

Experiences of Early Childhood Education Services in a Migrant Community

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Abstract

Migration is a crucial feature of urban areas. People have been migrating for varied reasons, to improve quality of living being crucial reason. It affects lives of people in both positive and negative ways. Migration adds to the vulnerability of poorer families. This study is aimed to understand lives of women and children in migrant families. A locality in Delhi with high migrant population was selected. The locality was an informal settlement with a dense population. 100 families were contacted and 20 families were selected for in-depth understanding. Primarily qualitative methods were used for the study. The role of early childhood care workers, primarily aanganwadi centres was highlighted. They had an important role to play in the lives of children and their families.

INTRODUCTION

Migration is a historical phenomenon which has impacted demography as far back as human movement has been documented. The modern nation state borders add a new dimension to the aspect of migration. Migration is simply defined as movement of people from one point to another. However in reality, migration is a

much more complicated process. People often do not simply move from source to the destination, but there are a host of factors which determine the geography. The process through which migration happens is crucial to understand the experiences people have during this movement. Experiences are also determined by the socio cultural position.

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Geographical location, economic status, ethnicity, gender are some of these aspects. Migration of families encompasses movement of the entire unit together. But apart from this, there is increasing evidence of independent migration of women and children. By understanding migration, we also aim to understand the lives of children who participate in this process.

DEFINITION AND THEORIES OF MIGRATION

The UN Migration Agency (IOM) defines a migrant as “any person who is moving or has moved across an international border or within a State away from their habitual place of residence, regardless of (1) the person’s legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of the stay is.” To add to this, people who move to a different place periodically for work or other reasons and come back to the habitual place of residence are considered to be circular migrants. As per the census, there are two types of migrants in the country, ones defined through place of birth and ones defined through place of last residence (Census, 2001). In the census, a person whose current residence is different from place of birth is listed as “migrant by the place of birth” and whose residence is different from last place of enumeration is listed as “migrant by place of last residence”. The definition

by IOM has a broader scope, however the definition by Census is used for most official purposes in the country.

There are many theories which explain the phenomenon of migration. Push and pull theory of migration states that there are factors within the locale which create a push factor such as poverty, natural calamities, development induced and certain other areas create pull factors such as job opportunities, better economic and social systems and so on (Lee, 1966). It is crucial to look at these factors but over time it has been postulated that networks are important for migration movement (Massey, 1999). Network theory states that social networks perpetuate and support migration.

TYPES OF MIGRATION

There are different forms of migration, each with its own features but there are common features that bind them together. Some theorists are postulating that there are some overarching features of human movement which are common to all forms of migration (Castles, 2014). On the basis of location, migration can be internal or international. On the basis of agency, migration is voluntary (education, economic, marriage) or forced (refugees, development induced, trafficking). By duration, migration is classified as permanent, long term, short term or circular migration. A new form of migration now being researched is commuter migration, where everyday

people are travelling long distances for work. Amongst all these forms of migration, there are varied individual experiences. In my study the focus is on children within families and for the purpose of this paper, I am looking at migration from the lens of who moves, married or unmarried adults; children with or without adults, individuals or entire families.

MIGRATION IN INDIA

Migration has persisted in our country for over a century (Weiner, 2003). Census of India defines migrant as someone living in a place other than the place of birth. There are many pitfalls to the definition as it does not include circular migrants or people who have moved back to their place of origin. The theoretical understanding of migration moves beyond this understanding as it takes into account the second and third generation migrants as well. And even in situations where people are unable to travel to villages often, they carry practices with them which gets re-imagined in their current context. Some of the major hotspots for migration in the country are UP and western Bihar (Tumbe, 2012). There are possibly around 100 million internal migrants in India which is a number larger than any other place in the world. Migration invokes the imagery of young men travelling to the city for work with women and children left behind. More gendered aspects of migration are being researched as well. A variety of studies

have highlighted advantages such as increased independence as well as disadvantages such as exploitation of migrant women (Mishra, 2016).

CHILDREN AND MIGRATION

The United Nation Convention on the Rights of the Child (UNCRC) ensures that children below 18 years of age are entitled to rights of survival, development, protection and participation to which India ratified in 1992. Migration as a process can add to or take away from these rights. To counter extreme poverty, migration may help in securing development rights but protection might be an issue. There have been several negative aspects linked to the migration, especially in terms of school dropping out and difficulty in obtaining transfer certificates. Achievement levels have not been mapped but, on an average, children in migrant families receive less number of days of education (Coffey, 2003). As per UN report, the number of migrant children is estimated to be 15 million (UNESCO, 2013). Within the aspect of family migration, there are many children who are 'invisible'. These children often work at the work site as daily wage labourers (YCDA, 2014).

One of the ways to further understand children's lives can be Bronfenbrenner's conceptualisation of development. In the bioecological model, development is a phenomenon of continuity and change in the human beings, both as individuals and as groups. It is over a life course,

across successive generations, and through historical time, both past and future (Bronfenbrenner, 1979). Everyday lives of children are thus affected by migration.

EARLY CHILDHOOD CARE AND EDUCATION (ECCE)

Care in early years is a particular focus of this study. The state recognised the importance of addressing development of children early as 1975 when the ICDS program was established. The purpose was to provide a comprehensive package of services to children below six years of age (Drèze, 2006). These services were to be delivered at the aanganwadi centres (AWC) which are located in every village and town depending on the population of children. The purpose of these centres was to provide pre-school education, supplementary nutrition, immunisation, nutrition education, health checkup and referral services. A recent policy encompasses inseparable elements of care, health, nutrition, play and early learning within a protective and enabling environment (National Early Childhood Care and Education Policy, 2013). The policy states that education in early years makes a positive contribution to children's long term development and learning by facilitating an enabling and stimulating environment in these foundation years of lifelong learning. Many prominent studies have critiqued the implementation of ICDS programme (Venugopal, 2012). The

ICDS has been known to be plagued with issues of service delivery, particularly education.

METHOD

Locale

This paper is based on an ongoing PhD research in Nizamuddin *basti*. The *basti* is situated flanked by East Nizamuddin, West Nizamuddin and Jangpura which were primarily refugee colonies after the partition of India and Pakistan in 1947. The *basti* is named after Nizamuddin Dargah which is an important shrine. Apart from the spiritual importance, it also supports the livelihood of many residents of the *basti*. A survey done by an NGO (of 490 households in the area) gives an idea about the demographic profile of the *basti* (AKTC, 2018). The estimated population is around 12,000 which do not include the homeless and the floating population. The *basti* is roughly divided into 8 clusters, which is partly historical and partly on the basis of kinship groups. These clusters are uneven in terms of population and resources. As per the survey, around 79 per cent families reported having stayed in the *basti* for more than 20 years, so about 21 per cent families have been staying for less than 20 years. Circular migrants may not have been identified, there fore the projected migration may be higher. Around 65 per cent of migrant families are concentrated in three clusters, Khusro Nagar, Nizam Nagar

and Dildar Nagar. The participants in this study belonged to these clusters. This paper focuses on children within the migrant families, therefore the descriptions will pertain to this target population. Services for children and mothers in the *basti* were government, NGOs and private service providers. The government services in the *basti* included a primary school, a polyclinic (multispeciality clinic with general physician, gynaecologist, dentist, eye specialist, paediatrician and diagnostic lab) and 7 AWCs. For the purpose of this study, an NGO was contacted which worked on development of the *basti*. As part of their education program, they were supporting all AWCs in the *basti*.

Participants

The unit of research for this study was the AWC which consisted of workers, children attending it and their parents, mostly mothers. All the AWCs were visited and informal interactions were carried out with all the *aanganwadi* workers (AWW) and helpers. For in-depth understanding, 4 AWCs were selected. These AWCs were in three clusters with the highest migrant population. Nizam Nagar cluster had two AWCs since it had a higher population than other clusters. Through the period of study there was interaction with about 100 families with children of all ages. Within these, further contact was made with 20 families, who had at least one child attending the AWC.

Data Collection

The primary modes of collecting data were observations and interactions with the AWCs, parents, important members of the community, older children and NGO workers. Children below the age of 6 years were observed in the AWC setting. The locations for data collection were at the AWC and community spaces. At the level of the centre, the overall environment of the centres along with available resources; curriculum implementation and interaction of AWWs, helpers and community teachers with children, parents and amongst each other was observed. Observations were non participant to begin with, however some of the children would engage with me once they were comfortable. Participant observations involved engaging children in activities and games. These visits were conducted over a period of one year. A total of around 50 visits were conducted to the centres and each visit to the centre would last up to two hours. During this time, I carried out conversations with the AWW, helpers and NGO community teachers present at the centre.

To initiate conversations with older children and women, I would locate myself in spaces frequented by women's groups when they sat and chatted during their free time. My entry into homes would happen when I was invited by the child or the mother. I was rarely invited to sit inside as they would say, "*Baaji*

hum log ke toh chote chote ghar hain, hum kahan bithayien" (We have small homes, how will we seat you?)

FINDINGS

Migration (s) in Nizamuddin Basti

Nizamuddin *basti* has a history of migration, people have come to the Nizamuddin *dargah* since its inception, in search of spiritual guidance as well as solace. Archival evidence also shows structures which signify presence of habitation. In the modern times, Nizamuddin saw bursts of growth at different points. One of the important events which precipitated development in the area was partition. Refugee camps were set up in the nearby monument Humayun's Tomb and from there migrants moved to settlement localities of Nizamuddin East and Jangpura. Nizamuddin *basti* has migrants mainly from Uttar Pradesh, Bihar, West Bengal and Assam. Of the people engaged with during the research, the reasons for migration were varied. Marriage was a big reason for women to have migrated to the city. Many people came to find work, however, most people coming to Nizamuddin for work already had relatives or village members who were engaged in some form of employment. Nizamuddin *basti* also has a high floating population, many also arrive for religious purposes. There is a large homeless population living around the *basti*. There is a

movement between the *basti* and the street. People may spend time in *rain basera* (night shelter), especially during winters. Most of the people on the street are migrants as well.

There were large sections of Nizamuddin *basti* where families had migrated from various parts of the country, most belonged to Uttar Pradesh, Bihar, Assam and West Bengal. They routinely faced problems of getting birth certificates which was necessary for not only school admissions but other services as well. The families who had migrated also stay in rented accommodation. Being in the centre of the city, the rents were higher than the places found at the periphery of the city. A large proportion of family income was spent on rent and related services of electricity and water supply. This varied across families but a 6*4 ft room could cost up to ₹ 4000 and ₹ 1000 was spent on electricity and water bills per month. This in some cases did not include a toilet or bathroom. In many cases, a shared toilet or bathroom or a community toilet was used. On an average, each home would have 2-3 adults and 3-4 children.

ECCE PROGRAMME IN THE BASTI

The ECCE programme in the *basti* was based on public private partnership between the Women and Child Development (WCD) Department of the Delhi government and the NGO. A baseline survey was carried out which identified that the

pre-school component is the weakest. To counter this an additional worker and women from the *basti* trained in pre-school education were placed at the centres referred to as 'community teacher'. This worker was sponsored by the NGO. Infrastructural improvements such as repairing of walls, lighting, flooring were done by the organisation in all the AWCs along with provision of resources such as play material, stationary, teaching learning material. The AWCs were mostly housed inside people's residences, except two centres which were in the polyclinic compound. Support was being provided in form of rent. Since the size of AWCs was rarely beyond 6×6 ft, the government provided only around Rs 2000 as per their rent norms. The standard rent for this sized room in the *basti* was between Rs 4000–5000 and this gap was being filled by the NGO. AWWs and the community workers were also routinely involved in capacity building processes with the NGO.

Each AWC had three adults present on a regular basis; an *aanganwadi* worker, a helper and a community teacher. The helper was responsible for bringing children to the centre and dropping them back home. They distributed food which arrived for the children, later collected the plates and washed them when children had left. Workers gave instructions more often than participating in these activities. Parents who came in also spoke more often to the helper and interacted with the worker only if there was

some information that was needed. The pre-school component was handled mostly by the community workers, however the community workers reported that AWW took over teaching activity if they got the information that supervisor was in the area.

There were around 30–40 children enrolled in the age group of birth to six at each of the 7 AWC. Pre-school was being accessed by anywhere between 10–20 children per centre, attendance varying depending on the multiple factors. There were two centres where AWWs had not been deputed for past 6–7 years. One of these *aanganwadi* centres had been merged with another centre nearby. The centre opened between 9 a.m and 9.30 a.m. Children often reached by 10 a.m. Class started with physical activities and rhymes. It was followed by either a creative or cognitive activity which are described below. Story telling also took place on some days. Around 11 a.m, midday meal was served. From 11.30 a.m to 12 p.m, teacher would continue a previous activity or let children go if their parents came to pick them up. Growth monitoring was carried out at the centres with no particular schedule. During conversations with the mothers, it was observed that they knew that children are weighed at AWCs, but didn't consider it a reliable source for information about weight as they got weight checked during visit to a doctor. Supervisor visits would happen every two or

three weeks. The polio drive was conducted as per national schedule and immunisation at the centre happened once in three months.

PRE-SCHOOL COMPONENT

A curriculum designed by the government was being used at the centres. The curriculum was divided in 4 parts broadly based on different domains of development, physical, language, cognitive and creative development. It was also divided on basis of themes such as me and my family, birds, animals. Activities for physical development included games such as walking on a line, jumping, playing catch and so on. For language development, there were theme based conversations, story telling and rhymes. Cognitive activities included puzzles, identification of colours and numbers, worksheets. Activities involving cutting, pasting, collage making, colouring were for creative development. Teachers and children were well versed with the rhymes that were part of the curriculum. Through the course of the research, if an observation was being carried out by either ICDS supervisor, NGO staff or the researcher, the aanganwadi workers would promptly tell children. "*Bacchon, ma'am ko rhyme suna ke dikhao*" (Children, show ma'am how you sing the rhymes). AWWs were not observed conducting meetings for adolescent girls. Community teachers, helpers and AWWs seemed aware of developmental needs of children. They would routinely ask them about

their experiences, asking them to take initiative, being affectionate to them. Though incidents of shouting and scolding were also observed, mostly by AWW.

ENGAGEMENT WITH MOTHERS WITHIN THE COMMUNITY

Aanganwadis are a space where many services are provided at the community level. It is the only point of direct contact with the community, especially in urban areas where other services are not located within the basti. Through the period of the research, it was observed that aanganwadi workers would carry out various tasks which fall under the umbrella of social entitlements. Aadhaar cards for children under six and their mothers were made at the different centres. Widow pension was disbursed through the ICDS program. During the elections, many of the tasks were carried out by the AWWs, leaving the centre to be run by the helper and the community teacher.

AWC was a point of contact for the people who have just moved. Guddi (name changed) was married into a family in Bihar and she gave birth to 6 daughters. The husband and in-laws refused to take care of all the children. Guddi came to the basti as her parents already lived on the street here. Her parents primarily lived outside the dargah which provided shelter to many other homeless people around the basti. Guddi rented a room and struck an arrangement with a local patron, her

eldest daughter worked as a domestic help and he waived of the rent. Since Guddi's house is in a street next to the AWC, the helper identified her when she arrived at Nizamuddin Basti and enrolled her in the centre.

In another case, Sheena, one of the helpers was very close to the family who had migrated from Darbhanga district in Bihar. Manna had been living near Karol Bagh and was involved in making caps. Though he suffers from issues related to vision, a fallout of working in the factory for long hours and in the dark. He married Rani and she had been staying in the village for the past few years. I asked her about coming to the city, she told me "*Woh aap log mein holi hota hai, mein pichle saal tab aayi*" (I came around the time you celebrate Holi). They were living in Khurso Nagar, and then moved to Nizam Nagar. Since Sheena also lives in Khusro Nagar she developed a good relationship with the family and helped them find a house. Her AWC is very close to their house and three of their children are enrolled at the centre. She often keeps the centre open till later for the mother to return from work. Often she would send extra food back home with children. The father considers Sheena his *Baaji* (elder sister) and tells me that she has been a great support for the family.

Shaan and his older brother came to Nizamuddin to live with their *bua* (paternal aunt) as their mother was unable to take care of them.

According to Shaan's *bua*, Reema "*woh dimaag ki theek nahi hai*" (she is not right in her head). When I met Reema, she already had two children and was expecting another one. Shaan's older brother, around 15 years of age, promptly found work in loading trucks in a nearby wholesale market. Shaan is much younger, around 8 years and attends the AWC close to his home. His *bua* was getting supplementary nutrition from the AWC and was known to the worker and the helper. Shaan started attending the AWC as his *bua* said, "*school jaane tak kuch toh padh lega*" (He would at least study something till the time he is enrolled in the school). He was accepted and involved in the activities of the centre often assisting the teacher and other children in carrying out tasks.

Baano belonged to Madhubani district in Bihar and her father was the Panchayat Head in their village. She got married to Vikram, whose family has lived in Nizamuddin *basti* since the 90s. They live in a narrow house which is owned by them but they have no legal papers. Many such houses had emerged in Nizamuddin *basti* as and when people migrated to the city, most confined in 10 sq. meter space. For Baano, this transition from village to the city was jarring. Around my first interaction with her, she had delivered her third child who was a girl. At that point, her husband refused to acknowledge or take care of the child as he had expected a male child instead. He had made a promise

to Baano that he will quit drugs if she delivered a boy. Not having a male child took away his motivation to quit. Just after delivery, she was struggling with taking care of her child as her in laws were sympathetic but were too old and unwell to help. The worker, Ragini, in the nearby centre, knew her situation as she was enrolled in the supplementary nutrition program. She helped Baano by giving her a blanket and some warm children's clothes. Baano often sits at the AWC talking to Ragini. She tells me, "*Yeh didi toh bohut acchi hai*" (She is like an older sister and is a good person).

CONCLUSION

Migration is an overarching feature in the lives of many urban residents. Through the course of the study, there were different kinds of migrants that were observed. Family was one of the important spaces where complexities of migration could be observed. It is evident that people migrate and expect to see a better future for themselves and their children. Nevertheless when they move there are several factors which impinge on the lives of their children such as lack of access to health and educational services which require support from the state. Families do not have Aadhaar cards, birth certificates or proper spaces to stay which impact quality of life of migrant children as access to school and medical services including immunisation, nutritional supplements, health checkups

amongst a few others. Sometimes it is contingent on aanganwadi workers' own initiative to support new families in the area but they can have a positive presence in the lives of these families. Being situated inside the community, they can help families at an early stage of migration when vulnerability is especially high. Care needs of children can be addressed, thus helping families to ensure rights of a young child.

The AWC, not just the people but also the space were closely linked to the community. As seen in Guddi's case, the aanganwadi helper was able to identify her family due to proximity to the AWC and link her children to services at the centre. Sheena got support not only in finding a house in the basti, but the helper at the centre could provide care to children in situations needed. Baano also received support at a vulnerable juncture in her life. Ragini is another person in her 'circle of imagination' where there is unspoken trust as well as keeping of a family's care in her thought (Suneja, 2018). AWC became an important space for families to derive support, both for their own living and livelihood and the welfare of their children. In situations where migrants in the *basti* hadn't formed adequate support systems, AWC fulfilled some of those functions.

The imperfections in the ICDS system such as lack of infrastructure, poor training, leakages in the system are difficult to ignore (Kumar, 2019). But, so is the potential this space

holds in the lives of children, especially those belonging to migrant families. The extensive time spent in few AWCs provides an insight into the various networks of relationships which exist within the centre. Being compared to

harsh standards presented only through large scale studies only on quantitative parameters, AWCs will fail (Saxena and Srivastava, 2009). However, with support, AWC can have a meaningful impact on lives of migrant families and children.

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