CHAPTER I

INTRODUCTION

India is committed to the Alma Ata Declaration of Health for all by 2000 A.D. The major concern in this venture is to reach out the nutrition and health services to a majority of the vulnerable sections of the population which it is realized can only be done through the development of primary care services. Several models of primary health care approaches have been tried in India, of which the Integrated Child Development Services (ICDS) scheme is an important one which was started on a modest scale in 33 blocks on an experimental basis in 1975 (Government of India, 1982) but has been expanded enormously since then to 1136 blocks covering approximately a population of 113 million (Government of India, 1986). The ICDS scheme provides an integrated package of services to the deprived sections of mothers and children. The package includes supplementary nutrition, immunization, health inputs such as vitamin A, iron folic acid and deworming tablets, health check up, referral services, non-formal preschool education, and nutrition health education (NHE) for women 15-45 years of age.

Although in the conceptualization of the ICDS scheme, NHE of the mother was considered to be the main plank to enhance the capability of the mother to look after the nutrition health needs of her children, in actual practice it has been found to be of secondary importance (Bagchi, 1987). The earlier evaluations of the ICDS as well as the more recent observations on the NHE component of the ICDS indicate that it is the weakest link in the programme (Programme Evaluation Organization, 1978; Programme Evaluation Organization, 1982; Iyengar and Krishnamurthy, 1987).

The first evaluation of the ICDS by the Programme Evaluation Organization (1978) reported that the quality of training given
to the Anganwadi Workers (AWWs) in the delivery of NHE to the community was extremely deficient in terms of relevance, content, media or communication techniques. It was also reported that there were no relevant teaching aids. Even where an attempt was made by the AWW at NHE, it was reported that the topics of education did not include the urgent and specific messages outlined in the ICDS guidelines (Appendix I). The beneficiary population was found to be unaware of several service inputs which indicated that the ICDS staff spent very little time explaining to the community the service inputs and their potential benefits to the beneficiary families.

The Programme Evaluation Organization (PEO, 1982) carried out a repeat survey in 1977-78. Four indicators were used for the evaluation of the NHE component. These were:

- the number of anganwadis offering NHE
- the extent of awareness of the beneficiaries about NHE in ICDS
- the number of women benefiting
- the extent to which NHE was rated as important.

Fewer than half the anganwadis were found to offer any NHE at all. The awareness about this component had doubled, from 36% to 73% during the one year period between baseline and repeat survey. Despite this, only 19% of the eligible women reported of having received any NHE. The mothers identified the anganwadi worker as their major source of information. The number of women who rated NHE as the most important component of ICDS was dismally low, 5.8%.

The reasons cited for the poor performance in NHE were:

- unsuitability of NHE content
- unsuitability of the method of imparting education
- unsuitable timings for NHE
- lack of time on the part of the mothers.

Results of the most recent evaluation of the ICDS carried out in 1983 and reported in a paper on social monitoring and social
accountability of nutrition programmes (Iyengar and Krishnamurthy, 1987) revealed that nutrition education was conspicuously absent in all 124 anganwadis surveyed from nine States in India. It was also reported that the personnel responsible for implementing this component were not aware of its significance nor were they in a position to deliver these services efficiently. Thus the situation with respect to NHE in the ICDS appeared unchanged from what it was in 1978.

The Need to Develop Relevant NHE Modules for the ICDS

Summing up the findings of these evaluations it becomes clear that the NHE component of the ICDS is a very weak one; in many centres it is practically non-existent and merits attention. Firstly the training given to the AWW is inadequate both in terms of content and communication strategies. Secondly there is a great paucity of suitable materials and visual aids to impart nutrition health education. It is usually left to the ingenuity and enterprise of the field functionaries to prepare the content and develop the methods that are most effective. While the training they receive is inadequate to do this, the availability of resources in terms of time and cost have generally been overlooked.

Thus there is a need to develop relevant and need based NHE modules for the field functionaries of the ICDS scheme and to train them before they can be expected to educate the community. This assumes great national significance in view of the proposed expansion of the ICDS scheme to cover about one-third of the vulnerable groups in India, primarily in the rural and tribal areas by the end of 1992.
The Need to Disseminate Information on the Programme

In a programme like the ICDS, better utilization of the services may be expected to occur when the target beneficiaries are made aware of the range of services available to them. As indicated earlier the beneficiaries are unaware of the several service inputs. Thus the need to disseminate information on the programme is also equally important. The functionaries as well as the mothers should be fully aware of the various service inputs. However, there is very little educational effort that has gone into making the target audience aware of the programme inputs. Further, as Gopaldas (1983) has observed, each programme has its own objectives, target groups and emphasis and so a common model of NHE may not suffice. Specific ones will have to be developed to suit the needs of a given programme.

Need to Train the Trainer in NHE

Isolated training of the grass root level worker in NHE is unlikely to be effective unless the other vertical level personnel (medical and non-medical) are also included in the training. It has been pointed out by Gopaldas (1983) that

There is a growing concern the world over that the nutrition health education given to the trainers in training institutions and supervisory personnel who very often serve as educators in NHE to the rungs of field staff below them are vague, unclear, unrealistic in content and unimaginative in communication techniques. (p 45)

It is far more logical and cost effective to train the trainers and trainee educators first to deliver specific and relevant NHE before they go into the community.
Need to Orchestrate Key Messages Down the Line

Yet another crucial factor in the delivery of effective nutrition health education is the need to orchestrate key messages down the line from the trainer to the trainees and down to the community, namely, from the supervisor to the AWWs to the community. Any distortion or contradiction at different levels may result in confusion and non-acceptance or even total rejection of the messages. Thus it is necessary that the supervisors and AWWs must all be transmitting messages in such a way as to promote consonance. One way of achieving this is to prepare and test prototype materials and train all levels of functionaries in the use of these.

The Need for Comprehensive Evaluation of NHE

NHE like any other component of a nutrition programme needs to be evaluated in order to determine its feasibility and impact. However, there appear to be few NHE studies which have been evaluated. It was observed by Bagchi (1987) that nutrition education is undertaken in many less developed countries with vigour, devotion and considerable resources but evaluation of what it is doing to the people for whom it is designed is rare. While there are no studies on NHE in the ICDS set up, the few experiments outside of ICDS in India do not provide sufficient evidence of the effectiveness or otherwise of the educational attempts.

In view of the fact that there is so little work that has been done in NHE in the context of ICDS, the present study was undertaken to design relevant and pretested prototype NHE materials for the field functionaries of the ICDS scheme, to train the functionaries in the use of these, to examine the process of implementation of NHE in the community and to evaluate the impact of the training at the functionary and household level.
The study was carried out in five phases. These were

1. Situational analysis of the households in the selected anganwadis to determine their educational needs; to formulate culturally and economically acceptable solutions to problems and to formulate the educational and behavioural objectives.

2. Situational analysis of the AWWs and supervisors to determine if they possessed the necessary knowledge, skills and instructional materials to impart NHE.

3. Development of the messages, materials, selection of media strategy and pre-testing of the communication materials.

4. Training of the field functionaries and implementation at the community level.

5. Comprehensive evaluation at the functionary level and at the household level.