

## Assessment of Quality of Early Childhood Care and Education in Mizoram

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### *Abstract*

*The quality of education can be measured by the quality of its pre-schools, because it is the first step towards entering the world of knowledge and a healthy and purposeful life. Given its importance and implications, all the nations of the world are concerned about early childhood care and education. At present, in the Indian context, early childhood care and education is carried out mainly in two ways - private Pre-schools and Government Anganwadis. The main objective of the study is to examine the quality of ECCE in Mizoram, the present study seeks to contribute to the development of a high-quality ECCE system that supports the optimal development of young children in the state. By assessing the quality of Early Childhood Care and Education (ECCE) in Mizoram with regards to quality of interaction by using the questionnaire and interview schedule developed by the investigator. To find out the quality of Early Childhood Care and Education (ECCE) in Mizoram with regard to health, nutrition, personal care and routine and assessing the quality of Early Childhood Care and Education (ECCE) in Mizoram with regard to physical infrastructure, the investigator used observation cum interview schedule prepared by Lalhmasai Chuaungo. The sample of the study consists of 40 ECCE Centres from 7 districts of Mizoram to find out the quality of Early Childhood Care and Education (ECCE) in Mizoram. The collected data was used to find out the quality of the ECCE Centres within Mizoram using statistical method. The study revealed the quality of Early Childhood Care and Education (ECCE) in Mizoram with regards to quality of interaction, health, nutrition, personal care and routine and physical infrastructure. Overall, findings indicate that the ECCE Centres in Mizoram is satisfactory, providing positive environment for children's learning and development.*

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## **Introduction**

Early Childhood Care and Education (ECCE) is considered as a forerunner of school education. The pre-school plays a significant role in preparing children for formal school education. An effective ECCE contributes to enrolment; it helps in reducing dropouts during the early years and helps children acquire foundational literacy and numeracy in early grades. This period is the beginning and co-incides with the pre-conventional level of moral reasoning. Children judge an act as right or wrong based on the resulting consequences. (Kolhberg, 1969)

The first six years of life are critical years in human life since the rate of development during these years is more rapid than at any other stage of development. Global brain researches also inform us about the significance of early years for brain development. Early Childhood Care and Education (ECCE) makes positive contribution to children's long term development and learning by facilitating an enabling and stimulating environment in these foundation stages of lifelong learning. Parents as caregivers are critical in providing a stimulating learning environment to the child and the first two and a half to three years need not be in a formal learning environment. The National Curriculum Framework acknowledges the significance of involvement of parents, family and community. The National Early Childhood Care and Education (ECCE) Curriculum Framework for all children below six years of age is aligned with the Government's vision of ECCE as spelt out in the National Early Childhood Care and Education (ECCE) Policy. The National ECCE Curriculum Framework is informed by the Position Paper on ECCE (National Curriculum Framework, NCERT, 2005) and the curriculum detailed there under. The purpose of this framework is to promote quality and excellence in early childhood care and education by providing guidelines for child care and early educational practices. The framework is intended to be a guiding document for ECCE service providers across all regions. It wishes to lend support to early years' professionals, service providers, ECCE teachers/caregivers, communities and state governments in providing rich early stimulation and learning experiences for children from birth to pre- primary years. This document may also be of interest to families of young children too.

The quality Standard framework identifies the key principles, indicators and exemplary good practices required for assuring quality in Early Childhood Care and Education (ECCE) services. Defining these standards will allow for the progress towards self-assessment, accreditation and finally certification of ECCE provisions.

The SSA, Mizoram started setting up new ECCE centres which are Pre-Primary sections, attached to the Primary schools under the SSA since July, 2005. The

children covered, belong to 3 – 5 years of age. Some attempts are made to provide learning readiness programmes. The children in these Early Childhood Care and Education Centres are provided mid-day meals along with Primary school children. Pre-school under Private management have their presence too in Mizoram. The private management invariably run English Medium Institutions. These schools have been opening classes usually from Nursery/Kindergarten (KG) stage. Thus, before a child is able to sit in Class I, he/she has to attend the Nursery and KG Classes (for two years) which simultaneously provide chances for pre-school activities. The pre-schools in Mizoram have been implemented under the scheme of Integrated Child Development Services (ICDS) by the Department of Social Welfare since 1978. A non-formal pre-school education is one of the package of services rendered by the ICDS.

### **Rationale of the Study**

The importance of a study on early childhood education is embedded in the value of early childhood education as it gives children good foundations upon which to build their succeeding years in schools; as besides their academics, they develop a sense of self and family and it teaches them how to communicate with others. It is a foundation and a preparatory stage for formal school education, personal development and social living.

Early Childhood Care and Education covers the period from birth of a child to the time they start schooling. It is a preparatory stage that focuses on the health condition and education development of a child and thus is fundamental in achieving holistic development. ECCE is a crucial stage where a child learns to interact with the outside environment away from the comfort of the parents, thereby preparing them to enter school. Good foundation for the future of a child starts with proper care from an early stage.

Mizoram, a small state in the north eastern corner of India with approximate population of 1.27 million (2011 Census), which is the second most literate state in the country, possesses adequate awareness regarding the importance of elementary education. A few enthusiasts of early child development have set up private pre-schools in different Districts with the intention of providing good foundation for children. The state government has no additional initiative in this regard apart from the centrally sponsored Anganwadi scheme and Sarva Shiksha Abhiyan Preschools. Little research has been done in this aspect, as a consequence of which no literature worth its salt has been published in recent years. Hence an in depth study of ECCE specifically focusing on Assessment of Quality will provide valuable insight into how pre-school education is implemented within the state thereby effecting general awareness and desirable changes wherever possible.

This study aims to investigate the quality of ECCE in Mizoram, with a focus on (specific aspects of ECCE, such as quality of interaction, health, nutrition, personal care and routine). By examining the quality of ECCE in Mizoram, this study seeks to contribute to the development of a high-quality ECCE system that supports the optimal development of young children in the state.

There are still vast unexplored areas relating to standards and practices regarding ECCE. Thus, the present study proves a great challenge in the study of Early Childhood Care and Education in Mizoram. It is expected that the findings of the study will reflect the strength and weaknesses of ECCE in Mizoram.

### **Statement of the Problem**

The problem of the study has been stated as ‘Assessment of Quality of Early Childhood Care and Education in Mizoram’

### **Research Questions**

1. What is the status of interaction of Early Childhood Care and Education in Mizoram?
2. What is the health, nutrition, personal care and routine of Early Childhood Care and Education in Mizoram?

### **Objectives**

1. To assess the quality of Early Childhood Care and Education (ECCE) in Mizoram with regards to interaction.
2. To assess the quality of Early Childhood Care and Education (ECCE) in Mizoram with regard to health, nutrition, personal care and routine.

### **Method of the Study**

A descriptive approach is employed to understand views on admission, teaching methods, school facilities, and health services etc.

Data is collected using structured questionnaires. For teachers and school heads, existing questionnaires are used to gather their views and experiences. The study is cross-sectional, meaning data is collected at one point in time and means that the study describes the current situation based on the information collected.

### **Sources of Data**

The study utilizes primary and secondary sources of data for attainment of its objectives. Primary sources are direct contacts obtained through the Head of the

Institutions, teacher and parents of ECCE Centres. Secondary sources are institution office records.

### **Population of the Study**

The population of the study comprises of all the ECCE Centres within the Mizoram.

### **Sample of the Study**

Data was collected from 40 institutions within 7 districts of Mizoram.

### **Tools of data Collection**

For the present study, observation cum interview schedule prepared by Lalhmasai Chuaungo was used. Interview schedule for Head of the Institutions prepared by the investigator was used.

### **Data Collection**

The investigator personally visited the schools and permission were obtained from the Head of institutions of the school to collect the required data confidentiality was assured.

### **Data Analysis**

The data were collected through observation, questionnaire, interview schedule and school records. It was further analyzed and tabulated for comparison to find out the differences, which are highlighted in the form of percentages.

### **Analysis And Interpretation**

Analysis of the present study was done in accordance with the objectives of the study.

**Objective No. 1** To assess the quality of Early Childhood Care and Education (ECCE) in Mizoram with regards to interaction.

The data were collected from 7 districts of Mizoram to find out the quality of Early Childhood Care and Education (ECCE) in Mizoram with regards to quality of interaction by using the questionnaire and interview schedule developed by the investigator. It was calculated through percentage method, which has been are presented in the following table and figure.

**Table 1 Measurement of Quality of Interaction of Seven (7) Districts of Mizoram**

| Measurement of Quality of Interaction              |                                                                                                | No. of responses on YES | No. of responses YES in % | No. of responses on NO | No. of responses NO in % |
|----------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------|---------------------------|------------------------|--------------------------|
| 1. Teacher/ Adult-Child Interaction (TACI)         | i) teacher greets every child on the arrival                                                   | 27                      | 67.5                      | 13                     | 32.5                     |
|                                                    | ii) teachers have meaningful interaction with the children during meals/snacks time            | 32                      | 80                        | 8                      | 20                       |
| 2. Child-Child Interaction (CCI)                   | i) encourage social interaction among children during playtime                                 | 30                      | 75                        | 10                     | 25                       |
|                                                    | ii) meaningful interaction between peers during meal/snack time                                | 40                      | 100                       | 0                      | 0                        |
| 3. Child environmental/material interaction (CEMI) | i) utilizing waste materials for conducting play activities and have smooth social interaction | 22                      | 55                        | 18                     | 45                       |
|                                                    | ii) Children take care of the material and put the material back at the designated spot        | 21                      | 52.5                      | 19                     | 47.5                     |
| 4. Staff- family interaction (SFI)                 | i) organizing parents teachers meet                                                            | 22                      | 55                        | 18                     | 45                       |
|                                                    | ii) home visit                                                                                 | 25                      | 62.5                      | 15                     | 37.5                     |
| 5. Intra Staff Interaction (ISI)                   | i) Staff members interact, collaborate and support each other as a team                        | 40                      | 100                       | 0                      | 0                        |
|                                                    | ii) Staff members are respectful and maintain high ethical standard                            | 30                      | 75                        | 10                     | 25                       |

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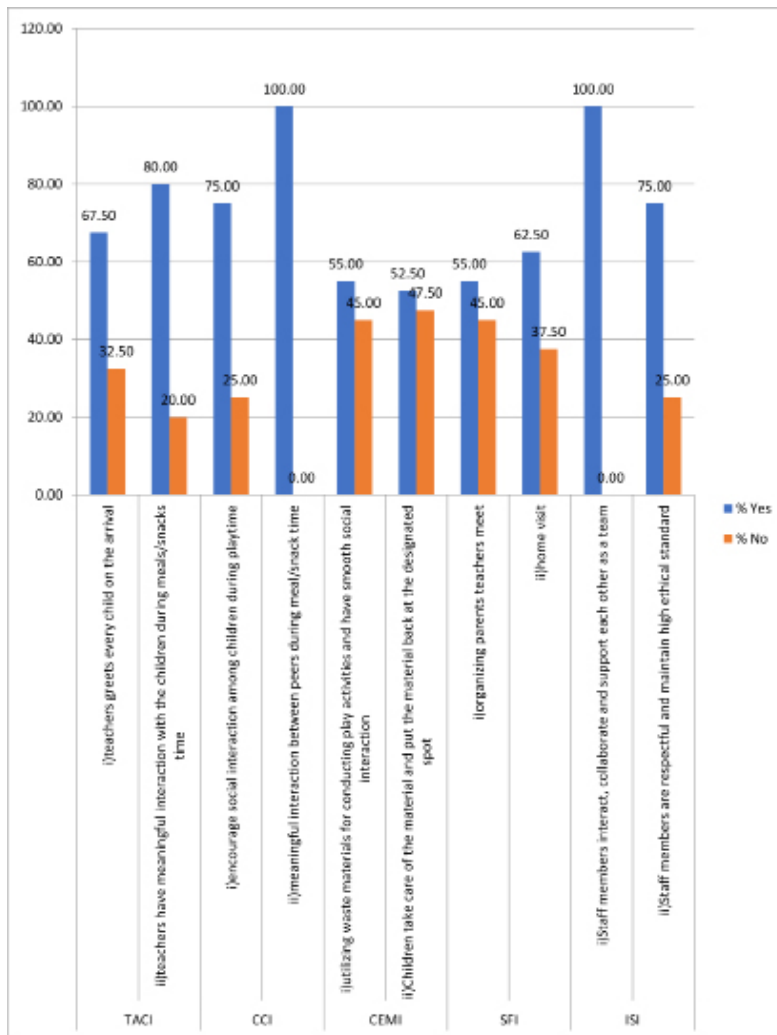


Figure 1: Measurement of Quality of Interaction of Seven (7) Districts of Mizoram

The data vide Table 1 and Figure 1 found that 67.5% of teachers greet every child on arrival, while 32.5% do not. It has also been reported that 80% of the teachers have meaningful interactions with the children during meals/snacks time, while 20% of the teachers do not interact with the children during lunch break.

Further, it was found that 75% of teachers encourage social interaction among children during playtime, while 25% do not. Additionally, 100% of responses indicate that there is meaningful interaction between peers during meal/snack time, with no responses indicating otherwise.

In terms of child environmental/material interaction, it was found that 55%

of teachers utilize waste materials for play activities and promote smooth social interaction, while 45% do not. Furthermore, 52.5% of teachers report that children take care of materials and put them back in designated spots, while 47.5% do not. Regarding staff-family interaction, 55% of staff organize parent-teacher meetings, while 45% do not. Additionally, 62.5% of staff conduct home visits, while 37.5% do not.

Finally, data reveal that 100% of staff members interact, collaborate, and support each other as a team, with no responses indicating otherwise. However, 75% of staff maintain respect and high ethical standards, while 25% do not.

The study reveals that from the data that were collected from 40 ECCE Centres from 7 districts, 80% of the teachers have meaningful interaction with their children. 75% of teachers encourage social interaction among children during playtime, 100% of responses indicate that there is meaningful interaction between peers during meal/snack time. Furthermore, 52.5% of teachers report that children take care of materials and put them back in designated spots. Regarding staff-family interaction, 55% of staff organize parent-teacher meetings. 100% of staff members interact, collaborate, and support each other as a team, with no responses indicating otherwise. This implies that the quality of Early Childhood Care and Education (ECCE) in Mizoram with regards to quality of interaction was satisfactory.

**Objective No. 2** To assess the quality of Early Childhood Care and Education (ECCE) in Mizoram with regard to health, nutrition, personal care and routine.

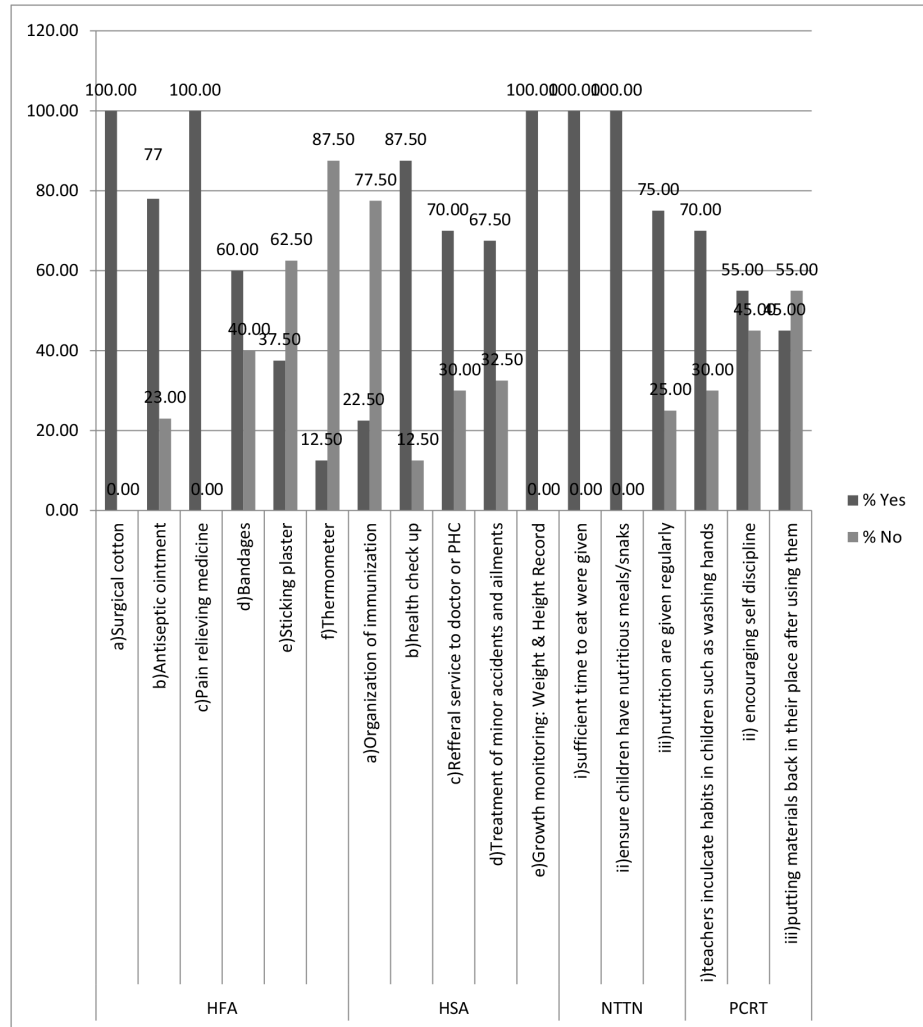
The data were collected from 7 districts of ECCE Centre through Observation and Interview method prepared by Chuaungo, 2002, to find out the quality of ECCE centre in regards to their health, nutrition, personal care and routine. The data were calculated and the findings are presented through percentage method for fulfilling the objectives.



**Table 2: Measurement for the quality of health, nutrition, personal care and routine of Seven (7) Districts of Mizoram**

| Measurement for the quality of health, nutrition, personal care and routine |                                                               | No. of responses on YES | No. of responses YES in % | No. of responses on NO | No. of responses NO in % |
|-----------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------|---------------------------|------------------------|--------------------------|
| Health (First aid material) (HFA)                                           | a)Surgical cotton                                             | 40                      | 100                       | 0                      | 0                        |
|                                                                             | b)Antiseptic ointment                                         | 31                      | 77                        | 9                      | 23                       |
|                                                                             | c)Pain relieving medicine                                     | 40                      | 100                       | 0                      | 0                        |
|                                                                             | d)Bandages                                                    | 24                      | 60                        | 16                     | 40                       |
|                                                                             | e)Sticking plaster                                            | 15                      | 37.5                      | 25                     | 62.5                     |
|                                                                             | f)Thermometer                                                 | 5                       | 12.5                      | 35                     | 87.5                     |
| Health service available (HAS)                                              | a)Organization of immunization                                | 9                       | 22.5                      | 31                     | 77.5                     |
|                                                                             | b)health check up                                             | 35                      | 87.5                      | 5                      | 12.5                     |
|                                                                             | c)Referral service to doctor or PHC                           | 28                      | 70                        | 12                     | 30                       |
|                                                                             | d)Treatment of minor accidents and ailments                   | 27                      | 67.5                      | 13                     | 32.5                     |
|                                                                             | e)Growth monitoring: Weight & Height Record                   | 40                      | 100                       | 0                      | 0                        |
| Nutrition (NTTN)                                                            | i)sufficient time to eat were given                           | 40                      | 100                       | 0                      | 0                        |
|                                                                             | ii)ensure children have nutritious meals/snacks               | 40                      | 100                       | 0                      | 0                        |
|                                                                             | iii)nutrition are given regularly                             | 30                      | 75                        | 10                     | 25                       |
| Personal Care and Routine (PCR)                                             | i)teachers inculcate habits in children such as washing hands | 28                      | 70                        | 12                     | 30                       |
|                                                                             | ii) encouraging self discipline                               | 22                      | 55                        | 18                     | 45                       |
|                                                                             | iii)putting materials back in their place after using them    | 18                      | 45                        | 22                     | 55                       |

fig 2



**Figure 2: Measurement for the quality of health, nutrition, personal care and routine of Seven (7) Districts of Mizoram**

As exposed in Data vide Table 2 and Figure 2 found the following measurements for the quality of health, nutrition, personal care, and routine in the seven districts of Mizoram:

#### **Health (First Aid Material)**

- Surgical cotton: 100% of the respondents indicated the availability of surgical cotton, while 0% reported it as unavailable.

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- Antiseptic ointment: 77% of the respondents confirmed the availability of antiseptic ointment, while 23% reported it as unavailable.
- Pain-relieving medicine: 100% of the respondents indicated the availability of pain-relieving medicine, with 0% reporting it as unavailable.
- Bandages: 60% of the respondents confirmed the availability of bandages, while 40% reported it as unavailable.
- Sticking plaster: 37.5% of the respondents indicated the availability of sticking plaster, while 62.5% reported it as unavailable.
- Thermometer: 12.5% of the respondents confirmed the availability of a thermometer, while 87.5% reported it as unavailable.

#### **Health Service Available**

- Organization of immunization: 22.5% of the respondents confirmed the organization of immunization, while 77.5% reported it as not available.
- Health check-up: 87.5% of the respondents indicated that health check-ups are available, while 12.5% reported them as unavailable.
- Referral service to doctor or PHC: 70% of the respondents confirmed the availability of referral services, while 30% reported them as unavailable.
- Treatment of minor accidents and ailments: 67.5% of the respondents indicated that treatment for minor accidents and ailments is provided, while 32.5% reported it as unavailable.
- Growth monitoring (Weight & Height Record): 100% of the respondents confirmed that growth monitoring, including weight and height records, is available.

#### **Nutrition**

- Sufficient time to eat: 100% of the respondents confirmed that sufficient time is provided for children to eat, while 0% reported it as not available.
- Ensure children have nutritious meals/snacks: 100% of the respondents indicated that nutritious meals and snacks are provided to children, with 0% reporting it as unavailable.
- Nutrition given regularly: 75% of the respondents confirmed that nutrition is provided regularly, while 25% reported it as unavailable.

### **Personal Care and Routine**

- Teachers inculcate habits in children such as washing hands: 70% of the respondents indicated that teachers inculcate hand-washing habits in children, while 30% reported it as not happening.
- Encouraging self-discipline: 55% of the respondents confirmed that teachers encourage self-discipline, while 45% reported it as not encouraged.
- Putting materials back in their place after using them: 45% of the respondents indicated that children are encouraged to put materials back after using them, while 55% reported that this is not being practiced.

An analysis of the data from seven (7) district of Mizoram reveals that the quality of care provided by Early Childhood Care and Education (ECCE) Centres teachers. The study reveals that regards to health facilities Surgical cotton, pain relieving medicine, Growth monitoring (Weight & Height Record): 100% of the respondents indicated their availability. Antiseptic ointment: 77% of the respondents confirmed the availability. Bandages: 60% of the respondents confirmed the availability of bandages, Health check-up: 87.5% of the respondents indicated that health check-ups are available, Referral service to doctor or PHC: 70% of the respondents confirmed the availability of referral, Treatment of minor accidents and ailments: 67.5% of the respondents indicated that treatment for minor accidents and ailments is provided services. Sticking plaster: 37.5% of the respondents indicated the availability of sticking plaster, Thermometer: 12.5% of the respondents confirmed the availability of a thermometer. Organization of immunization: 22.5% of the respondents confirmed the organization of immunization. The study shows that health facilities' availability in the ECCE centres meets the expected standard.

The study reveals that regarding the Nutrition provides in the ECCE Centres were beyond expectation 100% of the eat nutritious meals and snacks provided to children and sufficient time were given to the children to have their meal. 75% of the respondents confirmed that nutrition is provided regularly.

Regarding Personal Care and Routine, the study reveals that the ECCE Centres were satisfactory which clearly shows that 70% of the respondents indicated that teachers inculcate hand-washing habits in children, 55% of the respondents confirmed that teachers encourage self-discipline and 45% of the respondents indicated that children are encouraged to put materials back after using them.

## **Discussion and Conclusion**

Early Childhood Education, a pre-school education stage is an important stage as it is a preparatory stage to enhance holistic development in a child for future life. The main focus of ECCE are categorized as 0 – 3 years is health condition; 3 – 6 years, health condition and education. It is very essential that we provide special care and attention as it is the first phase in a child's life where interaction with others begin.

National Focus Group on Early Childhood Education NCERT, 2005 states that “This stage” of life is important as a foundation for the inculcation of social values and personal habits which are known to last life time.

The findings from the early childhood care and education (ECCE) programmes across Mizoram and its seven districts show that, overall, most teachers engage with children positively. In all districts, a high percentage of teachers greet children and interact with them during meals, while social play is encouraged in most areas. However, the use of waste materials for play is less consistent, with only about half of the teachers reporting this practice. Parent-teacher meetings and home visits are also less frequent, with some districts showing low levels of involvement in these areas. Collaboration among staff is widespread, and ethical standards are generally upheld, with the exception of a few districts. While the results highlight some strengths, there are clear differences in how ECCE programmes are implemented across the districts, with some areas needing more focus on using materials creatively and enhancing parental involvement.

Regarding health, nutrition, and personal care in the seven districts of Mizoram, it is seen that most respondents report the availability of essential medical supplies and services. In all districts, surgical cotton and pain-relieving medicine were readily available, and growth monitoring was confirmed in 100% of the cases. However, antiseptic ointment and bandages were available in varying percentages across districts, with thermometers and sticking plasters being less accessible. Health check-ups were generally available, but immunization was notably lower. Regarding nutrition, all districts reported sufficient time for meals and nutritious food. Teachers in most districts encouraged hygiene practices like hand-washing and promoted self-discipline. The practice of children returning materials to their place varied, with 45.5% to 60% of teachers encouraging this habit.

We can conclude by saying that, the overall findings of the study indicate that ECCE Centres in Mizoram are satisfactory, providing positive environment for children's learning and development.

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