ABSTRACT

Adolescence is a unique period in the life cycle that requires special and specific attention, as their existence itself is footing totally on the health and the nature of the adolescence. An important event in this stage of life is growth spurt calls for high nutritional demands. The current nutritional scenario is not satisfactory and calls for specific strategies and approaches, and one such approach is brought about Integrated Child Development Services (ICDS) which plays a nodal role for the advancement of women and children through implementation of certain innovative programmes. Component of adolescent health in the present model focus on improving the healthy life-styles on the vital areas of health, nutrition and reproductive health. The present study has been undertaken to study the package delivery to the beneficiaries, the role of Anganwadi workers in delivering the services, and also to study the impact of the component on nutrition and health status of the beneficiaries. Interview schedule was used to collect the data from the Anganwadi workers as well as the adolescent beneficiaries. Totally 450 respondents were selected for the study. Among the 450 respondents, one hundred were Anganwadi workers and three hundred and fifty were adolescent beneficiaries. Pre-survey data helped the investigator to identify the areas to be strengthened in Nutrition and Health Education (NHEd) delivery, and therefore, Nutrition and Health Education intervention was planned and administered for Anganwadi workers. Ample time was given to the Anganwadi workers to disseminate the knowledge and help the beneficiaries adopt healthy life styles. After eight months’ interval, the impact of education intervention was assessed for the Anganwadi workers and the effect of strengthening the NHEd delivery was assessed in adolescent beneficiaries. The findings of the post-survey highlights the enhanced nutritional knowledge, duration of NHEd sessions, use of teaching methods and aids used by the Anganwadi workers and on the part of beneficiaries, improved health and nutrition knowledge and attitude were high when compared to behavioural change.