragata) comes to stay in the house as well as inherits the property. The tribal people of Meghalaya are therefore a part of what may be the world’s largest surviving matrilineal culture.

1.14 Economy

Meghalaya is predominantly an agrarian economy. Agriculture and allied activities engage nearly two-thirds of the total workforce in Meghalaya. However, the contribution of this
sector to the State is only about one-third. Agriculture in the state is characterized by low productivity and unsustainable farm practices, giving rise to a high incidence of rural poverty. As a result, despite the large percentage of population engaged in agriculture, the state is still dependent upon imports from other states for most food items such as meat, eggs, food grains etc. Infrastructural constraints have also prevented the economy of the state from growing at a pace commensurate with that of the rest of the country.

Meghalaya is considered to have a rich base of natural resources. These include minerals such as coal, Kaolin and granite among others. Meghalaya also has a large forest cover, rich biodiversity and numerous water bodies. The low level of industrialization and the relatively poor infrastructure base in the state acts as an impediment to the exploitation of these natural resources in the interest of the state's economy. Meghalaya also has much natural beauty, and the State government has been trying to exploit this for promoting tourism in the State. However, infrastructural constraints and security concerns have hampered the growth of tourism in the state.

The East Khasi Hills district was carved out of the Khasi Hills on 28 October 1976. The district has covers an area of 2,748 square kilometres (1,061 sq mi) and has a population of 660,923 as per the 2001 census. The headquarters of East Khasi Hills are located in Shillong

1.15 Geographic

Shillong is the district headquarters of East Khasi Hills District.

East Khasi Hills District forms a central part of Meghalaya and covers a total geographical area of 2,748 km². It lies approximately between 25°07” & 25°41” N Lat. And 91°21” & 92°09” E Long.

The northern portion of the district is bounded by the plain of Ri-Bhoi District gradually rising to the rolling grasslands of the Shillong plateau interspersed with river valleys, then falls sharply in the Southern portion forming a deep gorges and ravines in Mawsynram and Shella-Bholaganj, community and rural development block, bordering Bangladesh. The district is bounded by the Jaintia Hills District to the east and the West Khasi Hills District to the west.
District is mostly hilly with deep gorges and ravines on the southern portion. The most important physiographic features of the district is the Shillong Plateau interspersed with river valley, then fall sharply in the southern portion forming deep gorges and ravine in Mawsynram and Shella-Bholaganj bordering Bangladesh. Shillong peak lying 10 km from the city, offer a panoramic view of the scenic country side and is also the highest point in the district as well as in the State.

1.16 Administrative divisions

East Khasi Hills division is divided into eight blocks:

<table>
<thead>
<tr>
<th>Name</th>
<th>Headquarters</th>
<th>Population</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Khatarshnong</td>
<td>Mawjrong</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laitkroh</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mawkynrew</td>
<td>Mawkynrew</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mawphlang</td>
<td>Mawphlang</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Headquarters</td>
<td>Population</td>
<td>Location</td>
</tr>
<tr>
<td>---------</td>
<td>--------------</td>
<td>------------</td>
<td>----------</td>
</tr>
<tr>
<td>Mawryngkneng</td>
<td>Mawryngkneng</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mawsynram</td>
<td>Mawsynram</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mylliem</td>
<td>Mylliem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pynsursla</td>
<td>Pynsursla</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Meghalaya is also one of the states in India with numbers of Anganwadi Centres in each and every district. AWWs in Meghalaya are used extensively by the Health Department in creating awareness about preventive health care. Villagers are trained how to handle cases of diarrhea, preparation and administration of ORS, diagnosing upper respiratory tract infection, the Directly Observed Treatment (DOT) for Tuberculosis, AIDS awareness, education and motivation on birth control methods etc. AWWs are also used by the Education Department.
for promoting Total Literacy Programmes like the Sarva Siksha Abhiyan and other non-formal education methods. In a sense much is expected of them because they happen to be in an advantageous position because of the training received. Hence the AWW and AWH are assets, which are increasingly in demand in villages.

1.17 Functionaries of Anganwadi Centres in Meghalaya

The following are the front line ICDS functionaries of AWC in Meghalaya.

Table 1 List of Anganwadi Centres in East Khasi Hills District

| Anganwadi centres in the East Khasi Hills District of Meghalaya, number of Anganwadi workers, number of Anganwadi helpers |
|---------------------------------|-----------------|-----------------|-----------------|
| East Khasi Hills | No. of Anganwadi Centres | No. of Anganwadi Workers | No. of Anganwadi Helpers |
| Shillong Urban | 132 | 132 | 132 |
| Mylliem | 172 | 172 | 172 |
| Mawsynram | 93 | 93 | 93 |
| Mawryngkneng | 82 | 82 | 82 |
| Mawkynrew | 69 | 69 | 69 |
Anganwadi centres in the East Khasi Hills District of Meghalaya, number of Anganwadi workers, number of Anganwadi helpers

<table>
<thead>
<tr>
<th>East Khasi Hills</th>
<th>No. of Anganwadi Centres</th>
<th>No. of Anganwadi Workers</th>
<th>No. of Anganwadi Helpers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mawphlang</td>
<td>113</td>
<td>113</td>
<td>113</td>
</tr>
<tr>
<td>Pynursla</td>
<td>98</td>
<td>98</td>
<td>98</td>
</tr>
<tr>
<td>Shella Bholaganj</td>
<td>85</td>
<td>85</td>
<td>85</td>
</tr>
<tr>
<td>Khatarshnong</td>
<td>56</td>
<td>56</td>
<td>56</td>
</tr>
</tbody>
</table>

**Table 2** List of Anganwadi Centres in West Khasi Hills District

Anganwadi centres in the West Khasi Hills District of Meghalaya, number of Anganwadi workers, number of Anganwadi helpers

<table>
<thead>
<tr>
<th>West Khasi Hills</th>
<th>No. of Anganwadi Centres</th>
<th>No. of Anganwadi Workers</th>
<th>No. of Anganwadi Helpers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nongstoin</td>
<td>86</td>
<td>86</td>
<td>86</td>
</tr>
</tbody>
</table>
Anganwadi centres in the West Khasi Hills District of Meghalaya, number of Anganwadi workers, number of Anganwadi helpers

<table>
<thead>
<tr>
<th>West Khasi Hills</th>
<th>No. of Anganwadi Centres</th>
<th>No. of Anganwadi Workers</th>
<th>No. of Anganwadi Helpers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mawkyrwat</td>
<td>87</td>
<td>87</td>
<td>87</td>
</tr>
<tr>
<td>Mawshynrut</td>
<td>86</td>
<td>86</td>
<td>86</td>
</tr>
<tr>
<td>Mairang</td>
<td>121</td>
<td>121</td>
<td>121</td>
</tr>
<tr>
<td>Ranikor</td>
<td>62</td>
<td>62</td>
<td>62</td>
</tr>
<tr>
<td>Mawthadraishan</td>
<td>77</td>
<td>77</td>
<td>77</td>
</tr>
</tbody>
</table>
Table 3  List of Anganwadi Centres in Jaintia Hills District

Anganwadi centres in the Jaintia Hills District of Meghalaya, number of Anganwadi workers, number of Anganwadi helpers

<table>
<thead>
<tr>
<th>Jaintia Hills</th>
<th>No. of Anganwadi Centres</th>
<th>No. of Anganwadi Workers</th>
<th>No. of Anganwadi Helpers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thadlaskein</td>
<td>170</td>
<td>170</td>
<td>170</td>
</tr>
<tr>
<td>Khliehriat</td>
<td>121</td>
<td>121</td>
<td>121</td>
</tr>
<tr>
<td>Laskein</td>
<td>113</td>
<td>113</td>
<td>113</td>
</tr>
<tr>
<td>Amlarem</td>
<td>73</td>
<td>73</td>
<td>73</td>
</tr>
<tr>
<td>Saipung</td>
<td>52</td>
<td>52</td>
<td>52</td>
</tr>
</tbody>
</table>
Table 4  
List of Anganwadi Centres in Ri Bhoi District

<table>
<thead>
<tr>
<th>Ri Bhoi District</th>
<th>No. of Anganwadi Centres</th>
<th>No. of Anganwadi Workers</th>
<th>No. of Anganwadi Helpers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Umsning</td>
<td>210</td>
<td>210</td>
<td>210</td>
</tr>
<tr>
<td>Umling</td>
<td>88</td>
<td>88</td>
<td>88</td>
</tr>
<tr>
<td>Jirang</td>
<td>40</td>
<td>40</td>
<td>40</td>
</tr>
</tbody>
</table>

Table 5  
List of Anganwadi Centres in West Garo Hills District

<table>
<thead>
<tr>
<th>West Garo Hills</th>
<th>No. of Anganwadi Centres</th>
<th>No. of Anganwadi Workers</th>
<th>No. of Anganwadi Helpers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tura Urban</td>
<td>58</td>
<td>58</td>
<td>58</td>
</tr>
</tbody>
</table>
Anganwadi centres in the West Garo Hills District of Meghalaya, number of Anganwadi workers, number of Anganwadi helpers

<table>
<thead>
<tr>
<th>West Garo Hills</th>
<th>No. of Anganwadi Centres</th>
<th>No. of Anganwadi Workers</th>
<th>No. of Anganwadi Helpers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rongram</td>
<td>90</td>
<td>90</td>
<td>90</td>
</tr>
<tr>
<td>Selsella</td>
<td>241</td>
<td>241</td>
<td>241</td>
</tr>
<tr>
<td>Betasing</td>
<td>130</td>
<td>128</td>
<td>128</td>
</tr>
<tr>
<td>Dalu</td>
<td>76</td>
<td>76</td>
<td>76</td>
</tr>
<tr>
<td>Zikzak</td>
<td>119</td>
<td>119</td>
<td>119</td>
</tr>
<tr>
<td>Dadenggre</td>
<td>105</td>
<td>105</td>
<td>105</td>
</tr>
<tr>
<td>Tikrikilla</td>
<td>96</td>
<td>96</td>
<td>96</td>
</tr>
<tr>
<td>Gambegre</td>
<td>44</td>
<td>44</td>
<td>44</td>
</tr>
</tbody>
</table>
### Table 6  List of Anganwadi Centres in East Garo Hills District

Anganwadi centres in the East Garo Hills District of Meghalaya, number of Anganwadi workers, number of Anganwadi helpers

<table>
<thead>
<tr>
<th>East Garo Hills</th>
<th>No. of Anganwadi Centres</th>
<th>No. of Anganwadi Workers</th>
<th>No. of Anganwadi Helpers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Songsak</td>
<td>86</td>
<td>86</td>
<td>86</td>
</tr>
<tr>
<td>Resubelpara</td>
<td>125</td>
<td>125</td>
<td>125</td>
</tr>
<tr>
<td>Rongjeng</td>
<td>94</td>
<td>94</td>
<td>94</td>
</tr>
<tr>
<td>Samanda</td>
<td>57</td>
<td>57</td>
<td>57</td>
</tr>
<tr>
<td>Kharkutta</td>
<td>67</td>
<td>67</td>
<td>67</td>
</tr>
</tbody>
</table>
Table 7  List of Anganwadi Centres in South Garo Hills District

<table>
<thead>
<tr>
<th>South Garo Hills</th>
<th>No. of Anganwadi Centres</th>
<th>No. of Anganwadi Workers</th>
<th>No. of Anganwadi Helpers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baghmara</td>
<td>69</td>
<td>69</td>
<td>69</td>
</tr>
<tr>
<td>Chokpot</td>
<td>50</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Rongara</td>
<td>33</td>
<td>33</td>
<td>33</td>
</tr>
<tr>
<td>Gasuapara</td>
<td>38</td>
<td>38</td>
<td>38</td>
</tr>
</tbody>
</table>

Table 8  Total numbers of Anganwadi

<table>
<thead>
<tr>
<th>Meghalaya</th>
<th>No. of Anganwadi Centres</th>
<th>No. of Anganwadi Workers</th>
<th>No. of Anganwadi Helpers</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRAND TOTAL</td>
<td>3864</td>
<td>3864</td>
<td>3864</td>
</tr>
</tbody>
</table>
1.18 Mylliem Block

The researcher has narrow down the study only to Mylliem block which falls under the East Khasi Hills District. Mylliem ICDS Project is a tribal Project and it was started in the year 1978 with 50 nos. Anganwadi Centres. By the year 1978, 100 nos. Anganwadi Centres were opened and functioned. At present, i.e on March 2010 there are 172 nos. as full-fledged AWCs and 6 nos. as Mini AWCs and they are all functional. When the project first started in 1978, the total beneficiaries covered was 3174 nos. including children 3 months to 3 years, 3-6 years and pregnant and lactating mothers excluding Adolescent girls and by March 2010, the total beneficiaries covered was 21,544 nos.

Mylliem ICDS project situated at Upper Shillong, 8 kms Away from Shillong with green forest on the left side of the road while coming from Shillong. Most of the people on Mylliem ICDS Project rea depend their livelihood on Agriculture and Potatoes cultivation. Initially, when the programme started there were problems such as shortage of food stuff, transportation of food stuff to the far flung Anganwadi Centres was very difficult since they were not connected by motorable road and in some Anganwadi Centres food stuff had to be dropped half way i.e in place where the Anganwadi workers waited. There were no Anganwadi building, but at present 68 nos. are having their own Anganwadi building along with the kitchen and place for storing of food stuff. Almost all Anganwadi Centres now are being connected with motorable road and therefore transportation and communication are much easier.
The following are the major roles and responsibilities for each key person.

C. D. P. O (Mylliem ICDS Project)

- **Dealing with all office bills, Audit reports/ Objection/ Account/Service book etc.**

- **Received & Issued/ Typing/Correspondent & Reports of Training of CDPO/ LS/AWWs/ Helpers/ Construction of AWC building/ Appointment of AWWs & Helpers, etc.**

- **Distribution of SNP/ Pre-School Education/ Weighing of children/ NHED/ Home Visits / Maintainance of Records, etc.**

Mylliem block is one of the largest and oldest Centres with 172 Anganwadi Centres and Workers as well as Helpers.
1.19 **Significance of the study**

A large majority of children in India do not have the optimal learning condition largely due to poverty. Majority of parents are not able to give much of stimulation to their child because of their own limitation. Therefore compensatory education of these children appears to be essential if we want them to achieve well in later life.

Pre school education has assumed great significance as a critical input for child development. While in long term perspective, it serves to provide a sound foundation for all round foundation of a child, it has also proved to be an effective input for primary schooling. The point worthy of consideration, however, is that kind of ECE that is expected to provide education through play and activities. ECE must provide play experiences to a child which should promote his or her cognitive linguistics, psychomotor and socio emotional development.

There is considerable global evidence that for children from disadvantaged communities, good preschool education is an important avenue for addressing the multiple domains that influence their readiness for formal schooling. For the vast majority of disadvantaged children in India, the ICDS scheme is the only avenue for providing preschool education.

In Meghalaya the main aim and need to study about the contribution of Anganwadi towards the Early Childhood Care and Education is that to try to about changes in different centres, here in Meghalaya Anganwadi acts as a non formal education for pre schoolers, teachers or helpers are mostly untrained , moreover the government did not take any action to bring changes to these centres especially in the rural areas. Many of these centres are lagging behind where most of the parents depend on the centre for scooing of their children.

Another significance about the study is to improve the overall quality of life of Anganwadi which would increase their personal and professional productivity.
1.20  Delimitation

Because of the limited time the investigator hemmed the study only to some selected Anganwadi workers but the investigator is convinced that though the study suffer from delimitation, yet the selected group of respondents it is hoped would shed much light on the subject of the study.

1.21  Statement of the problem

The problem of the study has been state as follows: “A Contribution Of Anganwadi Centres Towards Early Childhood Education In Mylliem Block, East Khasi Hills”.

1.22  Objectives of the study

The study was assigned to attain the following objectives.

1) To find out the activities of Anganwadi Centres for children

2) To find out its impact on the physical and sociological development of a child

3) To find out its contribution on the nutritional and health status of children

4) To find out the opinion of parents towards Anganwadi

1.23  Definitions of the term used

Anganwadi: The word Anganwadi is derived from the Hindi word “Angan” which refers to the courtyard of a house. In rural areas an Angan is where people get together to discuss, greet, and socialize. The angan is also used occasionally to cook food or for household members to sleep in the open air. This part of the house is seen as the heart of the house. It is perceived as a sacred place. Thus the significance that this part of the house enjoys is how the worker who works in an angan and visits other angans to perform the indispensable duty of
helping with health care issues among other things came to be known as the Anganwadi worker. They are after all the most important link between the rural poor and good healthcare

_Early Childhood Care and Education_: Early Childhood Care and Education (also early childhood learning and early education) refers to the formal teaching of young children by people outside the family or in settings outside the home. "Early childhood" is usually defined as before the age of normal schooling – five years in most nations

_Pre School Education (or infant education):_ It is the provision of learning to children before the commencement of statutory and obligatory education, usually between the ages of zero and three or five, depending on the jurisdiction. In some places, such as the United States, preschool precedes Kindergarten and the normal primary school system. Preschool and Kindergarten programs are the same early childhood education programs. Preschool programs may be part of or separate from child care services needed by working parents. They may be government-run programs or private ventures. Some countries provide significant subsidies to pay for the costs of the programs.

_Integrated Child development scheme (ICDS)_ Government of India sponsored programme, is India's primary social welfare scheme to tackle malnutrition and health problems in children below 6 years of age and their mothers.

1.24 Chapterization

The report of the present study has been divided into seven chapters to facilitate a systematic presentation:

Chapter 1 is introductory, giving concept, need and significance of pre school education, early childhood education, Anganwadi centres in East Khasi Hills Mylliem Block. It also include the need and significance of the study, statement of the study, operational definitions of the terms used, objectives of the study and chapterization.
Chapter 2 deals with the review of related studies on the Pre schools, the ICDS as well as the Anganwadi centres that function in the country.

Chapter 3 describes the methodology and procedure adopted for the present study. The method of study, population and sample, construction of tools, collection of data are describe in this chapter.

Chapter 4 The existing conditions of contribution of Anganwadi in pre school education are interpreted in the light of the desired standards. The analysis has been presented according to what the respondents responded and interpreted the same.

Chapter 5 deals with the major findings from analyses and interpretation from data collected.

Chapter 6 This concluding chapter presents the major findings and conclusions, discussions, recommendations and suggestions for further research.