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Effect of Training on Nutritional Knowledge of Anganwadi Workers of Uttarkashi District in Uttarakhand

Manisha Arya, V K Sachan, Rashmi Limbu[1], Pankaj Nautiyal and Gaurav Papnai

Krishi Vigyan Kendra (ICAR-VPKAS), Chinyalisaur- 249 196 ,Uttarkashi (Uttarakhand)

ABSTRACT

The present study was carried out on the socio-economic and demographic profiles of the 30 anganwadi workers in Uttarkashi district of Uttarakhand. Nutritional education regarding four selected topics was imparted through on/off campus trainings. Pre-test and post-test data were recorded through knowledge test schedule and retention of knowledge after 15 d of imparting the training. It was revealed that 50 per cent of anganwadi workers were under the age group of 36-45 yr and majority (96.6 %) were married. Though, 43.3 percent of the respondents were graduates, 73.3 per cent had an experience of 5-10 yr whereas, 6.6 per cent have less than five yr experience. The score of post-test I (gain in knowledge) and post-test II (retention in knowledge) were greater than pre- test scores which indicated that nutritional education intervention was helpful in gaining knowledge in the selected subjects. Hence, in future, need based training programme should be planned and executed for anganwadi workers in order to update them and able to use good health and nutrition related practices for better care of rural childern.

Key Words: Anganwadi workers, Knowledge, Nutrition, Respondents.

INTRODUCTION

The Government of India in 1975 initiated the Integrated Child Development Services (ICDS) scheme which operates at the state level to address the health issues of small children, all over the country. It is the one of the largest child care programmes in the world aiming at child health, hunger, malnutrition and its related issues. Under the ICDS scheme, one trained person is allotted to a population of 1000 persons to bridge the gap and to focus on the health and educational needs of children aged 0-6 yr. This person is the anganwadi worker.

The anganwadi worker and helpers are the basic functionaries of the ICDS who run the anganwadi centre and implement the ICDS scheme, coordinate with the functionaries of the education, health, rural development and other departments. Their services also include the health and nutrition of pregnant women, nursing mothers, and adolescent girls. At community level , anganwadi worker plays a pivotal role, they provides services to villagers, poor families and sick people across the country helping them access healthcare services, immunization, healthy food, hygiene and provide healthy learning environment for infants, toddlers and children (Arya *et al*, 2018). In Uttarkashi, under the scheme, a total number of 1052 anganwadi Centres (AWCs) were sanctioned and 36,960 eligible children (0-6 yr) and 7036 pregnant and lactating women are getting benefits for various services (Anon, 2017).

Nutrition and health is closely related. Although much of the research has been done on the nutritional status of the beneficiaries of ICDS, and evaluation of nutrition and health services rendered by anganwadi centres but very less focus has been shifted over to knowledge and awareness among the anganwadi workers, who are actually the main resource person of the programme and whose knowledge and skills do have a direct impact on the implementation of the programme (Manhas and Dogra, 2012). Nutritional education intervention can play a vital role in this

Corresponding Author's Email: paran.arya@gmail.com

[1]Krishi Vigyan Kendra Bharsar - 246 123 (Pauri Garhwal) Uttarakhand

regard. Thus, the present study was undertaken to assess the knowledge of AWWs about Integrated Child Development Services, the socio-economic and demographic profile of anganwadi workers and gain and retention of knowledge after attending nutritional education training programme.

MATERIALS AND METHODS

The present study was conducted in a rural area of Chinyali block of Uttarkashi district during the year of 2016-2017 by selecting 30 anganwadi workers as respondents, one each from 30 anganwadi centres. Multistage sampling technique was adopted for sample selection randomly. A socio-economic and demographic profile of AWWs was recorded. Pre-test and post-test were performed through knowledge test schedule after imparting the training and retention in knowledge was recorded after 15 d of the training programmes.

In order to assess the impact of training on anganwadi workers four messages *viz*., supplementary nutrition, immunization, non formal education health services of ICDS were formulated. Knowledge scale was developed and subjects were assessed individually in three stages in off/on campus training programmes: In the first stage, the nutritional knowledge of subject was assessed and scores were computed in (pre-test score). After imparting nutrition education in second stage, the knowledge was assessed after the training (post score I). In the third stage the knowledge was assessed after 15 d (post score II). To measure the knowledge, a respondent was given a score of 2 for correct answer and 0 for wrong answer. Thus, the summation of all scores treated as the knowledge of the respondents at pre-exposure stage. Similarly post-training knowledge score was calculated separately.

Data collection: The data were collected personally by making a personal visit to anganwadi centres and during on-campus/off campus training awareness programme for anganwadi workers at KVK Chinyalisaur. The data obtained were compiled and tabulated into mean and percentage.

RESULTS AND DISCUSSION

The anganwadi workers play an important role due to their close and continuous contact with

Table 1. Socio Personal profile of the respondents. **N=30**

Sr. No.	Variable	Category	Frequency	Percentage
1.	Age group (years)	25-35 yr	11	36.6
		36-45 yr	15	50.0
		46+ yr	4	13.3
2.	Marital status	Married	29	96.6
		Widow	1	3.3
3.	Caste	OBC	22	73.3
		SC	8	26.6
4.	Education Status	Matriculation	4	13.3
		Higher Secondary	5	16.6
		Graduation	13	43.3
		Post- graduation	8	26.6
5.	Work experience	<5 yr	2	6.6
		5-10 yr	22	73.3
		10-15 yr	1	3.3
		>15 years yr	5	16.6

the people of community, especially the children and women. Various studies in recent past clearly highlighted the importance of socio- economic and demographic characteristics of AWWs in implementing the ICDS programme.

Socio Demographic characteristics of Anganwadi workers

Age of respondent

The data (Table 1) reveal that majority of the respondents (50%) belonged to age group between 36-45 yr followed by 25-35 yr (36.6%) and13.3 percent were 46 yr and above. The above findings were in line with the study of Arya *et al* (2018).

Marital status

It was evident that 96.6 percent of the respondents were married and 3.3 per cent of the workers were widowed. So, a major portion of workers were married. This may be because majority of the respondents were from middle age group so most of them were married. Arya *et al* (2018) revealed that majority 96.6 percent of AWWs were married, merely (3%) AWWs were widowed. It was found that the majority (73.3 %) of anganwadi workers belonged to OBC background. The rest of the workers were from SC (26.6%) communities.

Education and work experience

The data (Table 1) reveal that 43.3 per cent of the respondents were educated up to graduation level followed by 26.6 percent of the anganwadi workers had post graduate degree. Whereas 16.6 per cent of the AWWs had higher secondary education and only 13.3 per cent of AWWs were educated up to matriculation. The results of the study were in conformity with the finding of Arya and Maurya (2016). It was found that about 6.6 percent of AWWs had service below 5 yr, 73.3per cent of 5-10 yr, 16.6 per cent had above 15 yr and merely 3.3 per cent of the AWWs had service between 10-15 yr. Similar findings have also been reported by Arya *et al* (2018) with regards to the work experience.

Nutritional knowledge

A total of four messages were formulated (Table 2). For message 'Awareness of supplementary nutrition' knowledge regarding importance of supplementary nutrition, protein and calorie should be given to each child, requirement of protein and iron supplement for pregnant woman should receive from anganwadi Centre. For message 'Assessment of knowledge regarding immunization in a child' need and importance of immunization was explained. Knowledge regarding vaccination for BCG, DPT and and small pox was given. For message 'Non formal education and growth monitoring' knowledge regarding growth monitoring of the child. Message 'Awareness of health check-up and referral services and role of nutritional services in ICDS' knowledge regarding ICDS activities for pregnant mothers and primary health care facilities were imparted.

Table 2. Nutritional education messages to anganwadi workers.

Sr. No.	Message
I	Awareness of supplementary Nutrition
II	Assessment of knowledge regarding immunization in a child
III	Non formal education and growth monitoring
IV	Awareness of health check-up and Referral services and role of nutritional services in ICDS

Knowledge of Anganwadi workers about the nutritional education messages

It was observed (Table 3) that for messages 'Awareness of supplementary nutrition' and 'Assessment of knowledge regarding immunization in a child' mean scores for post test-I (69% & 82%) and post test II (65&72%) were greater than the pre test scores (24% & 30%) and were significantly different statistically. When pre-test scores were compared with gain in knowledge (46% & 50%) and retention in knowledge (41% & 44%), significant difference was found. Scores of post test I and Post test II had non-significant difference.

Table 2. Pre, post (I) and post (II) training knowledge score of the respondent. (N=30)

Sr. No.	Maximum score	Pre test Score (A)	Per cent	Post test I score (B)	Per cent	Post test II Score (C)	Per cent	Gain in knowledge D= B-A		Retention in knowledge E= C-A	
								Score (D)	%	Score (E)	%
I	20	4.8	24	13.86	69.31	13.13	65.65	9.06	45.3	8.33	41.65
II	18	5.53	30.72	14.93	82.96	13.33	74.07	9.04	50.22	8.03	44.61
III	10	4.6	46	8.6	86	7.9	79	4	40	3.3	33
IV	20	6.4	32	14.8	74	14.4	72	8.4	42	8	40

This showed that when educational efforts by way of training were made, it might have increased their knowledge. The finding of the study were similar with the findings of the Shukla *et al* (2014) in which after training majority of the AWWs belonged to increased level of knowledge.

For message 'Non formal education and growth monitoring' and 'Awareness of health check-up and referral services and role of nutritional services in ICDS' mean scores for post test-I and post test II were greater than the pre test scores and were significantly different. When scores for pre- test were compared with gain in knowledge and retention in knowledge significant difference was found. When scores of post test I and post test II was analysed, significant difference was found. Significant difference among mean scores for pre test, post test I and post test II, gain in knowledge and retention in knowledge indicate that training also created awareness and knowledge about nutrition education and made them to participate in the training programmes attentively and actively. The findings of the present study were in agreement with the findings of the Malabasari and Hiremath 2016 in which after training majority of the respondents had increased their knowledge level.

CONCLUSION

The present study suggested that the quality of training being provided to anganwadi workers at training centres should be scrutinized as it is the first step towards the achieving of goals of ICDS. The CDPOs/ supervisors did not visit the AWCs to see how anganwadi workers communicate with beneficiaries. Anganwadi workers are the key person who will promote the best practices of services related to ICDS to enhance the health and nutritional status among mothers and children. Training programme helped in capacity building of anganwadi workers by creating awareness, increasing the knowledge about education of health and nutrition which will help in the empowerment of anganwadi workers.

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