

## Impact of ICDS Trainings on Nutritional Knowledge of Anganwadi Workers

Bhawana Sharma<sup>1</sup> and Shashi Jain<sup>2</sup>

1&2. Department of Foods and Nutrition, College of Home Science, MPUAT, Udaipur-313001, India

Corresponding author e-mail: sharma10bhawana@gmail.com

Paper Received on June 12, 2015, Accepted on October 02, 2015 and Published Online on October 25, 2015

### 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. The present study was conducted in Ajmer and Udaipur district of Rajasthan. 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 element 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.

### METHODOLOGY

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 section *i.e.* Performa for background information and questionnaire. Background information included type of trainings completed and number of trainings completed by anganwadi workers. A Questionnaire consisting of 50 items, derived from Anganwadi workers training syllabus was constructed. These items were carefully scrutinized by a team of experts. The questionnaire was consisting of questions regarding basic nutrition, nutrition for vulnerable groups and growth monitoring of young children.

## RESULTS AND DISCUSSION

**General information :** All the anganwadi workers (100%) attended job training of 26 working days once in their service period. Majority of anganwadi workers (68.33%) had completed up to 2 refresher trainings. Average number of refresher training attended by the group was 2.23. An anganwadi worker receives refresher training with an average interval of 5.2 years.

**Relationship between number of trainings completed and job experience:** It is evident from Table 1 that anganwadi workers those had completed up to 2 refresher trainings, out of them 21.95 per cent had more than 10 years of experience in the service; 43.90 per cent had 6-10 years of experience in the service; 34.15 per cent had up to 5 years of experience in the service. In the present study 30 per cent of anganwadi workers had completed 3-5 refresher trainings and all of them had job experience of more than 10 years. In the present study only 1.66 per cent of anganwadi workers had completed 9-11 refresher trainings and all of them had job experience of 26-30 years. Very few anganwadi workers had completed more than 5 refresher trainings. Scrutiny of the table shows that an anganwadi worker attends refresher training after an average period of

5.2 years. 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.

**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	43.90(18)	-	-	-
11-15	12.19(5)	27.77(5)	-	-
16-20	2.44(1)	33.33(6)	-	-
21-25	4.88(2)	33.33(6)	-	-
26-30	2.44(1)	5.55(1)	-	100(1)

Figure in parenthesis is number of anganwadi workers

**Relationship between overall nutrition knowledge and number of refresher trainings completed:** Training for the job as anganwadi worker generally includes equipping the trainees with necessary skills to perform their work effectively. Table 2 reveals that none of the anganwadi workers is in the excellent category. Anganwadi workers those have completed up to 2 refresher trainings out of them 56.09 per cent are average, 21.95 per cent are good and 21.95 per cent are poor at overall nutrition knowledge. Anganwadi workers those have completed 3-5 refresher trainings of which 55.55 per cent are average, 33.33 per cent are poor and 11.11 per cent are good at overall nutrition knowledge. Only 1.66 per cent of anganwadi workers have completed 9-11 refresher trainings which are in the average category of overall nutrition knowledge.

Scrutiny of this table 2 depicts that the anganwadi worker who had completed 9-11 training still in the average category of nutrition knowledge. The anganwadi workers those have completed 3-5 refresher training were more in the poor category of nutrition knowledge compared to those had completed only up to two refresher trainings. Statistical analysis shows no significant ( $P>0.05$ ) relationship between number of refresher trainings completed and knowledge of overall nutrition of anganwadi workers. Thus here training impact is not shown positively on the nutrition knowledge of anganwadi workers. It indicates that training

**Table 2: Mean  $\pm$ SD (SE) and Percentage distribution of anganwadi workers by number of refresher trainings completed and overall nutrition knowledge score (N=60)**

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

Figure in parenthesis is number of anganwadi workers

**Table 3: Mean scores of nutrition knowledge of anganwadi workers according to number of refresher trainings completed**

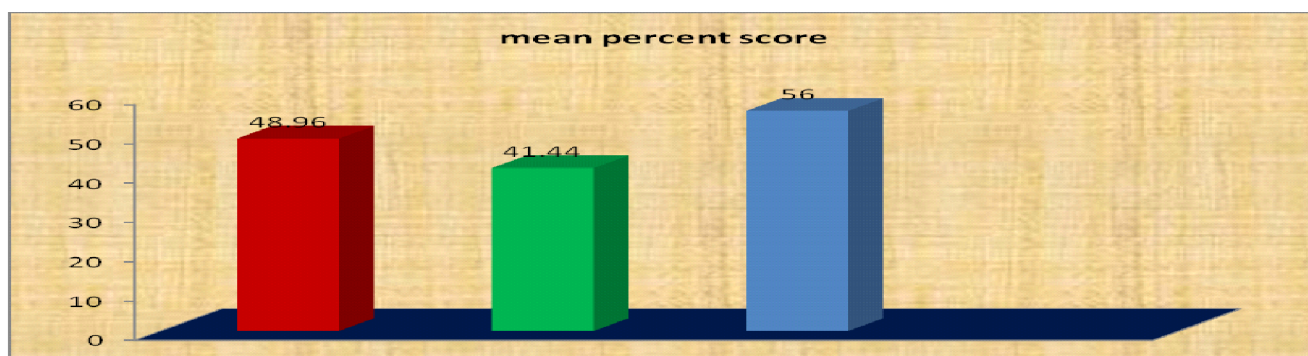
No. of refresher trainings completed		Aspects of nutrition			
		Basic nutrition (Max.score=23)	Nutrition for vulnerable groups (Max.score=22)	Growth monitoring (Max.score=5)	Overall nutrition (Max.score=50)
0-2	Mean	10.90	11.24	2.34	24.48
	SD	$\pm$ 5.17	$\pm$ 3.08	$\pm$ 1.15	$\pm$ 5.17
	SE	0.80	0.48	0.18	0.80
3-5	Mean	9.83	9.11	1.77	20.72
	SD	$\pm$ 4.19	$\pm$ 4.05	$\pm$ 1.35	$\pm$ 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	$\pm$ 0.00	$\pm$ 0.00	$\pm$ 0.00	$\pm$ 0.00
	SE	0.00	0.0	0.00	0.00

programme needs to be strengthened. The reason may be attributed to the *finding of Conner (2005)* writes that “Most learning doesn’t occur 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 Labor 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* : It is evident from Table 3 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. Table 3 depicts that mean score of knowledge of growth monitoring is found highest in AWWs those had completed 0-2 refresher trainings and found lowest in AWWs those had completed 9-11 refresher trainings.

Table 3 and Fig. 1 clearly shows that mean score of knowledge of overall nutrition is found highest in AWWs those had completed 9-11 refresher trainings and lowest in AWWs those had completed 3-5 refresher trainings. AWWs 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



**Fig. 1: Overall knowledge of anganwadi workers in relation to refresher trainings completed**

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 AWWs. 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 per cent level of significance.

Thus training impact is not shown positively on the nutrition knowledge of AWWs. 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. (2000) that training attributes to only 8 per cent learning.*

## CONCLUSION

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.

## REFERENCES

- Conner, M (2005) Informal learning blog. <http://www.informl.com/where-did-the-80-come-from/> (accessed May 2014).
- Press Information Bureau, Government of India (2013) <http://pib.nic.in/newsite/erelease.aspx?relid=93578> (accessed October 2013).
- Manhas, S. & Dogra, A. (2012). "Awareness among Anganwadi Workers and the Prospect of Child Health and Nutrition: A Study in Integrated Child Development Services (ICDS), Jammu and Kashmir". *Anthropologist*, vol. 14:171-175.
- Michael. 2002. Informal Learning Blog. Retrieved from **Error!** Hyperlink reference not valid. on 25th May 2014.
- Raybould, B. 2000. Informal Learning Blog. Retrieved from **Error!** Hyperlink reference not valid. on 25th May 2014.