

# Early Childhood Education services provided in the Anganwadi Centers of Lunglei town, Mizoram

## Abstract

Early Childhood Care and Education (ECCE) is the formal and informal education, care, and development provided to children from birth up to the age of eight, typically before they enter primary school. On the other hand, Early Childhood Education (ECE) services covers 3-6 years of age. ECE offers a comprehensive range of services named under different nomenclature like Pre-school, Anganwadi, Nursery, Kindergarten, etc.; they are designed to support the holistic development of young children. The present study is Qualitative and aimed to find out the present status of Anganwadi Centers in Lunglei Town, Mizoram. The population of the study comprised all Anganwadi Centers in Lunglei Town. The Convenience Sampling technique was used to select 22 AWCs. This research highlights the status of AWCs in Lunglei town concerning five categories: Student-teacher and teacher-parent relations and interactions; Physical infrastructure; Health, Nutrition, and Safety; Children's experience and learning opportunities; and Organization and management. By examining the status of AWCs on various criteria, this research contributes to the knowledge of different services provided in the Anganwadi centers of Lunglei town, Mizoram.

**Keywords:** Early Childhood Education (ECE), Anganwadi centers.

## I. INTRODUCTION

Early Childhood Care and Education (ECCE) refers to the formal and informal education, care, and development provided to children from birth up to the age of eight, typically before they enter primary school (Julian, 2024). Early Childhood Education (ECE) uses play-based, activity-based, hands-on, and child-centered approaches, recognizing that young children learn best through active engagement and exploration. The curriculum is designed to be developmentally appropriate, culturally sensitive, and inclusive for all children. The foundation is laid during the crucial early years since this is when the brain develops the fastest and has the greatest potential for change, laying the groundwork for health and well-being throughout life. Nurturing care is given in a secure setting that is considerate of the health and dietary requirements of children, offers chances for early learning, is safe from dangers, and fosters relationships that are responsive, emotionally supportive.

Early Childhood Education (ECE) offers a comprehensive range of services designed to support the holistic development of young children. Services such as different learning activities, health and nutritional services, individualized support learning, community and parental involvement, etc., were provided. These integrated services are delivered through various platforms such as preschools, Anganwadi centers, childcare centers, and community-based programs, with a focus on creating a nurturing, inclusive, and developmentally appropriate environment for every child (Petersen, 2021). The present study deals with the services provided in the Anganwadi centers of Lunglei town in Mizoram.

## II. Concept of Anganwadi

Anganwadi is an educational program under the Early Childhood Care and Education (ECCE) Centre. Anganwadi is rural and urban childcare Centre in India. They were started by

the Indian Government in 1975 as part of the Integrated Child Development Service (ICDS) Program to combat child hunger and malnutrition. "Count yard shelter" is the English translation of "Anganwadi" in Hindi. Under the Anganwadi Services Scheme, all children under the age of six, pregnant women, and nursing mothers are eligible to receive services (Government of India, 2020).

The Indian public health care system includes Anganwadi, Supplementary nutrition, non-formal pre-school education, growth and vaccination monitoring, health examinations, and classes on nutrition and health are among the services offered by the Anganwadi. The program's main beneficiaries are children under six, pregnant women, and nursing mothers (Jose, 1998).

### **III. Importance of Anganwadi**

Anganwadi is an important place for pregnant women, children, and lactating mothers. It is an important, valuable, and lovely place that serves the poorest of the poor in rural areas, and Nutrition is also provided free of cost in the Anganwadi. They also prepared the children for a proper education and helped them with their needs to succeed in the future. Anganwadi attaches great importance to health, they provide important services for children's physical, mental, and cognitive development. Anganwadi is an important place that can change the life of the community (Mishra, 2024).

### **IV. OBJECTIVES OF THE STUDY**

The present study has the following objectives.

- 1) To examine the student-teacher-parent relation and interaction in the Anganwadi centers of Lunglei Town.
- 2) To examine the physical infrastructure available at the Anganwadi centers of Lunglei Town.
- 3) To examine the health, nutrition and safety in the Anganwadi centers of Lunglei Town.
- 4) To examine the children's experience and learning opportunities in the Anganwadi centers of Lunglei Town.
- 5) To examine the organization and management of the Anganwadi centers of Lunglei Town.

### **V. METHODOLOGY**

Looking into the nature of the present study, the study was Qualitative, which aimed to find out the present status of Anganwadi Centers in Lunglei Town. The population of the study comprised all Anganwadi Centers in Lunglei Town. To select samples from the population, the Convenience Sampling technique was used to select the samples. 22 AWCs were taken as a

sample for this study. Respondents were chosen according to the convenience and availability of the workers in the AWCs visited. The sample was made up of people who were most readily available to the researcher, not because they were the most representative of the total population. To collect the required data, the researcher used a Questionnaire based on the quality standard for Early Childhood Care and Education (ECCE) 2012. This tool was developed by Angie VL Nunhlimi, Mizoram University, 2017. The data collected was analysed qualitatively, and simple statistics like frequency and percentage were also used to analyse the data.

## VI. FINDINGS AND DISCUSSIONS

The findings of the study were categorized into five categories.

### **Category 1: Student-teacher and teacher-parent relations and interactions**

The findings indicated that teachers were highly engaged with their students, majority of the respondents (90%) agreed that teachers greet every child upon arrival. This friendly environment demonstrated a persistent attempt to promote a feeling of care and belongingness. The majority of the respondents (80%) agreed that children also greet their teachers when they arrive, promoting mutual respect. All the respondents agreed that teachers greet every child upon departure, reinforcing the importance of positive closure to daily interactions.

All the respondents agreed that teachers were easily approachable, which was essential for fostering open communication and support for students. A significant number of respondents (72%) disagreed with the use of physical punishment, and the majority of the respondents (86%) disagreed with verbal abuse. These findings indicated a strong preference for positive reinforcement and supportive behavioral management strategies within the educational environment.

Furthermore, the findings highlighted an inclusive approach towards children with special needs, with a majority of the respondents (72%) agreeing on the importance of interaction with these children. This commitment to inclusivity was vital for fostering a supportive community where all students felt valued and understood.

When examining interactions during meal times, the results remain overwhelmingly positive. A remarkable majority of the respondents (96%) agreed that children interacted with them during meals, and a majority of the respondents (98%) reported that they interacted freely with their peers. This suggested that meal times were not just about nourishment but also served as an opportunity for socialization and relationship building among children. All the respondents

agreed that children felt comfortable interacting freely at the Centers, which was crucial for their social development.

Lastly, the interaction between teachers and parents/guardians was also commendable, with the majority of the respondents (94%) affirming that teachers engaged with families at the Centers. This connection was essential for ensuring that parents were involved in their children's education and well-being. Thus, it can be concluded that the results of the study portrayed a highly positive Student-Teacher-Parent relationship at the Centers, effective communication practices, and an inclusive atmosphere for all children.

## **Category II: Physical Infrastructure**

The findings on physical infrastructure and resources available at the Anganwadi centers highlighted both strengths and areas that required urgent attention. Only 30% of the AWCs had an adequate classroom with a measurement of 35 square meters for a group of 30 children, while 38% of the AWCs did not have an adequate classroom. This indicated that there were concerns about space adequacy for effective learning. Only 22% of the centers were equipped with sufficient outdoor space measuring 30 square meters for children, whereas only 44% of the centers did not have adequate outdoor space for their children. This suggested that a large number of AWCs in Lunglei required more outdoor facilities to support physical activities for the children.

The majority of the respondents (98%) agreed that there was adequate light and ventilation in the rooms, which indicated a positive aspect of the infrastructure that supports a healthy learning environment. The majority of the respondents (56%) agreed that the electricity for lighting and equipment operation was available in the centers, while 40% of the respondents reported that there was no electricity for the provision of lights and equipment operation in the centers. The majority of the respondents (88%) agreed that the centers were located away from sources of excessive pollution, which was crucial for maintaining a healthy atmosphere for children.

The majority of the respondents (76%) agreed that the centers were disabled-friendly, there was a positive indication towards inclusivity, and 14% of the respondents reported that they did not provide disabled-friendly centers. Thus, it can be suggested that there was a need for increased awareness and resources to develop more inclusive facilities that cater to the needs of children with disabilities.

36% of the respondents agreed that there was adequate equipment for outdoor play and activities, while 42% of the centers did not provide space for outdoor play and activities. As physical activity was found to be effective to provide holistic development in a child (Wang, 2022), outdoor games were the most accessible and effective method of influencing a child. Physical activity enhanced cognitive development, emotional regulation, and social behavior among children.

The majority of the respondents (76%) agreed that there was allocated space for cooking meals, indicating that good provision for meal preparation. Most of the respondents (86%) agreed that there was adequate space for storing food items, reflecting well on the center's ability to manage nutrition effectively. Only 18% of the respondents agreed that there was allocated space for nap time, with a majority of the respondents (64%) disagreeing on this. One major reason was that many Anganwadi centers operated only for 3-4 hours a day, usually in the morning. Since that overlaps with typical play and learning time, there's little room and time for a nap schedule like in full-day preschools.

The majority of the respondents (92%) agreed on the availability of shelves or a place for children to keep their belongings, which contributed to organization and personal responsibility. The majority of the respondents (96%) agreed that there was proper storage for children's materials and records, indicating effective management of educational resources. All the respondents agreed that classrooms were clean, reflecting positively on hygiene practices within the centers.

Similarly, all the respondents agreed that the furniture in the classroom was clean, which contributed to a healthy learning environment. Most of the respondents (94%) agreed that toilets were clean. All the respondents agreed on the availability of water and soap in toilets, which was essential for hygiene practices among children. Only 18% of the respondents agreed that on the availability of separate toilets for Boys and Girls, the majority of respondents (74%) disagreed. This highlights an important area that needs attention to ensure privacy and comfort. Most of the respondents (92%) agreed on the availability of adequate, clean, and potable water for all children, demonstrating good provision for hydration needs.

Thus, it can be concluded that while the centers demonstrate strengths in cleanliness, hygiene, location, and storage solutions, there were significant concerns regarding the adequacy of spacing (both indoor and outdoor), the availability of essential facilities like nap areas and separate toilets, and the provision of electricity.

### **Category III: Health, Nutrition, and Safety**

The results of the study indicated a generally positive perception regarding the availability of essential facilities and safety measures in the Anganwadi centers. The majority of the respondents (98%) agreed that the centers had devices for measuring height and weight, indicating good practices in monitoring children's growth. Another Majority (94%) of the respondents agreed that the centers maintain records of health check-ups and immunization, suggesting good adherence to health protocols.

The majority of the respondents (96%) agreed that the centers provided supplementary nutrition, indicated a commitment to supporting children's nutritional needs, and a majority (84%) of the respondents agreed that the centers had a first aid kit available for children, which was a positive indicator of emergency preparedness.

Only 14% of the respondents agreed that preventive measures are in place for fires and natural disasters (e.g., fire extinguishers), while 66% disagreed. This raised serious concerns about the preparedness of these centers to handle emergencies effectively. Most of the respondents (92%) agreed that the centers were structurally stable, and a majority of the respondents (82%) agreed that the centers can be easily exited in case of an emergency.

Thus, it can be concluded that there was strong support for various health and nutritional measures within ECCE centers, but significant concerns remained regarding emergency preparedness and first aid availability.

### **Category IV: Children's Experience and Learning Opportunities**

Regarding children's experiences and learning opportunities in the centers, it was found out that a majority (76%) of the respondents agreed that adequate toys and learning materials were available for children to play with, indicated that a generally positive perception and another 16% disagreed, suggested that some children may lack access to essential resources, highlighting an area for improvement. A majority (74%) of the respondents agreed that children had play opportunities and explored with peers and adults, while another 14% disagreed, indicating that some children may not fully benefit from these activities. All respondents agreed that teachers provided children with the chance to speak up, which helped them build communication skills and confidence.

The majority of the respondents (94%) agreed that time was set aside daily for reading and storytelling, which showed a strong focus on literacy development. The majority of the

respondents (84%) agreed that children actively participated in outdoor activities, which were important for physical growth and development.

The majority of the respondents (98%) agreed that activities for gross motor skills were available, demonstrating the center's focus on physical development. The majority of the respondents (88%) agreed that all children had opportunities to engage in creative activities like art and craft, where teachers also encouraged self-expression.

Most of the respondents (94%) agreed that children could sing rhymes and songs, which helped improve language skills and creativity. Besides, the Majority of the respondents (82%) agreed that activities for reading readiness were provided, while 14% disagreed, suggesting that some children might need more support in this area.

Furthermore, most of the respondents (86%) agreed that writing readiness activities were available, and 10% disagreed, indicating that there could be better support for some children. Finally, most of the respondents (94%) agreed that activities for number readiness were provided, showing a strong focus on early math skills.

Thus, it can be concluded that the results indicated that the center's experience and learning opportunities for children were generally positive. However, there were also areas that warrant further attention and improvement with the developmentally appropriate toys and learning materials, opportunities for play/exploration with other children and adults.

#### **Category V: Organization and Management**

Looking into a comprehensive overview of the organization and management of the ECE programs in the AWCs, the responses reflected educators' perceptions of the effectiveness and adequacy of these components in supporting children's development. The majority of the respondents (60%) agreed that the ECCE program was conducted for 4 hours daily, including a half-hour snack/break time, while 30% disagreed, indicating concerns about the adequacy of the program duration for children's needs. Early Childhood Care and Education (ECCE) programs encompass the care and education of children from birth to the start of formal school, focusing on the holistic development, including physical, cognitive, emotional, and social skills, to prepare them for future learning (Ramakrishnak, 2023).

Only 42% agreed that there was one adult for every 20 children in the 3-6 years age group, which indicated that a reasonable level of compliance, while 28% disagreed on this.

Furthermore, 30% of respondents were unclear about their adherence status, suggesting a need for improved communication.

The majority of the respondents (64%) agreed that there was one adult for every 10 children under the age of three, while 18% disagreed on this. Additionally, another 18% were unclear about their adherence status, highlighting the need for improved education for caregivers on the importance of maintaining appropriate adult-to-child ratios for effective supervision and care.

Most of the respondents (98%) agreed that the centers did not conduct rote-learning activities or formal teaching of the 3Rs (reading, writing, arithmetic). This aligns with modern educational practices that emphasize play-based learning over traditional methods. Avoiding formal teaching of the 3Rs (reading, writing, arithmetic) in ECCE programs is beneficial as it aligns with play-based and free learning methods, fostering holistic development in young children. This approach emphasizes social experiences, creativity, and foundational skills rather than premature academic pressure, ensuring readiness for formal education (Janella, n.d.).

The majority of respondents (72%) agreed that documentation of children's performance, while 18% disagreed. This highlights a generally positive approach to tracking children's development, although there was room for improvement in consistency. The majority of the respondents (82%) agreed that documents of child performance were easily available, which was important for parents and educators to monitor progress effectively. Most of the respondents (90%) agreed that records of children's attendance were maintained, indicating good organizational practices within the centers. The majority of the respondents (70%) agreed that materials, children's artwork, and handicrafts were displayed at children's eye level or on the tables, and another 24% disagreed, suggesting that there may have been inconsistencies in how children's work was showcased.

All the respondents agreed that the medium of instruction was in the mother tongue, which was Mizo language, which was crucial for effective communication and learning in early childhood education. Using the mother tongue in early education enhances children's understanding and retention of concepts, as they can relate new information to their existing linguistic and cultural knowledge. Additionally, it fosters a sense of identity and belonging, promoting confidence and engagement in the learning process (Panjwani, 2024).

Most respondents (98%) agreed that flexible seating arrangements were available, allowing for varied learning experiences and comfort during activities. The majority of respondents (96%) agreed that a dedicated learning or activities corner was available, which supported hands-on



learning and exploration. Finally, a majority of respondents (94%) agreed that a weekly or daily schedule was followed by teachers, ensuring structure and consistency in the learning environment.

To conclude, the findings reflected a generally positive perception of the organization and management within the Anganwadi centers regarding the ECCE program, there were also significant areas for improvement with the developmentally ECCE program should be conducted 4 hours daily (with half hour snack/break time), the needed for better Workers-to-child ratios for effective supervision, ensuring documentation of child's performance was accessible, and increasing the display of materials, children's artwork and handicrafts on the walls at the eyes level of children or a table to foster a more engaging learning environment.

## **VII. CONCLUSION**

The study provided a comprehensive overview of the status and functioning of Anganwadi Centers in Lunglei town and identified areas of strength and those needing attention. The centers were committed to strong relationships between teachers, children, and parents, maintained safe and clean environments, and practiced play-based, inclusive education. However, challenges were still found regarding inadequate infrastructure, limited emergency preparedness, and inconsistent use of learning materials and activities. The study highlighted the importance of continued investment in training, infrastructure, and inclusive practices to improve the overall quality of Early Childhood Care and Education (ECCE) in the region. By addressing these gaps and implementing the recommended improvements, Anganwadi Centers in Lunglei could become more effective in promoting holistic development and school readiness among children.

## **VIII. RECOMMENDATIONS**

The following recommendations and suggestions were made for the effective functioning of the AWCs in Lunglei town.

- AWCs should have a larger space for a classroom to accommodate children comfortably, enhancing active play and other classroom activities. And they should have a larger space for Outdoor facilities to support physical activities for the children.
- AWCs of Lunglei town should be provided with an adequate supply of electricity, and this problem should be communicated to the concerned authorities to take necessary actions.
- Need for increased awareness and resources to develop more inclusive facilities that cater to the needs of children with disabilities.
- Providing clean, quiet, and ventilated areas with mats or bedding for rest, ensuring age-appropriate supervision during nap times, and incorporating it into the daily schedule to support children's physical and emotional health.
- The Anganwadi centers should have first aid kits ready for use. Besides, Anganwadi workers should be trained in basic first aid procedures, how to use the kits, and aid in emergencies.
- AWCs of Lunglei town should be equipped with sufficient toys and learning materials, and Anganwadi workers should have specialized training in the use of toys and materials for activity-based learning.
- Anganwadi centers should provide opportunities for children to play and explore with peers and adults by creating safe, engaging environments that include free play and guided activities.
- AWCs of Lunglei should include programs for 4 hours daily to maximize the educational opportunities of children.
- Additional Anganwadi workers and specialized training in child care will increase personalized attention, activity-based learning, and support for children with special needs and create overall improvement within the AWCs of Lunglei town.
- Systematic documents should be maintained to keep records of children, which should be accessible to all. Making these records easily accessible will enhance communication with parents and support individualized learning plans.
- AWCs should practice displaying materials, children's artwork, and handicrafts at the eye level of children to foster creativity, encourage learning, and create a child-friendly environment. This visual display can also stimulate curiosity and engagement among children.

#### References:

- Ade, A., Gupta, S. S., Maliye, C., Deshmukh, P. R., & Garg, B. S. (2010). Effect of improvement of pre-school education through Anganwadi centre on intelligence and

- development quotient of children. *The Indian Journal of Pediatrics*, 77(5), 541–546.  
<https://doi.org/10.1007/s12098-010-0056-7>
- Anjaneyulu, P. (2023). Role of preschool teachers in early childhood care and education: A study of Anganwadi schools located in Scheduled Caste colonies of Telangana State. *The CESS, Hyderabad, Telangana State*. <https://doi.org/10.1177/2455328X231163387>
- Basantia, T. K., & Alom, M. (2020). Rehabilitation mechanisms for special group children: A study of Anganwadi centres under Integrated Child Development Services projects. *Journal of Critical Reviews*, 8(3), 2394–5125.  
[https://www.bkbcollege.in/upload/publication\\_scopus/1647314453](https://www.bkbcollege.in/upload/publication_scopus/1647314453)
- Biswal, D. (2021). *Early childhood care and education centres of Khantapara: A critical study* [Unpublished manuscript]. Regional Institute of Education, Bhopal.  
<http://13.126.40.108:8080/xmlui/handle/123456789/39>
- Chudasama, R. K., Kadri, A. M., Verma, P. B., Patel, U. V., Joshi, N., Zalavadiya, D., & Bhola, C. (2016). Evaluation of nutritional and other activities at Anganwadi centers under Integrated Child Development Services program in different districts of Gujarat, India. *Journal of Medical Nutrition and Nutraceuticals*, 5(2), 101–107.  
<https://doi.org/10.4103/2278-019X.141543>
- Fairuzza, A., Setyowati, D. L., & Sari, R. K. (2023). The role of parental education on verbal abuse and its impact on the mental health of young adults. *Salud Mental*, 46(1), 27–33.  
<https://doi.org/10.17711/SM.0185-3325.2023.004>
- Gajpal, L., & Gautam, S. (2014). Impact of Anganwadi center on the health of women and children. *Mind and Society: Madhya Pradesh Journal of Social Sciences*, 3(3-4), 76–83.  
<https://scholar.google.com>
- Gill, K., Kaur, R., & Sharma, S. (2017). Assessment of basic infrastructure in Anganwadi centres under Integrated Child Development Services scheme in district Amritsar of Punjab. *International Journal of Community Medicine and Public Health*, 4(8), 2973–2976. <https://doi.org/10.18203/2394-6040.ijcmph20173355>
- Government of India. (2020). Anganwadi. In *Wikipedia*.  
<https://en.wikipedia.org/wiki/Anganwadi>

354 Janella. (n.d.). Benefits of play-based learning in early childhood. *My Teaching Cupboard*.  
 355 <https://www.myteachingcupboard.com>

356 Jose, P. C. (1998). What is Anganwadi? In *Kudumbashree* (pp. 87278). IGI Global.  
 357 <https://www.igi-global.com/kudumbashree/87278>

358 Jothula, K. Y., Suryanarayana, P., &Srisailam, V. (2020). Utilization of Anganwadi services  
 359 among pregnant women in rural Telangana: A cross-sectional study. *Journal of Family*  
 360 *Medicine and Primary Care*, 9(7), 3343–3348.  
 361 [https://doi.org/10.4103/jfmmpc.jfmmpc\\_314\\_20](https://doi.org/10.4103/jfmmpc.jfmmpc_314_20)

362 Joy. (2021, April 28). *Definition of ECCE* [Video]. YouTube. <https://youtu.be/>

363 Julian. (2024). Introduction to early childhood education. *Jean Doolittle Barresi*  
 364 [https://pressbooks.pub/introductiontoearlychildhoodeducation/chapter/chapter-1-](https://pressbooks.pub/introductiontoearlychildhoodeducation/chapter/chapter-1-historical-perspectives-in-ece/)  
 365 [historical-perspectives-in-ece/](https://pressbooks.pub/introductiontoearlychildhoodeducation/chapter/chapter-1-historical-perspectives-in-ece/)

366 Kanika. (2020, December 13). *Concept, objective and importance of ECCE* [Video]. YouTube.  
 367 <https://youtu.be/>

368 Kaur, R. (2021). Role of the Anganwadis in child development: Social impact assessment of  
 369 Anganwadi centres of Punjab. *International Journal of Social Science and Economic*  
 370 *Research*, 6(7), 2455–8834. <https://doi.org/10.46609/IJSSER.2021.v06i07.019>

371 Kilonzo, S. M., &Thinguri, R. W. (2017). A critical analysis on the effectiveness of community  
 372 participation on service delivery in early childhood development education centers in  
 373 Kenya. *European Journal of Education Studies*, 3(1), 27–47.  
 374 <https://doi.org/10.46827/ejes.v0i0.476>

375 Mahanta, P., &Saikia, J. (2024). Challenges in implementing early childhood care and education  
 376 in Anganwadi centres: A case study of Rangia sub-district of Kamrup district of Assam.  
 377 *International Journal of Scientific Research in Modern Science and Technology*, 3(10),  
 378 1–10. <https://doi.org/10.59828/ijrmst.v3i10.256>

379 Malik, A., Bhilwar, M., Rustagi, N., & Taneja, D. K. (2016). An assessment of facilities and  
 380 services at Anganwadi centers under the Integrated Child Development Service scheme  
 381 in Northeast District of Delhi, India. *International Journal for Quality in Health Care*,  
 382 27(3), 201–206. <https://doi.org/10.1093/intqhc/mzv028>

383 Maya. (2019). Putting displays at the children’s eye level. *PYP Dunia Network*.  
 384 <https://pypuniablog.wordpress.com/>

385 Mishra, H. (2024). Anganwadi centers. *Plustusias*. <https://plustusias.com>

386 Nauman, A. (2024). Early childhood care and education (ECCE) in Pakistan: An exploration of  
 387 issues, challenges, and solutions. *Journal of Social Sciences*, 15(1), 1–12.  
 388 <https://jss.gcuf.edu.pk/index.php/jss/article/view/120>

389 Nunhlimi, A. V. L. (2017). Early childhood care and education in Anganwadi centres of Aizawl  
 390 city: A critical study. *Mizoram Educational Journal*. <https://scholar.google.com>

391 Panjwani, A. (2024). Why mother tongue education holds the key to unlocking every child's  
 392 potential. *UNICEF India*. <https://www.unicef.org/india>

393 Patil, M., & Hirelingannavar, S. (2024). Impact of socio-economic status on socio-emotional  
 394 development of children attending different early childhood care and education (ECCE).  
 395 *Journal of Scientific Research and Reports*, 30(4), 129–142.  
 396 <https://doi.org/10.9734/jsrr/2024/v30i41907>

397 Petersen. (2021). Exploring the Components of a Quality Early Childhood Curriculum.  
 398 *Rasmussen University* [https://www.rasmussen.edu/degrees/education/blog/early-](https://www.rasmussen.edu/degrees/education/blog/early-childhood-curriculum/)  
 399 [childhood-curriculum/](https://www.rasmussen.edu/degrees/education/blog/early-childhood-curriculum/)

400 Rajeevelt. (2019). National early childhood care and education (ECCE) curriculum framework.  
 401 *Rajeevelt*. <https://www.rajeevelt.com>

402 Ramakrishnak. (2023). What is ECCE? Curriculum of early childhood care and education.  
 403 *NextSchool*. <https://www.nextschool.in/blog>

404 Rathore, M. S., Mathur, M., & Sankhla, M. (2015). Evaluation of Integrated Child Development  
 405 Services program in Rajasthan, India. *International Journal of Advanced Medical and*  
 406 *Health Research*, 2(2), 95–101. <https://doi.org/10.4103/2349-4220.172888>

407 Ravishankar, N., & Nagaraja, D. (2014). Building social relationships and health habits at  
 408 Anganwadi center: A sociological study of Anganwadi children and ICDS programmed,  
 409 Kolar District, Karnataka state. *International Journal of Humanities and Social Science*  
 410 *Invention*, 3(5), 32–36. <https://doi.org/10.5281/zenodo.7258994064>

411 Seyedin, S. V., Dolatabadi, R., & Malekpour, M. (2020). Health, safety, and education measures  
 412 for fire in schools. *Journal of Education and Health Promotion*, 9, 121.  
 413 [https://doi.org/10.4103/jehp.jehp\\_665\\_19](https://doi.org/10.4103/jehp.jehp_665_19)

- Thakur, A. M. (2023). A study of Anganwadi centre under Integrated Child Development Services project. *Journal of Validation Technology*, 29(4), 1–18. <https://doi.org/10.5281/zenodo.727628851039>
- The National Commission for Protection of Child Rights. (2024). Corporal punishment. *Drishti IAS*. <https://www.drishtiias.com/daily-updates/daily-news-analysis/corporal-punishment>
- Tripathi, K. K., & Nunhlimi, A. (2014). Status and problems of ECCE in Aizawl city. *Mizoram Educational Journal*, 66, 1–10. <https://scholar.google.com>
- Turkkan, B. (2021). Children's only profession: Playing with toys. *Northern Clinics of Istanbul*, 8(4), 414–420. <https://doi.org/10.14744/nci.2020.48243>
- Walvekar, P. R., & Baliga, S. S. (2017). A study on knowledge of Anganwadi workers about Integrated Child Development Services at three urban health centres. *International Journal of Community Medicine and Public Health*, 4(10), 3669–3673. <https://doi.org/10.18203/2394-6040.ijcmph20173829>
- Wang, Y. (2022). The role of physical activity in promoting thinking skills and emotional behavior of preschool children. *Psicologia: Reflexão e Crítica*, 35, 24. <https://doi.org/10.1186/s41155-022-00223-1>