ABSTRACT

The objectives of the present study were

- to develop tested prototype nutrition health education (NHE) materials for the field functionaries of the Integrated Child Development Services scheme of India
- to train the functionaries in the use of these materials
- to examine the process of implementation in the community
- to evaluate the impact of the training on the knowledge gains of the functionaries and to evaluate the impact of education on the knowledge gain and practice changes of the beneficiary mothers.

Two ICDS blocks, a tribal and an urban, in the district of Baroda, in the State of Gujarat were selected purposively for the study. Seven supervisors, 125 AWWs and 250 mothers from these blocks were the sample for the study. The study was carried out over a period of two years from March 1984 to June 1986.

Nutritional problems of the beneficiaries were assessed using anthropometry, clinical examination, Hb estimation and dietary intake. A series of pre-tested interview schedules were used for the rest of the data collection from the households as well as the functionaries.

The results indicated that the nutritional problems of the vulnerable groups were similar to the ones reported in the literature earlier. The energy intake of the pregnant mothers, lactating mothers and children below the age of three years was much lower than the recommended dietary allowances. The beneficiary mothers were unaware of the complete package of ICDS services and their initial nutrition health knowledge was very low. The mothers were unaware of the oral rehydration therapy for diarrhoea. They were also not aware of the significance of growth monitoring. The functionaries had not received any training in NHE, they had no
visual aids or a simple and relevant manual in NHE, and their initial nutrition health knowledge score was poor.

The training given to the functionaries in the present study in NHE resulted in a significant improvement in their knowledge and skills. The implementation of the programme in the community revealed that the delivery of NHE by supervisors and AWWs was quite efficient but the receipt by mothers was low, less than 50%. Even so, the NHE produced significant knowledge gains in both tribal and urban mothers. Frequency of attendance rather than literacy status was found to be an important determinant of the gain in knowledge. Despite significant improvement in knowledge, there were only minimal practice changes.

The significant contributions of the study were:

1. The development of a methodology for the preparation of training materials in NHE
2. Addition of substantial information about the nutrition health knowledge and beliefs of mothers in a tribal and urban ICDS block to the literature
3. Development of prototype NHE modules that can be adapted to other settings.

The study has also demonstrated that the communicative competence of the functionaries can be improved significantly with the help of prototype materials which in turn leads to increased awareness among the beneficiary mothers of the ICDS services as well as to a better knowledge base in them. However, the prototype modules have primarily served educational purposes; for behaviour changes other avenues will have to be explored.