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FOOD SAFETY KNOWLEDGE AND PRACTICES OF MOTHERS OF ANGANWADI SCHOOL CHILDREN IN THOOTHUKUDI DISTRICT

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ABSTRACT

Throughout the world, mothers are the principal guarantors of food safety and quality of food at the house hold level. They are the ones who most often purchase, produce, handle, prepare and serve food for the family. Mothers are the final line of defence against food borne illnesses. Though mothers know that washing of hands and, cleanliness of surrounding are the necessary perquisites of food safety, they do not follow these practices at home because they are not aware that, these unsafe practices leads to viable micro-organism growth in food and malnutrition. ICDS has served as a flagship program for India's healthcare system. The Anganwadi centres play an important role in preparing food to the children belonging to below middle class and BPL family. They are the focal points for imparting food safety education to the mothers. This paper gives a comprehensive picture on the role of Anganwadi centres in improving the food security for mothers and children of Thoothukudi district and also the food safety practices of mothers of Anganwadi school children to prevent food borne illness. A sample of four hundred and twenty mothers is selected from Thoothukudi district using convenience sampling method for the purpose of research. Appropriate findings and suggestions are given in the paper.

KEYWORDS

food safety, anganwadi, mothers.

INTRODUCTION

In pursuance to the national policy for children, the Government of India launched the Integrated Child Development Services (ICDS) Scheme, which was introduced on experimental basis on 2nd October 1975. ICDS today represents one of the world's largest programmes for early childhood development. ICDS services are provided as a vast network of ICDS centres, it is known as Anganwadi. The word Anganwadi is developed from the Hindi word Angan which refers to the courtyard of a house. In rural areas an Angan is where people get together to discuss, meet, and socialize. The Angan is also used occasionally to cook food or for household members to sleep in the open air. This part of the house is seen as the heart of the house. ICDS has served as a flagship program for India's healthcare system, and has received financial and technical support from UNICEF and the World Bank. Anganwadi centres were not that much popular as expected for this might be due to poor relationship between Anganwadi worker and community members. But in spite of the ongoing direct nutrition interventions like ICDS, India still contributes to about 21 percent of the global burden of child deaths before their fifth birthday. The three important factors playing major role in the incidence of food poisoning especially with regard to food handlers and mothers are Knowledge, Attitude and Practice. Mothers lack knowledge about food safety while purchasing foods items. On the other hand, knowledge, attitude and practice of Anganwadi workers with respect to growth monitoring, supplementary nutrition and immunization are quite satisfactory.

STATEMENT OF THE PROBLEM

According to reports of National Family Health Survey III 2005-2006, 42.5 per cent of children in India are underweight. The ICDS is perhaps one of the better concerned programmes, yet on travels around country one realises that there is a huge gap between what is expected of the programme and the ground situation. Malnutrition was found to be inversely linked to father's income, maternal occupation, mother's increased decision making power, better access to health care and higher household income. Unfortunately, mothers in general did not regard medical care as an appropriate intervention for malnutrition. Various studies in recent past had reflected unsatisfactory implementation of growth monitoring practices by Anganwadi workers under ICDS. The Anganwadi centres and mother of the child play an important role in preparing food to the children belonging to below middle class and BPL family. As per the previous report from various organizations and WHO, the children in these sections suffer from frequent water borne and food borne diseases in Tamil Nadu. Hence the researcher has made an attempt to understand the food safety practices of the mothers of Anganwadi school children and the reasons for their diseases and its impact on the health.

OBJECTIVES OF THE STUDY

- 1. To study the awareness of food safety knowledge and practices of food handlers at Anganwadi and home.
- 2. To identify the practical execution and attitudes of food handlers at Anganwadi and at home.
- 3. To analyse the influence of demographic factors in causing the water borne and food borne diseases among Anganwadi school children.

HYPOTHESIS

- 1. Education does not influence the general practices of mothers.
- 2. Education does not influence the basis of buying food by mothers of Anganwadi school children.
- 3. Food allergy does not depend on the reasons for food borne diseases of the children going to Anganwadi school.

RESEARCH METHODOLOGY

RESEARCH DESIGN

Since the present study has its own predetermined objectives and methodology, it is both descriptive and analytical in nature. The study has made an attempt to explain the food safety knowledge and practices of mothers of Anganwadi school children in Thoothukudi district. The present study covers the Thoothukudi district of Tamil Nadu. It deals with mothers of Anganwadi school children.

SAMPLING DESIGN

By convenience sampling method respondents were selected from various parts of Thoothukudi district. The sample size of this study is 420. Structured interview schedule was used to collect the relevant data among the mothers of Anganwadi school children in Thoothukudi District.

SOURCE OF DATA

The present study is based on both primary data and secondary data. Primary data were collected through interview schedules. Secondary data were collected through websites, articles, books and journals.

RESULTS AND DISCUSSION

For analyzing the data from the respondents, relevant statistical tools were used to fulfill the objectives of the study. Statistical package for the Social Science (SPSS) software package version 20 was used to analyze the data. The tools include Percentage Analysis, Chi-square test, Kruskal Wallis test and Multiple Regression. This section shows the analysis and interpretation of data used for the study.

| TABLE 1: DEMOGRAPHIC P | ROFILE OF THE MO | OTHERS OF ANGA | NWADI SCHOOL | CHILDREN |
|------------------------|------------------|----------------|--------------|----------|
| | | | | |

| Variables | Classification | No. of mothers | Percentage |
|------------|----------------|----------------|------------|
| | Below 25 years | 133 | 31.7 |
| | 26-30 years | 181 | 43.1 |
| Age | 31-35 years | 76 | 18.1 |
| | Above 35 years | 30 | 7.1 |
| | Total | 420 | 100.0 |
| | Illiterate | 22 | 5.2 |
| | Read And Write | 75 | 17.9 |
| Education | School level | 268 | 63.8 |
| Education | College level | 36 | 8.6 |
| | Others | 19 | 4.5 |
| | Total | 420 | 100.0 |
| | Employed | 26 | 6.2 |
| | Self employed | 8 | 1.9 |
| Occupation | Home maker | 355 | 84.5 |
| | Cooli | 31 | 7.4 |
| | Total | 420 | 100.0 |

Source: Primary data

In Table 1, the first section shows the age wise classification of the mothers' of children attending Anganwadi centres. Majority of the mothers' 43.1 per cent are in the age group of 26-30 years, 35.1 per cent are below 25 years, 18.1 per cent are from 31-35 years and the remaining 7.1 per cent of them are above 35 years. Majority of the mothers are from 26-30 years.

The second section shows the education wise classification of the mothers. Majority of the mothers' 63.1 per cent have school level education, 17.9 per cent know to read and write, 8.6 per cent have college level, 5.2 per cent are illiterates and the remaining 4.5 per cent belong to other category of education. Majority of the mothers have school level education.

The third section shows the occupation wise classification of the mothers. Majority of the mothers' 84.5 per cent are home makers, 7.4 per cent are cooli, 6.2 per cent are employed and the remaining 1.9 per cent are self-employed. Majority of the mothers are home makers.

| TABLE 2: CHI-SQUARE TEST ON EDUCATION AND GENERAL PRACTICES OF THE MOTHERS | | | | | |
|--|------------------|----|------------|-------------|--|
| Variables | Chi-square value | df | Sig. value | Result | |
| Using unclean bottles, nipples, bowls and spoons | 117.720 | 16 | 0.001* | Significant | |

| Using unclean bottles, nipples, bowls and spoons | 117.720 | 16 | 0.001* | Significant |
|--|---------|----|--------|-------------|
| Feed unclean fruits and vegetables | 117.687 | 16 | 0.001* | Significant |
| Feed uncovered food | 146.030 | 16 | 0.001* | Significant |
| Feed food from hawkers | 47.179 | 16 | 0.001* | Significant |
| Feed fast food | 73.010 | 16 | 0.001* | Significant |
| Feed junk food | 63.844 | 16 | 0.001* | Significant |
| Feed without washing hands | 134.823 | 16 | 0.001* | Significant |
| Feed chewed food from mothers to infants | 159.252 | 16 | 0.001* | Significant |

*Significant at 5 per cent level

Table 2 shows the association between education and general practices of mothers. As per the rejection of null hypothesis (p<0.05), education of the mothers is significantly associated with their general practices. Using unclean bottles, nipples, bowls and spoons, feed unclean fruits and vegetables, Feed uncovered food, Feed food from hawkers, Feed fast food, Feed junk food, Feed without washing hands and Feed chewed food from mothers to infants are influenced by the education of the child's mother. The mothers with different levels of education follow different general practices in handling baby food.

| TABLE 3: KRUSK | AL WALLIS TEST ON ED | UCATI | ON AND BASI | S OF BUYING FOOD | BY MOTHE | RS |
|----------------------------|----------------------|-------|-------------|------------------|------------|---------------|
| Variables | Education of mother | Ν | Mean Rank | Chi-square value | Sig. value | Result |
| | Illiterate | 22 | 112.39 | | | |
| | Read and Write | 75 | 184.99 | | | |
| Nutritional value | School level | 268 | 228.66 | 29.565 | 0.001* | Significant |
| Nutritional value | College level | 36 | 194.75 | 29.505 | 0.001 | Significant |
| | Others | 19 | 198.55 | | | |
| | Total | 420 | | | | |
| | Illiterate | 22 | 150.89 | | | |
| | Read and Write | 75 | 222.47 | | | |
| Certified food | School level | 268 | 220.88 | 24.052 | 0.001* | Significant |
| Certifieu 1000 | College level | 36 | 199.94 | 24.052 | 0.001 | Significant |
| | Others | 19 | 105.82 | | | |
| | Total | 420 | | | | |
| | Illiterate | 22 | 157.00 | | 0.067* | |
| | Read and Write | 75 | 212.41 | | | |
| Attractive packages | School level | 268 | 214.65 | 8.768 | | Insignificant |
| Attractive packages | College level | 36 | 228.83 | 0.700 | | Insignificant |
| | Others | 19 | 171.71 | | | |
| | Total | 420 | | | | |
| | Illiterate | 22 | 147.27 | | | |
| | Read and Write | 75 | 219.81 | | | |
| Childs' age and preference | School level | 268 | 220.80 | 15.669 | 0.003* | Significant |
| childs age and preference | College level | 36 | 184.71 | 15.005 | 0.005 | Significant |
| | Others | 19 | 150.47 | | | |
| | Total | 420 | | | | |
| | Illiterate | 22 | 161.52 | | | |
| | Read and Write | 75 | 212.19 | | | |
| Free gifts | School level | 268 | 210.72 | 10.019 | 0.040* | Significant |
| FICE BIILS | College level | 36 | 248.11 | 10.019 | 0.040 | Significant |
| | Others | 19 | 186.21 | | | |
| | Total | 420 | | | | |

*Significant at 5 per cent level

Table 3 shows the relationship between education of the mothers and their basis on buying baby food. As per the acceptance of null hypothesis (p>0.05), the variables Attractive packages is not significantly associated with the basis of buying baby food. In other variables of Nutritional value, Certified food, Childs' age and preference and Free gifts, as per the rejection of null hypothesis (p<0.05), there is a significant association between education and basis of buying food by mothers. Awareness of food safety is significantly related with the education of mothers. Consumers with high level of literacy and education have more awareness on buying proper food for children.

TABLE 4: MULTIPLE REGRESSION ON FOOD ALLERGY AND REASONS FOR FOOD BORNE DISEASES OF THE CHILDREN

| Variables | Unstandardized Coefficients | | Standardized Coefficients | t value | | |
|---------------------------------|-----------------------------|------------|---------------------------|---------|------------|--|
| variables | В | Std. Error | Beta | t value | Sig. value | |
| (Constant) | 1.092 | .131 | | 8.322 | .000* | |
| Practicing bad personal hygiene | 080 | .065 | 116 | -1.221 | .223 | |
| Unsafe drinking water | 122 | .057 | 186 | -2.135 | .033 | |
| Unsafe food handling practices | .444 | .043 | .585 | 10.350 | .000 | |

| | 011041010 | | and B proceed | | | | |
|-------------------------|-------------|--------|------------------|-----|-----------|------|----------|
| *Significant at 5 per c | ent level | | | | | | |
| Dependent Variable | | : | Food alle | rg | у | | |
| Independent Variable | | : | Practicin | g k | oad perso | nal | hygiene |
| Unsafe drinking water | r | : | | | | | |
| Unsafe food handling | practices | | | | | | |
| Multiple R | | : | 0.469 | | | | |
| R square | | : | 0.220 | | | | |
| Adjusted R square | | : | 0.215 | | | | |
| F statistics (5,414) | | : | 39.196 | | | | |
| Sig. value of ANOVA | | : | 0.001 | | | | |
| Table 4 reveals the m | ultiple rea | roccie | an used to acces | c + | ho shilit | , of | three co |

Table 4 reveals the multiple regression used to access the ability of three control measures (Practicing bad personal hygiene, Unsafe drinking water and Unsafe food handling practices) that predicts its impact on food allergy. R value (0.469) indicates the amount of variability explained by independent variables of Practicing bad personal hygiene, Unsafe drinking water and Unsafe food handling practices for 46 per cent of variance in the dependent variable of food allergy i.e., the remaining 54 per cent is by some other unknown variable and the problem is not taken into account. Adjusted R² indicates whether there any insignificant factor. It should always be less than or equal to R². Here R² (0.220) and adjusted R² (0.215) are very close to each other. This indicates a good model. p=0.000 (less than 0.05) shows there is no statistically significant difference and indicates all the independent variables Practicing bad personal hygiene, Unsafe drinking water and Unsafe food allergy of the children. The variable Unsafe food handling practices with beta=0.585, t=10.350 and p=0.000 (p<0.000) is the most predominant factor that causes food allergy among the Anganwadi school children. The mothers who do not follow safe food handling practices prone their children to various health problems including food allergy.

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| TABLE 5 - IRREGULAR FOOD DISTRIBUTION AND MOTHER'S PERCEPTION ON THE ACTIVITIES AT ANGANWADI CENTRES – MULTIPLE REGRESSION | | | | | | | |
|--|--|-----------------------------|------------|---------------------------|---------|------------|--|
| | Variables | Unstandardized Coefficients | | Standardized Coefficients | t value | Sig. value | |
| | variables | В | Std. Error | Beta | t value | Sig. value | |
| | (Constant) | 0.045 | 0.019 | | 2.383 | 0.018* | |
| | Anganwadi worker not attending anganwadi centers regularly | -0.149 | 0.024 | -0.146 | -6.222 | 0.000* | |

| (constant) | 0.045 | 0.015 | | 2.305 | 0.010 |
|--|--------|-------|--------|--------|--------|
| Anganwadi worker not attending anganwadi centers regularly | -0.149 | 0.024 | -0.146 | -6.222 | 0.000* |
| Non-co-operation from anganwadi workers | 0.434 | 0.041 | 0.409 | 10.507 | 0.000* |
| No fixed time in opening anganwadi centre | 0.509 | 0.027 | 0.519 | 19.141 | 0.000* |
| Food is not cooked properly | 0.207 | 0.024 | 0.214 | 8.702 | 0.000* |
| Lack of proper infrastructure | -0.005 | 0.009 | -0.006 | -0.596 | 0.551* |
| | | | | | |

*Significant at 5 % level

Dependent Variable : Irregular food distribution at Anganwadi centre

Independent Variable : Lack of proper infrastructure

Anganwadi worker not attending Anganwadi centers

No fixed time in opening Anganwadi centre

Food is not cooked properly

| Non co-operation from Ang | ganwadi workers | |
|---------------------------|-----------------|----------|
| Multiple R | : | 0.990 |
| R square | : | 0.980 |
| Adjusted R square | : | 0.980 |
| F statistics (5,414) | : | 4024.934 |
| Sig. value of ANOVA | : | 0.000 |
| | | |

Table 5 reveals the multiple regression used to access the ability of five control measures (Lack of proper infrastructure, Anganwadi worker not attending Anganwadi centers, no fixed time in opening Anganwadi centre, Food is not cooked properly and Non co-operation from Anganwadi workers) that predicts its impact on Irregular food distribution at Anganwadi centre. R value (0.990) indicates the amount of variability explained by independent variables of Practicing bad personal hygiene, Unsafe drinking water and Unsafe food handling practices for 99 per cent of variance in the dependent variable of food allergy i.e., the remaining 1 per cent is by some other unknown variable and the problem is not taken into account. Adjusted R² indicates whether there any insignificant factor. It should always be less than or equal to R². Here R² (0.980) and adjusted R² (0.980) are equal. This indicates a good model. These values indicate the explanatory power of independent variables. It is also clear that four control measures Anganwadi worker not attending Anganwadi centre (beta=0.146, t=-6.222, p=0.000), No fixed time in opening Anganwadi centre (beta=0.519, t=19.141, p=0.000), Food is not cooked properly (beta=0.214, t=8.702, p=0.000) and Non co-operation from Anganwadi workers (beta=0.409, t=10.507, p=0.000) are statistically significant. The variable No fixed time in opening Anganwadi centre (beta=0.519, t=19.141, p=0.000) is highly conducing to determine the food distribution at Anganwadi centres.

FINDINGS OF THE STUDY

- Majority of the mothers (43.1 per cent) are from 26-30 years. Majority of the mothers (63.8 per cent) have school level education. Majority of the mothers (84.5 per cent) are home makers.
- As per the rejection of null hypothesis (p<0.05), education of the mothers is significantly associated with their general practices. Using unclean bottles, nipples, bowls and spoons, Feed unclean fruits and vegetables, Feed uncovered food, Feed food from hawkers, Feed fast food, Feed junk food, Feed without washing hands and Feed chewed food from mothers to infants are influenced by the education of the child's mother.
- Attractive packages are not significantly associated with the basis of buying baby food. Nutritional value, Certified food, Childs' age and preference and Free gifts show that there is a significant association between education and basis of buying food by mothers. Consumers with high level of literacy and education have more awareness on buying proper food for children.
- There is no statistically significant difference and indicates all the independent variables Practicing bad personal hygiene, Unsafe drinking water and Unsafe food handling practices have significance on food allergy of the children. Food allergy is mainly caused by unsafe food handling practices of the mothers. Unsafe food handling practices with beta=10.350 and p=0.000 (p<0.000) is the most predominant factor that causes food allergy among the Anganwadi school children.
- No fixed time in opening Anganwadi centre (beta=0.519, t=19.141, p=0.000) is highly conducing to determine the food distribution at Anganwadi centres. The irregular food distribution at Anganwadi centres is mainly due to the non-maintenance of a fixed time in opening Anganwadi centre by the workers.

SUGGESTIONS AND CONCLUSION

Anganwadis provide nutritious food is available every day, regular health services are provided, and even the preschool education program is in good shape. However, Anganwadi workers are paid a very abysmal amount, probably leading to poor performance. State governments have to bring a paradigm shift in tackling this issue and with bottoms-up approach. Mothers should possess the knowledge of checking the food products in the time of buying are essential for protecting the health of the infants. In this study, most of the mothers have completed only their school level education. The study has revealed the need on the part of the mothers for having access to educational facilities to improve their inefficient purchasing behaviours. Therefore, government should take necessary steps in educating the mothers and care-givers about food safety and basic principles in purchasing and preparation of safe food for their infant to prevent food borne and water borne diseases. The mothers with low educational background and income levels are exposed to food safety risk when compared to other groups. Therefore, Government and Non – Voluntary Organization should take necessary steps to implement effective education program about food safety among the mothers repeatedly with specific intervals to ensure that learnt information is turned into attitudes and behaviours.

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