

# Assessment of Supplementary Nutritional Programme in Anganwadi Centre of Kolar District, Karanataka State

Nagaraja G M<sup>1</sup>, Ravishankar S<sup>2</sup>, Anil NS<sup>3</sup>, Muninarayana C<sup>4</sup>

<sup>1</sup>Asst. Professor in Sociology, <sup>2</sup>Asst. Professor in Statistics, <sup>3</sup>Associate Professor, <sup>4</sup>Professor, Department of Community Medicine, SDUMC, Tamaka, Kolar

## ABSTRACT

Poor Health nutrition may impair both the growth and intellectual development of children, Parent's expectation and their satisfaction regarding food supply, to fulfill the needs of children and lactating mothers.

**Objectives:** The study supplementary nutrition services provided under ICDS, the study was under taken to find out parents expectation, Anganwadi workers and their satisfactory regarding the food supply to the Anganwadi center.

**Design:** The study was carried out at ICDS Mulbagal project area Dec 1999to Jan2000.

**Method:** The study was observational in nature through interview of the parents of Anganwadi going child. The beneficiaries were contacted and interviewed by trained doctors with the help of pretested and semi structured questionnaire.

**Results:** 14(37.83) Anganwadi workers express that there was an interruption in food supply; the reasons are lorry strike, fraud in weightage, old stock or bad smell and below average. The quality of rice supplied and if no fire wood, Anganwadi worker distribute powder to children, children will eat and get stomach pain, and parents would not send children to Anganwadi center. Very late, administrative lapse, fraud in weightage of bags and also there to check the food articles. Anganwadi workers strongly agree that the quality of food was very poor and low quality.

**Keywords:** AWW, Beneficiaries, Quality of Food Supply, Fraud, ICDS

## INTRODUCTION

William words worth said that The Child , is father of the man, what he obviously meant was that the productiveness of an adult depends on the opportunities he has to grow and develop as a child, from this follows that ultimately the quality of a nation depends on the attention it pays to its children. Our Prime Minister went beyond regarding children as national asset, describing them as a potential cementing force in the world given by blinkered jingoism. To quote him children are one, the world over and could become a unifying failure, world that is torn apart by narrow nationalism. Children are a reminder that man is immortal although men may be

mortal. A nation realizes its potentialities through children and is judged by what it does for children. Protecting the physical and mental development of the children is the most important of all investments in the social and economic development of our societies.

National policy on child development, government of India launched the integrated child development services which have a comprehensive approach for all round development of child up to school going age, the scheme was initiated on 2<sup>nd</sup> October 1975<sup>1</sup>. The programme provides a package of service facilities like supplementary nutrition, Vitamin-A, Iron and Folic acid tablets, Immunization, health checkups, treatment of minor ailments, referral services, non-formal pre-

school education, health and nutrition to mothers. Preschool education to children 3 to 6 years old and convergence of other supportive health services like water, sanitation, under nutrition among preschool children is an important public health problem in rural India; however there exists scanty information of the prevalence of under nutrition among preschool children in India <sup>2</sup>.

## OBJECTIVES

The study of supplementary nutrition service provided under ICDS, The study was undertaken to find out parents expectation, Anganwadi workers and their satisfactory regarding the food supply to the Anganwadi Center.

## MATERIALS

The study was observational in nature through interview of the parents of Anganwadi going child, beneficiaries and their opinion of the food supply to the Anganwadi Centre from December 1999 to January 2000. The study population comprised of the beneficiaries multi stage sampling was adopted, out of five Taluks of Kolar district Mulbagal Taluk was a total of 369 Anganwadi centers, a total of 37 Anganwadi Centers in 40 Villages were randomly selected for the study. Situated in the field practice area of Department of Community Medicine of Sri Devaraj Urs Medical College Kolar, Karanataka, and South India.

The beneficiaries were contacted and interviewed by trained doctors with the help of pretested and semi-structured questionnaire. The profile of the beneficiaries such as socio demographic data, periodical supply of quality food items, interruption in the supply of food items to the Anganwadi Centre, reasons of interruption and satisfaction of Anganwadi center was collected.

**Table 1(a): Socio-demographic profile of beneficiaries (parents):**

Sl No	Caste	No.	%
1	Hindu Upper caste	5	2.23
2	Hindu Intermediary caste	105	46.87
3	Hindu Lower Caste	6	2.67
4	SC, ST	91	40.63
5	Muslims	6	2.67
6	Converted Christians	2	0.9
	Total	224	100.00

1	Profession	0	0.00
2	Semi profession	2	0.9
3	Clerical/ Shop owner / Farmer	130	58.03
4	Skilled Worker	8	3.57
5	Semiskilled Worker	3	1.34
6	Unskilled Worker	3	1.34
7	Unemployed	78	34.82
	Total	224	100.00

**Table 1 (c): BG Prasad Socio-economic class**

1	₹. 3653	10	4.46
2	3652-1826	3	1.34
3	1825-1096	6	2.67
4	1095-548	18	8.03
5	< 547	187	83.48
	Total	224	100.00

**Table 1 (d): Family type**

1	Nuclear Family	137	61.16
2	Joint Family	87	38.84
	Total	224	100.00

**Table 1 (e): Educational background of the parents**

SL No	Status	Father	Mother
1	Illiterates	128(57.14)	161(71.87)
2	Literate without schooling	6(2.67)	9(4.01)
3	Primary	19(8.48)	12(5.35)
4	Middle	16(7.14)	15(6.69)
5	High School	42(18.75)	27(12.05)
6	PUC/Diploma	11(4.91)	0
7	Graduates	1(0.44)	0
8	P G	10(4.46)	0
	Total	224	224

**Table 2: Periodical supply of food items in the last six months (37Anganwadi workers respond)**

Sl. No	No items	Total No	%
1	One time	1	0.44
2	Two times	1	0.44
3	Three time	5	2.23
4	Four times	5	2.23
5	Five times	7	3.12
6	Six times	15	6.69
7	No supply	3	1.33
	Total	37	100.00

## RESULTS

The above table expressed the views of 37 Anganwadi workers represents the number of times food was supplied during the last six months. The Anganwadi workers say that within six months 2 times



the food was supplied by contractors, 5 Anganwadi workers says that only three times, 7 respondents says that five times the food was supplied within six months.

15 Anganwadi workers says that every month regularly the food was supplied in time, 3 Anganwadi worker says that there was no food supply in the last six month period. It was observed that the functioning of Anganwadi is very irregular leading to irregular distribution of supplementary nutrition<sup>4</sup>. Therefore, if the nutrition supplementation activity of ICDS is properly maintained along with nutrition educators, a reduction in the nutritional deficiency disorders could be achieved.

The main problems faced by A.W.W in giving supplementary nutrition were procurement of food articles delay and distributions of food at the Anganwadis<sup>5</sup>. According to A.W.W. the staff itself demands cleaned rice, Egg, Ragi, thoordhal, Mills etc. to distribute to Centre directly<sup>6</sup>.

Anganwadi workers express there is interruption in the supply food items<sup>7</sup>.

**Table 3: Interruption in the supply of food items (AWW)**

Sl. No	Supply	Total No	%
1	Yes	14	37.83
2	No	23	62.17
	Total	37	100.00

**Table 4: Reasons for Irregular supply of food (Multiple answer)**

Sl. No	Reasons	No	%
1	Due to lorry strike.	7	18.92
2	Contractors did not supply in time.	13	35.14
3	Administrative lapse.	8	21.62
4	At the time of food supply (AWW) Is absent.	1	2.70
5	Fraud in the weightage of food supply.	10	27.02
6	Only oil rice, energy food, and no other ingredients.	3	1.33
	Total	42	100.00

**Table 5(a): Quality of Food supplied to the Anganwadi center**

Sl. No	Quality of food	No	%
1	Very good	0	-
2	Good	10	27.02
3	Average	12	32.43
4	Very poor	15	40.55
Total	37	100.00	

**Table 5(b): (Multiple Answers)**

Sl. No	Food items	No.	%
1	Rice Bath	34	91.81
2	Energy food	32	86.48
3	Sweet Pongal	02	5.41

**Table 5(c): Ingredients used in the preparation of food items (Multiple Answers)**

Sl. No	Ingredients	No's	%
1	Rice, Oil, Salt, Chilly, mustar seeds, onion	33	89.18
2	Gram dhal, Jaggery	1	2.70

**Table 5(d): Community perception**

Sl. No	Advantages	Total	%
1	Children attend the A.W.C regularly	11	29.72
2	Mental development of the children	13	35.13
3	Poor children get good food	16	43.24
4	To avoid malnourishment problem among children	14	37.83

**Table 5 (e): Community's opinion**

Sl. No	Difficulties	Total	%
1	Low quality of food supply at A.W.C.S.	1	0.44
2	Not properly boiled the rice or energy food	2	0.89
3	Well to do children also taking food from the A.W.C.	4	1.78
4	Food items became unusable due to over storage in the god owns	2	0.89
5	Needy children's don't get the supplementary nutrition's food	3	1.33

Table 3 Shows that the 14 (37.83) Anganwadi workers say that there was an interruption and insufficient in food supply. the reasons are The table5, shows that the 7 (18.92) Anganwadi workers says that due to lorry strike the food supply was very late, during that time some days, Anganwadi Centre may closed 13 (35.13) Anganwadi workers respond that contractors did not supply the food in time, 8 respondents response that there is administrative lapse also there to check the food articles.one Anganwadi worker says that at the time food supply Anganwadi worker is not in the Centre or may be absent<sup>3</sup>.

According to Anganwadi workers views that frauds in the weightage of food supply, rice, Thurdhal and Jaggery are old stock 6(16.21). 3(8.10) Anganwadi workers express only oil, rice and energy food but no other Ingredients. 4 respondents say that delay of food



supply to the center at least 15 days to 20 days minimum. An Assessment says that in 91 (73.4%) A.W.Centers food was available only 250days, in 25 (20.2%) centers it was available only 150-200 days and is the remaining 8 (6.4%) centers it was available for less than 150 days. The food shortage or late supply of food is common<sup>7</sup>.

10(27.07) Anganwadi workers express that the quality of food is average. 15 (40%) AWW strongly agree that the quality of food was very poor and low. The above statement said that below average and poor quality of food was supplied to the Anganwadi Centre. Type of food, Food items prepared and provided to the beneficiaries at Anganwadi Centre in the last one month<sup>8</sup>.

The above table4 says various food items distributed to the beneficiaries at Anganwadi Centre in the last one month, (34+32) respondent express that most of the time the rice bath and energy food will be gives to beneficiaries always without ingredients, few days the sweet pongal will be distributed. The above table shows that only few Anganwadi centers 33 (89.18) used side ingredient for preparing food items called rice, oil, salt, Chilly, mustar seeds, and onion not gram dhal and jaggery boiled and given to the beneficiaries. 17 Anganwadi workers directly allow the beneficiaries to take food to the home because of fuel problem, when the food is not prepared, 20 Anganwadi workers says that food will not be sent to home, all beneficiaries including mothers and children will eat food in the Anganwadi center only.

11 Anganwadi workers describe that if regular food supplies to the A.W center the children attend regularly, advantage of the providing supplementary nutrition food it gives Physical and mental development of the children. 16 A.W.W. express that the poor children also get good food. 14 Anganwadi workers say that supplementary nutrition is very important to avoid malnourishment problem among below poverty line children. 8(21.62) AWW expressed various reasons about the disadvantages of using the special nutrition food. 1(2.70) respondent express middle man or food contractors brought the ration to the center it may be dirty or old stock etc. The Anganwadi workers are preparing the food; children will eat and may be food poison. The next day the parents will not sent children to the center and bad impression on Anganwadi Centre 2(5.40) respondents says that not properly boiled the rice and energy food lack of fire stick or kerosene, the community will not provide fuel. 4 respondents say that economically

dominant community children also taking food from the Anganwadi Centre.

## DISCUSSION

Catch them young is the proverb for inculcating the appropriate characteristics in children as early childhood in the period of rapid growth and development. The facilities of Childs physical, mental, emotional and social development are all at their peak growing curve in the first 5 years of the child's life span. The period is more commonly known as the preschool years, the most formative stage and therefore the nation at policy on education and has placed high priority on early childhood care and education and has emphasized on its integration into ICDS programme. There, pre-school education has become an important intervention in programmes for pre-school children; ICDS is the largest programme of early childhood development with non-formal pre-school education as its most important social component. It not only emphasizes on all round development of the child

Only a few research studies have been conducted in relation to pre-school education and child development in ICDS blocks. One of the reasons may be that it is comparatively difficult to assess the psychosocial development of children. However, the studies related to the subject have indicated improvement in the educational and developmental states of children in ICDS areas.

The role of pre-school education in improving scholastic performance was reflected in the study<sup>3</sup>. It was observed the pre-school education resulted in higher enrollment as two percent enrolled in the primary school. The enrolment of male children and there from higher castes was slightly better than female children and there from lower castes. Once in school, the majority of these children were well adjusted as compared to other children<sup>8</sup>.

Pre-school education also brings about as improvement in the various interrelated dimensions of child development such as social, emotional and cognitive development. Although there is some evidence to show that malnutrition hampers cognitive development, yet it is difficult to determine the extent of its adverse effects. The age group 3-5 years, there were significant difference between cognitive and language abilities and anthropometric measurements of children, such as weight, height, mid arm circumference and head circumference<sup>8</sup>, reported that



the cognitive abilities of children could be improved with intervention programmes. Cognitive and social development of urban was comparatively better than that of rural children and it was related to variables like educational and occupational levels of the parents<sup>9</sup>.

Play has its own importance in the life of a child. It enhances physical, intellectual emotional, social, aesthetic, motor language and attitudinal development. It is through play that children learn to explore construct, create and also destroy<sup>10</sup>.

### CONCLUSION

To sum up, it can be said that non-formal pre-school education, a crucial component of ICDS has improved the enrolment and scholastic performance of children and has had positive impact on their cognitive and language development. It strengthened; it can help in reaching children from the most vulnerable section of society and enhance their all-round development objectivity and health care of the pre-school child.

### ACKNOWLEDGMENT

1. Anganwadi teachers of Kolar district, for providing valuable facts
2. Child Development Project Officer, Kolar district, for providing technical support
3. Interns of department of community medicine, Sri Devaraj Urs Medical College

**Conflict of Interest:** Nil

**Source of Funding Agency:** Nil

**Ethical Clearance:** Taken

### REFERENCES

1. Sachdev AVSM. Neeru Gandhi, Tondon BN. Krishnamurthy KS. 1995: Integrated child Development services scheme and Nutritional status of Indian children. Journal of tropical medicine 41:123-128.
2. Biswas k. Bose, A Mukhopadhyay 2009. High prevalence of stunting among integrated child development service ICDS scheme children aged 1 years of Chapara block Naiad district West Bengal, The internet Journal of Biological anthropology Vol 3 No.2.
3. Sunder Lal Rajesh Kumar 1985 Mothers reaction to the services of Integrated child development services scheme. Journal of Health and population 8(2); 117 -122.
4. Garg Singh, Bhatnagar, Chopra 1997, Nutritional Status of children (1-yrs) in slums of Ghaziabad city. Indian Journal of community Medicine 2.xx11 April-june
5. Shanker Prinja Ramesh Verma, Sundar Lal 2008 Role of ICDS Programme in delivery of nutritional services and functional integration between Anganwadi and health worker in north India. The internet journal of nutrition and wellness vol 5 no 2.
6. Aswini Kumar, Veena G Kamath Asha Kamath, Chythra R Rao, Sanjay Pattanashetty 2010. Nutritional status assessment of under-five beneficiaries of Integrated child development services programme in rural Karnataka, Australian Medical Journal (online)
7. Michele Gragnolati, Crayn Bredenkamp, Monica Das Gupta, YKyoung Lee Meera Sheka 2006: ICDS and persistent under nutrition strategies to enhance the impact, Economic and Political weekly 1193-1201.
8. Sukhadeo Thorat Nidhi Sadana 2009, Discrimination and children's nutritional status in India, Institute of Development Studies Bulletin vol 40-no 4.
9. Barun Kanji Lal, Papiya G Muzumdar, Moumita Mukherjee Hafizur Rahaman 2010. Nutritional Status of Children in India; Household Socioeconomic condition the contextual determinant. International journal of Equity in Health 9-19.
10. Samridhi Arora, Shaveta Bharathi, Arti Mahajan 2006. Evaluation of Non-formal preschool educational services provided at Anganwadi centers (urban slums of Jammu city) Journal of social science, 12(2) 135-137.