

Awareness of beneficiaries about supplementary nutrition provided under ICDS programme

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■ **ABSTRACT** : Integrated Child Development Services are the largest programme running in the rural areas of India. It covers children, pregnant women and lactating mothers. The study aimed to investigate the awareness among the beneficiaries about the supplementary nutrition provided under this programme. For this purpose two blocks of Kanpur Dehat namely, Shivrajpur and Chaubepur were selected, from each block two village Anganwadi centres were selected randomly. A sample of 108 respondents comprising of pregnant women (36), lactating mothers (36) and mothers of 3-6 years old children (36) were taken for the study. The findings indicate that most of the beneficiaries were aware about different supplementary nutrition programme facilities provided by Anganwadi centre in different category (Pregnant women, lactating mothers, 3 to 6 child rearing mothers). But the level of awareness of beneficiaries was not equal.

■ **KEY WORDS** : Supplementary nutrition, ICDS programme

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The integrated child development service is the best expression of our commitment for children, pregnant women and nourishing mothers. It is today the largest and unique and integrated programme of the world for early child development, covering interventions for health nutritional well beings, psychological and cognitive development. It linked to multi-sectional operations for safe drinking water, environmental sanitation, and women's development. Children are the most valuable assets and the strength of our country. They are the foundation on which the future of this country rests. Therefore, the development of our children is a true indicator of our progress and the power of a vibrant democracy to fulfill its promises to people. Hence, ICDS Manual States "Children are now recognized as the first in priority call on the agenda of development, not only because this is desirable societal investment in the nation's future human resource development but also because early childhood is a vulnerable and most crucial period. When the foundation are laid for cumulative life-long learning and Human Development".

It is perhaps the only country wide programme in the

world functioning on a large scale.

It reaches out 40.37 lakh expected and nourishing mothers and 214.5 lakh children in the age group 0-6 years through more than 7 lakhs frontier workers. The service of ICDS projects are provided through Anganwadi centre.

Supplementary food is one of the important components of ICDS programme. It covers large number of population. Lal (1998) observed that less than 50 per cent children in the age group of 0-3 years and more than 50 per cent from 3-6 years age group were taking benefit from ICDS in which supplementary nutrition was the most utilized services. Gupta *et al.* (1997) pointed out the services of ICDS the coverage under supplementary nutrition were maximum 80 per cent of the eligible target population. Krishnamurthy and Nadkarri (1997) reported that the coverage of children under supplementary nutrition programme has increased and the beneficiaries were satisfied with the varieties and quality of good. In 73 per cent anganwadis, food are available for 250 days and above and only 25 per cent anganwadis used fresh vegetables in cooking which were provided by community.

But on the other hand it is found that in some of the

areas the level of satisfaction is not up to the expectation. The supplement food distributed was sufficient to energy intake of the beneficiaries; still there was no improvement in the nutritional status of the children. Mittal and Gupta (1997). Most of the time of Anganwadi worker is being spent on preparation and distribution of supplementary food. In spite of this, beneficiaries were found to be dissatisfied with the food provided. Further, it has been reported that food was not given to malnourished children as required in the scheme. The problems faced by Anganwadi worker in providing supplementary food are irregular supply of food, inadequate storage space fuel shortage etc. Visvervaran (2000).

RESEARCH METHODS

Sample:

The sample comprised 108 beneficiaries of pregnant

women (36), lactating mothers (36) and 3-6 year old child rearing mothers (36). Village's viz., Bhatpara, Bharanpur, Tatiyaganj and Maharajpur selected through random sampling method, all beneficiaries were registered in Anganwadi centre of village.

Tool:

Self-prepared interview schedule was used for the study.

RESEARCH FINDINGS AND DISCUSSION

Maximum pregnant women were aware about the quantity of supplementary nutrition.

For the measurement of difference between awareness of beneficiaries about requirement of supplementary food services provided by Anganwadi centre and categories of beneficiaries, χ^2 was applied and found significant

Table 1: Percentage distribution of beneficiaries according to the awareness of quantity of supplementary food

Sr. No.	Items	Pregnant women (n=36)		Lactating mothers (n=36)		χ^2 value
		No.	%	No.	%	
1.	500 Kcal 20-25 g protein	20	55.56	10	27.77	5.714* at 1 d.f.
2.	200 Kcal 19-24 g protein	3	8.33	5	13.89	-
3.	300 Kcal 25-30 g protein	10	27.78	15	41.67	1.531 at 1 d.f.
4.	400 Kcal 30-35 g protein	3	8.33	6	16.67	-
χ^2 value		28.740** at 3 d.f.		9.185 at 3 d.f.		

* and ** indicate significance of values at P=0.05 and 0.01, respectively

Table 2 : Percentage distribution of mothers of 3-6 years old children about the awareness of how many days supplementary food should be provided at Anganwadi centre

Sr. No.	Item	Number	Percentage
1.	300Kcal,8-10g protein	26	72.22
2.	200Kcal,7-8g protein	4	11.12
3.	300Kcal,8-9g protein	5	13.89
4.	300Kcal,2-3g protein	1	2.78
5.	Total	36	1000.

Table 4 : Percentage distribution of beneficiaries about the awareness of how many days supplementary food should be provided at Anganwadi centre

Sr. No.	Items	Pregnant women (n=36)		Lactating mothers (n=36)		3-6 year old child rearing mothers (n=36)		χ^2 value
		No.	%	No.	%	No.	%	
1.	200 days	4	11.11	5	13.89	5	13.89	0.04 at 2 d.f.
2.	300 days	25	69.45	21	58.36	28	77.78	3.176 at 2 d.f.
3.	275 days	2	8.33	7	19.44	2	5.56	3.79 at 2 d.f.
4.	365 days	5	16.67	3	8.33	1	25.78	-
χ^2 value		46.491** at 3 d.f.		29.629** at 3 d.f.		72.592** at 3 d.f.		

** indicate significance of value at P=0.01

Table 3: Percentage distribution of beneficiaries about the preparation of supplementary food provided at Anganwadi centre

Sr.No.	Items	Pregnant women (n=36)		Lactating mothers (n=36)		3-6 year old child rearing mothers (n=36)		χ^2 value
		No.	%	No.	%	No.	%	
1.	Prepared in polluted atmosphere	31	86.11	28	77.78	25	69.44	2.89 at 2 d.f.
2.	Less quantity was given	5	13.89	2	5.56	8	22.23	10.90** at 2 d.f.
3.	Badly prepared	25	69.94	18	50.00	32	88.89	12.82** at 2 d.f.
χ^2 value		41.88** at 2 d.f.		38.75** at 2 d.f.		35.31** at 2 d.f.		

** indicate significance of value at P=0.01 (Note: multiple responses. Percentage may exceed 100)

relationship between the awareness of beneficiaries. The result indicated that all beneficiaries of pregnant women were not equally aware. Awareness of lactating mothers regarding quantity of supplementary food should provide at anganwadi centre was dissatisfactory.

Maximum beneficiaries were about the right amount of supplementary food provided for 3-6 years old child.

According to pregnant and lactating mother's views, the food in the centre was prepared in polluted atmosphere. While 3 - 6 year old child rearing mothers expressed that it was badly prepared. The result indicated that all categories were equally aware about the preparation of food.

The study revealed that all categories of beneficiaries were aware about the days of supplementary food that should be provided at the centre *i.e.* 300 days.

In another category of 3-6 year old child rearing mothers, maximum mothers were aware that supplementary food services are provided for 300 days and followed by 200 days, 275 days, and 365 days.

For measurement of difference between all categories of beneficiaries and how many days supplementary food provide at Anganwadi centre χ^2 test was applied and found significant relationship between all categories of beneficiaries and how many days' services provided. The result indicated that all beneficiaries were not equally aware.

Conclusion:

It can be concluded from the study that

- Maximum pregnant women were aware about the quantity of supplementary food.
- Maximum of the pregnant women were aware that supplementary nutrition is given for 300 days.

-Most of the beneficiaries were reluctant to take the benefit of supplementary food because; it was prepared in least desirable condition. Visvesvaran (2000) found that the beneficiaries have expressed dissatisfaction on with respect to quantity, test, lack of variety and non-acceptability due to varied food habits.

Though the ICDS programme is running since 1975 still there is a need to aware beneficiaries about the services available at Anganwadi centre.

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