

Study of integrated child development service training on nutritional knowledge of anganwadi workers

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ABSTRACT : Nutrition and health education is a key element of the work of the anganwadi worker. Integrated Child Development Services scheme provides job training and refresher training to the anganwadi workers to enhance their knowledge, at training centers. A sample of 60 Anganwadi workers was taken for the purpose of study. Training impact is not shown positively on nutritional knowledge of anganwadi workers. It indicates that training programme needs to be strengthened.

Key Words : Community health, nutrition and health education, job training, refresher training

Training and capacity building is the most crucial element in the integrated child development services scheme, as the achievement of the programme goals largely depends upon the effectiveness of frontline workers in improving service delivery under the programme. Since, inception of the integrated child development services scheme, the Government of India has formulated a comprehensive training strategy for the integrated child development services scheme functionaries. Training under integrated child development services scheme is a continuous programme and is implemented through 35 States/UTs and National Institute of Public Cooperation and Child Development and its four regional centers. Integrated child development services scheme also provides job training and refresher training to the anganwadi workers to enhance or improve their knowledge, at training centers. Job training is given to anganwadi workers after they are appointed to implement the programme. Job training course of anganwadi workers is conducted for the duration of 26 working days. Emphasis on preventive approaches to malnutrition is among one of the key elements of job training syllabus, whereas the refresher training is organized approximately after one and half to two years after the job courses has been provided. The duration of this course for anganwadi workers is 5 working days. This training is offered to update and refresh knowledge of functionaries. Refresher training usually deals with new information and new methods, as well as review of older materials. Major nutritional aspects included in the training are malnutrition in women and children, micronutrient deficiencies, growth monitoring, identification of children at risk, ideal food for infant and young children, breast feeding weaning and supplementary food, need for special nutrition for the children in the age group of 2-6 years

age. This course helps the functionaries in bridging the learning gaps. Anganwadi workers nutritional knowledge and skills do have a direct impact on the implementation of the programme and health of the people. Anganwadi workers play an important role due to their close and continuous contact with the people of community, especially the children and women. So there is an utmost need to assess the impact of training on nutritional knowledge of anganwadi workers.

Materials and Methods

There are total 21 anganwadi training centers in Rajasthan state. The present study was conducted in the purposively selected Ajmer and Udaipur district of Rajasthan as the researcher is well acquainted with the study area. There are four and three anganwadi training centers in Ajmer and Udaipur district respectively, out of which two Anganwadi training centers were selected from each district for the study purpose based on feasibility and level of cooperation ensured by them. From the selected anganwadi training centers, a sample of 60 Anganwadi workers was selected randomly in such a manner that numbers of Anganwadi workers from each Anganwadi training center were equal. Self made research tool was used for the data collection. Tool consisted two sections i.e. Performa for background information and questionnaire. Whereas, according to integrated child development services scheme norms an anganwadi worker should attend refresher training after every two years. Statistical analysis of the data reflects a significant relationship ($r=0.61$, $P<0.01$) between job experience and number of refresher trainings completed.

Results and Discussion

The reason may be attributed to the finding of Conner (2005) writes that “Most learning doesn’t occur

Table-1: Percentage distribution of Anganwadi workers by their job experience and no. of refresher trainings completed (N=60)

Job experience (in years)	No. of refresher trainings completed			
	0-2 (n=41)	3-5(n=18)	6-8(n=0)	9-11 (n=1)
Up to 5	34.15(14)	-	-	-
6-10	4.90(18)	-	-	-

Table-2: Mean±SD(SE) and Percentage distribution of anganwadi workers by number of refresher training completed and overall nutrition knowledge score (N=60).

No. of refresher trainings completed	Categories				Mean±SD (SE) Maximum score=50
	Excellent	Good	Average	Poor	
Up to 2	-	15.00(9)	38.33(23)	15.00(9)	24.48±5.17(0.80)
3-5	-	3.33(2)	16.66(10)	10.00(6)	20.72±8.13(1.96)
6-8	-	-	-	-	-
9-11	-	-	1.66(1)	-	28.00±0.00(0.00)
Overall	-	11	34	15	23.42±6.44(0.83)

Figure in parenthesis is number of anganwadi workers

Table-3: Mean scores of nutritional knowledge of anganwadi workers according to number of refresher training completed.

No. of refresher trainings completed		Aspects of nutrition			
		Basic nutrition (Max. score=23)	Nutrition for vulnerable groups (Max. score=22)	Growth monitoring (Max. score=5)	Overall nutrition (Max. score=50)
0-2	Mean	10.90	11.24	2.34	24.48
	SD	±5.17	±3.08	±1.15	±5.17
	SE	0.80	0.48	0.18	0.80
3-5	Mean	9.83	9.11	1.77	20.72
	SD	4.19	±4.05	±1.35	±8.31
	SE	0.98	0.95	0.31	1.96
6-8	Mean	-	-	-	-
	SD	-	-	-	-
	SE	-	-	-	-
9-11	Mean	14.00	13.00	1.00	28.00
	SD	0.00	±0.00	±0.00	±0.00
	SE	0.00	0.00	0.00	0.00

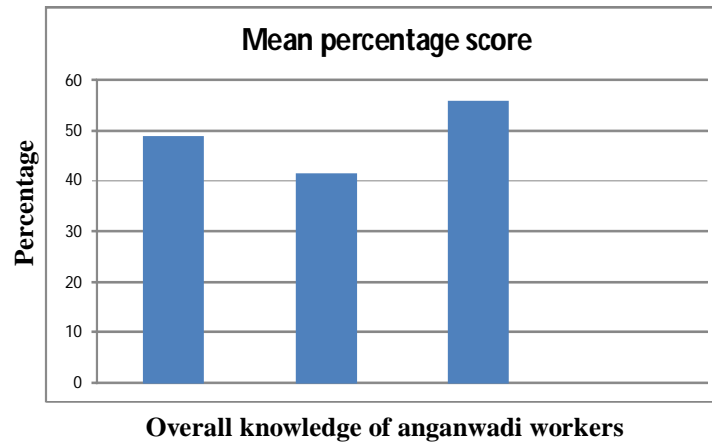


Fig.-1: Overall knowledge of anganwadi workers in relation to refresher training completed.

in formal training programs. It happens through processes not structured or sponsored by an employer or a school. Marcia also notes, "In 1996, the Bureau of Labour Statistics reported that people learn 70% of what they know about their jobs informally. Finding are also supported by Manhas and Dogra (2012) revealed that in spite of the fact that most (92.5%) of the anganwadi workers in Purnamandal block were trained, it was found that their nutritional knowledge regarding the role of supplementary nutrition was not up to mark as expected from trained workers and hence an utmost need of regular quality training programme was strongly felt. Mean scores of nutrition knowledge of anganwadi workers according to number of refresher trainings completed. Table-3 showed that mean score of knowledge of basic nutrition and nutrition for vulnerable groups is found highest in the AWWs those had completed 9-11 refresher trainings and found lowest in AWWs those had completed 3-5 refresher trainings. The Table-3 depicts that mean score of knowledge of growth monitoring is found highest in Anganwadi's workers those had completed 0-2 refresher trainings and found lowest in Anganwadi's workers those had completed 9-11 refresher trainings. Table-3 and clearly shows that mean score of knowledge of overall nutrition is found highest in Anganwadi's workers those had completed 9-11 refresher trainings and lowest in Anganwadi's workers those had completed 3-5 refresher trainings. Anganwadi's workers those had completed 9-11 refresher trainings had highest score and those had completed 3-5 refresher trainings had lowest score in three aspects of nutrition knowledge. But knowledge score was higher among respondents who had up to 2 refresher trainings compared to the respondents having 3-5 refresher trainings. Statistical analysis shows no

significant ($P > 0.05$) relationship between number of refresher trainings completed and knowledge of nutrition (i.e. overall nutrition, basic nutrition and nutrition for vulnerable group) of Anganwadi's workers. But a significant negative correlation ($r = -.259$, $P < 0.05$) was found between number of refresher trainings completed and knowledge of basic nutrition at 5% level of significance. Thus, training impact is not shown positively on the nutrition knowledge of Anganwadi's workers. It indicates that training programme needs to be strengthened. The reason might be that 85-90% of a person's job knowledge is learned on the job and only 10-15% is learned in formal training events (Raybould, 2000). Learning concept was developed by Michael *et al.* (2002) that training attributes to only 8% of learning.

It can be concluded that training of anganwadi workers helps in effectively achieving the objective of the integrated child development services scheme and should be considered important for the success of integrated child development services scheme. From the present study, it can be inferred that anganwadi workers had irregular training. Although, job and refresher trainings are provided to all the anganwadi workers and the content was found to be up to the mark, but the same is not being reflected in the knowledge assessment score of anganwadi workers. It indicates the need to strengthen integrated child development services scheme training programme. Therefore, efforts should be made to enhance knowledge of anganwadi workers regarding nutrition for vulnerable groups which will be helping in the eradication of malnutrition in communities, in long run. Thus, it is recommended that the knowledge and efficiency of anganwadi workers regarding nutrition should be enhanced through frequent trainings. Refresher courses for anganwadi workers

should be organized once a year. Anganwadi workers should be provided with the timely supply of educational material. There is a need of timely completion of trainings by anganwadi workers. Evaluation of trainings and knowledge of anganwadi workers regarding nutrition should be conducted regularly.

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