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An Evaluation of Aaganwadi Worker In Context of Nhed Program

KEYWORDS: Integrated Child Development Services, Nutrition and Health Education, Aanganwadi Worker, Aanganwadi Centers.

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ABSTRACT *Nutrition and Health Education (NHED) training is an important component of ICDS. Nutrition and Health Education use Behavior Change Communication strategy to build capacity of women in the age group of 15-45 years so that they can look after their own health, nutritional needs of their children and families. This paper is an evaluation of Aaganwadi Worker in context of NHED program. The aim of this paper to analyze the response and suggest ways to performing the activity of AWW in doing activities and providing information regarding nutrition & health. Primary data was collected from AWW at their allotted Aanganwadi centers. The data collected through sampling. Samples were taken from two blocks of Banka district in Bihar (India). Random sampling approach was used. The analysis is made by using coefficient of variation and regression. It is an evaluation of Aaganwadi worker in terms of effectiveness, quality and efficiency.*

INTRODUCTION

Compared to other states, Bihar has not only more poverty but the proportion of children in the overall population is also more. Though Bihar's share in India's population is one-twelfth, it accounts for one-seventh of those living below the poverty line, and one-sixth of the malnourished children. About four-fifths of children in the age group 6 to 35 months in Bihar are anaemic. (N. C. Saxena, ICDS Program in Bihar, 2007) ICDS is well-conceived and well-placed to address the major causes of child under nutrition in Bihar. However, more attention has been given to increasing coverage than to improving the quality of service delivery and to distributing food rather than changing family-based feeding and caring behavior. The ICDS has expanded tremendously over its 30 years of operation to cover almost all development Blocks in Bihar and offers a wide range of health, nutrition and education services to children, women and adolescent girls. ICDS is giving lot of emphasis on Nutrition and Health Education (NHED) to enhance community awareness on the issues pertaining to Health and nutrition. Different strategies are adopted to get to the community with the messages of nutrition and health. On various aspects of community based new born care, nutrition strategies, complementary feeding practices, immunization etc. The education session on health and nutrition gives a platform to the community to own the nutrition and health intervention and ensures the participation of nutrition and health aspects of the village in general and the activities of the AWC in particular. Nutrition and Health education being the key element of the ICDS program, all women in age group of 15 to 45 years are covered by this component to look after their own health, nutrition and development needs as well as of their children. The ICDS and Health functionaries are imparting Nutrition and Health Education to the Pregnant Women, Nursing Mother and mother of risk children on different health issues. Nutrition and health education is organized at the Anganwadi centers for mothers, pregnant women and adolescent girl. All women between 15 and 45 are invited and special care is taken to ensure attendance of pregnant and nursing mothers and mothers of children who suffer from repeated illness of malnutrition. Information about balanced diet is provided to increase awareness among the people and prevent unhealthy food habits. Regression showed that there is cause and effect relationship between two variables or more variables. a. Knowledge of Nutrition in AWW. b. Do you think chart/ posters are effective in providing nutritional information c. Women & Adolescent Present in NHED d. What is the time of organizing NHED training at your AWC, if yes, of what degree and in which direction. The coefficient of variation represents the ratio of the standard deviation to the mean, and it is a useful statistic for comparing the degree of variation from one data series to another. It is used to compare variability, stability, uniformity and consistency between two sets of data. The higher coefficient of variation has higher degree of variation. The scheme needs to strengthen its Nutrition and Health education programme to address behavior change communication issue. The above discussion stresses the importance of Nutrition and Health Education to be scrutinized. The effectiveness of aaganwadi centers in providing nutrition and health education is necessary.

Behavioral Change Communication

Behavioral aspects of child health and nutrition outcomes are complex and are determined by interrelated, multilevel factors present in the environment of the mother. Due to the significance of maternal health behaviors in affecting her child's health and nutritional status, programmatic interventions have attempted to modify these behaviors in varied contexts and through various platforms.

Communication is a central aspect of behavior change, and communication has been a major strategy to impact such change. Behavior change communication can be broadly defined as a process of understanding people's situations and influences, developing messages that respond to the concerns within those situations, and using communication processes and media to persuade people to increase their knowledge and change the behaviors and practices that place them sat risk. Communications strategies have evolved to focus more on the receiver rather than the sender as the center of communications, and the new terminology, behavior change communication (BCC) reflects this shift. Unlike the instructive programs, which are set to "sell" a particular message or idea, BCC recognizes individuals within the intended audience as active, rather than passive, receivers of information and messages, who act on messages only if they are seen as advantageous or useful. BCC encourages that the audience need new skills

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and social support to make and maintain behavior change. BCC is one component of Behavior Change Interventions (BCI). The communication in BCC involves information dissemination and awareness to address motivation to change and ability to assess benefits of practicing and sustaining new behaviors. Human behaviors, those related to health are complex, multifactorial and interrelated determinants that cannot be addressed by BCC alone, and need social, economic and systemic changes.

Research evidences indicate that child nutritional status, childhood morbidities and health outcomes are determined most importantly by maternal roles of mothers and feeding. Mothers spend a greater amount of time per day in child care and household activities than that of other members of the household and their role as the primary caregiver is of utmost significance in determining child health and nutrition outcomes. The decisions made by mothers depending on her individual knowledge, prior experiences, and external environmental conditions is observable in her behavior to ensure that her child's health and nutrition are important factors for the prevention of child morbidities and mortality.

Maternal education regularly emerges as a key element of an overall strategy to address malnutrition. Studies in India showed a strong positive correlation between maternal schooling and her health behavior and health practices for her child management of childhood illnesses.

There are three ways through which schooling influence child health first, formal education that may directly transfer health knowledge to future mothers regarding desired health and nutrition practices, second, the literacy and numeracy skills acquired in school may enhance the mothers' capability to diagnose and treat child health problems, therefore increases health behaviors, third, increased familiarity with modern society through schooling may make women more receptive to modern medicine.

Besides the above education maternal education and maternal knowledge about child health and nutrition, acquired outside the classroom is also crucial in improving mother's nutritional education. Various research studies shows that maternal knowledge imparted through health and nutrition education programs can reduce the incidence of childhood malnutrition by 13 to 43 percent. The impact of maternal education and maternal knowledge on health and nutrition behaviors for child health has also been studied. Even in communities where formal education is limited, it is possible to increase child health and nutrition through specific health education programs. While certain studies have found maternal knowledge to be more effective in changing health related behaviors than maternal education. The study also found that although most health and nutrition education programs focus on very specific information related to child micronutrient deficiencies yet they improved the general quality of diet in the population.

Out of the various causes of morbidities and mortalities prevalent among children and reflected in the poor child health indicators, more than half are preventable. Besides clinical preventive measures such as immunization and treatment of childhood illnesses, health behaviors of the primary caregiver (mother) plays a significant role in alleviating these conditions leading to disease and death in children. Child health denotes the health and nutrition indicators of the child between 0-3 years of age the most formative years of life, and the age during which the child is most vulnerable, and the period in which the mother's role in determining the child's health and nutrition is the most significant. In conceptualizing child nutrition the behaviors of mother are important factors to the direct determinants of child nutrition that impact on child growth. Programs have introduced communication based interventions at the community level through pre existing community based structures, such as Gram Panchayats, Mahila Mandals, Yuva Mandals, Village Health Committees and self help groups.

Area of Study

The study was conducted in Banka district in ICDS project of two Blocks namely Rajoun and Amarpur. The activity was observed in two panchayat one in Rajoun (Village Gidda) and other in Amarpur village (Balua).

Table-1

Block	C.D.P.O	Panchayat	AWW	AWC
Amarpur	1	19	38	38
Rajoun	1	14	29	29
Total	2	33	67	67

Research Methodology

Different methods have been used for the collection of data regarding the NHED activity/ information regarding nutrition & health in Aaganwadi centre provided by AWW. The collection of data uses the various techniques. The data collected are from two sources (1) Primary sources (2) Secondary sources.

Primary Sources

Primary data was collected from surveys and field visits.

Secondary Sources

The secondary data collected from the CDPO'S office and Supervisors. It is the information which is obtained at second hand regarding the NHED activity information regarding nutrition & health in Aaganwadi centre provided by AWW.

The various method of data collection which I used in my study was: (1) Survey (2) Observation (3) Group Discussion (4) Participant Interview.

Observation was done according to the availability of the training. Observation contribution to collect valuable data was crucial. Data that could not be collected by interview schedule was collected from observation, because it does not rely on what people they do, or what they say they think. It is more direct than interview schedule. It draws on the direct evidence of the eye to witness events first hand. Representativeness and reliability of the sample is also considered with appropriate care. Among various methods of sampling, simple random sampling method was adopted. Selection of AWW and AWC in various villages was randomly selected. Determining sample size is very crucial. Anganwadi worker and centre both are homogenous in nature so in this type of universe small sample size can serve the purpose. The interview schedule was prepared. It has been prepared in a simple way so that the respondent can understand easily and give their answers frankly. The analysis is made by using regression analysis and coefficient of variation. Regression analysis is the determination of a statistical relationship between two or more variables. Regression can interpret what exist physically. It shows that is there any cause and effect relationship between two variables or more variables. If yes, of what degree and in which direction. Coefficient of Variation shows degree of

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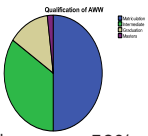
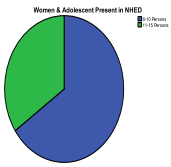
variations. The higher coefficient of variation has higher degree of variation. The data was analyzed by using SPSS 19 version.

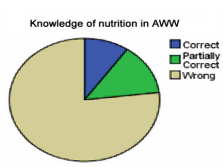
Analysis and Observations



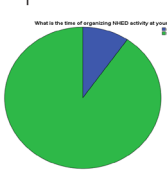
There are 50% matriculate AWW, 34.6% are intermediate, 13.5% are graduate and 1.9% masters. Low percentage of masters and graduate AWW shows the low rate of literacy among recruited AWW. Minimum qualification is matriculation. It shows minimum criteria is following and it affects the quality of service.



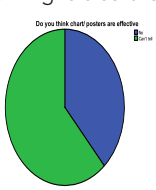
65.4% of AWW responded that 6-10 women & adolescent presents in NHED day. 34.6% told that 11-15 women & adolescent present. Attendance at the monthly meeting is unsatisfactory. It is due to ineffectiveness in activity at AWW and also there is lack of community involvement. Information & activity provided is not up to mark, it is unsatisfactory in general.



76.9% of AWW have no information about nutrition. They responded wrong answers where as 13.5% replied partially correct and 9.6% responded correct answer. There are lack of knowledge regarding nutrient domain area (1) Macro Nutrient (2) Micro Nutrient. For example Why protein is important / or what is the role of protein in human body.



9.6% of AWW responded that they organize activity in morning where as 90.4% responded that they organize in noon. There is lack of coordination between Anganwadi worker & community in general. It is also observed that timing is also the obstacle in organizing NHED activity.



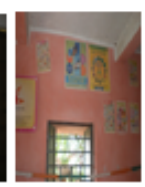
61.5% of AWW responded that charts and posters are little effective in providing nutritional information where as 38.5% were responded that they are not effective. There was lecture method in giving information by using chart & posters given by CDPO office. There is meeting of women at Bal Diwas and meeting of adolescent girl at Kishori Diwas in which information is provided regarding malnutrition, anemia, advantages of breast feeding and general information regarding health but the information is not sufficient, generally this information is provided by lady supervisors. All the information's are provided through charts and posters and, by lecture method which is insufficient in providing information.

The 30 day training to Anganwadi Worker (AWW) were given some years ago which include nutrition, health & education (NHED) training.

The work of graduate anganwadi worker is better than matriculate & intermediate passed worker in terms of managing the center. It has been observed that AWW with sound economic status do not organize NHED activity at their AWC regularly. Most of the AWC was allotted in 2004. It means AWW has around 8 years of experience but the impact on beneficiaries is unsatisfactory.

Very low attendance

Above slogans doesn't contain information about nutrients but acting as a attitudinal change, it needs more informative.



Mother & child care information, less nutritive information.

Regression

Table-2

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	A0.459[a]	0.211	0.195	0.441
a. Predictors: (Constant), Information provided about Nutrition				

Table-3

Anova[b]

Model	Sum of Squares	DF	Mean Square	F	Sig
Regression	2.596	1	2.596	13.368	B 0.001[a]
Residual	9.711	50	0.194		
Total	12.308	51			

a. Predictors: (Constant), Knowledge of Nutrition in AWW.
b. Dependent Variable: Do you think chart/ posters are effective in providing nutritional information.

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Table-4
Coefficients[a]

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.685 b	0.262		6.441	0.000
Information provided about Nutrition	0.348 a	0.095	0.459	3.656	0.001
a. Dependent Variable: Do you think chart/ posters are effective in providing nutritional information.					

Table- 5
Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	A0.037[a]	0.001	-0.019	0.300
a. Predictors: (Constant), Women & Adolescent Present in NHED				

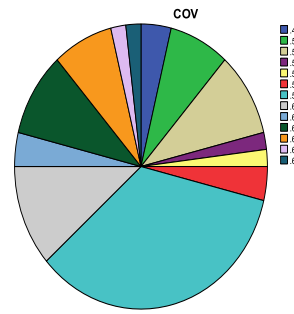
Table-6
ANOVA[b]

Model	Sum of Squares	DF	Mean Square	F	Sig
Regression	0.006	1	0.006	0.068	B 0.795[a]
Residual	9.711	50	0.194		
Total	12.308	51			
a. Predictors: (Constant), Knowledge of Nutrition in AWW.					
b. Dependent Variable: Do you think chart/ posters are effective in providing nutritional information.					

Table-7
Coefficients[a]

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	1.958 b	0.210		9.337	0.000
Women & adolescent present in NHED	-0.023 a	0.088	-0.261	-.261	0.795
a. Dependent Variable: What is time of organizing NHED training at your AWC					

From A in the table no 2, the correlation coefficient, R, is 0.459, it means intermediate correlation between knowledge of Nutrition in AWW and do you think chart/ posters are effective in providing nutritional information. table no 5, R, is 0.037, it means weak correlation between Women & Adolescent Present in NHED and What is the time of organizing NHED training at your AWC. From B in table no 3, since the p-value is 0.001 < 0.05, the relationship between Information provided about Nutrition and do you think chart/ posters are effective in providing nutritional information is significant. table no 6, since the p-value is 0.795 > 0.05 Women & Adolescent Present in NHED and What is the time of organizing NHED training at your AWC is insignificant. From in the table no 4, regression equation is Y=aX+B, a=0.348 b=1.685, Y= Do you think chart/ posters are effective in providing nutritional information (Dependent Variable). X= Knowledge of nutrition in AWW (Independent Variable). From table no. 7, Y=aX+b, a= -0.023 b= 1.958, Y = What is the time of organizing NHED training at your AWC (Dependent Variable). X= Women & Adolescent Present in NHED (Independent Variable)



Coefficient of Variation shows degree of variations. The higher coefficient of variation has higher degree of variation. Most of C.V in table no 6 showed that it is around 60% or above when expressed in percent. It means that there is less uniformity, stability and consistency in NHED services provided by AWW.

Conclusion

Training is an important component of ICDS owing to a large workforce involved in its implementation. Training and capacity building is most crucial component of the ICDS that includes both pre-service and in-service training of AWWs (Anganwadi Workers). Trainings for ICDS functionaries needs focus on development of technical understanding and necessary capacity of the front line workers. There is immense need for the ICDS personnel to understand their role in implementation of the program. Training curriculum needs to incorporate the coordination and synergy the front line staff need to have with other line departments (health, education, water/sanitation, rural development). The weakest link in ICDS is Nutrition and Health Education (NHED). It is thus important to build capacity on Behavior Change Communication (BCC). In all capacity building programs be related to enhance self-esteem of girls, women and concerns of addressing and involving men and communities in the women's health concerns are consciously integrated. Capacity building is defined as an approach to 'the development of sustainable skills, structures, resources and commitment of aanganwadi worker towards health improvement and to multiply health gains many times over'. Capacity building occurs within programs are more broadly within systems and leads to greater participation of people, and communities to promote health. Aaganwadi worker should follow the following points to intervene through NHED activity.

- Understanding the present capacities of the target group i.e. women.
- Understanding the problems faced by these groups.
- To understand the specific intervention points to enhance the capacities of the target groups.

Suggestions

The main reason behind is the lack of awareness among masses about the nutrition and health which requires more attention. AWW should organize the NHED day in the following manner.

- **Participative learning should be adopted**

AWW should consider the psychological environment. In other words, women and adolescent learners need to feel comfortable in their minds when they learn. In order to make the situation relaxed and friendly, AWW may play some games. We call them 'ice breakers' or 'energizers'. For examples Name Game etc.

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- **Group Discussions**

Group discussion is a useful participatory learning method. Group discussion gets people interacting and sharing ideas in a structured way. When women join a group discussion they learn to agree, disagree and have mutual respect for each other. Group discussion empowers us to learn different viewpoints on a particular issue or the other side of a story. It provides an opportunity to hear everyone's ideas and to move on to concrete actions.

- **Role Playing**

Role play can add a new dimension to a program. Acting out problems that have come up during discussion makes them more vivid and meaningful for everyone. AWW can also build up the confidence of the participants. Art is from the people and for the people. The learning process through role play is enjoyable and learner centered. Role plays help us to experience an issue directly. We can then use the experience of the role play to write about how we feel.

The NHED should be theme based for which the following points are proposed for various themes / topics proposed to be covered during the year by an anganwadi worker are as follows:-

January	Importance of food type of nutrient – their functions /importance and sources.
February	Malnutrition Courses & consequences, identification and growth monitoring.
March	Nutritional / dietary needs of children, adolescent girls
April	Anemia – identification causes & consequences, food required during anemia.
May	Causes and prevention of other deficiency disorder like iodine deficiency, vitamin – a deficiency etc.
June	Care & dietary needs during pregnancy, lactation and old age.
July	Immunization – importance, schedule.
August	Breast feeding – importance of colostrums, mother's milk, disadvantages of bottle feeding.
September	Waning food / complementary food – what, when, why & how to introduce.
October	Preservation & conservation of nutrients.
November	Hygiene – food hygiene, personal hygiene, safe drinking water & environmental sanitation.
December	Miscellaneous topic like – Diarrhea & management, AIDS awareness, family planning etc.

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