Expanding Roles of Teachers for the 21st Century

An Indian Context

American educators, in their attempts to clarify their expanding roles, need to examine further the kaleidoscope of teachers' roles in other societies and other settings.

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Many teacher educators, school administrators, education reformers, teachers, social policy pundits, and politicians in the United States are reflecting on the question, "How should we best prepare our teachers for the 21st century?" They further ponder, "How can we learn from other countries and then adapt what we learn to our conditions?" U.S. educators already have learned and applied much from other countries' practices, such as Italy's Reggio Emilia early childhood programs (Edwards, Gandini, & Forman, 1998; Hendrick, 1997). As American educators attempt to clarify their expanding roles, they need to examine further the kaleidoscope of teachers' roles in other societies and other settings. This article examines the rationale for expanding teachers' roles, using preschool education in the slums of Baroda, India, as an
illustrative study, and its implications for teacher preparation in the 21st century United States.

RATIONALE FOR EXAMINING TEACHERS’ EXPANDING ROLES

There are five justifications for examining teachers’ expanding roles. First, although the social conditions that have paved the way for teachers assuming ever-larger roles have existed for several decades, more recent legislation has precipitated this change. The Personal Responsibility and Work Opportunity Act of 1996 “ended welfare as we knew it,” according to President Clinton. Therefore, while the responsibility for administering child welfare programs is now delegated to the individual states, the states will receive 20 percent less federal support to execute these programs (Sherman & Viggiani, 1996). Some child advocates fear a resulting dramatic reduction of services to poor children and families (Children’s Defense Fund, 1997). In addition, other pending bills (both at the federal and state levels) on health care, Medicaid, and foster care also may reduce services to poor families. Teachers, as caring individuals, will be picking up the slack of providing these social services; increasingly, they will have to act as child advocates and dependable resource persons for their needy pupils. States also may reduce their education budgets, to compensate for the larger amount spent on social services. Consequently, fewer teachers and other personnel may be hired, and those currently teaching may be compelled to perform even more roles that extend beyond teaching.

Second, the current philosophy in early and elementary childhood education is to educate the “whole child” and promote “total development” (e.g., Barbour & Seefeldt, 1993; Bredekemp & Copple, 1997; Hart, Burts, & Charlesworth, 1997; Hendrick, 1996, 1998). To promote physical and motor development, teachers need to have an in-depth knowledge of developmental milestones, first aid and basic health education, immunizations, and prevention of childhood diseases (i.e., teachers need to expand their role to include that of a pediatrician). To promote social and emotional development, teachers also need to have a sound knowledge of social and personality development; how peers, media, and community affect the child; and guidance and counseling (i.e., the role of a counselor).

Third, national standards for early childhood and elementary education emphasize that working with parents and the community is an integral component of teacher preparation (Association for Childhood Education International, 1997a, 1997b; National Association for the Education of Young Children, 1996). Thus, these standards explicitly acknowledge that teachers have to take on the roles of community worker, counselor, resource person, liaison, and advocate.

Fourth, Bronfenbrenner (1979) contends that our knowledge of human development is limited to the child’s microsystems (i.e., the immediate environment in which the child is present). Relatively little is known regarding the child’s mesosystem (i.e., the links between any two of the child’s microsystems), exosystem (i.e., the setting in which the child is absent but that still influences his development), and macrosystems (i.e., societal, cultural, ideological, and philosophical values and belief systems that influence his development). Educators need to exert a positive influence not just on the microsystem (e.g., school or home), but also on all of the child’s other systems. For example, the teacher has to be an effective communicator, parent educator and supporter, and thereby strengthen the child’s home-school relations—the child’s mesosystems. The teacher also has to be a community worker to strengthen the child’s micro- and exosystems, and to work as a child’s advocate to strengthen the child’s macrosystem.

Fifth, teachers are the only other adults besides parents who daily spend significant amounts of time with children. Teachers not only have a high frequency of interactions, they also have opportunities to develop emotionally close, influential, and committed relationships with their pupils (Hyson, 1994). Teachers and other adults can positively inspire children by their own examples, and they can inculcate many virtues in them. Mahatma Gandhi, when asked about which “works” influenced his life, replied that while he had little recollection of books he had read or the “lessons” he had learned in school, he did feel that the vital teaching force throughout his life was the individuals who inspired him by the examples of their own lives, and that these people were always standing beside him (Bainbridge, 1996). Thus, teachers wield enormous influence as they take on the roles of friend, mentor, confidant, counselor, spiritual guide, and social activist.

In the slums of one Indian city, 17 preschool teachers carry out all these roles. (It is beyond the scope of this article to discuss the status of early childhood education in all of India. For such details see: Bhavnagni, 1995; Department of Education, 1986; Joshi, Mohite, & Verma, 1991; National Institute of Public Cooperation and Child Development, 1984; Verma, 1979; Verma & Mohite, 1991.)
SPECIAL TOPICS IN MULTICULTURAL EDUCATION

PRESchool Education in the Slums of Baroda

Baroda, the 21st-largest city in India, with a population of 1.5 million, is about 130 kilometers (nearly 80 miles) northwest of Mumbai (previously named Bombay). Because of the city's strategic location, it was transformed into a major industrial center during the 1960s. Industrialization brought an influx of migrants and a subsequent growth of slums. In 1966, a voluntary, nonpolitical, nonprofit, secular, development organization called Baroda Citizens Council (B.C.C.) was established, with initial support from a Quaker group called American Friends Service Committee. The goal of B.C.C. is to involve the urban poor community in solving their problems by developing local leadership, competence, and faith in themselves, and by making effective use of available resources (Baroda Citizens Council, 1996).

About 15 years ago, B.C.C. opened up balwadis in the slums. (“Bal” means child and “wadi” means a garden—thus, a “garden for children.” The balwadis serve 2- to 6-year-olds, while kindergartens in the U.S. typically serve 5-year-olds.) In 1985, the program gained momentum. Today, B.C.C. sponsors 17 balwadis serving 39 percent of the 3- to 6-year-olds in Baroda's slums. Another 35 percent of urban 3- to 6-year-old slum children attend balwadis funded by Integrated Child Development Scheme (ICDS). ICDS is the Indian government's largest developmental project, and is the world's largest early childhood government-sponsored program for the poor. (See Bhavnagri, 1995, and National Institute of Public Cooperation & Child Development, 1992, regarding ICDS and its resemblance to Head Start.) Despite ICDS's wide reach, it is still unable to help all slum preschoolers. Therefore, B.C.C. offered its preschool programs in Baroda's slums. Unfortunately, about one fourth of the slum children do not receive benefits from any program (Baroda Citizens Council, 1996).

The authors used multiple methodologies and sources to ensure the credibility of their findings about the preschools run by B.C.C. and the teachers' roles. First, three focus groups were conducted in the Gujarati language, since all teachers were proficient in it. Besides taking detailed notes, the authors audiotaped these sessions to capture the teachers' voices. The authors also interviewed the Executive Director of the B.C.C. Next, the authors visited the preschools and the community services in the slums, followed by visits to the parents' homes. They also attended weekly planning meetings. Finally, they examined the children's cumulative records and the agency's other publications.

Both authors offered expertise in child development, early childhood education and social work, gained from Indian institutions of higher education. They also had university and preschool teaching experiences in India. The first author also brought an outsider's perspective, based on her graduate studies at an American university and her years of university teaching experience in the United States.

EXPANSIVE ROLES OF TEACHERS IN INDIAN SLUMS

Education of the Child

Description of the Urban Slum Child. About 85 percent of preschool slum children in Baroda suffer from varying degrees of protein and calorie deficiency; iron deficiency anemia; Vitamin A deficiency, which causes dryness of the eyes and, in extreme cases, blindness; and iodine deficiency, which adversely affects physical and mental development ( Fonseka & Malhotra, 1994). Some of the children were low-birthweight babies, because their mothers suffered from nutritional anemia.

A lack of 100 percent safe drinking water, poor physical conditions of the home, and the general conditions of the slums further contribute to poor health. Fonseka and Malhotra (1994) report that the rural children who migrate to urban slums have worse health than their rural counterparts, even though they generally eat better food and more regularly. Thus, the unhealthy slum environment may affect their well-being. Fonseka and Malhotra also report that even though more slum children are enrolled in school, the non-enrollment rate in slums is nine times greater, and the

Children working collaboratively in a small group, building a tower with alphabet blocks.

photos courtesy of authors
dropout rate 20 percent greater, than in non-slum schools.

The preschoolers whom we observed all were clean, with well-groomed hair, despite the limited availability of water for bathing. Their clothes were handwashed, but not ironed. As many of these children have continuously runny noses, due to poor health, some of them had a cotton handkerchief safety-pinched to their clothing.

Role of a Child Educator. First, the preschool teachers develop a curriculum. Since commercial materials are limited in quantity and variety, the teachers make materials such as indigenous dolls, paper-rolled beads, woven baskets, board games, and matchbox alphabets. They receive training in constructing such materials from a university extension program. They take children on outings to provide experiential learning. For example, the children from all B.C.C. preschools meet in public gardens to celebrate their annual children's festival with games, a magic show, a puppet show, gifts, and a picnic. The teachers educate the children about healthful foods by cooking, and talking about nutritious snacks. They also conduct thematic units on food.

Role of a Child Advocate. The preschool teachers identify, assess, and advocate for those children with special needs who have not received proper medical attention. The city's complex and bureaucratic government health system is very confusing and intimidating to parents, who often are illiterate, and thus, feel powerless. Therefore, the B.C.C. teachers go with these children and their families to government hospitals for physiotherapy, occupational therapy, x-ray appointments, appointments with orthopedic doctors, and even surgery. The B.C.C. teachers have special badges that allow them direct access to medical services, facilitating their roles as liaisons for slum dwellers. In addition, through years of experience, they have accumulated a deep understanding of how the hospitals work. The B.C.C. teachers are able to expedite medical services by reading signs and filling out forms for illiterate parents, explaining technical jargon used by medical personnel, and clearly articulating patients' concerns. They also assist families in applying for bus and rail concession passes for the handicapped, and by visiting the appropriate offices to process the applications.

These teachers believe they should be advocates because, as one teacher said, "It is our responsibility to be vigilant and take notice of the needs of the community. We need to note which family has had a birth of a handicapped child and which child in the community has now come of age, such that it is safe and appropriate to operate. We then have to follow through on these cases."

They are also advocates for street children who do not attend school. In 1998, 110 street children were reached through B.C.C.'s seven non-formal education classes. ("Non-formal education" refers to schooling provided by agencies other than private and public schools.) These children were admitted up to 15 years of age because of their difficult circumstances. The B.C.C. teachers reported that they must regularly remind the street children to continue attending non-formal classes. As many street children do not have birth certificates, a necessity for school admission, the B.C.C. teachers have to provide documentation that these children have received non-formal education. Such documentation substitutes for birth certificates and allows the children to enroll in regular schools.

Education of the Families

Description of the Family. B.C.C. offers expansive services (e.g., programs on health and economic development, and programs targeting women, handicapped children, street children, and preschoolers) to almost 13,500 families. Seven hundred and thirty-five of these families receive preschool education through the B.C.C. balwadis. Eighty-two percent are Hindu families, 17 percent are Muslim families, and one percent are Christians or from other religious faiths. The average size is 4.87 children per family. These families are predominantly nuclear (82 percent). Only a few families (18 percent) have other relatives residing with them. Both parents work in these families. India is similar to other developing countries in that older siblings are the caregivers for younger children when adults work outside the home (Bhavnagri, 1994; Whiting & Edwards, 1988). More recently, however, slum parents are sending their children to school in greater num-

One of the slums where B.C.C. teachers work.
bers. As a result, the older siblings are not available to babysit. Therefore, preschools such as those run by B.C.C. are needed.

Eighty percent of the men and 60 percent of the women in these families are literate (i.e., they have primary education and above). Women's literacy is critical because it is positively related to their children's education, language and cognitive development, and health and nutrition (Levine, 1987; UNICEF, 1992). These families earn on average Rs. 260 per month (i.e., approximately 6 dollars, when the rate of exchange is Rs. 44 = 1 dollar). Western research indicates that economic hardships (McLoyd, 1990) and the day-to-day "hassles" of parenting (Crinic & Greenberg, 1990) are major stressors for poor families, contributing to children's social incompetence (McLoyd, 1990).

Role of a Family Life Educator: B.C.C. teachers perform home visits for several reasons. They want to know, for example, why a child has not been attending the preschool lately. If the child is absent because of health reasons, as is often the case, then the B.C.C. teachers ask the parents to bring their child to the clinic. The teachers also need to remind parents to pay their fees. They may also persuade mothers to limit the size of their families. With one exception, all of the teachers interviewed reported that they prefer to discuss issues with the mothers during home visits. The teacher who preferred to speak with the fathers explained, "Far too often women say, 'I will have to check with my husband and get back with you.' I therefore prefer to go on a home visit when the head of the household is at home. I tell the fathers, 'If you save 50 paisa, which is only half a rupee a day, then you can save 15 rupees a month! That is plenty towards your child's fee. If you smoked a little less each day, then the savings on the bidis [i.e., Indian cigarettes] is the extra money you saved.'"

During their parent conferences, the teachers educate the families regarding the importance of cleanliness. They remarked to us, "We often have to remind parents to send their child to school clean. Clothes should be clean. Give him a handkerchief and pin it to his shirt for wiping his runny nose." They also emphasize literacy, recommending that the parents provide writing materials at home.

They have group meetings at which mothers, grandmothers, or older sisters attend. Fathers usually cannot attend because the meetings are held in the afternoon. Some teachers with whom we spoke believed that many fathers are unlikely to attend the evening meetings either, because, as one said, "Once they come home they are with the bottle and [they] drink through the evening."

Education of the Community
Description of the Slum Community. The slum population in Indian cities has grown two to three times faster than the rate for the overall urban population. Baroda is in Gujarat State, which is the second most urbanized state in the nation. Approximately one quarter of the urban population in Gujarat State lives in slums (Government of Gujarat, 1994). In 1998, Baroda had 360 slum pockets (G. Vaswani, personal communication, August 15, 1997).

These neighborhoods are not lawless or deprived. They are made up of rural, migrant families that are struggling to make a living. They work in the informal unorganized sector, and they contribute to the city's economy. Some community members have visibly improved their lot after working in the city. They were able to purchase radios, televisions, bicycles, motorbikes, refrigerators, gas operated cooking stoves, fans, and western style furniture. Then, there are less fortunate people who are merely trying to eke out a living. They use firewood or kerosene stoves, eat and sleep on the floor, have no electricity or furniture, and possess only the most necessary clothing and cooking utensils.

The slum environment is not generally hygienic. While it does receive municipal public services, these services may not be evenly distributed across the entire slum. Although most city slums have potable water, paved streets, drainage, electricity, street cleaning, and garbage collection, all of these services and infrastructure need improvement. Research indicates that the ecology of neighborhoods greatly affects the quality of children's lives (e.g., Berg & Medrich, 1980; Brooks-Gunn, Duncan, & Aber, 1997; Garbarino, Dubrow, Kostelnky, & Pardo, 1992; Skogan, 1990).

Thanks to B.C.C.'s continuous efforts to promote self-reliance among slum dwellers, the slums where B.C.C. operates have more amenities (e.g., drinking water, bathrooms, toilets, drainage, electricity) than other slums. Moreover, 72 percent of the slum dwellers where B.C.C. operates are owners of their shelters. B.C.C. works in 33 out of the 360 identified slum pockets, and it has preschools in 17 out of these 33 slums.

Role of an Environment Educator. The teachers organize community meetings on sanitation projects that influence the health of the children they serve. They invite a B.C.C. expert to speak about how to acquire low-cost toilets, soak pits for
kitchens, UNICEF-designed water pumps, and community drainage systems. Teachers make follow-up visits to motivate the community to sustain these projects. During focus groups, the teachers reported, "We live in the neighborhoods where we work. So we end up visiting various community members daily, [one person] or another. We end up visiting their homes sometimes twice in a day, on our way to and from our [own] homes and as we run family errands in our neighborhood. We encourage them to construct inexpensive latrines in their homes. We always talk about cleanliness, reinforcing in them [the need] to keep the environment clean, so [that] we don't have problems in the community. We say, 'Eradicate filthiness.'"

In the past, the teachers from the U.S. also lived and worked in the same community, and so they too were intimately involved in their community's welfare and viewed community education as their responsibility (e.g., Wiggins, 1923). Such involvement is much less common today.

**Role of an Economic Adviser.** The B.C.C. teachers encourage many slum families to save. They say, "If you save, we then give you loans for latrines, health needs, and hospital costs." They further monitor these families, making sure they make monthly deposits to the B.C.C. credit and savings association. The teachers often end up visiting the families twice a day to ensure that regular deposits are made. Friends or relatives of these families cannot provide financial assistance, nor do the families have any collateral to offer a bank. In the past, they used to take loans from money lenders, who charged an interest rate four times higher than the B.C.C.'s.

B.C.C. serves 13,000 slum households and 60 percent of households (about 8,000) are enrolled in the savings plan. Sixty percent of savings plan members are women. It has been frequently observed that women in emerging nations spend their savings on children's needs (e.g., school fees, uniforms, and books), while men spend their savings on personal luxury items (e.g., transistor radios, clothing for themselves, and eating out). The B.C.C. teachers encourage women to save and thereby help ensure the education of the children they serve.

**Role of a Health Educator.** These teachers also educate the community to immunize all children under 5 against tuberculosis, polio, tetanus, diphtheria, and measles. Teachers even give booster shots and oral vaccines. One hundred percent of the children in the B.C.C. preschools are immunized, compared to a range of 89 percent to 96 percent of the children in the rest of the community. This remarkably high level of immunization is evidence of the teachers' effectiveness as health educators.

These teachers assist doctors at the B.C.C. clinic on alternate Saturdays, helping to distribute calcium, iron, and multivitamins; draw blood from patients and make laboratory slides, to check for malaria and anemia; register mothers at the postnatal clinic; and check that mothers and their newborns keep their postnatal check-ups. The infant mortality rate in Baroda is 61 per 1,000 live births, but in the Baroda slums, it is 100 per 1,000 live births. In the slums where these teachers provide health education, the rate has dropped to 85 per thousand (Baroda Citizens Council, 1996).

One of the teachers' comments serves as a good summary: "All these roles are interrelated. We start a discussion [with a community member] on one topic and we find ourselves talking about our other roles. We then end up taking on all other roles together."

**TEACHER PREPARATION FOR THE 21ST CENTURY**

The lesson we can extrapolate from these Indian teachers is how to collaborate effectively with other professionals (e.g., health, public transportation, public school, and social service professionals). Corrigan (1996) states that, "Tomorrow's school teachers... and other educators need to learn how to collaborate with partners in other human service professions such as health care, social work, and criminal justice, who serve the same clients" (p. 143). The following reasons necessitate interprofessional collaboration in the United States.

First of all, children under 6 are the poorest Americans. The poverty rate in this group has been rising since the 1970s; it remains high today (National Commission on Children, 1990). Children in this group are at a great risk of impaired health, school dropout, school failure, and delinquency (National Center for Children in Poverty, 1990). Thus, they are vulnerable, like the Indian slum children, and they need support services from multiple agencies. Therefore, teachers need to form partnerships with other professionals to promote the total well-being of these children, and to increase the likelihood of their academic and developmental success.

Second, rapid immigration, industrialization, and urbanization in the United States during 1890–1917 led to terrible living conditions and poor health of immigrant children. At that time, teachers were able to assume an expanded role of
assisting other welfare services (Levine & Levine, 1992), as do the B.C.C. teachers of today. Immigrant and poor minority children are once again on the increase in U.S. schools (U.S. Bureau of the Census, 1997); therefore, teachers will have to work again with multiple agencies to ensure their success.

Third, incentives already exist for forming such partnerships. In order to enforce public laws 94–142 and 94–457, which are aimed at optimizing the education and development of children with special needs, teachers are expected to work collaboratively with other professionals. Fourth, “Goals 2000” challenges schools to form partnerships with parents, the community, state and federal agencies, national and nonprofit organizations, and corporations to ensure that all children are equally served.

To sum up, teachers alone cannot meet all of children's needs, but when they team up with other professionals they can certainly make a difference. However, if the teachers of tomorrow are not trained in coordinating their efforts with other professionals on interdisciplinary teams, then their effectiveness will be limited. They will not be able to receive support from these professionals, nor will they be able to offer sufficient support to other professionals. They will continue to feel stressed, overworked, and overwhelmed. Some may even feel resentful, exploited, and burnt out, and may finally leave the profession. Therefore, teacher education must prepare teachers to work with other professionals and across agencies in family-centered, community-based, and full-service schools (e.g., Corrigan & Udas, 1996; Dryfoos, 1994; Lawson, 1994; Office of Educational Research & Improvement, 1995).

On a final note, although teacher preparation for interprofessional collaboration of novice teachers is absolutely critical, it is only the first step. Novice teachers, when they enter the world of work, need additional support and mentoring from their administrators and colleagues, so they can take on this challenge of performing multiple roles and successfully collaborating with other professionals. Administrators' and colleagues' scaffolding and collaboration can empower and mobilize these new teachers to work closely with other professionals in the welfare, legal, medical, business, religious, and political systems. For it is really true, "It does take a village to raise a child."

1. The word "slum" is typically used in India. It is a commonly accepted term used by the Indian government, American philanthropic organizations, and other international donor agencies that work in poor and congested urban neighborhoods in India.

References


APPENDIX: FOCUS GROUP GUIDE

Introduction

All of you know us both. I worked with you four years ago, when I visited you from the United States. At that time, I conducted inservice workshops for all of you. I then played the role of a teacher. Today, I am going to play the role of a learner. All of you are going to educate me about your work in the preschools run by B.C.C. Although your preschools are in different slums of Baroda, all of you have the same roles and responsibilities, because you work under the auspices of the same organization. We have divided you into small groups, to facilitate the discussion and to provide ample time and opportunity for you to express your viewpoints. So feel free to exchange your views with each other.

You also know Thity. She teaches Family and Child Welfare in the School of Social Work. She teachers her students about how to improve the conditions of poor urban children and families who live in slum areas. Therefore, she, too, is here to learn from your experiences.

We have divided our roles. I will be the facilitator of our discussions by raising questions on various issues related to your work. Thity will be the recorder and will take notes. Additionally, she may facilitate me if I need any special help in my communications. She is very familiar with your local expressions and technical jargon. We will also tape the discussions to provide us with details and with an exact recording of what you said. Does anyone have any objections to our audio-taping? (No one expressed any objections.)

So, now let us begin. Let us go around and start introducing ourselves. Tell us where you work, the years of experience you have and any other information about you that you think is pertinent. (The introductions were done next.)
Questions and Comments

1. Let us start with you all describing your work. Why don't you tell us about a typical day in your balwadi? What is your daily time table?
2. What goals or purpose do you have?
3. When you teach, how do you go about planning your lessons? What is your method?
4. It is our understanding that you not only work directly with the children, but also reach out to their parents. Can you share that with us?
5. Do you limit yourself to the parents of the children who attend your preschool, or do you also work with members of the community who are not parents of these children? Tell us any work you do with other community members.

6. Discuss some of the opportunities you have had to learn and grow on the job. Share with us information regarding any inservice training that you have received.
7. Do you think you are making any difference through your work? What are your satisfactions and dissatisfactions on your job?

Conclusion

We really enjoyed this discussion. You gave us so many detailed descriptions with specific examples, and so we learned a lot. I am so glad I got an opportunity to reacquaint myself with you. It was nice seeing you all again. You gave so much of your time and we really appreciated that.

Thank you very much.