

**His  
name is**



**Today**

**Early Childhood Care  
and Education**

## Early Childhood Care and Education

### His Name is Today

“We are guilty of many errors and many  
faults,  
But our worst crime is abandoning the  
children,  
Neglecting the fountain of life.  
Many of the things we need can wait,  
The child cannot wait.  
Right now is the time his bones are being  
formed,  
His blood is being made,  
And his senses are being developed.  
To him we cannot answer ‘tomorrow’  
His name is Today.

*Gabriela Mistral*

*Nobel Prize Winning Poet from Chile*

### **D**o You Know that

- More than 27 million children are born in India every year
- Young children (0-6 years) account for 17.5% of India's population

- New born deaths account for 62% of all infant deaths
- 30% of all Indian babies are born underweight
- 75% of young children are anaemic.
- Only 42% children in India are fully immunised
- Breast milk is the ideal food for the baby as it contains 70 different substances

## What is Early Childhood Care

“Early childhood care for survival, growth and development is an integrated holistic approach”

**within** a rights perspective to ensure proper child care

**leading** to survival, growth, full development and protection of the young child

**through** child centred, family focussed and community based interventions”.

*Source: Early Childhood Care for Survival, Growth and Development Dept. of WCD, Ministry of HRD, GOI in collaboration with UNICEF*



## Why are Early Years Important?

Early Childhood Care and Education (ECCE) is an important part of the Child's Right to Development. The first three years of a child's life are crucial because the growth and development is the fastest during these years and the foundation for future development is laid during these years. For example, during the first two years after birth, a child's weight increases by four times and height by three times. By the end of the second year of life, most of the growth of the human brain is already complete.

Babies begin to learn rapidly from the moment they are born and the first few years

are vital for the development of behaviour and personality.

A child's normal growth, development depends on...

- **care** (love, affection, handling the child with care, giving massage and bath), timely breast feeding and weaning food.
- **early intervention** (talking to a child verbally and non verbally)
- **stimulating environment** (simple, safe, age-adequate toys and space to play)
- **learning opportunities** (providing learning materials/toys and timely guidance)

Early Childhood Care and Education is each child's right because healthy children of today will create healthy society of tomorrow.

Let us see how ECCE makes a difference in a child's growth and development by reading the following case study.



## **Well Begun is Half Done.**

Sonal and Komal were two sisters who were born and brought up in a village. Their marriage separated them. Sonal got married to a teacher and went to live in a town nearby. Komal got married to a landowner's son in a nearby village.

Both of them gave birth to a son after a year of their marriage. Sonal's husband and in-laws were aware about pre-natal and post-natal care of the mother and baby. Sonal and her husband read books about pregnancy and how to take care of the new born baby and followed the advice of the doctor.

Komal's in-laws were very superstitious and did not allow her to eat banana, milk, jaggary etc. during pregnancy. They did not allow Komal to give colostrum to the baby soon after birth. She used to breastfeed the baby when she came home after working in the farm or after collecting the fire wood. The rest of the time, the baby was given water with sugar. The baby was taken to the nearest CHC (Community Health Centre) for immunization but due to ignorance and neglect the immunisation schedule could not be followed. The baby often suffered from loose motions, cold, cough for which

home remedies were given. The baby was also handled carelessly by the older children in the family as a result of which, the baby's neck became tilted and he used to cry often.

Sonal and Komal's parents decided to celebrate the first birthday of both their grandsons at their place. When both the sisters met at their parents' place with their one year old sons, the difference between the two was remarkable. Sonal's son looked healthy, smiled and played with everybody where as Komal's son looked pale, underweight, was cranky and refused to eat soft simple food that was given to Sonal's son.



## What could be the reason for such a difference?

The reasons are obvious: Sonal's son had a healthy start as Sonal had proper nutrition and pre-natal care during pregnancy. Her son had breastfeeding, complementary weaning food, regular immunisation and interaction with the family members which enhanced his healthy growth and normal development. Komal's son was deprived of proper health care and early intervention after birth due to ignorance and neglect.

## What is Growth, What is Development?

We use the words growth and development very often in the context of a child. Let us understand the meaning of these terms.

**Growth** refers to increase in a child's body size and changes in their proportion. e.g. height, weight.

**Development** refers to the orderly process of changes in a child's ability such as moving, thinking, speaking, feeling, and relating to people and objects in the environment.



Growth and development are inter-dependent. In order to develop well, a child has to grow well too.



The processes of growth and development result in **maturation**. All the children follow the same sequence of changes in maturing, but the rate varies from child to child. For example, a child first crawls, then stands, then walks and finally runs. This sequence is common for all the children but some children mature early and some late, which is very normal.

## What are the dimensions of Development?

- **Motor:** ability to move and coordinate
- **Sensory:** acquiring use of vision, hearing, touch, taste and smell
- **Perceptual:** Interpreting movement and sensation
- **Cognitive:** ability to think, reason, and solve problems,
- **Language:** ability to communicate and speak.

- **Social:** ability to relate to others
- **Emotional:** ability to feel and regulate emotions.

## **N**ature and Nurture or Heredity and Environment

Differences in rates of maturation are partly due to the child's genetic structure which is also known as **nature or heredity**, and partly due to the type of environment and care that s/he receives which is also known as **nurture**. Rich and stimulating environment enhances a child's development whereas a dull environment blocks a child's development. It is said that about half of the adult's intelligence is inherited and about half is due to the environmental stimulation that s/he receives. Much of the effect of the child's environment occurs in the earliest years of life.

Children vary from one another in their "temperaments." Some children are eager and bold, and others are timid and shy. All children can grow well, if they receive adequate care. Children's temperaments also change when they are malnourished or frequently ill. They tend to become irritable, listless or timid.

Social and emotional development depends on the quality of attachment between the caregiver and the child.



## **G**ender Perspective in Child Care

In India men and women are not valued equally and hence care may be different for a girl child. Owing to negative attitude and differential care, girls are more likely to die than boys, girls are breastfed less, are less likely to be taken for medical care when they are sick and they are more likely to be malnourished and anaemic than boys. Girls are also less likely to go to school. In fact, they are less likely to be born at all. This issue needs to be addressed on priority basis if the future society is to be balanced and healthy.

## **I**ndia's Initiative to Holistic Care of Children

Child development has several inter related dimensions – physical, cognitive, social, emotional and spiritual. Learning takes place in each of these areas simultaneously. The Integrated Child Development Services (ICDS) launched in 1975 in India is the world's largest programme enhancing the health,

nutrition and learning opportunities of infants, young children and their mothers. The focal point for the delivery of services is the Anganwadi Centre - a child care centre in the village or an urban slum.

## **S**ervices and Participation

Despite ICDS and similar schemes, the statistics as given at the beginning of this brochure indicate that so many children are undernourished and do not enjoy positive health. Let us see the factors that hinder the ECCE.

## **F**actors that Hinder ECCE

### **Social Factors**

- Ignorance of the fact that child health is intrinsically linked to material health.
- Failure to control anaemia among women.
- Failure to give Tetanus Toxoid (TT) immunisation to women during pregnancy.
- Lack of information about giving colostrum to the new born and exclusive breast feeding for the first six months.
- Not giving proper course of immunisation to children and weaning foods.
- Early marriage, early pregnancy and less than 24 months interval between two child births.
- Lack of systematic monitoring of the functionaries of ICDS.

## **Psychological Factors**

- Not giving enough time and attention to the new born.
- Not breast feeding the baby as required.
- Not providing stimulating interventions such as smiling at the baby, talking to the baby, playing with the baby.
- Conveying the feeling of rejection to the baby especially to the girl child through less feeding, irregular feeding, not giving enough attention and stimulation.
- Not providing learning opportunities i.e. providing simple toys, educational materials and spending time to help the child interact with the material.

## **Role of Various Stakeholders in Ensuring ECCE?**

### **As Government**



- Improve the quality of ICDS.
- Ensure coverage of remote areas and socio-economically backward areas by ICDS.
- Provide for crèches at all the factories and offices so that babies are looked after well and working mothers can breastfeed the babies at regular intervals..
- Increase the duration of maternity leave and introduce paternity leave to enable the parents to take care of their children during early years.
- Provide immunisation services to pregnant mothers and young children.



## **As Academic Institutions/ NGOs<sup>1</sup>**

- Conduct parenthood programmes to sensitise parents to the importance of Early Childhood Care and Education as the right of young children.
- Train health workers/mothers/volunteers to promote, protect and support compulsory breast-feeding from birth upto first six months and about weaning foods thereafter.
- Enhance the capability of parents, especially mothers, to look after the developmental and learning needs of children.
- Promote special action for the care and development of the girl child so that she survives, grows and achieves full developmental potential.
- Develop appropriate mechanisms for monitoring the growth, development and learning of children and work out remedial measures for delayed milestones.
- Train the Anganwadi Workers, Community Workers and Para-medical personnel to systematically implement and monitor the early childhood services.



## **As Media**

- Promote and disseminate information about pre and post natal care of mothers and children as their right through
  - Radio jingles, T.V. spots
  - Folk lore.
  - Articles in news papers and magazines.

## As Civil Society



- Remind ourselves that children have the right to a caring, protective environment and to nutritious food and basic health care to protect them from illness and promote growth and development.
- Treat children with care, respect and dignity.
- Build our capacities on how to take care of young children by reading or by attending training programmes.
- Eliminate all forms of discrimination against the girl child from our families.

**We are responsible for the child's arrival in this world and therefore whatever be the circumstances, it is our responsibility to give her/him the best start in life.**



### **(Footnotes)**

<sup>1</sup> Non Government Organisation

## About CHETNA

CHETNA<sup>1</sup>, meaning “awareness” in several Indian languages and an acronym for Centre for Health Education, Training and Nutrition Awareness is a non-government support organisation based in Ahmedabad, Gujarat. CHETNA’s mission is to contribute to the empowerment of disadvantaged children, adolescents and women to gain control over their own, their families’ and communities’ health. Beginning its activities in 1980, CHETNA has broadened its activities in the field of nutrition, health, education and development from a “Rights” perspective.

CHETNA builds the management capacities of education/health practitioners/supervisors/managers with a view to enable them to implement their field programmes from a holistic and gender perspective and advocate for people centered policies.

CHETNA develops need-based training and education materials, which are widely disseminated at the state, national and international levels.

An Information and Documentation Centre (IDC) addresses the information needs of individuals, organisations, academicians, reserachers and students working on health, education and development concerns.

CHETNA has been identified as a Regional Resource Centre (RRC) for Gujarat State and the Union Territories of Daman, Diu and Dadra Nagar Haveli to provide technical assistance to NGOs to improve RCH, facilitate GO-NGO partnership, document and disseminate successful approaches and provide inputs to GOI to ensure effective implementation of policies.



For Children Young People Women

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