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### Awareness level of pregnant and lactating mother towards Take Home Ration (THR) under Poshan Abhiyaan programme in Telangana State

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#### Abstract

Poshan Abhiyaan is an overarching umbrella scheme that aims to improve the nutritional outcomes for children, pregnant women, and lactating mothers by holistically addressing the multiple determinants of malnutrition. Additionally, the programme attempts to priorities the efforts of all stakeholders on a comprehensive package of intervention and services targeted for the first 1,000 days of a child's life. The study was conducted in four mandals of Rangareddy and Nalgonda which were selected purposively. Personal interview schedule was used for data collection. Frequency, percentage were used for analysis of data. The overall distribution of respondents according to level of awareness regarding Take Home Ration (THR) by the pregnant women and lactating mothers indicated that, 69.45 per cent of respondents had full awareness.

**Keywords:** Poshan Abhiyaan, health, pregnant women, lactating mother and Take Home Ration (THR).

#### Introduction

Health is a principle human right. Health care is a citizen right. Consequently, it implies that the state sovereignty has authority for the health of its people. Also, the social, economic, political, environmental factors have repercussions on the health care delivery system of any country because it leads to ramification of the growth and development of the country. National governments of all countries around the globe are striving to ameliorate and expand the health care delivery services (Sagnali, Geeta B, 2022) <sup>[5]</sup>. Malnutrition is a pervasive issue in India, affecting the health and development of millions of children, pregnant women, and lactating mothers. Despite various interventions, malnutrition rates remain high, presenting a significant challenge to public health.

Under Integrated Child Development Services (ICDS) scheme Poshan Abhiyaan was launched on 8<sup>th</sup> March, 2018, to reduce malnutrition from the country in a phased manner. The scheme aims to achieve improvement in nutritional status of children from 0-6 years, adolescent girls, pregnant women and lactating mothers in a time bound manner through components like ICT application, convergence, community mobilization, behavioral change & Jan andolan, capacity building, incentives and awards and Innovations.

POSHAN Abiyaan is a flagship programme that aims at a convergence mechanism for the country's retort to

malnutrition and the Government's assurance to tackle the problem of malnutrition with distinct policies and support from the high-level.

According to NFHS-4 data although the country's malnutrition rates have decreased; half of the children from the lowest income families remain stunted (51%) or underweight, (49%) (National Family Health Survey 2015-16). As per the report of NFHS-5 (2019-21), the nutrition indicators for children under 5 years have improved as compared with NFHS-4 (2015-16). Stunting, Wasting and Underweight has reduced from 38.4% to 35.5%, 21.0% to 19.3% and 35.8% to 32.1% respectively.

The POSHAN Abhiyaan programme aims to achieve SDG-2 of eradicating all forms of malnutrition by 2030, along with the internationally agreed 2025 target of stunting and wasting in children under five (Pooja, 2022) <sup>[4]</sup>. The programme also emphasizes the importance of convergence and coordination so that the advantages of several government initiatives and programs reach mothers and children during the first 1000 days of a child's life. Despite the progress made, ongoing challenges highlight the need for continued efforts to enhance implementation, address regional disparities, and improve awareness and utilization of services. Ensuring the scheme's effectiveness will require sustained commitment and adaptive strategies to meet the evolving needs of the population and achieve long-term

nutritional goals. Hence, the present study was carried out to study the Awareness level of Pregnant and Lactating mother towards Take Home Ration (THR) under Poshan Abhiyaan programme in Telangana State

### Materials and Methods

An Ex-post facto research design was followed in the present study and purposive random sampling was done for selection of respondents. Fifteen respondents from each village were selected and thus making 180 respondents. The data were collected through personal interview method with the help of a structures interview schedule. Statistical procedure like frequency and percentage were employed to analyze and interpret the data.

To know about awareness of the pregnant women, lactating mother and their children towards the Take Home Ration

(THR), the response of the women were measured on a three point scale: Fully aware, partially aware and not aware, with scores 3,2 and 1 respectively.

### Results and Discussion

An attempt was made to study awareness level of pregnant women and lactating mothers towards Take Home Ration (THR) i.e., Aware about THR facility provided at the anganwadi centers, Aware about THR facility provided for the first 1000 days of the child, Aware about what food items are given in THR under Poshan Abhiyaan if aware - Rice, Dal, Oil, Eggs, Milk, Balamrutham, Vegetables and Chana Dal. Awareness level was measured using a structured schedule developed by Sagnali *et al.* (2022) [5] with suitable modification.

**Table 1:** Awareness level of Pregnant and Lactating mother towards Take Home Ration (THR) under Poshan Abhiyaan programme n=180

S. No	Statement	Fully Aware		Partially aware		Not aware	
		f	%	f	%	f	%
1.	Aware about THR facility provided at the anganwadi centers	125	69.45	53	29.44	2	1.11
2.	Aware about THR facility provided for the first 1000 days of the child.	103	57.22	74	41.11	3	1.67
3.	Aware about what food items are given in THR under Poshan Abhiyaan	125	69.45	53	29.44	2	1.11

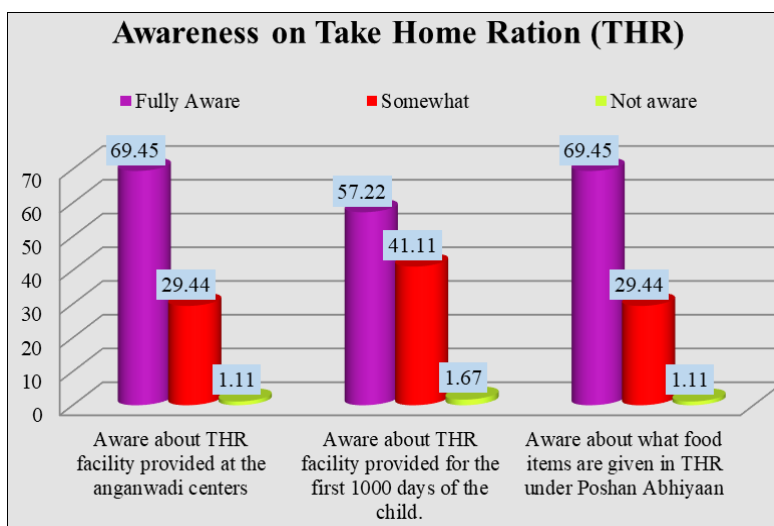
It was evident from Table 1. & Fig 1. Shows that awareness about Take Home Ration (THR) facility provided under poshan abhiyan programme majority (69.45%) of the beneficiaries had full awareness about THR under Poshan Abhiyaan, followed by 29.44 per cent of the women had partial awareness and 1.11 per cent had not aware about THR.

In awareness about THR facility provided for the first 1000 days of the child, majority (57.22%) of women had full awareness, followed by 41.11 per cent of the respondents were partial awareness and 1.67 per cent of the respondents were not aware about THR for the first 1000 days of the child.

Through awareness about what food items are given in THR under Poshan Abhiyaan, majority (69.45%) of the

beneficiaries had full awareness about THR under Poshan Abhiyaan, followed by 29.44 per cent of the women had partial awareness and very less 1.11 per cent had not awareness about THR.

The reason for awareness of Take Home Ration (THR) among Poshan Abhiyaan beneficiaries was found to be from full to partial, because the monthly supply of rations, coupled with mandatory registration of pregnant women, lactating mothers, and children for supplementary nutrition, ensured that beneficiaries consistently received information related to their entitlements from the frontline workers through regular home visits, programmes related to Poshan Abhiyaan. The results were identical to that of the Babu *et al.*



**Fig 1.** Awareness level of Pregnant and Lactating mother towards Take Home Ration (THR) under Poshan Abhiyaan programme.

### Conclusion

Awareness level of Pregnant and Lactating mother towards Take Home Ration (THR) under Poshan Abhiyaan

programme was found high level by the beneficiaries (pregnant women and lactating mother) i.e., 69.45 per cent of beneficiaries had full awareness. Therefore, the

Integrated Child Development Services (ICDS) scheme in Telangana, part of the POSHAN Abhiyaan, provides Take-Home Ration (THR) to pregnant women, lactating mothers, and children aged 6 to 36 months. THR helps address nutritional deficiencies by supplementing diets with essential energy, protein, and micronutrients, particularly for vulnerable populations. In rural areas, THR offers ongoing nutritional support even when attendance at Anganwadi Centre's is limited. The effective use of THR relies on frontline workers—Anganwadi Workers, ASHAs, and ANMs—who provide information through home visits and educational sessions. By combining THR distribution with growth monitoring and counseling, beneficiaries gain a better understanding of its benefits for maternal and child nutrition. Strengthening community awareness and personalized counseling is essential for maximizing the impact of THR under ICDS and achieving the goals of POSHAN Abhiyaan in reducing undernutrition and improving health outcomes.

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