

# Study on the supplementary food provided by ICDS to beneficiaries

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## ABSTRACT

The research study was conducted in four villages of Dharwad district of Karnataka state during 2012-13 to study the supplementary food provided by ICDS to beneficiaries. Ex-post facto research design was employed in the present research study. From each village 40 stakeholders and 40 beneficiaries were randomly selected. Stakeholders were community people, parents and Anganwadi teachers. Beneficiaries were adolescent girls, pregnant women, lactating mothers and Anganwadi children. Thus, the total sample selected for the study was 320. The data were collected from the selected sample through personal interview with the help of pre-tested structured interview schedule. The collected data were tabulated and analyzed by using suitable statistical tools. Supplementary food was provided to the different types of beneficiaries of Anganwadis. The results showed that Anganwadi teachers had high knowledge regarding supplementary food provided by Anganwadis as compared to beneficiaries and stakeholders. In case of opinion, Anganwadi teachers had highly favourable opinion regarding supplementary food provided by Anganwadis as compared to other stakeholders and beneficiaries. The beneficiaries and stakeholders were on par with each other. Majority (54.29%) of the respondents reported the problem of insufficiency of food provided in Anganwadis. In case of Anganwadi teachers, 75 per cent expressed of heavy work load. 53.57 per cent of the respondents suggested that there is a need to improve quality of food served to children and 75 per cent of Anganwadi teachers suggested additional staff should be provided for decreasing the work load of Anganwadi teachers.

## INTRODUCTION

The Integrated child Development services (ICDS) is India's response to the challenge of meeting the holistic need of the child. ICDS is one of the world's largest and most unique outreach programme for early childhood care and development. The first ICDS project was launched in India on 2nd October 1975 with 33 projects all over the country. ([www.cardindia.net](http://www.cardindia.net)).

The Integrated Child Development Service (ICDS) scheme is presently the major national programme in the country which focuses on the nutrition needs of children under six years,

adolescent girls, pregnant women and lactating mothers through Anganwadi workers. Each Anganwadi is catering to population of around 1,000 in rural and urban areas and around 700 in tribal areas. The Anganwadi workers and helpers are the basic functionaries of the ICDS. The package of services provided by the ICDS scheme includes supplementary nutrition, immunization, health check up, referral services, nutrition and health education and pre-school education. Hence the present study was conducted to know the supplementary food provided by ICDS to beneficiaries with the following objectives :

- To document the pattern of supplementary food provided by ICDS to beneficiaries.

- To compare the knowledge and opinion of beneficiaries, stakeholders and Anganwadi teachers.
- To enlist the problems and suggestions given by the beneficiaries, stakeholders and Anganwadi teachers.

## MATERIAL AND METHODS

The study was conducted during the year 2012-13 in Dharwad district of Karnataka state. Two talukas namely, Hubli and Dharwad were selected purposively for the study and from each taluka two villages, Byhatti and Hebsur from Hubli and Yadwad and Garag from Dharwad were randomly selected. From each village, 40 stakeholders and 40 beneficiaries were randomly selected. Thus, the total sample consisted of 320 for the study. Stakeholders were community people, parents and Anganwadi teachers. The beneficiaries were adolescent girls, pregnant women, lactating mothers and Anganwadi children.

Ex-post facto research design was employed in the present research study. An interview schedule was formulated to collect the information. The schedule was pre-tested in a non-sample area and suitable modifications were made. The structured schedule was used to collect the data from respondents by personal interview method. The data collected were tabulated and analyzed by using suitable statistical parameters.

## OBSERVATIONS AND ANALYSIS

The results in Table 1 show the pattern of supplementary food provided to the different types of beneficiaries of Anganwadis. In case of children between the age group of six months to three years, supplementary food item is provided to carry home. For children in the age group of three to six years who attend the Anganwadi food was provided in ready to eat

Sr. No.	Days	Supplementary food items	Quantity per day (grams)
1.	6 months to 3 years children		
	Monday	Rice rava	100.00
	Tuesday		
	Wednesday		
	Thursday	Green gram malt	50.00
	Friday		
Saturday			
2.	3 years to 6 years children		
	Monday	Groundnut	20.00
	Wednesday	Jaggery	10.00
	Friday	Rice	60.00
		Green gram dhal	14.00
		Kichidi	20.00
	Tuesday	Sprouted green gram	22.00
	Thursday	Wheat sweet	60.00
	Saturday		
3.	Pregnant women, lactating mothers and adolescent girls		
	Monday	Wheat	160.00
	Wednesday	Green gram	62.00
	Friday		
	Tuesday	Rice	160.00
	Thursday	Green gram	57.00
Saturday			

form in the Anganwadi itself. In case of other beneficiaries like pregnant women, lactating mothers and adolescent girls food was provided to carry home.

Table 2 shows the comparison of knowledge of beneficiaries, stakeholders and Anganwadi teachers about supplementary food provided in Anganwadis. 39.16 per cent of the beneficiaries had low level of knowledge followed by high (31.67%) and medium (29.17%) level of knowledge about supplementary food provided in Anganwadis. With respect to stakeholders, 37.50 per cent had medium level of knowledge followed by 35.83 per cent and 26.67 per cent had low and high level of knowledge, respectively about supplementary food provided in Anganwadis. Whereas in case of Anganwadi teachers, 37.50 per cent had low level of knowledge followed by medium (32.50%) and high (30%) level of knowledge about supplementary food provided in Anganwadis. There was significant difference observed between the three groups on knowledge about supplementary food provided in Anganwadis. On the whole Anganwadi teachers had high

knowledge regarding supplementary food provided by Anganwadis as compared to other two groups and beneficiaries had least knowledge.

This may be because Anganwadi teachers are responsible for providing food as well as nutrition education to beneficiaries. Stakeholders had better knowledge compared to beneficiaries because parents or community people visit Anganwadi while sending their children during that time they interact with Anganwadi teachers to know about the food provided in Anganwadis. Beneficiaries had least knowledge because they were just taking the benefit given by Anganwadis but their interest and involvement to know about it was less hence their knowledge was low. The results of the study are in support of the findings of Manhas and Annapurna (2012).

Comparison of opinion of beneficiaries, stakeholders and Anganwadi teachers about supplementary food provided in Anganwadis is presented in Table 3. In case of beneficiaries, 45 per cent of them had favourable opinion followed by highly favourable (40%) and less favourable (15%) opinion about

**Table 2 : Comparison of knowledge of beneficiaries, stakeholders and Anganwadi teachers about supplementary food provided in Anganwadis (n=280)**

Sr. No.	Categories	Frequency	Mean (S.D)	F value	SEm	CD
1.	Beneficiaries (n=120)	Low	47 (39.16)	15.31 (±2.26)	6961.0**	0.38
		Medium	35 (29.17)			
		High	38 (31.67)			
2.	Stakeholders (n=120)	Low	43 (35.83)	20.36 (±2.22)		
		Medium	45 (37.50)			
		High	32 (26.67)			
3.	Anganwadi teachers (n=40)	Low	15 (37.50)	60.05 (±1.06)		
		Medium	13 (32.50)			
		High	12 (30.00)			

Note: Figures in the parentheses indicate percentages.

CD=Critical difference

SEm= Standard error of mean

\*\* indicate significance of value at P=0.01, respectively.

**Table 3 : Comparison of opinion of beneficiaries, stakeholders and Anganwadi teachers about supplementary food provided in Anganwadis (n=280)**

Sr. No.	Categories	Frequency	Mean (S.D)	F	SEm	CD
1.	Beneficiaries (n=120)	Less favourable	18 (15.00)	28.82 (±1.96)	130.55**	0.37
		Favourable	54 (45.00)			
		Highly favourable	48 (40.00)			
2.	Stakeholders (n=120)	Less favourable	32 (26.66)	28.65 (±2.36)		
		Favourable	39 (32.50)			
		Highly favourable	49 (40.84)			
3.	Anganwadi teachers (n=40)	Less favourable	2 (5.00)	34.35 (±0.80)		
		Favourable	24 (60.00)			
		Highly favourable	14 (35.00)			

Note: Figures in the parentheses indicate percentages.

CD = Critical difference

SEm = Standard error of mean

\*\* indicate significance of value at P=0.01, respectively

supplementary food provided in Anganwadis. With respect to stakeholders, 40.84 per cent had highly favourable opinion followed by 32.50 per cent and 26.66 per cent had favourable and less favourable opinion, respectively about supplementary food provided in Anganwadis. Whereas in case of Anganwadi teachers, 60 per cent had favourable opinion followed by highly favourable (35%) and less favourable (05%) opinion with respect to supplementary food provided in Anganwadis.

There was significant difference observed between the three groups on opinion of beneficiaries, stakeholders and Anganwadi teachers about supplementary food provided in Anganwadis. On the whole Anganwadi teachers had highly favourable opinion regarding supplementary food provided by Anganwadis as compared to other two groups. The beneficiaries and stakeholders were on par with each other. This may be because the Anganwadi teachers had better knowledge about the activities of the Anganwadis and its benefits to the beneficiaries hence they had more favourable

opinion than the other two groups.

Table 4 represents the problems reported by beneficiaries and stakeholders. 54.29 per cent of the respondents reported the problem of insufficiency of food provided followed by not providing the recommended foods to beneficiaries other than children attending Anganwadis (40%), lack of water facility to the children in the Anganwadis (20%), improper storage of food in Anganwadis (18.33%) and supplementary food not provided as per the recommendations to the children in Anganwadis (17.50%). In case of Anganwadi teachers, 75 per cent expressed of heavy work load followed by excessive record maintenance (62.50%) and lack of proper infrastructure (50%) (Dongre *et al.*, 2008).

The suggestions as given by the respondents in Table 5 indicate that there is a need to improve the quality of food served to children (53.57%) followed by equal treatment and teaching to all the children (41.08%), provision of attractive play materials (20.36%), strong teaming of nutritional and

<b>Table 4 : Problems reported by the respondents</b>		<b>(n=280)</b>	
Sr. No.		F	%
<b>Problems reported by beneficiaries and stakeholders</b>		<b>(n=240)</b>	
1.	The quantity of food provided is insufficient	152	54.29
2.	Supplementary food is not provided as per recommendations to beneficiaries other than children attending Anganwadis	112	40.00
3.	Lack of water facility to the children in Anganwadis	48	20.00
4.	Improper storage of food in Anganwadis	44	18.33
5.	Supplementary food is not provided as per recommendations to the children in Anganwadis	42	17.50
<b>Problems faced by Anganwadi teachers</b>		<b>(n=40)</b>	
1.	Heavy work load	30	75.00
2.	Excessive record maintenance	25	62.50
3.	Lack of proper infrastructure	20	50.00

Note: Multiple answers are possible

<b>Table 5 : Suggestions given by the respondents</b>		<b>(n=280)</b>	
Sr. No.		Respondents	
		F	%
<b>Suggestions given by beneficiaries and stakeholders</b>		<b>(n=240)</b>	
1.	There is a need to improve quality of food served for children.	150	53.57
2.	All the children should be treated and taught equally	115	41.08
3.	Children should be provided with attractive play materials	57	20.36
4.	Nutritional and health education activities of ICDS should be strengthened	45	16.08
5.	Information and referral services need to be strengthened	45	16.08
<b>Suggestions given by Anganwadi teachers</b>		<b>(n=40)</b>	
1.	Additional staff should be provided for decreasing the work load of Anganwadi teachers	30	75.00
2.	Increase the monthly honorarium of the Anganwadi teachers	25	62.50
3.	Value added food should be provided to the beneficiaries	20	50.00
4.	Children should be provided with attractive play materials	20	50.00
5.	Infrastructure facilities should be improved in Anganwadi	15	37.50
6.	Cooking facilities need improvement	10	25.00

Note: Multiple answers are possible

health education activities of ICDS (16.08%) and 16.08 per cent said that information and referral services need to be strengthened. In case of Anganwadi teachers, 75 per cent suggested additional staff should be provided for decreasing the work load of Anganwadi teachers, 62.50 per cent said to increase the monthly honorarium of the Anganwadi teachers followed by equal per cent (50%) suggested that value added food should be provided to the beneficiaries and children should be provided with attractive play materials, 37.50 per cent indicated that infrastructure facilities should be improved in Anganwadis and 25 per cent said that cooking facilities need improvement. The suggestions may be due to the fact that respondents have felt that quality of food provided through Anganwadis is poor and the children are not treated equally and there are no attractive play materials hence rich people do not prefer to send their children to Anganwadis. Also the present nutrition and health education programmes is not able to reach the entire population coming under a particular Anganwadi, hence it should be strengthened. Alderman *et al.* (1997); Allen and Gillespie (2001); Bouis and Hunt (1999); Chaubey (1998); FAO (2002); Flores and Gillespie (2001); Government of Tamil Nadu (2002a); Horton (1999); Mason *et al.* (1999) have also supplied some useful information related to the present investigation.

#### Conclusion :

The study was concluded that majority of the respondents had medium level of knowledge and favourable opinion about Anganwadi activities, food and health facilities provided in Anganwadis. Hence, concerned functionaries should take adequate steps by organizing camps and trainings to increase the knowledge level of beneficiaries and stakeholders about the programme. Proper assistance should be given to Anganwadi teachers to reduce their work load and improve the efficiency of the supplementary food programme of Anganwadis.

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