

# Availability of Supplementary Nutrition Ration for beneficiary Pregnant and Nursing women in Mansa district of Punjab

Gurpreet Kaur

Assistant Professor Political Science

## 1. Introduction

The Integrated Child Development Services (ICDS) Scheme was launched on the auspicious occasion of the 106<sup>th</sup> birth anniversary of Mahatma Gandhi, the Father of the Nation.<sup>i</sup> In the initial stages ICDS was implemented in 33 selected community development blocks in India. It has expanded considerably in subsequent years and Up to 31<sup>st</sup> March 2013; there are 7076 sanctioned projects, 7025 operational projects in India. It is perhaps the only country-wide program in the world functioning on a large scale, requiring multi sectoral operations and inter sectoral linkage for its implementation, upto 31.01.2013, under the scheme, Supplementary nutrition service is being provided to about 92765522 lakh beneficiaries, comprising of about 74680932 lakh children (0-6 years) and about 18084590 lakh pregnant and lactating mothers and pre-school education service is being provided to about 34665683 lakh beneficiaries, comprising of about 17673362 lakh boy children and about 16992321 lakh girl children through a network of about 1331076 lakh operational *Anganwadi* Centres in India.<sup>ii</sup> In Punjab, upto 31.01.2013, under the scheme, Supplementary nutrition service is being provided to about 1349816 lakh beneficiaries, comprising of about 1061498 lakh children (0-6 years) and about 288318 lakh pregnant and lactating mothers and pre-school education service is being provided to about 460668 lakh beneficiaries, comprising of about 239791 lakh boy children and about 220877 lakh girl children through a network of about 26656 lakh operational *Anganwadi* Centres.<sup>iii</sup>

The Union Ministry of Health and Family Welfare in India held a similar view as it also observed, "Since mothers and children have additional requirement for reproductive growth and development and are biologically more vulnerable to environmental influences, special programs are required in pregnancy, child birth and childhood in addition to the general health measures.<sup>iv</sup> The Ministry of Women and Child Development in India too reiterated that women's health played an important role in determining the health of the future population, because women's health had an intergenerational effect. The low health situation of women had a cumulative impact reflected in the high maternal mortality rates, the incidence of low birth weight babies, high pre-natal mortality and foetal wastage and consequent high fertility rates.<sup>v</sup>

With a view to improve the health and nutritional status of pregnant women and nursing mothers, the Supplementary Nutrition Programme has been included as the most important component of the ICDS Programme. Malnutrition, endemic poverty and low household incomes over the years have resulted in poor nutritional status of the population in these households resulting in food distress and food insecurity. Food insecurity impacts them more adversely. When families and

people suffer, children and women suffer most due to their greater vulnerability and higher biological need for nutritional protection and security, growing infants, adolescent girls, pregnant women and nursing mothers face far greater risk from the nutritional depletion than others. This nutritional insecurity pre-eminently of pregnant and nursing women and children in the formative years is addressed through the Supplementary Nutrition Programme. Malnutrition impairs physical and mental development and hence providing nutritional support to children in the vulnerable age group is essential to prevent the onset of malnutrition and growth faltering in the formative years.<sup>vi</sup>

With a view to reduce morbidity and mortality among the vulnerable sections of the population, the Supplementary Nutrition Programme through the ICDS scheme has proved to be one of the most important food-based interventions in India. Under the scheme, Supplementary Nutrition is provided to expectant and nursing mothers from low income families for a period of 300 days in a year as per nutritional norms at the *Anganwadi* centres. In the case of pregnant women, supplementary nutrition is admissible now from the day the pregnancy is discovered upto the date of delivery. The nursing mother is eligible for supplementary nutrition for the first six months of lactation.<sup>vii</sup>

## 2. Objectives and methodology

The objective of the present study was to examine the availability of Supplementary Nutrition Ration for beneficiary Pregnant and Nursing women at *Anganwadi* Centers. For this study a survey with Interview Schedules of total 30 *Anganwadi* workers from Mansa district of Punjab was conducted. Besides this, secondary sources of information like books, articles, and newspaper clippings, articles in research journals, websites and reports were also consulted to collect the factual data concerning the study

## 3. Findings of the study

The study undertook to assess the availability of supplementary nutrition to the women in *Anganwadi* centers and brought the following findings from the *Anganwadi* workers.

**Table 1: Are you getting Supplementary Nutrition ration in time for the Pregnant and Nursing women? (*Anganwadi* Workers)**

Attributes	Responses of Total AWWs
Yes, getting in time	14(46.66)
No, did not get in time	16(53.33)
Total	30(100)

Source: Culled from Primary data. Figures in brackets are percentages.

As per national norms, Pregnant women and nursing women are beneficiaries for supplementary nutrition ration. The nursing women are permitted for SN ration for the first six months of breastfeeding. For the pregnant women, supplementary nutrition ration is permitted from day of pregnancy upto the date of delivery. A question was asked to AWWs regarding receiving of SN ration. The data in the Table 1 indicates that 46.66% AWWs answered that they were getting SN in time while (53.33%) of the AWWs reported that they did not get SN ration in time due to many reasons.

Regular supply of Supplementary nutrition is very important for pregnant women and nursing women. But it was very shocking to note that AWWs faced various problems regarding receiving of SN ration for beneficiary due to many reasons.

**Table 2: If AWWs did not receive supplementary nutrition ration in time for the nursing and pregnant women, then what was the main reason? (Anganwadi Workers)**

Attributes	Responses of Total AWWs
Food items were not supplied regularly	10(33.33)
Due to transportation problem	05(16.66)
Food items were spoiled	03(10.00)
Any other (getting SN in time)	12(40.00)
Total	30(100)

Source: Culled from Primary data. Figures in brackets are percentages.

A question was asked to respondents regarding the various reasons for not getting nutrition ration in time. Table 2 explains that 33.33% respondents answered that food items were not supplied regularly whereas 16.67% respondents said that transportation problem is also a big reason for not getting supplementary nutrition ration in time. 10% women said that sometimes various food items were spoiled before they get them or in short period after receiving ration. Left 40% got the supplementary nutrition on time. It can be seen that a huge %age of respondents (AWWs) did not get nutrition ration in time. It means that all the beneficiary women (pregnant women and nursing women) are unable to get nutrition ration in time which is not good.

**Table 3: For how many days from 1<sup>st</sup> jan.2017 to 31<sup>st</sup> dec. 2017, supplementary nutrition was distributed? (Anganwadi Workers)**

Attributes	Responses of Total AWWs
300 days	10(33.33)
200 days	16(53.33)
150 days	04(13.33)
Any other	-----
Total	30(100)

Source: Culled from Primary data. Figures in brackets are percentages.

As per the supplementary nutrition program of ICDS scheme, 300 days of feeding for pregnant and nursing women per year is envisaged. As seen in Table 3, only 33.33% of the AWWs distributed SN ration for 300 days in a year, while 53.33% AWWs distributed SN ration for 200 days in a year. The remaining 13.33% AWWs distributed SN ration 200 days in a year.

It was shocking to find that, a high majority (66.66%) of AWWs distributed SN ration less than 300 days in a year, which were lesser than the days they were supposed to distribute supplementary nutrition under the rules.

**Table 4: Is the given food acceptable to the women? (Anganwadi Workers)**

Attributes	Responses of Total AWWs
No	07(23.33)
Some food items are acceptable	14(46.66)
Yes, all food items are acceptable	14(46.66)
Any other	-----
Total	30(100)

Source: Culled from Primary data. Figures in brackets are percentages.

As Table 4 describes the quality of food items given to beneficiary women in AWCs under ICDS scheme. According to table, 46.66% AWWs agreed that some of the given food items were acceptable to the beneficiary women and other 30% AWWs replied that all food items were acceptable. But 23.33% AWWs also stated that 'no' food items given to beneficiary women did not accepted by them. On the basis of answers given by AWWs, it was also found that the quality of food items received by the pregnant women and nursing women under supplementary nutrition program was satisfactory and all food items were considered good in terms of quality and taste by beneficiaries.

**Table 5: An Average how many of the beneficiaries women (pregnant) come at AWCs to receive supplementary nutrition ration. (Anganwadi Workers)**

Attributes	Responses of Total AWWs
80 to 100%	07(23.33)
50 to 80%	07(23.33)
Below 50%	14(46.67)
0%	02(06.67)
Total	30(100)

Source: Culled from secondary data Figures in brackets are percentages.

Table 5 describes about an average of beneficiary women (pregnant) come at AWCs to receive supplementary Nutrition because nutrition program for pregnant women is one of the most important service provided by the Anganwadi under ICDS scheme. According to 23.33% of AWWs, 80 to 100% beneficiary women (pregnant) came at AWCs to receive SN ration. While other 23.33% AWWs viewed that only 50 to 80% beneficiary women (pregnant) came at AWCs to receive SN ration. 46.67% AWWs answered that below 50% beneficiary women (pregnant) came at AWCs to receive SN ration and rest 06.67% respondents reported that not even a single pregnant woman came at AWCs to receive SN ration.

It is found that a majority of beneficiary women (pregnant) did not receive regularly SN ration from the AWCs due to various reasons like beneficiary women (pregnant) did not give high priority to Anganwadi ration and lack of motivation and knowledge regarding the benefits of SN ration by ICDS personnel.

**Table 6: An Average how many of the beneficiaries women (nursing) come at AWCs to receive supplementary nutrition ration. (Anganwadi Workers)**

Attributes	Responses of Total AWWs
80 to 100%	06(20.00)
50 to 80%	08(26.67)
Below 50%	16(53.33)
0%	-----
Total	30(100)

Source: Culled from secondary data Figures in brackets are percentages.

Table 6 describes about an average of beneficiary women (nursing) come at AWCs to receive supplementary Nutrition because nutrition program for nursing women is also one of the most important service provided by the AWCs under ICDS scheme. According to 20.00% AWWs, 80 to 100% beneficiary women (nursing) come at AWCs to receive SN ration. While 26.67% AWWs viewed that only 50 to 80% beneficiary women (nursing) come at AWCs to receive SN ration. Rest 53.33% AWWs answered that below 50% beneficiary women (nursing) come at AWCs to receive SN ration.

It is found on the basis of collected data that a majority of nursing women did not receive regularly SN ration from the AWCs due to various reasons like nursing women did not give high priority to Anganwadi ration and ICDS personnel also did not motivate them about the benefits of supplementary nutrition.

**Table 7: If less than 50 percent beneficiaries received Supplementary Nutrition, what is the reason? (Anganwadi Workers)**

Attributes	Responses of Total AWWs
Anganwadi centres were far off.	04(13.33)
Women do not know about benefit of supplementary nutrition	11(36.67)
Women busy in household chores/other task	14(46.67)
Any other (specify)	01(03.33)
Total	30(100)

Source: Culled from secondary data Figures in brackets are percentages.

percentages.

Replying to the question about the main reason, why less than 50% beneficiaries received supplementary nutrition ration from AWC, as given in Table 7. It was found that 13.33% AWWs considered that AWCs were far off from the beneficiaries residence as the main reason, while 36.67% AWWs felt that the women did not understand the benefits of SN ration. Rest 46.66% of the AWWs viewed that the beneficiary women (pregnant and nursing) are busy in their house works or in other tasks that's why they were unable to receive SN ration and 3.33% respondents stated that family members of the beneficiary women are not allowed them to receive SN ration from AWCs.

It can be concluded that due to various reasons beneficiary women (pregnant and nursing) were unable to receive supplementary nutrition ration from AWCs which is not good.

**4. Conclusion**

The present study shows about the supply and distribution of supplementary nutrition ration for the women (pregnant and nursing) at AWCs. Under ICSD scheme. The findings are not very satisfactory. It was found that more than half (53.33%) AWWs were not getting SN ration in time during 1 Jan 2017 to 31 Dec 2017 due to many reasons. It was shocking to note that a high majority (66.67%) of AWWs did not distribute SN ration for 300 days in a year as per the supplementary nutrition program of ICDS scheme. It was a pleasure to note that the quality of food items received by the pregnant women and nursing women under supplementary nutrition program was satisfactory and all food items were considered good in terms of quality and taste by beneficiaries. More than half respondents reported that most of the food items were accepted by the beneficiary women. It can be seen that a majority of beneficiary women (pregnant and nursing) did not regularly receive SN ration from the AWCs due to various reasons. Based on the above study it can be concluded that due to various reasons, supply and distribution of SN ration for pregnant women and nursing women at AWCs was not enough.

**References**

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