

**CHAPTER – II**  
**REVIEW**  
**OF**  
**RELATED LITERATURE**

## CHAPTER II

### REVIEW OF RELATED LITERATURE

It is very important to conduct a review of related literature before conduct a research because

- It describes how the proposed research is related to prior research in statistics.
- It show the originality and relevance of your research problem. Specifically, your research is different fro other statisticians.
- It justifies your proposed methodology.
- It demonstrates your preparedness to complete the research.

Basically a literature review is a study - or, more accurately ,a scholarly material, with the aim to discuss published information about a specific topic or research question.

In any research work it is important for a researcher to first conduct a review of related literature in his/ her proposed area of study. What this implies is that any researcher must first enquire into his/ her chosen topic, look for literature that other authors or researcher have published in selected topic , look for gaps in literature that has been found and even look for a clue as to what type of technique to best employ for the researchers selected topic. Review of related literature helps a researcher in getting the job done faster and smoother, it helps the researcher avoid problems areas which had been encountered by others and helps to find the shortest path towards reaching a conclusion.

This chapter is divided into two sections

Section A: dealing with reviews of literature related to AWCs and

Section B: dealing with reviews of literature related to ECCE

## **: Section A: Reviews related to Anganwadi Centres (AWCs)**

This section deals with literatures related to AWCs .It consists of the findings on the issues of the working of AWCs and issues related to the type of curriculum followed, the type of nutrition provided, the qualification of workers and the overall infrastructure of the AWCs are reviewed and an enquiry is made about possible research gaps.

### **Maternity and women wage workers in the informal sectors: Dasgupta J.S ,Work,Health and rights , july 2012 -feb 2013**

In this article the authors stated that there are nearly 42 million females in our country in the informal sector.The anganwadi workers are also a part of them.Their responsibility is to take care of the child and the maternal health,but they are lowly paid.This gives them lower job satisfactio.Civil society organizations have stated that unconditional maternity benfits and universal food security for all women in combination with sate financed maternal careof high quality are primary requirements for important maternal well being. And this can go to people only through anganwadis.

### **Changing role of Anganwadi workers: G.Desai,N.Pandit, D Sharma, Journal of Indian Healthline,2012**

The authors hare have said that the anganwadi worker who are the basic functionaries ICDS, are not treated at par with government employees, but are called contractual workers or voluntary workers.They are paid wages which are very low.And despite thse low wages they have to work extensively in villages and in remote area.

**Kulkarni and Pattabhi** (1988) evaluated the effectiveness of ICDS in seven Anganwadi centres. On the health status of pre-school children found that the *nutritional supplements* provided to the Anganwadi centres of Davangere block was *very irregular* as a result of this high deficiency of vitamin and anemia was noted.

**J Sahoo,Preetam B Mahajan**(2016) conducted a study on Operational Assesment of ICDS Scheme at Grass Root level in a Rural Area of Estern India : Time to Intropect.

**Datta, et al.** (2010) conducted a study entitled 'Performance of anganwadi centres in urban and rural area: A facility survey in coastal South India' to assess the performance and quality of maternal and child health (MCH) services at anganwadi centers in urban and rural areas. Their study concluded that *performance and MCH services* delivered at both urban and rural Anganwadi still remain a *matter of concern*.

**Kumar & Pal** (2010) conducted A Study of Sanitation of Toilets in Anganwadi Centres Located In Rural Areas of Uttarakhand State in India and found that that 23.3% of Anganwadi centres are *having toilets* and 76.06% of Anganwadi centres are *without toilets* which were cleaned both by staff and sweepers due to the lack of administrative facilities

**Thakare, M.M, et al.** (2011) evaluated the functioning of Anganwadi centres of Urban ICDS blocks of Aurangabad City and concluded that AWCs were providing non-formal pre-school education (40%), nutrition and health education (100%), supplementary nutrition, immunization camps (60.71%). Health check ups were not conducted. More than 50% have required infrastructure, 55% of AWWs have maintained records properly; iron tablets and vitamin A syrup are not available with any AWC from last 7-8 months.

**Patil &Doibale** (2013) conducted a cross-sectional study of Profile, Knowledge and Problems of Anganwadi Workers in ICDS Blocks and found that most of Anganwadi workers (AWWs) were from the age group of between 41-50 years; *more than half of them were matriculate* and 34(69.38%) workers had an experience of more than 10 years. Majority (81.63 %) of AWWs had a knowledge assessment score of above 50%. They had best knowledge about nutrition and health education (70%). Of the workers 87.7% complained of *inadequate honorarium*, 28.5% complained of *lack of help from community* and other problems reported were *infrastructure related supply, excessive work overload and record maintenance*. They concluded that majority of AWWs were beyond 40 years of age, matriculate, experienced, having more than 50% of knowledge related to their job and complaints mentioned by them were chiefly honorarium related and excessive workload.

**Asha** (2014) studied the efficiency of Anganwadi centres in providing service to beneficiaries and the factors affecting the efficiency. The study concluded that more than half of the anganwadi centres are efficient and very few are highly efficient.

However, *more than one fourth* of the anganwadi centres are *not efficient in service delivery*. This study also delves the factors associated with efficiency of anganwadi centres. It identifies educational status of anganwadi workers, job status, infrastructure facility, logistic facility, supervision, inter- sectoral coordination, support from health department and community participation are the factors associated with efficiency of anganwadi centres.

Anganwadi centres are considered as the best place for children to get good nutrition, health care and formal education economically. However, quality of service still needs to be evaluated. Thus, present study recommends that improvement in anganwadi centre's infrastructures and logistic facilities are inevitable components in delivering services to beneficiary.

**Chudasama, et al.** (2014) conducted a study in Gujarat and assessed issues related to Anganwadi worker (AWW) and Anganwadi center (AWC) including *infrastructure facilities*. Their study concluded that the *performance of AWCs* and maternal and *child health services delivered* by AWCs still *needs improvement*.

Coordinated steps catering to different services provided at the centers are needed to optimize the functioning of the ICDS scheme. Their study concluded that there were gaps in the status of Pre- School Education (PSE) activities in AWCs, which needs to be promptly addressed. The need for PSE should be emphasized to all AWWs. There was also a shortage of supply of PSE and Nutrition and Health material at the AWCs suggesting need of regular supply of material.

**Manzoor & Khurshid** (2014) conducted a study to assess knowledge of Anganwadi Workers (AWWs) and their problems in Ganderbal District of Kashmir and found that 70% of AWWs have best knowledge about *supplementary nutrition* and least about preschool education, immunization and nutrition and health education. 50% of the AWW were from the age group of between 31-35 years; 70% of them were matriculate and had an experience of more than 10 yrs. The findings further revealed that workers complained of inadequate honorarium, lack of help from community and delay in supplementary nutrition, excessive work overload and record maintenance.

**Dorothy and Reddy** (2010) conducted a study on the health status of the north eastern state and immunization practices made by the government from independence till today.

**Prabhaka, et al.** (2014) conducted a cross-sectional study on Client Satisfaction of Anganwadi Centres under Integrated Child Development Services (ICDS) Scheme in a Slum of Kolkata and found that majority (63%) of the clients had average level of satisfaction. While only 1.4% of mothers were well *satisfied* about 35.6% were *poorly satisfied* with the *services provided* by ICDS centres and Anganwadi workers and concluded for a more stringent supervision of the ICDS centres to ensure provision of all the services and maintenance of quality for each service. This will play a long way in improving maternal and child health.

**Chaturvedi** (2008) concluded that amongst various problems faced by Anganwadi workers performing their job the most important problems were low harmonium and lack of transportation facilities.

**Rathore, et al.**(2015)conducted a study in Rajasthan to evaluate Integrated Child Development Services(ICDS) program in terms of infrastructure of anganwadi centers (AWCs), characteristics of anganwadi workers (AWWs), coverage of supplementary nutrition (SN), and preschool education (PSE) to the beneficiaries. Their study concluded that there are program gaps in the infrastructure of AWCs, training of AWW, coverage of SN, interruption in the supply of SN.

Srinivasan (1987) Observedthat in the present context under the ICDS programme due to various like suitability of the personnel co-ordination among functionaries and also with other department, lack of transport and communication system .

#### **: Summary of Section A**

Across the studies that are mentioned above, it can be deduced that most of the AWCs are lacking proper infrastructure as well as facilities for proper functioning of the AWCs. Some studies mention that toilet facilities were rare as well. Health services provided to the children were also found to be very irregular. Poor knowledge of the AWWs was also documented in most cases. The studies also reveal that most mothers were not satisfied with the knowledge of the workers. The AWWs also revealed that they did not receive adequate honorarium even though they were over worked. It can

thus be drawn from these studies that the overall quality of AWCs seems to be at a standstill, neither moving forward or backward. It can also be stated that studies in the state of Mizoram were not found.

#### **: Section B: Reviews related to ECCE**

This section deals with reviews of literature related to ECCE, particularly quality in ECCE.

**Gwang -jo Kim & Mami Umayahara** (2015) conducted a study on ECCE and defined its importance on building the foundation for lifelong learning and the future of the nations of Asia and the Pacific.

**UNESCO** (2007) prepared a report titled 'Strong Foundations: Early Childhood

Care and Education'. This report focuses on the first Education for All goal, which calls upon countries to expand and improve early childhood care and education--a holistic package encompassing care, health and nutrition in addition to education. Disadvantaged children stand to benefit the most, yet too few developing countries, and too few donor agencies, have made early childhood a priority. In other areas there is considerable progress toward Education for All, especially the key goal of universal primary education. More girls are attending school and international aid for education is increasing. As the Report demonstrates, however, much still needs to be done to meet the target date of 2015. Only if bold action is taken now can exclusion be overcome and comprehensive learning opportunities assured for everyone, in early childhood and throughout life.

**V kaul & Deepa Sankar** (2009) prepared a report titled "Early Childhood Care and Education In India". This report primarily focused on development of ECCE in the Indian context and its equity issue and provision for the child in India.

**Bose, K** (2008) conducted a study entitled 'Gaps and Remedies of Early Childhood Care and Education (ECCE) Programs of Botswana' to review the current status of the ECCE programmes with special reference to achievement of standards of quality of education with reference to the recommendations in the ECCE policy of Botswana and found that the ECCE service providers were trying to adhere to the ECCE Policy

document; however a major groundwork needs to be done to provide more trained teachers and a standard, prescribed curriculum.

**Burger, K.** (2010) conducted a study entitled 'How Does Early Childhood Care and Education Affect Cognitive Development? An International Review of the Effects of Early Interventions for Children from Different Social Backgrounds' . The findings concluded that majority of recent early education and care programs had considerable positive short-term effects and somewhat smaller long-term effects on cognitive development and that in relative terms children from socio- economically disadvantaged families made as much or slightly more progress than their more advantaged peers. Despite this, early childhood education and care cannot compensate completely for developmental deficits due to unfavorable learning conditions in disadvantaged milieus

**Rentzou, K** (2011) studied the Parent-Caregiver Relationship Dyad in Greek Day Care Centres and concluded that Greek parents and caregivers of the present sample cooperate and communicate superficially and that parent/teacher relationships have a long way to go toward becoming partnerships.

**Rentzou, K & Sakellariou, M** (2011) conducted a study to explore the quality of interaction between Greek early childhood educators and children and to record the structural characteristics of Greek child care centres. Their findings concluded that Greek early childhood educators are positive but at the same time detached and permissive during their interaction with children. Thus, Greek child care centres were found to adopt, based on Greek legislation, high ratios and group sizes, a finding which raises questions about the effects on children's well being and development.

**Hujala, et.al.** (2012) conducted a study to examine parents' and teachers' perceptions of the early childhood education and care (ECEC) quality in Finland. Their findings suggested that parents and teachers assess the overall quality to be good. However, the curriculum content and pedagogy of learning were assessed with lower ratings by both groups. The study concludes that there is a demand for creating a national quality evaluation system to guarantee equal child-care services everywhere in Finland.



#### **2.04: Summary of Section B**

From the following reviews it can be observed that the quality of ECCE is a matter of concern worldwide. High quality of workers in ECCE setting account for high quality ECCE and some studies found that parents perceptions of the quality of ECCE was mostly good. Researches related to infrastructural facilities or health and nutrition were hard to acquire and it was also found that researches related to quality in ECCE in India could not be found.