



A STUDY ON KNOWLEDGE AND UTILIZATION OF READY TO EAT FOOD PACKET UNDER ICDS PROJECT IN URBAN AREA YADUNANDAN NAGAR, BILASPUR (C.G.)

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ABSTRACT **BACKGROUND:** 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. In case of children between the age group of 6 months to three years, supplementary food item is provided to carry home. And this is in the form of "READY TO EAT" food packet.

OBJECTIVE:

1. To assess the utilization of Ready to Eat food packets by children 6 month to 36 month under ICDS project.
2. To assess the knowledge regarding Ready to Eat food packets by children 6 month to 36 month under ICDS project.

MATERIAL AND METHOD: A community based cross sectional study conducted in 11 Anganwadis. 20 Children of 6 months to 3 years were picked from each Anganwadi by convenience sampling method thus total sample were 220 each. Mx-Excel and SPSS 20 was used for data analysis.

RESULT: Mean score of knowledge was 5.95. 156 (71 %) had good knowledge scores. 80% of respondent knew about the different type of available food packets, its contents and advantages. Mean score of utilization was 16.77. The responses with regard to practice were average only (52%) of the participants although only 72% consumed entire food packet. 67% have noticed improvement of health 61% respondents wanted to continue food as it was good for health, 18% as it is free of cost, 14% as food tastes good, 7% as it is timely available.

CONCLUSION: According to the study we concluded that knowledge of the Ready to Eat food packet under ICDS were adequate but utilization of the Ready to Eat food packet is just satisfactory in urban anganwadis

KEYWORDS : ready to eat food packets, ICDS, knowledge, utilization

INTRODUCTION:

Integrated Child Development Services (ICDS) Scheme was launched on 2 October, 1975 – the 106th birth anniversary of Mahatma Gandhi – the Father of the Nation. ICDS is the most unique programme for early childhood care and development encompassing integrated services for development of children below six years, expectant and nursing mothers and adolescent girls living in the most backward, rural, urban and tribal areas. 1. ICDS provides health, nutrition, immunization, preschool education, health and nutrition education, and referral services to young children and their mothers. ICDS also empowers mothers to take better care of their children 2.

The objectives of ICDS is to improve the nutritional and health status of all the above-mentioned beneficiaries and thereby reduce the prevalence of under-nutrition and related morbidities and mortalities 2. The utilization of ICDS services depends on various factors like infrastructure, availability of resources and the client's satisfaction. In ICDS scheme, mothers are considered to be the major clients as they play a vital role in improving the growth, nutrition and overall development of their child. The health of the child also depends upon the health of the mother during pregnancy and lactation. The National Health Policy of India emphasizes the government's commitment to improve the health status of the most vulnerable groups of the society: children and women. 3 Though ICDS is the world's largest community-based child nutrition and development program, even after more than 35 years of its implementation the dilemma still exists regarding the extent of utilization and quality of services provided through anganwadis. 4

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. In case of children between the age group of 6 months to three years, supplementary food item is provided to carry home. And this is in the form of "READY TO EAT" food packet.

Under ICDS programme supplementary nutrition is being provided, but its utilization has raised questions. So the current study was

planned to find out knowledge and utilization of ready to eat food packets of ICDS project in area of Yadunandan Nagar, Bilaspur

AIM: –

A study on knowledge and utilization of ready to eat food packet under ICDS project in urban area Yadunandan Nagar, Bilaspur (C.G.)

OBJECTIVES:

1. To assess the utilization of supplementary food packets by children 6 month to 36 month under ICDS project.
2. To assess the knowledge regarding supplementary food packets by children 6 month to 36 month under ICDS project.

OPERATIONAL DEFINITIONS

KNOWLEDGE- It is the information about the availability of the Ready to Eat food packets and basic awareness about its types, contents and benefits.

UTILIZATION- It is the usage or consumption of the Ready to Eat food packets and associated practices.

READY TO EAT FOOD PACKET- It is a self-contained individual field ration, light weight packaging bought by the Indian Government as supplementary nutrition.

METHODOLOGY:

It was a community-based cross-sectional study carried out in Anganwadi centers conducted in Yadunandan Nagar, the field practice area of the Department of Community Medicine CIMS, Bilaspur (C.G.) study was conducted on October 2017. The sample was selected from the beneficiaries registered under the respective Anganwadi. There were 11 Anganwadi centers from each Anganwadi centers picked 20 Children 6 months to 3 years. 20 participants by convenience sampling method thus total sample were 220. Children of age group 6-36 months were included under the study population. Mothers of children 6 month to 36 months were interviewed on behalf of their children. Informed verbal consent was taken before data collection. All other beneficiaries under the ICDS program have been excluded from the study. The data was collected from the selected sample through a personal interview by mother of children with the help of structured, pre-tested and pre-designed questionnaires. questionnaires

comprising age, sex, education of mother, occupation of mother, SEC condition, various questions about supplementary food packets like storage condition, utilization, expiry date etc. A pilot study was done and then the final data collection has proceeded. The collected data were tabulated and analyzed by using Ms-Office and Epi info.

RESULT:

Out of 220 beneficiaries the mean age of the mother was 24.70 years. Majority of the mother were educated up to high school level (29%) followed by middle school (26%). However out of 220 study subject (13%) of them were illiterate. Out of 220 study participant 97(44%) were home maker. The mean of the number of family members in the participant's family was 5.48. 41% of study participant were belong to lower middle class and 55% were belong to other backward class. (Table 1)

The overall knowledge was good. Mean score of knowledge was 5.95. 156 (71 %) had good knowledge scores. The distribution of knowledge is described in Table 3. The knowledge regarding availability of different type of food packets and content of food packet was good (>80%) but knowledge regarding ready food packet use as a supplementary food was very poor (5%).

Mean score of utilization was 16.77. The responses with regard to practice were average only (115, 52%) of the participants although only 72% consumed entire food packet and there are 156(72%) out of 216 participants who used the food packets daily. 20% of the mother has preference of using food packets alternate days and 6% twice a week. However 2% of them preferred once a week usage. Among these 28% participants who have partially consumed the packet: 14 (22%) gave the rest of food to relatives; 23 (39%) fed the left-over food to animals and 23 (39%) threw away the food. Food packets provided to children 6 month to 3 year should be used ideally by them alone. However, it was found that 68% of the participants using the food packets were sharing it with their family members and most of the time the family member is mother i.e. 40%, rest 32% used it alone. For 53% of the participants one packet sustained for only week. As per our study, 74% participants consumed food in the form of halwa, 4% consumed as Ladoo and 3% consumed as barfi and 19% consumed in other forms such as lapsi, roti, thepla etc. 70% of the participant's families stored packets in steel and plastic container and 86% stored it for only one week. (Table 2)

148 (67.2%) out of 220 respondents have noticed improvement of health after consumption of Ready to Eat food packets by gaining weight and improvement in health condition of child.

Majority of mothers of participants reported that food packets test was good i.e. 65%. 18% said edible. And none of the participants felt the quality was poor.

61% respondents wanted to continue food as it was good for health, 18% as it is free of cost, 14% as food tastes good, 7% as it is timely available

Table 1. Sociodemographic Characteristics

| Characteristics | Frequency n=220 | % |
|-----------------------------|-----------------|-------|
| AGE (Years) | | |
| <19 | 34 | 15.4% |
| 20-29 | 148 | 67.2% |
| 30-39 | 38 | 17.2% |
| SEX OF CHILDREN | | |
| Male | 141 | 64% |
| Female | 79 | 36% |
| EDUCATION(OF MOTHER) | | |
| Illiterate | 29 | 13% |
| Primary school | 18 | 8% |
| Middle school | 57 | 26% |
| High school | 64 | 29% |
| Post high School | 48 | 22% |
| Undergraduate | 4 | 2% |
| OCCUPATION | | |
| Unemployed | 97 | 44% |
| Semi-skilled | 29 | 13% |
| Skilled | 51 | 23% |
| Clerical, Shop owner | 27 | 13% |
| Semi-professional | 14 | 6% |
| Professional | 2 | 1% |
| SOCIO-ECONOMIC CLASS | | |

| | | |
|-----------------------|-----|-----|
| Upper class | 2 | 1% |
| Upper Middle class | 7 | 3% |
| Middle class | 46 | 21% |
| Lower Middle class | 90 | 41% |
| Lower class | 75 | 34% |
| CASTE | | |
| General | 62 | 28% |
| OBC | 121 | 55% |
| SC | 2 | 1% |
| ST | 35 | 16% |
| FAMILY MEMBERS | | |
| 0-4 | 117 | 53% |
| 5-9 | 81 | 37% |
| ≥10 | 22 | 10% |

Table2: Utilization of the Ready to Eat Food packets

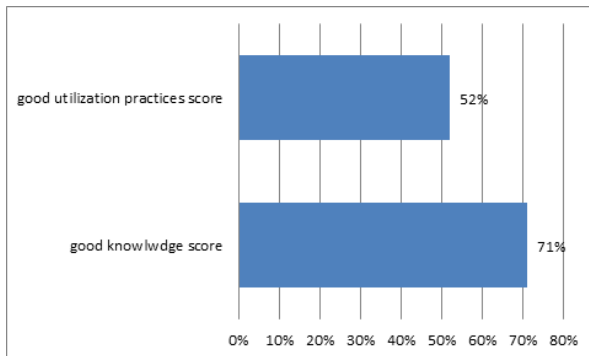
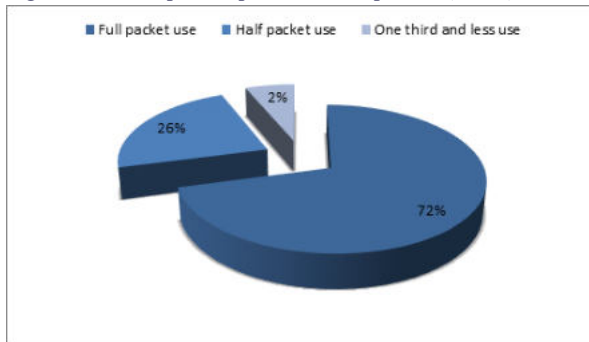
| CONSUMPTION ATTITUDE | FREQUENCY | PERCENTAGE |
|--|-------------------|------------|
| Consumed by | 216 | 98% |
| Received but not consumed | 4 | 2% |
| Full packet | 156 | 72% |
| Half packet | 56 | 26% |
| One third packet or less | 4 | 2% |
| CONSUMPTION PRACTICE | FREQUENCY | PERCENTAGE |
| Regular | 156 | 72% |
| Alternate days | 43 | 20% |
| Twice a week | 13 | 6% |
| Once a week/occasional | 4 | 2% |
| STORAGE OF PACKET | FREQUENCY | PERCENTAGE |
| In steel container | 76 | 35% |
| In air tight plastic container | 76 | 35% |
| In open | 54 | 25% |
| Other ways | 10 | 5% |
| FORM IN WHICH IT IS CONSUMED | FREQUENCY | PERCENTAGE |
| Halwa | 163 | 74% |
| Laddu | 9 | 4% |
| Barfi | 6 | 3% |
| Other | 42 | 19% |
| WHEN NOT COMPLETELY CONSUMED, THE PACKET IS? | FREQUENCY (n=60) | PERCENTAGE |
| Given to relative | 14 | 22% |
| Fed to animals | 23 | 39% |
| Thrown | 23 | 39% |
| OTHER MEMBERS BY WHOM THE FOOD IS CONSUMED | FREQUENCY (n=156) | PERCENTAGE |
| Using alone | 50 | 32% |
| Mother | 62 | 40% |
| Sibling | 44 | 28% |

Table 3: Knowledge regarding Ready to Eat Food Packets

| KNOWLEDGE ASSESSMENT ABOUT | known | | Don't known | |
|---|-----------|------------|-------------|------------|
| | frequency | percentage | frequency | percentage |
| Availability of different types of food packet | 175 | 81% | 41 | 19% |
| Content of the food packet | 175 | 81% | 41 | 19% |
| As supplementary food | 11 | 5% | 205 | 95% |
| Effective in increasing weight | 192 | 89% | 24 | 11% |
| Improvement in health condition after consumption | 145 | 67% | 71 | 33% |

Table 4: Reasons of the participants for continuation of Ready to Eat Food packets

| REASONS STATED | FREQUENCY | PERCENTAGE |
|-------------------|-----------|------------|
| Good for health | 134 | 61% |
| Tastes good | 31 | 14% |
| Free of cost food | 40 | 18% |
| Available | 15 | 7% |

Figure 1 Distribution of knowledge and practice score n=220**Figure 2: Consumption of portion of food packets (n=220)****DISCUSSION:**

The ICDS program provides supplementary nutrition to the children (6-72 months) in the form of Ready to Eat food packets through Anganwadi centre. The coverage of ICDS program is high. Nearly, 80% of the study population consumes RTE regularly owing to large scale awareness about RTE. **B.N. Tandon** conducted a study and according to that the integrated nutrition interventions led to a significant decline in malnutrition among preschool children in the ICDS population compared with the non-ICDS groups that received nutrition, health care and education services through separate programmes.⁵

Kandrap N Talati et al conducted a study and found that 47.3% reported they disliked the taste and 80% fed it to livestock. Only 19% of children eventually consumed (*Balbho*) Ready to Eat food Packets. ⁶ "The Hindustan Times" (Mumbai Publication) reported on July 2017 'several studies have shown that the ready-to cook food taste bad, cause indigestion and is mostly fed to cattle and other livestock. A study conducted by NGO (RachnaKhoj) who concluded that around 98% of the children did not like the taste of the 'Take Home Ration' (THR) supplements. 40% of the families said that it smelled bad and was difficult to cook and some even found worms in the sealed packets but in our study, we found that majority of the study participants perception as the product being healthy for children and more specifically the taste of RTE which is liked by majority and the fact that product is free.

Bhavesh Bariya et al conducted study in Gujrat and found that Majority of the study participants reported the taste of food packet good (56.80%) and 32.4% of them perceived it edible. ⁷ This is similar to our study.

Moreover, all of the participants in our study have the positive attitude about the quality of the food packets, as they made the packets timely available and continuous supply from Government. Also, they were major source of information with respect to its contents, and benefits of its consumption. The main drivers of high consumption of food were the High coverage of ICDS program.

"The Indian Express Newspaper" (Mumbai Publication) in October 2016 highlighted that "the local Anganwadi gave the breakfast and lunch of "laddo" and "khichdi" that cost Rs 11 for a child, along with 'take home ration' of 1 kg sheera. But the entire family consumes the ration, meant to last a month, in just 10 days.", we found in our study that 68% of the participants using the food packets were sharing it with their family members

Among the total study participation, 19% respondents had irregular intake. Reasons stated by such participants were forgetfulness, intake according to need of time and fluctuating family settlements.

CONCLUSION:

According to the study we concluded that knowledge of the Ready to Eat food packet under ICDS were adequate but utilization of the Ready to Eat food packet is just satisfactory in urban aanganwadis. Most of our study participants consumed the entire food packet on regular basis. Maximum no. of respondents has good knowledge about food packets. Participants knew different types of packets available and also their contents. None of the participants had any complaint regarding the taste of the food. Consumed food was freely & timely available. Where is lacking of part there should be a constant effort to improve the quality of services.

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