

**FOOD CONSUMPTION PATTERN OF RURAL
HOUSE-HOLDS BELOW POVERTY LINE
AS INFLUENCED BY FOOD SUBSIDIES
DISTRIBUTED THROUGH FAIR PRICE SHOPS**

BY

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THESIS

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1994

DECLARATION

I hereby declare that this thesis entitled Food consumption pattern of rural households below poverty line as influenced by the food subsidies distributed through fair price shops is a bonafide record of the research work done by me during the course of research and that the thesis has not previously formed the basis for the award to me of any degree diploma associateship fellowship or other similar title of any other University or Society

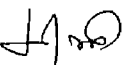
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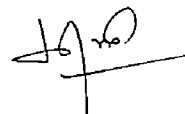
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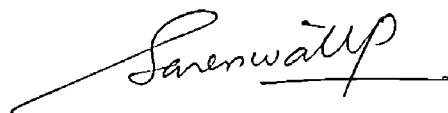


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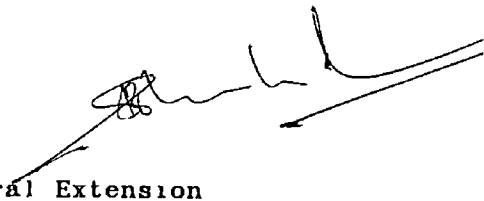
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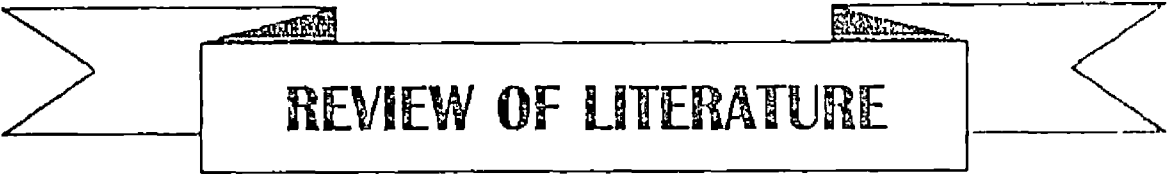
INTRODUCTION

1 INTRODUCTION

The growing concern of different organisations over eradication of the hunger and malnutrition prevalent among low income consumers has generated a sense of urgency about analysing the scope and effectiveness of specific policy measures available for increasing the consumption level of the poor. In this context the distribution of food grains at subsidised price levels through fair price shops to ensure supply of key essential food commodities at reasonable rates to the weaker sections of society so as to increase their health status is worth mentioning. Khanna (1988) opined that public distribution system is an important measure to tackle the inflationary trends to keep price under check, reduce price fluctuation and ensure supply of essential food commodities at reasonable rates. According to Kumar (1979) many factors that can affect consumption of the subsidised foods are knowledge of public accessibility to fair price shops, supply conditions to and from the shops, effective demand for the subsidised foods, house hold income and price differences between the subsidised food and the equivalent in the open market. The taste preference and

quality of foods distributed through this programme may influence the popularity of the public distribution programme. Compared to many states the distribution of food grains at subsidised price levels through fair price shops in Kerala is reported to be functioning very efficiently. However influence of this programme on consumers at household level is not at present available. Since such information is required to redesign and improve the distribution programme the present study is attempted.

In this study all possible factors influencing rural households access to subsidised food distributed through fair price shops were studied. Benefits of this system on consumers below poverty line and the influence of the subsidised foods on their daily food consumption pattern at the house hold level was also assessed.



REVIEW OF LITERATURE

2 REVIEW OF LITERATURE

World food problems were critically studied by several international and national agencies like U S Department of Agriculture (1974) Food and Agricultural organization of the United Nations (1974 and 1977) and International Food Policy Research Institute (I F P R I - 1990) World food problems were studied by these organisations through an integrated approach examining the inter relationships of technological change agricultural growth over all economic growth and social welfare Major findings of these efforts were that food problems existed because of slow in growth production poor transportation and absence of other infrastructural facilities In this context public distribution is a step towards economic growth and a step towards achieving some level of equity in food consumption

This chapter presents a comprehensive information on

history and development of public distribution system
effect of public distribution system on family consumption
and other factors influencing the food consumption pattern of
rural families

History and development of public distribution system

Singh (1973) has reported that in India there was considerable development of national institutions in the early 1960s with the development of National Co-operative Development Corporation (NCDC) which was a prelude to Food Corporation of India (FCI) set up in 1965. The FCI was to coordinate both imports and the internal trade and the legislation which established it also enabled individual States in the Union to set up their own Civil Supplies Department and Corporations (Government of India 1965)

According to Thayer (1990) one of the major goal of the national food policy is to safeguard the interest of consumers particularly the more vulnerable section of society by making available food grains at reasonable and uniform prices through the public distribution system throughout the country and in the process of stabilising open market prices at reasonable levels

Discussing about the duties of public distribution system Kaushik Basu (1992) has stated that a public distribution system geared to the needs of the vulnerable sections of the community can bring essential livelihood within easy reach of people whose lives may remain otherwise relatively untouched by the progress of real national income Davis (1982) has stated that the income position of the households is a major factor determining the food expenditure

Kapur (1985) has studied the functioning of public distribution system and he has observed that so long as the supply situation of food grains in the country remained tight and for meeting the requirements of public distribution system emphasis had to be placed on enlarging the size of procurement

Referring to the involvement of various agencies Gavan (1979) has reported that it is the joint responsibility of the Central Government, state Government and union territory administrations to ensure the smooth functioning of public distribution system

According to Gavan (1979) the responsibility of the central government is to procure store and transport food materials from purchase point to central godowns while the responsibility of state governments and Union Territory administrations to lift these commodities from central godowns and distribute them to consumers through a net work of fair price shops Gavan (1979) had also reported that commitment under rationing was met partly through domestic procurement and partly through imports

Referring to the history and development of public distribution system Alderman (1982) had reported that rationing was introduced in 1942 He further reported that by 1947 about 54 million in urban areas were covered by statutory rationing and another 19 million by other forms of public distribution system

Thayal (1990) has stated that a fair price shop generally caters to a population of about 2 000 He has further stated that the public distribution system operates in an universal manner and all people irrespective of income are entitled to draw supplies from fair price shops at fixed prices

The number of fair-price shops in 1987 in India stood 3.50 lakh of which about 79 per cent of the shops were in rural areas and one third of them were operated by co-operatives (Kapur 1985). Some State Government had added other items for distribution under the system.

According to Gupta (1977) every year the central government fixes the issue price of wheat and rice which is uniform through out the country at all the depots of FCI. The report of the study group of public distribution system for areas other than metropolitan cities (GOI 1986) had observed that in fixing the retail price of wheat and rice administrative charges, sales tax and market tax are also included by few State Governments. Thayer (1990)

The open market prices of rice in the dual market system have been estimated to be about 20 per cent higher than those areas where dual market system is absent (Radhakrishnan and Indrakant 1987). According to Gupta (1977) larger distribution through the public distribution system can help in easing the pressure on the open market prices even though its impact remains limited because of the low quality of grain distributed and the section of

population who are not exclusively depended on the public distribution system. Price, income, taste and preference were reported to be different factors that influence the quantities of food grains distributed through ration shops and this ration rice accounted for the major share of rice consumption by people belonging to low income groups (George 1984)

Khanna (1988) has opined that the public distribution system is an important measure to tackle the inflationary trends i.e. to keep prices under check, reduce price fluctuation and ensure supply to key essential commodities like wheat, rice, sugar and edible oil at reasonable rates particularly to the weaker sections of the society thus insulating the vulnerable section of society against rising prices. Roy (1979) was of opinion that aggregate consumption of food grains decreased in India due to increase in price of food commodities. Davis (1982) has also stated that the income position of the households is a major factor determining food expenditure.

Public distribution system is reported to give benefit mostly to the urban areas (Government of India 1988). Open market sales are under taken by Food Corporation

of India (1987) surplus quantities to this available after meeting commitments of public distribution system antipoverty alleviation programmes and supply to tribal area Anderson (1988) has found that reduction in food consumption among the poor is increasingly correlated with income and land

Alderman (1982) has reported that in a rationing system where food grains were issued for a 15 day period many of them may not have enough money to buy the required quantities

According to Kumar (1978) the effectiveness of the public distribution system can be ascertained by determining whether the distribution in different states has been in proportion to the number of poor people in each state Whether the quantities distributed in different states has reached the really poor and by ensuring whether government procurement of supplies through the fair price shops have helped to regulate the increase in open market prices

Effect of public distribution system on family consumption

Ahmed (1979) observed that public distribution system had impact on the consumption level of low income

households income distribution among producers and consumers in Kerala. The study also found that eliminating rationing and movement restrictions led to reduced consumption levels of rice with an over all net loss to the producers and consumers. He has further stated that the decline in consumption was maximum for the consumers belonging to low income groups.

West and Price (1976) found that bonus food stamps significantly increased the value of food consumed. The coefficient for the entire sample shows that approximately one-third of the additional income by food stamps is used to purchase additional food.

Alderman and Braun (1984) showed that income transfers through the ration system have a clearly progressive effect on income distribution. Households in the upper Egypt and urban areas in general benefit from this part of the system than other households do. Food subsidies provide a larger part of the real income of the poor. This comes mainly through the subsidy on flour bread and the ration system. Together with the grains of rural households (farm producers) from livestock production the overall

effect of subsidies and food price policies on distribution helps Schoeheld (1974) examining commercialisation and diet in 29 African Villages found that pure subsistence villages are better fed than villages which perhaps oversell their subsistence crops or cultivate cash crops at the expense of subsistence crops

A survey was conducted by Harriss et al (1984) among 261 land holding households in four districts of south India revealed that they are dependent on rainfed agriculture This study relates dependence upon markets of various sorts for income and net food availability They had further stated that the peasantry household had an average of less than 940 k cal of food energy per person available each day from grain obtained by their own production or by purchase

Biswas and Anderson (1985) have pointed out that if food aid or food subsidy is to alleviate malnutrition it must be increasingly allocated to low income food deficit countries and it should reach the poorest segment of the population especially in rural areas

Musaiger (1982) states that income price limit purchase power high growth rate of population family size and educational level of husband and wife were considered as determinants of food consumption level

Sqrimshaw (1985) suggested that the principal ways of providing food and shelter are food subsidies and income supplements In Egypt subsidised bread is a major factor in preventing severe malnutrition

Garcia and Anderson (1987) showed that pilot food price subsidy scheme in Philippines increased household income and household consumption by more than nine per cent Musgrove (1988) expressed the clear implication of the nutrition programmes is more important to discriminate or to target beneficiaries correctly in metropolitan cities

Sepauer (1990) reviewed the factors concerning household behaviour on food consumption and nutrition and found that income price changes agricultural households agricultural commercialization household economics and education determined the intra household allocation of food and thereby the nutritional status of the population

As studied by Shyu (1980) significant factors affecting food consumption and families were urbanisation education and occupation level of family members family size and variance of food consumption

Davis (1982) stated that the income position of the households is a major factor determining food expenditure To the extent that food assistance programmes such as food stamp programme enhance the income position of low income households food expenditure outlays are increased Also other socio economic factors interact with the income-food expenditure relationship to condition the household nutritional impact

Wowenberg (1970) has shown that each household has different protein and calorie requirement based on the levels of physical activity social requirement and available income He is of the opinion that these factors should be considered together in order to reach an over all assessment of the malnutrition problem

According to Davis (1982) it is only the public distribution system fed from the buffer stocks that has kept the consumer prices within bounds of sanity

According to Naurang Rai (1982) among the states variation in the supplies from the buffer stocks made difference in the per capita availability Mellor (1980) has found that because the poor spend 60-80 per cent of their income on food low prices through subsidies can significantly raise their real income Timmer (1985) noted that food aid was so important to the elimination of poverty because improving purchasing power in the rural economy is the best and fastest way to reduce some of the important inequalities in income distribution

Other factors influencing the food consumption pattern of rural families

A study conducted by Verma (1989) had revealed that the food consumption was closely associated with the economic levels of the family and their land ownership Mudambi (1978) studied the distribution of purchase of different food items in the families and observed that most accepted and expensive foods like milk and pulses were consumed and the consumption depended on income very rarely Lipton's (1982) review of the concept of poverty focuses on the proportion of their expenditure on food Ajula et al (1983) have

Mellor (1988) concluded that because the poor spend so much on food (60 to 80 % of total income) low prices through subsidies can significantly raise their real incomes. Food subsidies account for between 15 and 25 per cent of total income of the poor in a number of countries.

Nutritional status of different age groups of low income groups

According to Swaminathan (1986) nutritional status of an individual is influenced by the intake of essential nutrients. Sreenivasan et al (1991) have reported that poor intake of foods and most of the nutritional problems of rural household are traced to their low purchasing power vis-a-vis high and rising prices of essential commodities. Nutritional status were significantly associated with the body weight, body mass index, haemoglobin, clinical score, energy expenditure and intakes of calories and proteins.

Patel (1982) has reported that two third of Asian women were perpetually under nourished and suffering from anaemia.

reported that calories were consumed below the body requirement in low income large family labour class in punjab Families with 3 or less number of children were observed to have better intake of calories and protein than the families with 4 or more children as reported by Kumar et al (1976)

Agarwall (1980) had reported that food consumption of rural population was lower than the minimum requirement of physical sustenance for healthy living Panickar (1979) reported that adverse circumstances such as unemployment economic distress and natural calamities affect the level of food intake A study conducted among the rural households by Silva et al (1981) indicated that the well being as measured by the quantity of food consumed by the farmers were far from a satisfactory living

Musgrove (1988) had stated that low cost calorie rich foods show more price responsiveness than costlier protein rich foods and suggested that subsidies concentrated on the former are effective in stimulating calorie consumption

food consumption pattern and also on nutrition and health status of the people Edmundson (1981) has revealed that food consumption was conditioned by a wide range of social and economic variability which was found to atleast partially neutralise the possible impact of differences in wealth and income

Panickar (1979) conducted a study among Kuttad agriculture labourers of Kuttad and found that the diets were both inadequate and unbalanced He had also reported that the intake of fish and meat together were sufficiently higher than the intake recommended by the ICMR for an adult man doing heavy work A report from Centre for Development the Studies (1975) had revealed that calorie norm for Kerala taking in to account the age size composition of the states population turns out to be 2200 k cal a day According to Laisamma Cheriyan (1992) the consumption pattern of labourers were found to be better in relation to certain major food articles like cereals and pulses because of higher income of the family According to Dorothy et al (1980) the requirements vary with age groups and for active teenagers three meals a day is not enough to satisfy their appetite But Musgrove et al (1981) reported that most of adolescents take only three meals a day

Aujla et al (1985) estimated the nutrient intake among 100 families from three villages in Hoshiarpur District Punjab by dividing the households into 3 groups according to family size viz two to four small five to eight medium and more than nine large The results showed that energy intake was 112 107 and 96 per cent of the recommended amounts in small medium and large families respectively

Kumar (1979) assessed that lower income household on an average suffered a deficiency of both calories and protein in terms of norms established by FAO Rice from the ration system contributed one fifth of both calories and protein in the household diet Without ration rice a net decline in calorie and protein supply would occur for these households as they used that portion of consumption expenditure to purchase some tapioca and rice mainly from open market A larger impact on consumption and hence demand resulting from ration rice availability is reflected in the high marginal propensity to consume additional foods from the subsidy income than from other income sources For these households a net calorie increment of between 17 and 53 per cent of ration rice calories consumed was found to occur

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According to Satya Narayana (1979) low productivity in both men and women industrial workers in India had resulted in extremes of BMI while Mathew (1989) had stated that female industrial labourers in India suffered from mild or moderate forms of anemia. The result of a survey conducted in Hyderabad by Balakrishnan (1990) had also indicated that majority of adult women were anaemic.

Shetty (1990) had reported that a change in body size (Stature and body weight) behavioral life style responses are the pivotal change that occur during an adaptation to long term or chronic energy deficiency (CED).

Surveys conducted by National Nutritional Monitoring Bureau (1982) had shown that girls in the 13-16 years age group consume much less than boys meeting only two thirds of their recommended intake while resulting in low nutritional status.

Johnshaw and Hansinger (1988) expressed that food aid is well suited to support labour intensive rural work schemes which create income and assets among the poor provide employment for the victims of the austerity.

It grants and also possible economic expansion with minimum new balance of payments pressure. Such programmes can be directed at improvements in the rural infrastructure. The increase in income among the poor prevents the counterproductive destruction of human capital and monetized food aid can have high income transfer efficiency. By sustaining employment, incomes of the poor and food aid would also maintain demand for local food thus avoiding disincentive effects.

Caste, income, type and size of the family, education of the mother and type of house are reported to be some of the socio-economic factors which determine the nutritional and health status of the population.

Gupta (1977) reported that the incidence of sickness was higher in Hindus than in Sikhs and other religions. He also reported that higher the caste, lower the morbidity.

Income showed a direct relationship with the nutritional status and morbidity of the population (Maya and Rao 1983), Gulati (1977) and Bhuiya et al (1986), Geetha and

Devadas (1986) stated that as the monthly income of the family increased there was increase in the percentage of well nourished child population

Increased family size is reported to have adverse effect on the nutritional status of every member of the household. A direct statistical significance was observed between incidence of diseases and family size (Khan et al 1981). Similar findings were observed by Geetha and Devadas (1986)

Family size is a mark of social and economic status. With social changes more number of nuclear families have emerged which has affected the life style of families both in rural and urban sector. Yasoda (1990) has reported that the children from joint families in Hyderabad has better height for age than children from nuclear families. Studies of Grenal et al (1973) in Madhya Pradesh revealed similar findings

Devedas et al (1991) reported that the incidence of infectious diseases were higher among family members if the mother were illiterate. Similar findings were reported by Islam et al (1984) in Bangladesh and by Aguillion (1982) in Phillipines



MATERIALS AND METHODS

3 MATERIALS AND METHOD

3 1 This chapter encompasses the various techniques administered in the investigation to ascertain the food consumption pattern of rural households below poverty line as influenced by the food subsidies distributed through fair price shops

3 2 Selection of area

From the 12 NES Blocks functioning in Trivandrum District NES Block Athiyannor was selected at random for the study Under this Block there are 7 panchayaths with 100 ration shops viz Thiruvallam (17) Venganoor (15) Vizhinjam (14) Kottukal (14) Kanjiramkulam (12) Karimkulam (18) and Athiyannor (10)

Among the seven panchayaths Athiyannor was selected at random for the study Out of the ten ration shops available in the panchayat five ration shops were selected at random

3 3 Selection of samples

On the basis of their participation in the food subsidy programme implemented through these five ration shops 120 households were divided into 4 groups

Group	Percentage of participation
(in percentage)	
1	76 to 100
2	51 to 75
3	26 to 50
4	Less than 25

A sub sample of 10 households from the two extreme groups were selected for a detailed study on the influence of the food subsidy programme on the nutritional status of the family members

3 4 Plan of action

Information on the contribution of food subsidies on the regular food consumption pattern at the household

level was documented in all the 120 households with reference to their socio economic background Personal characteristics of the respondents monthly expenditure pattern on basic needs purchasing pattern and sources of various food articles rate of utilisation of public distribution system frequency of use of food articles meal pattern of the family and health profile of the family members were also recorded

An indepth study on the subsample of 20 households was conducted with reference to actual food intake Anthropometric measurements were made and identification of nutritional disorders attempted All the members of the 20 households were included in the indepth study

3 5 Tools Selected for data collection

An interview schedule suitably structured for the food consumption survey is presented in Appendix I Data was collected through interview method

The actual food intake and nutritional status of the members of the selected 20 households were ascertained using standard techniques Since only weightment methods can

give reasonably accurate values of individual dietary intake [Gore et al (1977) and Tilve (1977)] the actual food intake was assessed through food weighment method

From the volume of cooked food and total quantity of raw foods used by the individual the weight of raw foods consumed by the individual was calculated

$$\begin{array}{r}
 \text{Quantity of} \\
 \text{raw food} \\
 \text{Consumed for} \\
 \text{each item by} \\
 \text{an individual}
 \end{array}
 \quad - \quad
 \begin{array}{r}
 \text{Total quantity of} \\
 \text{raw foods used} \\
 \text{for each item} \\
 \text{---}
 \end{array}
 \quad \times \quad
 \begin{array}{r}
 \text{Volume of cooked} \\
 \text{food consumed} \\
 \text{by an individual} \\
 \text{-----} \\
 \text{Total volume of cooked food}
 \end{array}$$

The nutrients available from the food consumed was computed using food composition table of ICMR (1981) The questionnaire prepared for the weighment survey is presented in Appendix II (a)

Nutritional status of the members of the households was ascertained through anthropometric studies Anthropometric measurement such as weight and height of all the family members were taken as per the norms recommended by Jelliff (1966) Since Body Mass Index is considered to be a good indicator of nutritional status and functional status

depending upon frequency of use Based on these scores frequency score for each food group was determined using the formula suggested by Reaburn et al (1974)

$$\text{Score} = \frac{R_1 S_1 + R_2 S_2 + R_3 S_3 + \dots + R_n S_n}{n}$$

S_n - Scale of rating

R_n Percentage of respondents selecting rating

n maximum scale rating

Estimation of ration subsidy

For each food item supplied through fair price shops ration subsidy was worked out using the formula (Ahmad 1979) Quantity of rationed food item \times price at open market for the item price in the ration shop

By summing up the benefits of all the food items obtained from fair price shop for a family total ration subsidy was worked out

(Nutritional News 1990) the index was estimated as the ratio of weight (kg) to height² (m)

Clinical examination is considered to be an important part of nutritional assessment and gives direct information on signs and symptoms of dietary deficiencies prevalent (Swaminathan 1986) and hence this test was also applied with the help of a qualified physician

Bio chemical investigation administered on the members of selected households was estimation of haemoglobin using cyanmethemoglobin method According to Swaminathan (1986) biochemical measurement is important in assessing the nutritional status of the individual

3.6 Analysis of data

From the data processed variables such as food use frequency and ration subsidy were selected for detailed analysis

Frequency of use of various food items among families was assessed by assigning scores ranging from 1 to 8

Relationship between selected Socio-economic variables and accessibility to public distribution System

From the various Socio economic factors few variables such as family size occupational status of the family total monthly income of the family monthly expenditure on food and food use frequency were selected to determine their influence on accessibility of the households to Public Distribution system Association of the above variables on the accessibility to public distribution system was determined by assessing the rate of utilising public distribution system and total ration subsidy enjoyed by the families

Relationship between the economic status of the families and the benefit obtained from public distribution system

On the basis of the family income the families were grouped into three families with a monthly income upto Rs 250 Rs 251 to 500 and Rs 501 to 700

Influence of family income on the rate of utilisation public distribution system food use frequency

and contribution of ration subsidy in the daily meal were ascertained

Influence of Public Distribution system on daily consumption pattern

One day meal pattern of the families were collected by the Recall method. For the recall survey a set of standardised vessels which could aid the subjects to recapitulate the amount of foods consumed for each meal in the previous day viz break fast tea, lunch dinner and in between snacks were used. Prior to the collection of actual data the respondents were explained in detail about the procedure of the survey. The quantities of food used by the family in various preparations were recorded in quantities using standard cups. According to Vjsewara Rao (1975) any single day or two day weightment method would be an efficient tool as that of 7 days. The contribution of food materials available from fair price shops as constituents in the daily meal and in supplying different nutrients were worked out

Tests of significance

The anthropometric measurement and haemoglobin values were compared with the standard values by student's test

Mean food intake and nutrient intake of the households were compared with Recommended Daily Allowances suggested by Gopalan et al (1981) and Recommended Daily Allowances for nutrients (Indian Council of Medical Research 1991) and bio Chemical values with standard values

Developing Nutritional Status Index

Suppose x_{ij} be the observation corresponding to j^{th} variable for the i^{th} sample w_{j-1/kj^2} the weight assigned to the observation corresponding to the j^{th} variable the nutritional status of j^{th} individual is defined as

$$N_1 \sum_{j=1}^k W_j X_{1j}, \quad 1 \quad 1 \quad 2 \quad N$$

N_1 No of respondents

K No of variables

The nutritional status index of the member of the households were defined in terms of the characters like weight height body mass index clinical score haemoglobin level and head chest and arm circumferences

Height of the for members in each family was recorded and mean height was found for each age group and members coming in each age groups were categorised as

Height	Score
\leq meanheight - S	1
meanheight \pm SD	2
\geq meanheight + SD	3

Weight Weight of the member in each family was recorded and mean weight was obtained for each age group The members coming in each age groups were categorised as

Weight	Score
\leq Mean weight - SD	1
Mean weight + SD	2
\geq Mean weight +SD	3

For body mass index (weight/height²)

Body mass Index was calculated for each individual and grouped them as

Body mass Index Classification	Presumptive diagnosis
Below 16	CFD Severe
16-17	CED Moderate
17.1-18.5	CED mild
18.6-20	low weight normal
20-25	Normal


-

CED* Chronic Energy Deficiency

Haemoglobin level Haemoglobin level for each individual was calculated and number of persons under each age group classified based on standard haemoglobin level as prescribed by Gopaldas (1986) for each group. Individuals having less haemoglobin level were categorised under Low class and those having haemoglobin levels above the standard were categorised under High class.

Statistical analysis

Sub table statistical analysis was carried out and processed.



RESULTS AND DISCUSSION

and privileges enjoyed Scheduled caste and scheduled tribes and other backward communities are generally considered to be under privileged sections of the population

Among 120 households surveyed only 12.5 per cent were from forward community while 41.6 per cent were identified under scheduled caste and scheduled tribes and 17.9 per cent of the households belonging to other backward communities

Nuclear type families and patriarchal system were found to be common among all the groups classified on the basis of their caste system. Compared to forward communities number of members in the households belonging to scheduled caste and scheduled tribes in general are found to be more

Table 2 presents the sex and age wise distribution of the family members in the households surveyed. More than 25 per cent of the population in the households surveyed were children while 73.6 per cent were adults. The total demographic profile of the households further revealed that 53.5 per cent were male members and 46.5 per cent were female members

Table 3 Educational status of the heads of the families and respondents

Sl No	Educational Level	Head of the family	Respondents
1	Illiterate	35 (29 2)	15 (12 5)
2	Can read but cannot write	23 (19 2)	26 (21 7)
3	Can read and write	40 (33 3)	42 (35 0)
4	Primary	10 (8 3)	14 (11 7)
5	Upper primary	7 (5 8)	13 (10 8)
6	High school	5 (4 2)	10 (8 3)
	Total	120 (100)	120 (100)

Table 4 Possession of land cattle and domestic animals by the households

Possession of land	Total domestic animals					Domestic animals					
	Total	H 1	Cow	buffalo	Sheep	Total	H 1	Hen	Chicken	Duck	Total
Less than 5 cents	52 (43 3)	52 (43 3)				52 (43 3)	48 (40 0)	3 (2 5)		1 (0 8)	52 (43 3)
6 - 10 cents	34 (28 3)	32 (26 6)			2	34 (28 3)	27 (22 5)	5 (4 2)		1 (0 8)	34 (28 3)
11 - 20 cents	15 (12 5)	14 (1 6)	1 (0 8)			15 (12 5)	10 (8 3)	3 (2 5)	2 (1 7)		5 (12 5)
21 - 40 cents	12 (10 0)	11 (9 2)			1	12 (10 0)	9 (7 5)	2 (1 7)	1 (0 8)		12 (10 0)
4 - 60 cents	7 (5 8)	4 (3 3)	1 (0 8)		2	7 (5 8)	5 (4 1)		1 (0 8)		7 (5 8)
Total	120 (100 0)	30 (94 2)	2 (1 7)		5 (4 2)	120 (100 0)	99 (82 5)	14 (11 7)	5 (4 2)	2 (1 2)	20 (100 0)

Table 5 Employment status of the respondents and heads of the families

Type of Employment	Respondents	Heads of the families
Government jobs	3 (2 5)	2 (1 7)
Private Jobs	1 (0 8)	
Labourers	50 (41 7)	65 (54 2)
Self employed	56 (46 7)	49 (40 8)
Unemployed	10 (8 3)	4 (3 3)
Total	120 (100)	120 (100)

Table 3 presents details pertaining to the educational status of the respondents and the heads of the household

As revealed in the table 29.10 per cent of the heads of the families and 12.5 per cent of the respondents were found to be illiterate. Further 33.3 per cent of family head and 35.0 per cent respondents were able to read and write and only 4.2 per cent family head and 8.3 per cent respondents had their educational level upto highschool

Table 4 furnishes information about the possession of land and domestic animals and birds by the households. Among the households 43.3 per cent were having less than 5 cents of land followed by the households (28.3 per cent) possessing 6 to 10 cents. Remaining of 34.1 per cent were possessing 11 to 20 cents (12.5 per cent), 21 to 40 (10 per cent) and 41 to 60 cents (5.8 per cent) of land. Households with better land holding were found to possess domestic animals and birds.

Table 5 reveals the employment status of the respondents and heads of the families. In four households

Table 6 Occupational status of the households

Details of members employed	Details of households Numbers	Percentage
One member	40 0	33 3
Two members	40 0	33 3
Three members	24 0	20 0
More than 3 members	16 0	13 4
Total	120 00	100 00

- ---

Table 8 Frequency of exposure of respondents to different media

Possession of various items included under different media	Once in a week	Twice in a week	Thrice in a week	Occasionally	Never	Total
News paper						
Possession Nil (100)						
frequency of reading	27 (22.5)	30 (25.0)	24 (20.0)	21 (20.0)	15 (12.5)	120 (100)
Radio						
Possession - 31 (25.9)						
frequency of listening	21 (17.5)	46 (38.3)	35 (29.2)	14 (11.7)	4 (3.3)	120 (100)
Television						
Possession Nil (100)						
Frequency of watching	18 (15.0)	38 (31.6)	51 (42.5)	7 (5.8)	6 (5.0)	120 (100)

Many of the households were found to be familiar with different media. About 25.9 per cent of the families were possessing radio but the results presented in the table recall that they were highly irregular in using it. As far as newspaper and television are concerned, none of the families possessed them. Nearly 42.5 per cent of the families watched the television and 20 per cent of the families read newspapers thrice a week. Nearly 5 per cent of the families reported that they had never watched television.

The general profile of the 120 households selected for the study was found to be a representative sample from the under privileged section of the low income strata of the society. Variation among the households for different socio-economic factors was also insignificant.

4.2 Factors influencing the access of rural households to subsidised food distribution system

Among the various socio-economic variables presented under 4.1, few variables like family size, composition of households, educational status of the head of

head of the families were found to be unemployed. The similar situation related to respondents was detected in 10 households. Many of the family heads were labourers on daily wages (51.2 per cent) or self employed (10.8 per cent) while in the case of the respondents 88.4 per cent were found to be in similar situation. Negligible number of respondents and heads of the families were found to have Government job.

Table 6 presents the occupational status of the family member. Most of the respondents (66.6 per cent) have occupational status ranging from 1 to 2 members in a family whereas occupational status with 3 or more than 3 members were 20 per cent and 13.4 per cent respectively.

Table 7 analysis of the total income of the households revealed that many families (53.3 per cent) were in the income range of Rs. 201 to 500. Subsidiary occupations like rearing domestic animals and birds and cultivation around the homes were found existing only among households with a monthly income of Rs. 400 or less.

Frequency of exposure of respondents to different media are presented in Table 8.

Table 9 Distribution of households based on their family size

Particulars Family sizes	Group 1	Group 2	Group 3	Group 4	Total
3 4 members	25 (20 8)	14 (11 7)	16 (13 3)	14 (11 7)	69 (57 5)
5 7 Members	5 (4 2)	16 (13 3)	10 (8 3)	13 (10 8)	44 (36 7)
8 10 Members			4 (3 3)	3 (2 5)	7 (5 8)
Total	30 (25 0)	30 (25 0)	30 (25 0)	30 (25 0)	120 (100 0)

Group 1 76 to 100 per cent participation

Group 2 51 to 75 per cent participation

Group 3 26 to 50 per cent participation

Group 4 0 25 per cent participation

Table 10 Distribution of households based on family composition

Age part culars	Distr bution of households												
	G oup 1			Group 2			Group 3			G oup 4			
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	To al	
0 4	6 (1 1)	8 (1 5)	14 (2 6)	10 (1 9)	9 (1 7)	19 (3 5)	2 (0 4)	2 (0 4)	4 (0 7)	5 (0 9)	4 (0 7)	9 (1 7)	46 (8 6)
5 9	4 (6 7)	1 (0)	5 (0 9)	5 (0 9)	2 (0 4)	7 (1 3)	3 (0 6)	3 (0 6)	6 (1 1)	5 (0 9)	5 (0 9)	0 ()	28 (5 2)
10 14		3 (0 6)	3 (0 6)	2 (0 4)	2 (0 4)	4 (0 7)	3 (0 6)	3 (0 6)	6 (1)	3 (0 6)	3 (0 6)	6 (1)	9 (3 5)
15 19	7 (1 3)	4 (0 7)	11 (2 1)	5 (0 9)	2 (0 4)	7 (1 3)	1 (2 1)	5 (0 9)	16 (2 9)	7 (1 3)	7 (3)	4 (2 6)	48 (8 9)
Above 19	46 (8 6)	40 (7 5)	86 (16 0)	50 (9 3)	46 (8 6)	96 (17 9)	64 (11 9)	54 (10 1)	18 (22 0)	48 (8 9)	46 (9 6)	94 (17 5)	395 (73 6)
Total	63 (1 7)	56 (10 4)	119 (22 3)	72 (13 4)	61 (11 3)	133 (24 9)	83 (15 4)	67 (12 5)	150 (27 9)	66 (12 3)	65 (13 2)	133 (24 9)	536 (100)

the family and the respondent's occupational status of all family members, monthly income, monthly food expenditure, pattern of food use, frequency and source of purchase were identified as few variables influencing the purchase of subsidised foods distributed through food subsidy programme. The one hundred and twenty households were grouped into four categories with 76 to 100 per cent participation (group 1), 51 to 75 per cent participation (group 2), 26 to 50 per cent participation (group 3) and less than 25 per cent participation (group 4).

Table 9 presents the distribution of rural households based on their family size. Distribution of the households based on their family size revealed that many households (57.5 per cent) were of with 3 to 4 members. However, there was no variation among the four groups in this distribution.

Table 10 presents the composition of the families. Total members in 120 households were found to be 536, with 8.6 per cent preschool children, 8.8 per cent school going children, 8.9 per cent adolescents and 73.6 per cent adult. Adult population was found to be higher in all the four

groups of households. Total family members were more in group 3 followed by groups four and two and lastly group 1.

A comparison of data among the four groups revealed that child population was more in the second group followed by fourth and third groups. Female population was more in the third group followed by fourth and second groups. Similar results were reported in the earlier studies conducted among low income households by Renu Seshadri (1993), Money Paul (1993), Jyothi Augustine (1993) and Jayanthakumari (1993).

Table 11 presents the distribution of households based on the educational status of the head of the households and the respondents. Heads of 29.2 per cent of families and respondents of 12.5 per cent families were found to be illiterate. In all the four groups, heads of the families or respondents with moderate education (upper primary and high school) were found to be less in comparison with primary level education.

18.3 per cent and (4.2 per cent) of the families respondents and of the families had education up to high school level respectively.

Table 12 Distribution of households based on the occupational status of the family members

Sl No	Details of employed persons	Distribution of households				Total
		Group 1	Group 2	Group 3	Group 4	
1	One member	6(5 0)	5(4 2)	16(13 3)	13(10 8)	40(33 3)
2	Two members	11(11 6)	13(10 8)	4(3 3)	9(7 5)	46(33 3)
3	Three members	5(4 2)	7(5 8)	8(6 7)	4(3 3)	24(20 0)
4	More than 3 members	5(4 12)	5(4 2)	2(1 7)	4(3 3)	16(13 4)
6	Total	30(25 0)	30(25 0)	30(25 0)	30(25 0)	120(100 0)

Table 13 Distribution of house holds based on income levels

Monthly income	Distribution of the households
Up to Rs 250	49 (40 8)
Rs 251 500	42 (35 0)
Rs 501 750	29 (24 2)

Table 12 presents the distribution of the households based on the occupational status of the family members. It was found that two members were employed in 33.3 per cent of the households while in 13.4 per cent of the households more than 3 members were employed.

Table 13 revealed that many households were having an income level up to Rs. 250 (40.8 per cent) while 35 per cent of the households were having income level between Rs. 251 to 500. Only very few families (24.2 per cent) were having a higher income level between Rs. 501 to 700.

Table 14 presents the monthly expenditure pattern of the households. All the households spent major part of their income (41 to 80 per cent) for food while 1 to 10 per cent of their income was mainly spent for other expenditures like clothing, education, personal expenses, health, transport and fuel. There were a few families who did not incur any expense for clothing, education, recreation, electricity and personal expenses of grown up children.

All the families surveyed were unable to meet their expenses with the income they had. Many families (49 per cent)

cent) were in the habit of meeting 21 to 40 per cent of their households expenditure through the loans taken

Data from various developing countries suggest that the poor often spend between 60 and 80 per cent of their income on food (Mellor 1980) Kaur and Mann (1988) conducted studies among low socio economic group families in Punjab and found that in most of the families the major expenditure was for food. Similar results were seen in the present study also. Quiogue (1970) found that lower the income higher was the percentage of income spent on food. Wong et al (1985) and Sreenath et al (1978) also found a direct relation between the amount of family income and expenditure on food.

Money spent on clothing and education was reported to reduce when the per capita income decreased. For majority of the families expenses on recreation, personal expenses and rent were negligible and this agrees with the findings of Jyothi Augustine (1993) who conducted studies among women engaged in store breaking.

Table 15 Average percentage of income spent by different groups of households

Food stuffs	-----			
	Group 1	Group 2	Group 3	Group 4
	-----	-----	-----	-----
Cereal	82.5	83.2	85.0	88.0
Pulse	1.0	0.5	0.5	0.3
Green leafy vegetables	2.0	2.0	1.0	0.5
Other vegetables	1.5	1.4	1.5	0.5
Roots and tubers	1.5	1.5	2.0	2.5
Milk	3.0	2.5	2.0	1.5
Fat and oil	2.0	2.0	2.0	1.5
Fruits	0.5			
Fish	2.0	2.0	2.0	1.5
Spices and condiments	2.0	2.9	2.0	1.9
Sugar and Jaggary	2.0	2.0	2.0	1.9
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Table 6 Influence of selected variables on total food expenditure and expenditure on rats

Related variables	Expenditure on total expenditure				Expenditure on rats			
	Group 1	Group 2	Group 3	Group 4	Group 1	Group 2	Group 3	Group 4
1 Family size	0.2809	0.110	0.3842	0.3145	0.1969	0.1305	0.6833	0.6958
2 Education of the head of the family	0.1590	0.3166	0.034	0.1082	0.2369	0.1065	0.1034	
3 Education of the respondent	0.615	0.1874	0.862	0.1512	0.0123	0.009	0.0317	0.1512
4 Monthly income	0.9943**	0.9774**	0.9911**	0.9852*	0.2815	0.0592	0.3415	0.0453
5 Home production	0.0240	0.0853	0.2116	0.0032	0.1953	0.0470	0.3859	0.083
6 Social participation of Respondents	0.0575	0.5069**	0.1737	0.1380	0.1110	2026	0.036	0.721
Expenditure on food					0.2607	0.0302	0.3472	0.0543
Total expenditure					0.1074	0.0843	0.4337	0.1175

* Significant at 1 per cent level

** Significant at 5 per cent level

Table 5 reveals that in all the households the major percentage of food expenditure was towards the purchase of cereals. It was also noted that the percentage of income spent for the purchase of cereals was increasing from group 1 (82.5 per cent) to group 4 (88 per cent).

Average percentage of income spent for other foods by all the households reveals that they played a very negligible role in the dietaries. The predominance of cereals in their diets also indirectly indicates the significant role played by Public Distribution Programme.

A study conducted by Senaver and Young (1984) stated that regularity of beneficiaries for food subsidy programme have a substantially greater impact on at home food expenditure. In the present study such variations were not observed among the different groups of households.

Influence of selected variables like family size, education level of the head of the family, education level of the respondents, monthly income, home production and social participation of the respondents on total food expenditure and expenditure on ration was statistically tested and the

results are presented in Table 16. As stated earlier there was no glaring variation among the households of the four groups for the above selected variables.

Significant association between monthly income and total food expenditure was observed in all the groups. Unlike other groups in group 4 the significance was at 5 per cent level. As income increases the expenditure on food was also observed to increase. Social participation of the respondents of group 2 was found to have an influence in the total food expenditure of their families.

Ration expenditure was significantly influenced by the family size in all the groups since food ration allotment depends on the family size and its composition. Monthly income of the households in group 4 and home production of the households in group 3 were also found to be significantly associated with the ration expenditure. A negative association between home production and expenditure on ration was also observed probably due to increase in home production the respondents might have avoided ration purchase.

Table 7 Influence of media on total food expenditure and expenditure on radio

Variables	Total food expenditure				Expenditure on radio			
	Group 1	Group 2	Group 3	Group 4	Group 1	Group 2	Group 3	Group 4
Media score	0.856	0.0131	0.2918	0.0425	0.0989	0.0584	0.1018	0.83
Frequency of reading newspaper (score)	0.329	0.1892	0.2695	0.1461	0.3962	0.3054	0.2579	0.0938
Possession of Radio (Score)	0.1954	0.1335	0.0100	0.2805	0.1549	0.722	0.081	0.0982
Frequency of listening radio	0.4919*	0.2410	0.1761	0.1250	0.2124	0.0126	0.0371	0.1006
Frequency of watching television	0.1443	0.0361	0.1284	0.0679	0.6763	0.812	0.0586	0.229

** Significant at 1 per cent level

* Significant at 5 per cent level

Table 18 Distribution of households based on monthly expenditure for ration expenditure against (total food) expenditure

Percentage of ration expenditure against total food expenditure	Distribution of households				
	Group 1	Group 2	Group 3	Group 4	Total
Less than 10	16 (53.3)	13 (43.3)	8 (26.7)	8 (26.7)	45 (37.5)
11 to 20	7 (23.3)	15 (50.0)	10 (33.3)	11 (36.7)	43 (35.0)
21 to 30	1 (6.7)	2 (6.7)	8 (26.7)	1 (3.3)	12 (10.0)
Above 30	2 (6.7)		4 (13.3)	2 (6.7)	8 (6.7)
	30 (100)	30 (100)	30 (100)	30 (100)	120 (100)

The literacy level in Kerala being very high the media may have an influence on the various intervention and welfare programmes. Scores were given for possession and frequency of use of different media like news paper, radio and television. Total score for each household was worked out by summing up the scores obtained for the above factors. The highest score which could be obtained for a household was 20 and on the basis of scores obtained the households were classified into different groups. Association of this total score on total food expenditure and ration expenditure was ascertained and the results are presented in table 17.

Frequency of listening to radio was found to have significant negative association with total expenditure and ration expenditure in group 1 and frequency of watching television have significant positive association with total ration expenditure in the same group.

Table 18 presents the distribution of the households based on their expenditure for ration foods against their total food expenditure. Among the households in the four groups 50.8 per cent of the households were spending upto 20 per cent of their total food expenditure for purchasing ration food.

Table 19 Distribution of households based on the frequency of use of various food

Foodstuff	Groups of households	Daily	Thrice in a week	Once in a week	Once in fortnight	Occasionally
Rice sugar	1	30 (100 0)				
Coconut	2	30 (100 0)				
Milk spices	3	30 (100 0)				
Condiments and oils	1	30 (100 0)				
Wheat	1		30 (100 0)			
	2		15 (50 0)	15 (50 0)		
	3		3 (10 0)	23 (76 7)	1 (3 3)	
	4		5 (16 7)	20 (66 6)	5 (16 7)	
Pulses	1		10 (33 4)	20 (66 6)		
	2		5 (16 7)	15 (50 0)	5 (16 7)	5 (16 7)
	3		3 (10 0)	10 (33 3)	14 (46 7)	3 (10 0)
	4		3 (10 0)	9 (30 0)	13 (43 3)	5 (16 7)
Vegetable	1	12 (40 0)	18 (60 0)			
	2	8 (26 7)	13 (43 3)	7 (23 3)	2 (6 6)	
	3	7 (23 3)	20 (66 3)	2 (6 6)	1 (3 3)	
	4	6 (20 0)	18 (60 0)	3 (10 0)	2 (6 6)	1 (3 3)
Leafy vegetables	1	20 (66 7)	5 (16 7)	5 (16 7)	6 (20 0)	
	2	20 (66 7)	7 (23 3)	3 (10 0)		
	3	18 (60 0)	10 (33 3)	2 (6 6)		
	4	16 (53 3)	12 (40 0)	1 (3 3)	1 (3 3)	
Oil	1	20 (66 7)	10 (33 3)			
	2	10 (33 3)	10 (33 3)	10 (33 3)		
	3	15 (50 0)	15 (50 0)			
	4	25 (83 30)	5 (16 7)			

A comparison among the four groups revealed that percentage of ration expenditure against total food expenditure was low in group 1 and this was gradually increasing in groups 2 3 and 4

This data indicates that households in group 1 utilised efficiently monetary benefits from the public distribution system

Table 19 Presents distribution of households based on the frequency of use of various foods All the four groups of households found to include were rice sugar coconut milk spices condiments and oils every day While vegetables were included thrice in a week and foods like pulses and wheat once in a week

Wheat was an unfamiliar food for Keralites about three decades ago Constant availability of this food through public distribution system has gradually changed the food habits of the people The dietaries of regular beneficiaries of this programme throws light on these lines All the households under group 1 were found to include wheat as an item in their meal for three days in a week Frequency of use

of wheat is found to decrease in proportion to their reduced rate of utilisation of the food subsidy programmes. Studies conducted by Sanadanan (1983) have also indicated that prolonged implementation of food subsidy programme will change the dietary habits of beneficiary population.

Foods such as rice, wheat, sugar and oil distributed under this programme were insufficient to meet the requirements of the household for a week. Hence in addition of food ration, these items were purchased from the open market. Similar findings were reported by Blagava (1945).

Frequency of use of various food items among families were assessed by assigning scores ranging from 1 to 8 depending upon frequency of use. Based on these scores, frequency for each food group was determined. On the basis of scores obtained, various food items were classified into different groups and details are presented in Table 20. Cereals, sugar, spices, condiments, nuts, oil and milk were daily included in the diets of all the 120 households. Fish was consumed daily by members of households in group 2. Based on the food use frequency score, vegetables are

Table 20 Classification of foods based on food use frequency score

Classification of food	Score range in percentage	Group 1	Group 2	Group 3	Group 4
Daily used foods	76-100	Cereal sugar Spices and condiments oil milk	Cereals sugar spice and condiments oil milk and fish	Cereals sugar spices and condiments and oil	Cereals sugar spices and condiments and oil
Moderately used foods	51-75	Vegetables Green leafy vegetables	Vegetables	Vegetables milk fish	Vegetables milk fish
Less frequently used foods	25-50	Roots and tubers pulses other vegetables	Roots and tubers green leafy vegetables	Green leafy vegetables	Green leafy vegetables
Least frequently used foods	Less than 25	Egg fruits	Vegetables Pulses	Vegetables roots and tubers pulses	Roots and tubers pulses other vegetables

Table 21 Distribution of households based on food use frequency score

Food use frequency scores (range)	Details of households			
	Group 1	Group 2	Group 3	Group 4
20 and above	16 (53.3)	11 (36.7)	11 (36.7)	6 (20.0)
17 - 19	6 (20.0)	15 (50.0)	15 (50.0)	17 (56.7)
14 - 16	8 (26.7)	4 (13.3)	7 (23.3)	7 (23.3)
Total	30 (100)	30 (100)	30 (100)	30 (100)

moderately used food for all the households. Milk and fish were categorized in the same group by the households in groups 2 and 3 while for households in group 1 green leafy vegetables were also moderately used foods.

Green leafy vegetables were less frequently used foods for the households in groups 2, 3 and 4 while roots and tubers had the same place in the dietaries of the households of groups 1 and 2. Pulses were also frequently used by the households in group 1.

Least frequently used foods by the households in groups 2, 3 and 4 were vegetables. Roots and tubers and pulses were least used by the households in groups 3 and 4. Frequency of use of various foods by the households in the four groups revealed that the foods distributed through the public distribution system are the major items of their daily dietaries.

Scores obtained for each food item were summed up to work out the total food use frequency score for each household and the distribution of households based on the scores obtained are presented in Table 21. As recalled

Table 22 Influence of selected variables on self frequency scores

Selected Variables	Distribution of household			
	Group 1	Group 2	Group 3	Group 4
Family size	0.1116	0.2197	0.1074	0.2178
Educational status of head of the family	0.2540	0.4109	0.0011	0.3355
Educational status of respondent	0.0979	0.3226	0.130	0.1191
Monthly income	0.1694	0.2993	0.3837*	0.302
Type of food	0.1580	-0.3309	0.1227*	0.3247
Home production score	0.1184	0.0773	0.3403	0.3192
Social participation of all respondents	0.3602	0.0007	0.311	0.3281

* Significant at 1 per cent level

the table higher scores for food use frequency were obtained for the households in group 1 (53.3 per cent) followed by the households in group 3 (46.7 per cent) and group 2 (30.7 per cent) and group 4 (20 per cent)

Association of certain selected variables like family size educational status of the head of the family educational status of the respondent monthly income expenditure of food home production score and social participation were statistically tested with food use frequency score and details are presented in Table 22

As revealed in the table food use frequency score was significantly associated with monthly income of the household and expenditure on foods of the households in group 3

Information collected regarding the sources of purchase of food items available under food subsidy programme revealed that in group 1 higher per cent of households were found to rely more on ration shops for effecting the purchase of rice while among the other groups this trend was absent

Quantity of rice purchased in every household ranged from one to twenty five kilogram every month. General trend was to purchase rice available from the fair shops completely and for the remaining open markets were utilized. For all the households in the 4 groups the rice supplied through fair price shops were insufficient.

The observation is in line with the findings of George (1979) who has enumerated from his study that ration rice accounted for a major share of the rice consumption of the consumers belonging to the low income groups. Consumers in the low income groups obtained about two thirds of their requirement consumption of rice from the ration shops while consumers belonging to upper income groups and who are less utilizing the food subsidy programme obtained only one third of their rice from the ration shops. He has further stated that the consumers of the low income strata supplemented their rice ration with tapioca a cereal substitute. As the income levels were raised tapioca was replaced by rice from the open market.

All the households in the four groups were depending on fair price shops alone for effecting the purchase of wheat and sugar. Based on their source of

purchase of sugar and oil compared to other groups. Households identified under group 1 were relying more on fair price shops for purchasing oil.

Compared to rice, lesser quantity of wheat was purchased by all the households. This indicates that even though the food subsidy programme has helped to change the food habits of the beneficiary population, this food item was accepted mainly because of its cost.

Dependence of beneficiary on public distribution system is high and absence of such welfare programme may result in the decline in food consumption level among consumers belonging to low income groups. Study conducted by Ahmed (1979) revealed that eliminating rationing and movement restrictions led to reduced consumption levels of all over all net loss to the producers and consumers. Major side effect of the supply of ration foods is generation of additional demand for other commodities including non-grain foods and thereby increasing food consumption. Rationing has positively aided poor quite successfully since without it the consumption of the poorest would have been lower than what they were.

Table 23 Possession of film records by household

Year of access	Details of households				
	Group 1	Group 2	Group 3	Group 4	Total
1-5	8 (20.0)	14 (46.7)	4 (13.3)	5 (16.7)	23 (21.2)
6-10	8 (26.7)	10 (33.3)	16 (53.3)	19 (63.3)	53 (11.2)
11-15	9 (30.0)	5 (16.7)	6 (20.0)	3 (10.0)	23 (11.1)
16-20	7 (23.3)	1 (3.3)	1 (3.3)	3 (10.0)	1 (12.5)
	30 (100)	30 (100)	30 (100)	30 (100)	120 (100)

4.3 Benefits of public distribution system on consumer

Benefits of Public Distribution System on consumers were ascertained by determining the rate of utilisation of the system. Rate of utilisation of the system was assessed by eliciting information on possession of ration cards, frequency of use of the cards, quantity of food subsidies purchased, role of ration subsidy in total food expenditure pattern and health status of family members. Benefit of this system to families of different income level was also ascertained.

Among the 120 households surveyed all the families were found to possess ration cards. Details pertaining to the period of possession of ration cards are presented in the table 23. As revealed in the table, 21.2 per cent of the families were possessing the cards for the last 5 years. While 44.5 per cent of the families had cards for 6-10 years, lesser percentage of households (19.2 per cent) were possessing the cards for 11-15 years and for 16-20 years (12.5 per cent). A comparison among the four groups of the families revealed a direct relationship between years of possession of cards and extent of utilisation. Regular users

Table 24 Frequency of using ration cards by the rural household

Different groups of household	Once in a week	Once in fortnight	Once in a month	Occasionally	Never	Total
1	30(100.0)					30(100)
2	15(50.0)	50(50.0)				30(100)
3	5(16.7)	20(66.6)	5(16.7)			30(100)
4		20(66.6)	5(16.7)	5(16.7)		30(100)
Total	50(41.7)	55(45.8)	10(8.3)	5(4.1)		120(100)

Table 25 Reasons for not using the ration cards regularly

Reasons	Distribution of the households				Total
	1	2	3	4	
1 Lack of money	10(33.3)	15(50.0)	20(66.7)		45(61.1)
2 No availability on credit	3(10.0)	6(20.0)	5(16.7)		14(20.0)
3 Card pledging	2(6.7)	4(13.3)	3(10.0)		9(12.8)
4 Lack of money and no availability of credit				2(6.7)	2(2.9)
5 Total	15(21.1)	25(35.7)	30(42.8)		70(100.0)

of food subsidies were found to possess the ration cards for longer periods. Similar results was observed by sanathanan (1993) who conducted studies among the rural households in Kannor district.

Table 21 details of the frequency of using the ration cards by the different groups of households. All the households identified under group 1 were ^{using} cards every week. While 50 per cent of the households in the second group and 16.7 per cent in the third group were having similar purchasing habits. Households identified under group 4 were not in the habit of purchasing ration regularly. 66.6 per cent of the households were using ration cards once in fortnight and 16.7 per cent were using ration cards once in a month. Ration cards were occasionally used by the remaining 16.7 per cent of the households.

Reasons attributed for not using this facility regularly are presented in Table 25. All the households in group 1 and 50 per cent in group 2 were regularly purchasing food subsidies. Major reason for using the ration card regularly was reported to be the reduced cost of food materials available. Reasons for not using the cards

Table 26 Persons responsible for purchasing food rations

Persons responsible	Details of household				Total
	Group 1	Group 2	Group 3	Group 4	
1 Head of the family	10(33.3)	12(40.0)	8(26.7)	6(20.0)	36(30.0)
2 Respondent	10(33.3)	15(50.0)	12(40.0)	14(46.7)	51(12.2)
3 Elder children male	5(16.7)	2(6.7)	5(16.7)	1(3.3)	17(14.2)
4 Elder children female	5(16.7)	1(3.3)	5(16.7)	5(16.7)	16(13.4)
5 Total	30(100)	30(100)	30(100)	30(100)	120(100)

Table 77 Frequency of time and distance taken for purchasing

Distance taken by different groups of household (kilometers)

	Group 1				Group 2				Group 3			Group 4			Total		
	1/2	1/2	1 1/2	1/2 2	1/2	1/2 1	1 1/2	1/2 2	1/2	1/2 1	1/2	1	1/2	2 1		1/2	1/2 2
6:10 min						5 (16.7)			2 (6.7)		2 (6.7)	5 (16.7)	5 (16.7)				14 (43.6)
1:70 min						5 (16.7)		4 (13.3)	4 (13.3)		8 (26.7)	3 (10.0)	5 (16.7)				9 (28.6)
21:30 min	10 (33.3)		1 (3.3)				2 (6.7)			2 (6.7)		4 (13.3)	3 (10.0)				26 (22.5)
31:40 min	5 (16.7)	5 (16.7)		1 (3.3)	5 (16.7)						1 (3.3)	3 (10.0)	2 (6.7)				18 (5.3)
4:50 min	5 (16.7)	2 (6.7)	2 (6.7)		10 (33.3)	6 (20.0)			2 (6.7)				3 (10.0)				9 (9)
51:00 min				1 (3.3)				3 (10.0)		2 (6.7)		5 (16.7)					0 (4.3)
Total	20 (66.7)	5 (16.7)	0	2 (6.7)	5 (16.7)	16 (50.0)	2 (6.7)	3 (9.5)	8 (25)	0		5 (15.7)	14 (43.7)				80 (60)

Method of the response total

regularly by the families were mainly due to lack of money (64.3 per cent) lack of credit facility (20 per cent) and pledging of cards (12.9 per cent). Due to lack of money and credit facility 2.9 per cent of the households were not purchasing ration food subsidies. Among the four groups of the households these reasons were given mainly by the households identified under groups 3 and 4.

Table 26 details the persons responsible for purchasing food rations. In all the households head of the family (30 per cent) respondent (42.5 per cent) or children (27.7 per cent) were responsible for purchasing food rations. Compared to men women and girl children were more involved in this work. This results agrees with the studies of Sanadanan (1993) who conducted studies among the rural household of Kanoor District.

Frequency of purchasing food ration was influenced by the time spent at ration shops and distance of ration shops from their houses and details pertaining to this are presented in Table 27.

Table 29 Distribution of households based on rate of utilizing public distribution system scores

Public distribution system scores (in range)	Details of households			
	Group 1	Group 2	Group 3	Group 4
20-24	6(20.0)	6(20.0)	3(10.0)	
15-19	20(66.7)	17(56.7)	16(53.4)	11(36.7)
10-14	4(13.3)	7(23.3)	11(36.7)	19(63.3)
Total	30(100)	30(100)	30(100)	30(100)

Distance of ration shops from the houses were in the range of 1/2 Km to 2 Kms. The beneficiaries were spending 10 min to 1hr to effect the weekly purchase of food rations. Among the households identified under group 1 many houses 66.7 per cent were located within 1/2 km of ration shops while in group 2 (16.7 per cent) of the households were having this advantage. In groups 3 and 4 26.7 per cent and 11.7 per cent of houses respectively were within 1/2 km of ration shops. Very few households 16.7 per cent in group 1, 2.5 per cent in group 2, 4.2 per cent in group 3 and households in group 4 were staying about 2 kms away from the ration shops. An assessment of time spent for effecting the purchase of food rations revealed that 11.7 per cent of the households spent approximately 30 minutes. Much variation among the four groups were noted since 16.6 per cent spend 11-20 minutes, 22.5 per cent spend 21-30 minutes, 22.5 per cent spend 31-40 and 18.3 per cent spent 31-40 minutes. The remaining 33.3 per cent households spent up to 41-60 for this work. Distance and time to be spent for this work might have an influence on their purchase habits.

Table 28 presents information on the quantity of cereals (rice and wheat) purchased every month by these

families Food subsidies such as rice and wheat were purchased once in a week palm oil once in fortnight and sugar once in a month by the families According to family size quantity of food subsidies available were also varying Among these foods rice and wheat were the major items Quantity of food rations available for the households under public distribution system was in the range of 1 kg to 15 kg of cereals every month Only one household was getting more than 16kg of cereals through this programme

Among the 120 households 19.2 per cent were purchasing up to 5 kg of rice while 65 per cent of the households were purchasing 6 to 10 kilograms of rice Only 5.8 per cent of the families were getting more than 11 kg of rice through this welfare programme

Wheat is also found to be an equally popular item in the dietaries as rice Among the households 6.7 per cent of the households were purchasing up to 5 kg while 80 per cent from all the four groups were purchasing 6 to 10 kg every month Only 12.5 per cent of the households were found to purchase 11 to 15 kg of wheat The availability of these foods to the households was influenced by the regularity in utilising this facility

Table 28 Distribution of households based on the quantity of rice and wheat purchased every month

Quantity (kg)	Details of households									
	Group 1		Group 2		Group 3		Group 4		Total	
	R	W	R	W	R	W	R	W	R	W
Less than 5	0 (20.0)	5 (16.7)			15 (50.0)	3 (3.3)	2 (6.7)	2 (6.7)	23 (92)	8 (6.7)
6-10	22 (73)	23 (67)	25 (83.3)	20 (86.7)	5 (16.7)	21 (70.0)	26 (86.0)	26 (86.0)	78 (65.0)	96 (80.0)
11-15	6	2 (6.6)	5 (6.7)	4 (13.3)	10 (33.3)	7 (3.7)	2 (6.7)	2 (6.7)	19 (83.0)	15 (12.5)
16-20						1 (3.3)				1 (0.8)
Total	0 (0.0)	30 (100)	30 (100)	30 (100)	30 (100)	30 (100)	30 (100)	30 (100)	30 (100)	30 (100)

R Rice

W Wheat

All the respondents surveyed had favourable views about the quality and quantity of the foods distributed under the public distribution system even though the influence of food subsidies on their health status was not realised by the beneficiaries. However, these observations supported the fact that supplying certain food items to the targeted groups at price levels below the open market rate ensured a minimum food consumption standard for those targeted groups. In a study conducted by Bhargava (1945) similar views were expressed by the respondents about the quality and quantity of food subsidies distributed through fair price shops.

Rate of Utilisation of Public Distribution System was worked out by allotting scores for possession of ration cards, frequency of use and quantity of ration foods purchased. The highest score which could be obtained for each household was 21 and on the basis of scores obtained for 120 households they were classified into different groups. Details pertaining to this are presented in Table 29.

As revealed in the table more households in group 1 (86.7%) obtained higher range scores when compared to other

Table 30 Influence of selected variables on public distribution system

Selected variables	Different groups of households			
	Group 1	Group 2	Group 3	Control
1 Family size	0.0011	0.0021	0.0622	0.0003
2 Educational level of head of the family	0.0989	0.3121	0.0210	0.2712
3 Educational level of respondent	0.2625	0.1182	0.0513	0.2122
4 Monthly income	0.1110	0.0745	0.0307	0.1116
5 Expenditure on food	0.1063	0.0738	0.006	0.1313
6 Total household expenditure	0.1853	0.1548	0.1572	0.0506

Table 31 Influence of selected variables on ration utility

Selected variables	Mean values obtained for selected variables			
	Group 1	Group 2	(1) (1)	(1) (1)
Average household size	4.33	4.33	1.77	4.20
Average number of employed persons in a family	2	1	1	2
Average food use frequency score	19.20	18.93	48.13	18.03
Total food expenditure	111.16	150.90	269.50	200.90
Ration subsidy/month (Rs in range)	23.75 67.02	13.92 31.28	22.99 68.43	16.21 71.97
Ration subsidy/household/month (Rs)	41.62	37.24	34.11	25.54
Average household income percentage of ration subsidy on total income of the family	8.82	9.18	8.75	10.50
Percentage of ration subsidy on total food expenditure	10.12	10.61	12.65	12.31

groups viz group 2 (76 7) group 3 (63 4) and group 4 (36 7)

Influence of selected variables like family size education of the head of the family educational level of the respondents monthly income expenditure on food and total household expenditures on the public distribution system utilisation was statistically ascertained and the details are presented in Table 30 As revealed in the table there was no significant association between public distribution system scores and the variables selected

Benefits of the public distribution system was assessed by determining role of ration subsidy on the food expenditure pattern Ration subsidy is the monetary benefit obtained for a household by the utilization of public distribution system Since supplying certain food items at price levels below the open market rates target groups helps to ensure a minimum food consumption standard for those groups

Table 31 presents details pertaining to the meanvalues obtained for ration subsidy permonth per household monthly income family size total fo d

expenditure number of persons employed in a household and food use frequency scores

As revealed in the table average family size of house holds identified under groups 1 and 2 were 4.3 while in the case of group 4 it was 4.20. Households identified under group 3 were of larger size with an average of 4.8

Irrespective of their family size households under group 1 were getting an average monthly benefit of Rs 41.6 as ration subsidy followed followed by group 2 (Rs 37.2) group 3 (Rs 34.11) and lastly group 4 (25.54). In other words there was steady decrease in the amount spent for buying ration from group 1 to group 4. Range of ration subsidy/month also expressed a varying trend among the groups with wider range for group 3 and 4. Average monthly income of the households identified under group was Rs 471.83 while a steady decrease was noted in group 2 (392.60) group 3 (389.70) and group 4 (241.16). Percentage of ration subsidy on total income of the family was steady increasing form 8.82 in group 1 to 10.5 in group 1

Total food expenditure for the households in the four groups were from 206.9 (group 4) to 411.2 (group 1). The average amount spent for buying ration in a month was decreasing from Rs 41.6 (group 1) to 25.5 (group 4). However, percentage of the amount spent for buying ration on total food expenditure was increasing from group 1 (10.1) to group 4 (12.3). The households were observed to spend 80 percent of their income on food and low prices through subsidies could significantly raise their real incomes. According to Mellor (1988) food subsidies accounted for poor spent between 15 and 25 percent of the total income of the poor. However, surveys conducted by Anderson (1988) had indicated that reductions in food consumption by the poor were inversely correlated with income level. The average number of persons employed in a household identified under groups 1 and 4 were 2, while in the case of groups 2 and 3 it was 1. This factor may not have influence on ration subsidy of each household.

Total food use frequency score for the households in the four groups were 49.2 (group 1), 48.8 (group 2), 48.1 (group 3) and 48.0 (group 4). The increase in rations was found to be directly proportional to the mean food use frequency score obtained by the households in each group.

Table 32 Distribution of households of different income level based on years of possession of ration cards

Groups of different income level	Years of possession of ration cards				
	1-5	6-10	11-15	16-20	21-25
Up to Rs 250 (12)	15(12.5)	18(15.0)	1(3.3)	5(12.2)	12(31.0)
Rs 251-500 (19)	10(8.3)	17(11.7)	12(10.0)	10(8.3)	19(10.8)
Rs 501-750 (29)	4(3.3)	18(15.0)	7(5.8)		29(21.2)
Total	29(21.2)	53(44.2)	23(19.2)	15(12.5)	120(100)

Table 33 Distribution of households based on the frequency of ration cards

Groups of different income level	Once in a week	Once in fortnight	Once in a month	Occasionally	Number total
1 Up to Rs 250 (12)	11(11.7)	25(20.8)	2(1.7)	1(0.8)	12(3.0)
2 251-500 (4)	17(11.2)	20(16.7)	8(6.7)	4(3.3)	13(11.8)
3 501-750 (29)	19(15.8)	10(8.3)			29(21.2)
Total	50(41.7)	55(45.8)	10(8.3)	5(4.2)	120(100)

Public distribution system is a step towards achieving some level of equity in food consumption by making available food grains to the weaker and vulnerable sections of the society at subsidised rates and thus insulating them against rising prices

Public distribution system is also reported to be an intervention programme meant for the welfare of the poorest of poor. Data pertaining to this collected in the study was reclassified among the house holds divided into three groups based on their monthly income

Table 32 presents the distribution of households of different income levels based on years of possession of ration cards. Higher percentage of households belonging to lower income group were not found to possess ration cards for long periods

Table 33 presents the frequency of using ration cards by the rural households based on their income level. 15.8 per cent of the households coming under the income level of Rs 501 to 750 used ration cards once in a week and 11.7 per cent and 14.2 per cent of the households in the income

Table 31 Distribution of households by level of rice and wheat purchased every month from fair price shops

Groups of different income levels	(in kilograms)							
	Less than 5	6-10		11-15		16-20		
income	R	W	R	W	R	W	R	W
Up to Rs 250	23 (19.2)	8 (6.7)	18 (75.0)	34 (28.3)	11 (0.8)			
251-500			38 (31.7)	10 (33.3)	11 (9.2)	9 (7.5)		
501-750			22 (18.3)	22 (18.3)	7 (5.8)	6 (5.0)		
Total	23 (19.2)	8 (6.7)	78 (65.0)	66 (80.0)	19 (15.8)	15 (12.5)	1 (0.8)	
R	Rice							
W	Wheat							

Table 35 Mean percentage of ration expenditure towards food expenditure

Mean percentage of ration expenditure	Distribution of house holds			Total
	Up to Rs 250	Rs 251-500	Rs 501-750	
Less than 10	3(2.6)	20(16.7)	22(18.3)	45(37.5)
11-20	17(14.2)	27(22.5)	7(5.8)	51(42.5)
21-30	11(11.7)	2(1.7)		16(13.3)
Above 30	8(6.7)			8(6.7)
Total	42(35.0)	49(40.8)	29(24.2)	120(100.0)
Correlation value (r)	(0.8987)**	(0.0302)	(0.3972)**	(0.0513)

** Significant at 1 per cent level

level of Rs 251 to 500 and below Rs 250 respectively used ration cards once in a week

Table 31 presents the quantity of rice and wheat purchased by the rural households once in a month from fair price shop. In all the three income level of households more quantity of rice and wheat purchased was in the range of 6-10 kilograms. Households with better income were in the habit of purchasing more cereals.

Table 35 reveals the mean percentage of ration expenditure to actual expenditure incurred by households in each group. It was found that 37.5 per cent of households from all the three groups were in the habit of spending less than 10 per cent of the total expenditure for ration purchasing. While 6.7 per cent households spent more than 30 per cent. Among the three groups of the households first group were spending more than 30 per cent (6.7 per cent). While all the households identified under groups 3 were spending only up to 20 per cent of the total food expenditure for purchasing food subsidies.

Table 36 Influence of monthly income on public distribution system

Public distribution system score	Income up to Rs 250	Avg score	Rs 251-500	Avg score	Rs 501-700	Avg score
20-10	1	28	6	32	8	3
15-19	22	16	25	17	15	18
10-11	6	12	18	13	6	13
Average score	10.7		16.3		9.7	
Correlation value (r)	(0.110)		(0.0745)		(0.0307)	

Association between ration subsidy and food expenditure was tested by administering correlation and it was found that the amount spent for purchase of ration was significantly associated with food expenditure of the households in the first ($r = 0.8987$) and third groups ($r = 0.397$)

Public distribution system scores were worked out by summing up the scores allotted for buying food subsidies. The highest scores were obtained for more households with higher income. The average scores obtained for the rural households in the three groups in different ranges are given in parentheses. Families with better income were found to have higher public distribution system score.

Table 36 presents the influence of monthly income on public distribution system score. About 18.3 per cent in the first group, 23.8 per cent in the second groups and 12.5 per cent in the fourth group had public distribution system score between 15-19.

Influence of monthly income on public distribution system score was statistically tested by administering correlation

Table 37 Influence of irrigation subsidy on yield of different crops

Rupees spent for buying ratio	Different groups of income level		
	--- 250 ---	251-500 ---	501-700 ---
Less than Rs 15	1(0.8)		
16-30	29(20.0)	27(18.3)	11(10.8)
31-45	12(10.0)	20(16.7)	10(8.3)
46-60	3(2.5)	6(5.0)	5(4.6)
61-70	2(1.7)	1(0.8)	1(0.8)
<hr/>			
Total	42(35.0)	49(40.8)	29(21.2)
Correlation value (r)	(-0.1853)	(-0.1518)	(-0.1572)
<hr/>			



test and was found that monthly income of the households has positively influenced to public distribution system score in the first group (0 1110)

Table 37 presents the score obtained by the families classified on the basis of ration subsidies the distribution of the families were higher in the group spent Rs 10 to 45 as ration subsidies

Correlation between ration subsidy and public distribution system was statistically tested and was found that there was significant correlation between these two variable only in the third group (0 1572)

Table 38 Influence of subsidized food on daily food consumption of the four groups of households

Diff	Age Groups	Cereals				Fats & Oil				Sugar				
		1	2	3	4	1	2	3	4	1	2	3	4	
Adult Male		498	474	453	450	20	17	15	12	25	20	8	15	12
RDA		670				35				60				
%RDA met		74	3 70	7 67	6 67	1 57	1 48	5 42	8 34	2 41	6 34	6 25	25 20	20 12
Adult Female		360	352	348	332	18	16	13	10	20	15	4	13	12
RDA		440				25				60				
%RDA met		81	8 80	79	75	72	64	52	40	33	3 25	6 21	6 21	6 20
Adolescent male		340	321	318	310	14	11	9	3 7	5 14	12 8	11 4	10	
RDA		430				30				30				
%RDA met		79	71	3 70	6 68	8 46	6 36	6 31	25	46	6 42	6 38	33 33	
Adolescent Female		290	271	263	252	13	9	8 7	7 7	5 4	13	12	1	11
RDA		350				30				30				
%RDA met		82	8 77	4 75	1 72	0 43	3 32	6 25	6 18	43	3 40	3 36	6 31	
Children Male		272	263	254	238	12	10	4 9	3 8	0 12	11 8	11 3	11	
RDA		320				35				50				
%RDA met		85	82	1 79	3 74	3 6	29	7 26	5 22	8 40	39	3 37	6 36	
Children Female		230	270	245	220	10	9	4 8	6 7	0 13	12 7	11 4	10	
RDA		320				35				30				
%RDA met		71	8 84	3 76	5 68	7 5	26	8 24	5 20	43	3 42	3 38	36	

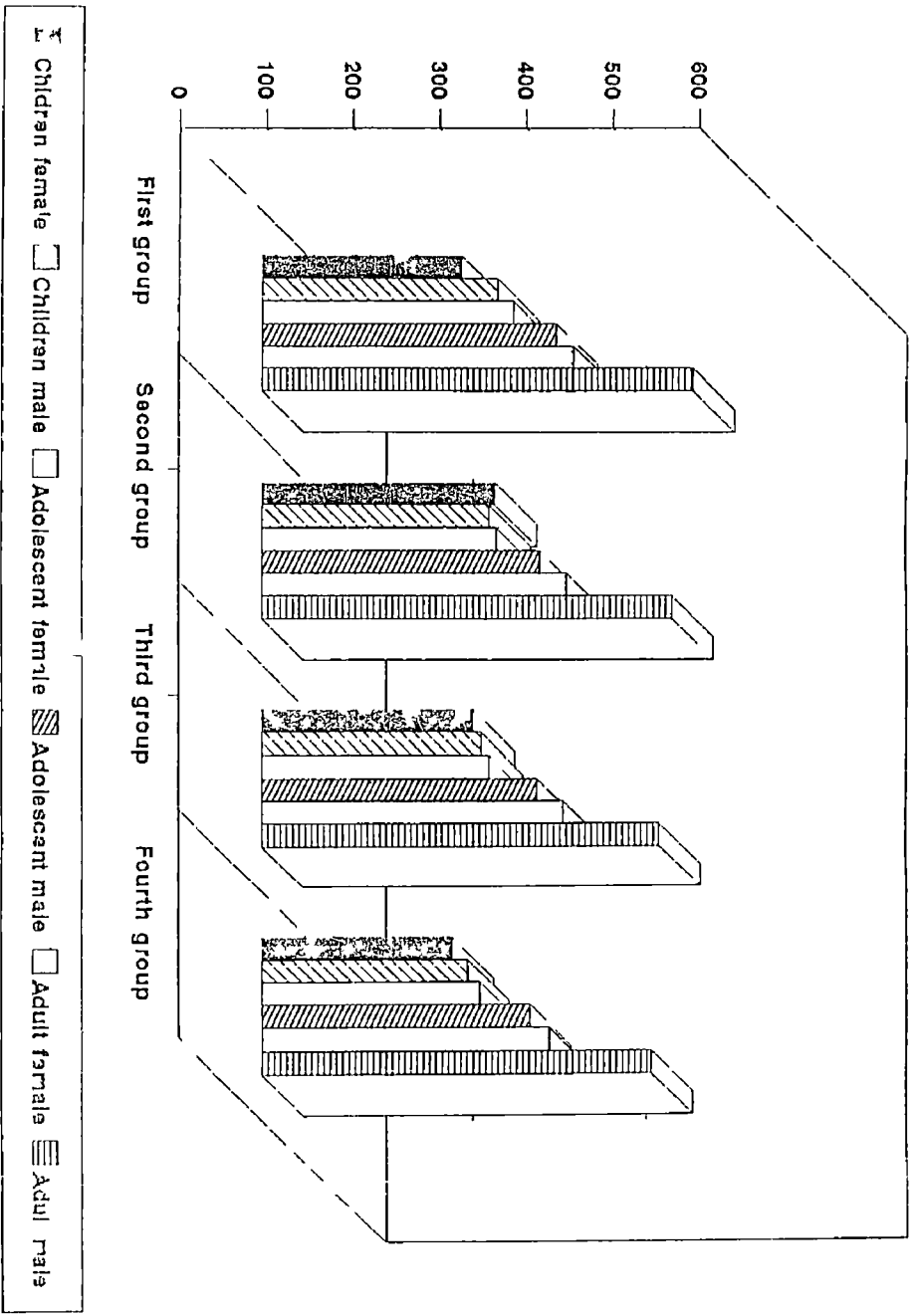
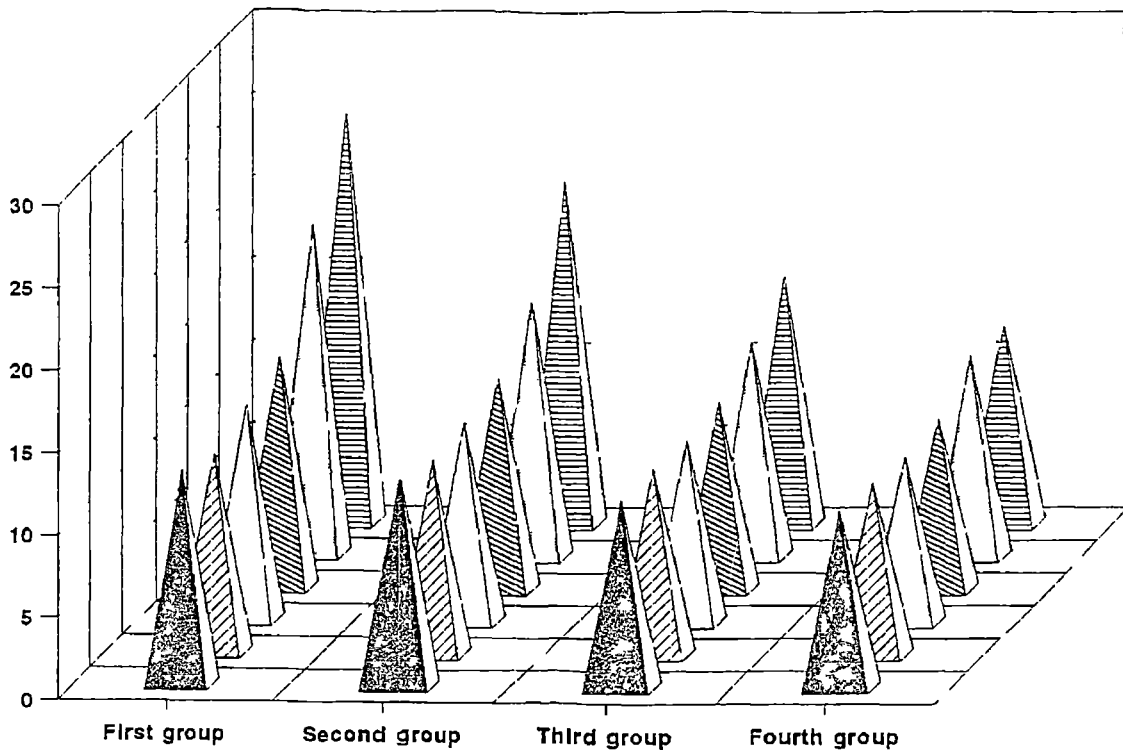
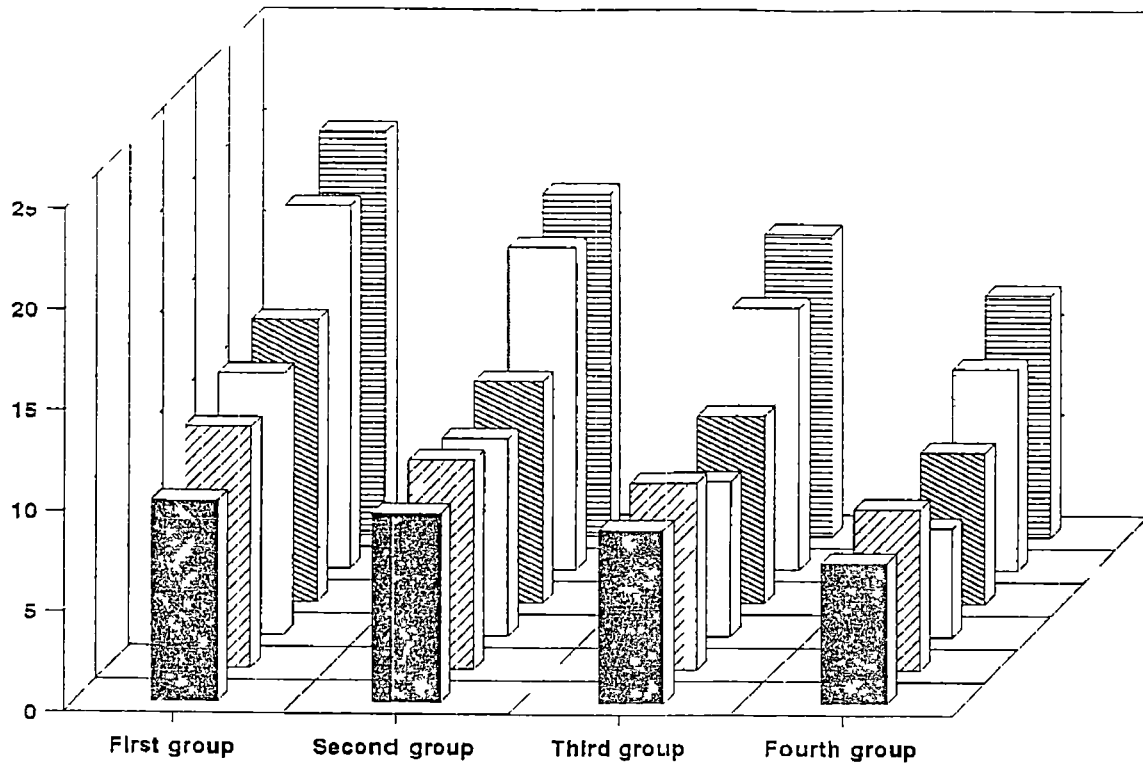


Fig 1. Influence of rice on daily food consumption of four groups of people



▲ Children female ▽ Children male △ Adolescent female ▽ Adolescent male △ Adult female ▽ Adult male

Fig. 2. Influence of sugar on daily food consumption of four different groups of households



Children female
 Children male
 Adolescent female
 Adolescent male
 Adult female
 Adult male

Fig. 3. Influence of oil on daily food consumption of four different groups of house holds

Table 79 Mean height and weight of family members of different group

Particulars	Height					Weight			
	Total No	61	62	63	64	61	62	63	64
1 Adult male	09	167 (47)	178.5 (50)	177.5 (64)	170.7 (48)	68.9 (47)	67.5 (50)	62.8 (64)	60 48
Standard deficit		177 0.17	0.85	2.54	3.79	6.5	2	7.38	7.73
2 Adult females	180	158 (40)	158.2 (46)	161.7 (54)	153.6 (46)	61.9 (40)	56.7 (46)	48.7 (59)	41.9 40
Standard deficit		150.8				50	6	9	16
3 Adolescent male	3	159.7 (7)	160.8 (5)	162 (11)	155.4 (7)	49.5 (7)	48 (5)	56 (11)	51
Standard deficit		150				47.7			
4 Adolescent female	18	157.7 (4)	156 (7)	157.3 (5)	144.8 (7)	45 (4)	48 ()	44.8 (5)	4.8 7
Standard deficit		147				48.7 7.5	1.4	3.9	2
5 Children male	48	111.5 (180)	134.7 ()	127 (7)	131.7 (10)	27 (18)	26.5 (18)	15 (7)	28.7 1
Standard deficit		133.7	1.67	7.29	4.16	17.87	15.6		10.19
6 Children female	45	128.1 (20)	115.8 (15)	128.1 (7)	157 (3)	30 (20)	20.5 (1)	3.6 (7)	27
Standard deficit		138.7	7.7	7.37	9.11	5.5 7.69	9.7	27.3	1

Number in parentheses in column (1) indicate sample size

61 Group

62 Group2

63 Group3

64 Group4

4.4 Influence of subsidised foods on their daily food consumption Pattern and health status

Influence of the subsidised foods on the daily food consumption of the households identified under four different groups was ascertained through recall method

As revealed in the Table 38 the percentage of RDA met for all the food items were more in group 1 and least in group 4 for different age groups (71.8 to 85 per cent)

Fig 1.3 presents the influence of subsidised foods like rice sugar oil on their daily food consumption pattern and health status of 4 different households

Health profile of the members of the households were ascertained by determining anthropometric measurements such as height and weight for all the members in the four groups of households. From this data mean heights and weights and percentage deficit for each age group were worked out in comparison with standard values (NCIS standards Gopal Das - 1986)

Table 39 presents data on mean height and weight of family members of households belonging to different groups

A comparison of mean height and weight of all the males in the four groups of the households revealed that in all the groups mean height was below standard while only in

group 1 the average weight was above the standard weight recommended. Percentage deficit in the height and the weight of the 231 to 723 adultmales of the four groups were in the range of 0.17 to 3.79 with highest value in group 4. In the case of adult females mean height of the women in the four groups were above standard recommended while mean weights of the women in groups 3 and 4 were below normal weight. Percentage deficit in the weights of groups 3 and 4 were in the range of 2.60 and 1.2 respectively. In the case of adolescent male mean heights and weights were above the standard recommended. Mean heights of adolescent female in group 4 were below standard while data pertaining to weights revealed deficiency in all the four groups. Mean heights of children (male) in group 1 and mean weight of the children in group 3 were above the standard recommended. While in the case of the children (female) mean heights and weights in all the groups were below standard. Percentage deficit in the heights of the children (female) of all four groups of households were in the range of 7.37 to 9.11 with a steady increase from group 1 to group 4 (except in group 3). In the case of weight of children (female) percentage of deficit was in the range of 7.69 in the first group increasing to 29.2 in the second group. Compared to

TABLE 40 B M I of adult males of different groups of houses					
B M I (Range)	Different Groups				
	1	2	3	4	Total
1 Below 16	-	-	-	-	-
2 16 17	-	-	-	-	-
3 17 1 18 5	-	-	-	-	-
4 18 6 20	1				1(0 5)
5 20 27	46	70	64	48	09(99 5)
	(5)	(23 8)	(30 6)	(22 9)	109(100)

TABLE 41 B M I of Adult females on different groups of houses
Different Group

B M I (Range)	1	2	3	4	total
Below 16					
16-17	2(1 1)				2(1 1)
17 18 5	4(2 2)				4(2 2)
18 6 20	24(12 9)	7(16 7)	26(17 9)	27(12 4)	107(57 4)
2 25	1(5 4)	16(8 8)	28(15 1)	23(12 4)	77(41 4)
Total	40(21 5)	40(24 7)	54(29 7)	46(24 7)	186(100)

Table - 42 EMI of adolescent males

Category	I	II	III	IV	Total
Below	-			-	
16-17	-	1(3 33)	1(3 33)	-	2(6 67)
17-18-5	5(16 70)	3(10 00)	3(10 00)	-	11(36 00)
18-6-20	2(6 67)	1(3 33)	2(6 67)	2(6 67)	7(23 30)
20-25		-	5(16 70)	5(16 70)	10(33 33)
Total	7(23 30)	5(16 70)	11(36 70)	7(23 30)	30(100 00)

B.M.I. of Adolescent Females

	I	II	III	IV	Total
Below 16	-	-	-		
16-17	-	-		-	
17.1-18.5	2(11.1)	-	1(5.6)		3(16.7)
18.6-20	2(11.1)	2(11.1)	2(11.1)	1(22.2)	7(38.9)
20-25			2(11.1)	3(16.7)	5(27.8)
Total	4(22.2)	2(11.1)	5(27.8)	7(38.9)	18(100)

second group percentage deficit in groups 3 and 4 is less

In earlier studies deficient heights and weights were reported to different age groups belonging to low income groups. A survey conducted among agricultural labourers by Laisamma (1992) has revealed that 50.8 percent of adult males and 63.4 adult females had deficient body weights while heights were deficient in 89.8 percent of adult males and 18.1 percent of adult females.

According to a report of NNMB (1981) the overall average weight of adult women from middle income group and industrial labour and slum dwellers ranged 20-10 years was 15.2 kg. Mean body weight and height of adolescents are well comparable with earlier studies of Money Lal (1993).

Vijaya Raghavan et al (1971) have reported that poor Indian children were found to be shorter and lighter than the children belonging to the higher income group of corresponding ages.

Studies conducted by Sheshadri et al (1994) and Jayantha Kumari (1993) had revealed that many children

belonging to low income strata do not have normal height and weight

From the anthropometric data presented in Table 39 no conclusive information on the impact of public distribution system was obtained however the variations among different groups of households were distinct. The case of adult male and adult female

According to Satyanarayan (1989) extremes of BMI (for undernourished and obese) are associated with low productivity in both men and women. As per NCHS standard (1986) Body mass Index (BMI) in normal status for adult males and females are 20-25 and 18.6-20 respectively. In the case of adolescent boys and girls the values are 17-25

Distribution of adult males, adult females, adolescent males and females based on BMI are presented in Table 40 to 43. As revealed in Table 40 many of the adult males were identified under normal category. Data presented in Table 41 also reveals similar results regarding women. Those were in the range of 20 to 25 classification. Among the adult females 55.38 percent of women in the four households

Table 44 Occurrence of diseases during last year

Diseases	Head of family	Respondent	Children	Total
Chickenpox	0 (0)	nil	nil	0 (0)
Measles	6 (165)	6 (165)	nil	12 (165)
Whooping Cough	1 (0)	nil	nil	1 (0)
Fever	0 (826)	22 (66)	47 (116)	69 (254)
Diarhoea	17 (468)	26 (716)	78 (1046)	121 (2290)
T.B.	1 (0)	nil	nil	1 (0)
4+5	17 (417)	20 (505)	7 (876)	44 (1798)
Health Individual	47 (1294)	46 (1267)	15 (417)	108 (2978)
Total	12 (336)	120 (6)	12 (788)	144 (100)

ere identified in the range of 18.6 to 20.1 (41.33) percent of the women in the 4 groups came in the range of 17.1 to 18.5. As revealed in the Table adolescent were in the range of 17.1 to 18.5 in all the four groups while 33.3 came in the range of 20 to 25. BMI of the adolescent female 5.6 is mainly located in the range of 20 to 25 classification. Morbidity status of the family members was determined by conducting clinical examination with the help of a qualified physician in all the four groups.

Table 44 Presents the occurrence of diseases in the family members during last year.

As revealed in the table only 8.3 percent of the head of the families, 6.06 percent of the respondents and 11.0 percent of children had suffered from fever. Diarrhoea was found to be common in children (11.0 percent).

4.5 Contribution of food subsidies on the actual food intake and nutritional status of the selected consumers

Benefits of Public distribution system can be ensured only by determining the (the effect of actual food subsidies. For this 10 households each from among the

Table 45 Distribution of members of different age groups in the
20 house holds selected

Age Groups	House holds under		Total
	Groups I	Groups II	
Adult Male	18(21 6)	13(15 6)	31(37 3)
Adult Female	15(18 0)	18(21 6)	33(39 8)
Adolescent Male	—	2(2 4)	2(2 4)
Adolescent Female	2(2 4)	2(2 4)	4(4 8)
Children Female	3(3 6)	2(3 6)	5(6 0)

Table 846 Contribution ration food on actual food intake of family member

Food stuff	Group	Adult male				Adult female				Adolescent male				Adolescent Female				Children male				Children female							
		A	F	I	R S	D	A	F	I	R S	D	A	F	I	R S	D	A	F	I	R S	D	A	F	I	R S	D	A	F	I
Rice	1	498	3	452	8	85	4	354	318	89	8					300	250	83	3	265	265	100	220	220	100				
	2	423	5	423	5	100		314	298	3	95	325	325	100		283	243	85	8	255	255	100	200	200	100				
Sugar	1	35		35		10	0	13	6	13	6	100	6	6	106	20	20	100	15	15	100	15	15	100					
	2	28	2	28	2	10	0	10	2	12	2	100	10	15	100	10	3	100	18	3	100	10	10	100					
Oil	1	17	5	17	0	97	1	16	0	15		93	7			25	15	60	6	25	6	96	5	4	80				
	2	14	9	14	0	93	9	11	9	11		92	4	15	14	5	96	6	20	15	75	80	4	3	80				

A F I Actual Food intake

I R S Intake of ration subsidy

D Difference

Table Contribution of ration food on calorie and protein intake of family members

Groups		I R S		Adult female		Adolescent male		Adolescent female		Children male		Children female											
		I R S	Actual intake	I R S	Actual intake	I R S	Actual intake	I R S	Actual intake	I R S	Actual intake	I R S	Actual intake										
2	Calories	566	2179	3	1100	28	1811	8	865	0	1461	0	1245	8	1245	8	1189	6	1189	6	6		
	Available	1465	3	1907	1	10321	1340	1124	5	1516	0	840	7	1157	6	986	9	986	9	852	2	852	2
2	Proteins	28	9	57	4	20	3	32	8					48	5	48	5	30	4	4			
	Available	27	1	48	1	19	0	50	20	8	0			36	1	36	1	19	9	19	9		

group with 75 to 100 percent participation and from group 4 with less than 25 percent participation were selected. Actual food intake of all the family members of the above 20 households were collected.

Table 45 presents the distribution of members of different age groups in the 20 households selected. A comparison of the population distribution revealed that there is more or less equal distribution among men (49.4 percent) and women (50.6 percent).

Table 46 explains the advantage of increasing the supply of ration foods like cereals (rice and wheat), sugar and oil. More than 80 percent of cereal intake for all the age groups in the two groups are cereals available at subsidised rate. Compared to households in group 2, households in group 1 were found to utilise more effectively the food subsidy programme. Data pertaining to oil intake also reveals similar trend. Sugar available at subsidised rate alone is to meet the sugar requirements of the two groups. Table also presents details of availability of calorie and protein from subsidised foods. Compared to intake of food, more quantity of calories and proteins were met from actual food intake in all the groups of households.

This further indicates that recent policies designed to increase supplies of moderately starchy grains, pulses and other commodities along with the equitable distribution of food grains will assist in improving the overall nutritional status of the poor population.

James and Indiani (1979) conducted consumer survey to examine the utilisation of ration by different groups in rural and urban areas in Sri Lanka to estimate the contribution of the ration to calorie consumption. The study indicated that the use of ration was virtually significant and all segments of the community received some benefits from it. They further stated that a high proportion of total cereals consumed was obtained from food ration. The improvement in income through food subsidy enabled them to increase consumption of a range of food products in the categories of animal products, oils and fats and to spend more for housing and clothing.

The households in two groups on an average suffered a deficiency of both calories and proteins in terms of RDA. Foods distributed through Public Distribution System contributed of 1566.60 calories and 28.90 percent of protein

ble to 17 Mean food intake of the adult males of the 10 groups of household

Group	Cereal	Pulse	Green leaf Vegetables	Other Vegetables	Roots & Tuber	Milk	Fat & Oil	Fruits	Sugar	Sugar	
1	498.3	16.9	19.7		12.8	42.7	7.2	17.5	5	20	3
RDA	4.5	13.2	14.6		7.14	38.5	40.7	14.9	2.14	1.2	8.2
% of RDA	670	60	100		80	80	250	35	30	55	60
2	63	22	14.6		8.9	48.1	16.2	42.5	7.13	24	47

TABLE 48 Mean food intake of the adult females belonging to the two groups of households

Group Nos	Cereal	Pulse	Green leafy vegetable	Other vegetable	Root & Tuber	Milk	Fats & Oils	Fruits	Fish	Sugar
1	354.0	12.0	12.0	10.0	33.3	88.3	16.0	2.6	13.3	13.6
2	315.0	9.2	9.2	8.8	30.0	60.8	11.9	1.1	12.5	12.2
RDA	440.0	45.0	100.0	40.0	50.0	150.0	25.0	30.0	30.0	60.0
% of RDA in G 1	80.4	26.6	12.0	25.0	66.6	58.8	64.0	8.6	44.3	22.6
% of RDA in G 2	71.5	20.4	9.2	22.0	60.0	40.5	47.6	3.6	41.6	20.3

TABLE 49 Mean food intake of adolescent males belong ng to the groups of house holds

Group No	Cereal	Pulse	Green leafy vegetable	Other veg stable	Root & Tuber	Milk	Fats& Oils	Fruits	Fish	Sugar
i	325 0	22 5		30 0	32 5	90 0	15 0	22 5	20 0	15 0
RDA	430 00	50 0	100 0	150 0	150 0	140 0	30 0	30 0	30 0	30 0
XR D A net	75 50	45 0		20 0	21 8	64 2	50 0	75 0	66 7	50 0

TABLE 51 Mean food intake of children male belonging to the two groups of households

Group No	Cereal	Pulse	Green leafy vegetable	Other vegetable	Root & Tuber	Milk (gms)	Fats & Oils	Fruits	Fish	Sugar
1	265.0	11.3	6.3	5.0	16.2	80.0	6.3	10.0	10.0	15.0
2	255.00	7.5	5.0		12.5	76.0	5.0	5.0	5.0	10.0
RDA	320.00	60.0	100.0	75.0	100.0	200.0	35.0	30.0	50.0	30.0
% of RDA in G 1	82.80	18.7	62.5	6.7	16.2	43.0	17.8	33.3	20.0	50.0
% of RDA in G 2	79.8	12.5	5.0		12.5	35.0	14.2	16.7	10.0	16.7

TABLE 52 Mean food intake of children female belonging to the two groups of house holds

Group No	Cereal	Pulse	Green leafy vegetable	Other vegetable	Root & Tuber	Milk	Fats & Oils	Fruits	Fish	Sugar
1	220 0	7 5	7 5	2 5	10 0	60 0	5 0	10 0	10 0	15 0
2	200 0	6 5		10 0	8 0	50 0	4 0	2 5	5 0	10 0
RDA	320 0	60 0	100 0	7 5	100 0	200 0	35 0	30 0	50 0	30 0
% of 1 RDA	68 7	12 5	7 5	3 0	10 0	30 0	14 2	33 3	20 0	50 0
2	62 5	10 8	—	13 3	6 0	25 0	11 4	8 3	10 0	167

TABLE 50 Mean food intake of the adolescent girls belonging to the two groups

Group No	Cereal	Pulse	Green leafy vegetable	Other veg stable	Root & Tuber	Milk	Fats & Oils	Fruits	Fish	Sugar
1	300	00 15 0		30 0	30 0	113 3	25 0	15 0	15 0	20 0
2	283	00 15 0	16 0	10 0	33 3	100 3	20 0	5 0	10 0	18 3
RDA	350	00 50 0	50 0	50 0	150 0	140 0	30 0	30 0	30 0	30 0
X of 1 RDA	71	40 30 0		20 0	22 2	80 9	83 3	50 0	50 0	66 7
2	69	4 30 0	32 0	6 7	30 0	71 6	66 7	16 7	33 3	61 0

for adult male While caloric availability from food at or for adult female was 1100.28 and 20.30 percent protein adolescent male obtained 1124.50 calories and 20.80 percent of protein from ration food Calories available from food ration for male children was 1245.80 for female children 1189.60 contribution from food ration for protein for children were 48.50 g percent (male) and 30.40g percent (female) In group 2 the rate of availability of these two nutrients for all the age groups were comparatively less

This further indicates that without ration rice a net decline in caloric and protein supply would occur for these households

Table 47 to 52 present the mean food intake of family members of different age groups viz adult (male and female) adolescent (male and female) and children (male and female) All the food articles included in the diets of different members in the households belonging to group 1 were quantitatively better However a comparison with RDA revealed that the diets of the two groups were deficient in all the foods with reference to RDA

The actual quantity of food intake of different age groups in the two groups in comparison with the suggested

Recommended Dietary allowances are presented from table 17 to table 22

A comparison of percentage deficit between two groups of adult males revealed a variation of 11 percent each for cereals and sugars. The consumption pattern of adult males were in accordance with earlier studies conducted among similar socio economic situations. Sreenivasan (1991) has also observed that level of cereal vegetables milk and oil products and oils were very low among the occupational groups like agricultural labourers and artisans. The actual food intake of the agricultural labourers estimated by food weighing method revealed that inclusion of various food groups were not in balanced proportion in their daily diet. Paniker (1979) had found that diets of agricultural labourers were both inadequate and unbalanced. Diets of Agricultural labourers in Trivandrum were reported to be deficient in fats and oils (Renu Seshadrinath 1993)

In the case of adult females belonging to two groups there was a variation of 8.9 percent and 2.3 percent for cereals and sugar respectively. Gupta et al (1988) reported that compared to RDA the diets of working women were largely unbalanced and lacked in leafy vegetables and

protein foods like egg and meat. Reau S et al (1993) observed that diets of adult male and female members are deficient in all the food items to come to form a balanced diet. In the present study also similar results obtained were worth mentioning.

A comparison of the mean values of the second group with reference to percentage of RDA met revealed that there was a variation of 69.4 percent and 61.0 percent for oil and sugar when compared to RDA. Unlike other age groups diets of adolescents are influenced by various social and psychological factors. Krishna Kumari et al (1983) reported that the intake of fruits and green leafy vegetables by the adolescents were negligible. Money E. Paul (1993) revealed that the actual food intake of the adolescents indicated that intake of fish were below the Recommended allowances. Similar trend in food intake was noted in this study also.

A comparison of the mean values of the third group of adult female with reference to percentage of RDA met revealed that there was a variation of 2.0 percent for oil and 5.7 percent sugar.

Number of households belonging to two

Sex	Number of households belonging to two groups per person in each age group	Percentage (%)	Number of households (locality)	Fat (g)	Calcium (g)	Carotene (mg)	Total	Reference	Number	Cost (mg)
Adult male	18	7.4	179	19.6	394	070	1.3	1	16	8.9
Adult female	13	8	1907.1	18.4	374	1713	1.1	1.2	15	6.5
RDA #		60	800	20	400	2400	1.4	1.6	18	40
RDA #		25.6	7	98	98	86.2	0.8	81.2	88.8	9.2
Adult male	15	20.16	50.1	9	93.5	71.3	78	75	8.3	9.2
Adult female	18	2.8	1.40	15.5	371	1731	1.1	1.3	14	9
		50	29.5	20	400	2400	1.2	1.5	16	40
		92	61.9	82	96	72	100	93.5	93.7	92.7
Adult male		40	1.16	1.5	36	119.9	2	1.1	14	
		7	642	27	600	400	1.2	1.5	6	40
Adolescent female	2	5.3	57	97.7	89.3	49.9	100	73.3	37	0.5
Adolescent female	2	2.2	1.76	19.6	24	020	1	1.1	4	6
		6	064	22	600	2400	00	1.2	15	40
		9	70	90.9	90.1	4	100		1.0	0
Child male	4		56	89	87.3	42.5	1	91.7	93	39
Child male	3		2.8	19	360	1840	8	1.3	14	6
		6	47	2	400	2400	7	1.3	15	40
		8	50.9	76	90	6.7	1	00	93.3	90
		6	40.3	58	8.5	6	9	8.6	80	82
Female		4	80	1	381	710		1	1	5
		1.9		6		154	0.9		1	4
			0.6	5	00	400	0	1		7
			8	80.6	0	71.7	0	00	0	
			1.4	4.4	90.7	64.1	90	3	84.5	0

A comparison of the mean values of the two groups of children (male) with reference to percentage of RDA met further revealed that there was a variation of 3.20 percent and 33.30 percent between cereal and Sugar in the 2 groups.

A comparison of the mean values of two groups of female children with reference to RDA met further revealed that there was a variation of 6.2 percent and 17.3 percent between cereals and sugar in two groups.

Renu Seshadriath (1983) reported that diets of children of all age groups were deficient in the intake of cereal. In the present study also these findings were deficient. Suja (1989) observed that fruits were deficient in the diets of male and female children of 10-12 years and female children of 4 to 6 years.

Nutrient content of the diets with reference to protein, energy, fat, calcium, carotene, thiamine, riboflavin, niacin, ascorbic acid, iron were computed from the quantity of food consumed using food composition table of ICMR (1984). Mean nutrient intake of different family members of the households belonging to two groups were presented Table 53. Along with mean intake of nutrients RDA specified

for each age group and percentage of RDA met are also presented in the table

A comparison with RDA indicated that diets of all the age groups in the two groups of households were deficient in protein energy fat thiamine riboflavin niacin vitamin C calcium and carotene iron

A comparison between two groups revealed that the protein energy fat thiamine riboflavin niacin calcium and carotene and iron for all age groups were better in group 1

As revealed in the table protein intake was found to be in the range of 19.9 gms to 57.4 gms. A comparison with RDA indicated that the diets of all the age groups in the two groups of households were deficient in protein. A comparison between two groups revealed that the protein intake for all groups were better in group 1

A comparison among different age groups revealed that 80 percent or above protein requirement was met for adult males in the two groups adult females in the 1 group. While 60.0 to 80.0 percent was met for adult females in the second group. Less than 60.0 percent was met for

adolescent male in the second group adolescent females in the first group and second group male children and females in both groups. A report from Sundhar Raj and Sletten (1976) revealed that adult intake was significantly deficient in protein as in the present study. Energy intake is found to be in the range of 852.20 kilocalories to 2179.30 kilocalories.

A comparison among different age groups revealed that 80.00 percent or more of energy requirement was met for adult female in the second group and adolescent female in the first group. Less than 60.00 percent of requirement was met for adult males in both the two groups. Adult females in the second group, adolescent male and female in the second group, both male and female children in the two groups.

Fat intake was found to be in the range of 13.00 to 22.00 grams. A comparison among different age groups revealed that 80.00 percent or above of fat requirement was met by adult male of both groups and adult female of first group. Adolescent male of second group, adolescent females in both groups and female children in first group.

The deficiency of protein, fat, calcium, niacin, and carotene, iron compared to RDA was higher and adult male compared to adult females. Their distribution is similar.

Agrees with the findings of Reau Sesiadri et al (1933) Ajul et al (1983) reported that calories consumed by low income groups were below the body requirement in large family and labour class categories in Punjab. Families with 3 or less number of children were observed to have better intake of calories and protein than the families with 4 or more children as reported by Kumar et al (1976). Iron was deficient among adult female compared to adult males. Iron deficiency of females was also observed by Jyoti Agasthi (1973) who conducted studies among over 6000 children. Adult male met more percentage of RAA (72.8 per cent in group 1) and iron requirement was leastly met by adult females (18 per cent in group 2).

Low intake of nutrients from dietaries as reported in a study conducted by National Nutrition Monitoring Bureau (NNMB) (1984)

Thiamine, Riboflavin, iron and Niacin levels found to be in the range of 0.80 to 1.30 mgs

A comparison among different age groups revealed that the intake of all three vitamins were meeting 70 to 100 percent of the requirement.

According to Laisanmi Chanyar (1982) the average intake of energy than the RDA is deficient in the diets of all rural labourers. Ajula et al (1983) reported that vitamin A intake were below the recommended allowances in all income, occupation and family size in different categories.

Calcium intake is found to be in the range of 3036 grams. A comparison with RDA indicated that the diet of all age groups in the two groups of households is deficient in calcium. A comparison between the two groups revealed that the calcium intake for different age groups were better in group I. A comparison among different age groups revealed that 80.00 percent or above of calcium requirement was met by all the households of different age groups.

Carotene intake is found to be in the range of 1512.70 grams. A comparison with RDA indicated that diet of all age groups in the two groups of households were deficient in carotene. A comparison between the two groups revealed that the carotene intake of different age groups were better in group I. A comparison among different age groups revealed that 80 percent or above of carotene

able 54 Haemoglobin level of different age groups from the households
 in the two groups

Haemoglobin range	1st group		2nd group		Children	
	Adult male	Adult female	Adolescent male	Adolescent female	1st group male	2nd group female
Below					1(25)	2(50)
1.4 - 1.4	7 (0)	(84)		(100)	3(75)	2 (0)
1.4 - 1.6	17 (2)	8 (16)				
Total	18 (0)	(0)		2(100)	4(100)	4 (100)

Haemoglobin range	1st group		2nd group		Children	
	Adult male	Adult female	Adolescent male	Adolescent female	1st group male	2nd group female
Below 1.0	1	(1)	10	0	13	1 (0)
1.2 - 1.2	4 (2)	2 (2)	1 (0)	0	(66.7)	1 (0)
1.2 - 1.7		8 (4)	0			
above 1.7	0	2				
Total	(0)	8 (10)	100)	2 (100)	3 (100)	2 (10)

requirements was met for adult males of the first group. While 60.00 to 80.00 percent was met for adult males in the second group, 2 adult females of both groups and male children less than 10.00 percent was met for adolescent males of both groups. Adolescent females of both groups and male and female children in the first group.

A general observation made in this respect is that the members of the households in group 1 (who spent a lower percentage of money income on food) had slightly higher achievement ratios for some specific nutrients such as riboflavin than the household members of group 2.

A scale to measure general health status of an individual is the assessment of hemoglobin level in the blood. Soof (1987) reported that the hemoglobin levels were found to be satisfactory for detecting iron deficiency for survey purposes. Estimation of hemoglobin was done by cyanmethemoglobin method among the different age groups in two groups of households and results presented in table 51. In case of adult males about 72.2 percent in the first group and 61.6 percent in the second group came in the range of 11.2 to 16.8 percent. Of male children, 12.4 to 14.0 percent in the first group while 50.00 percent of male

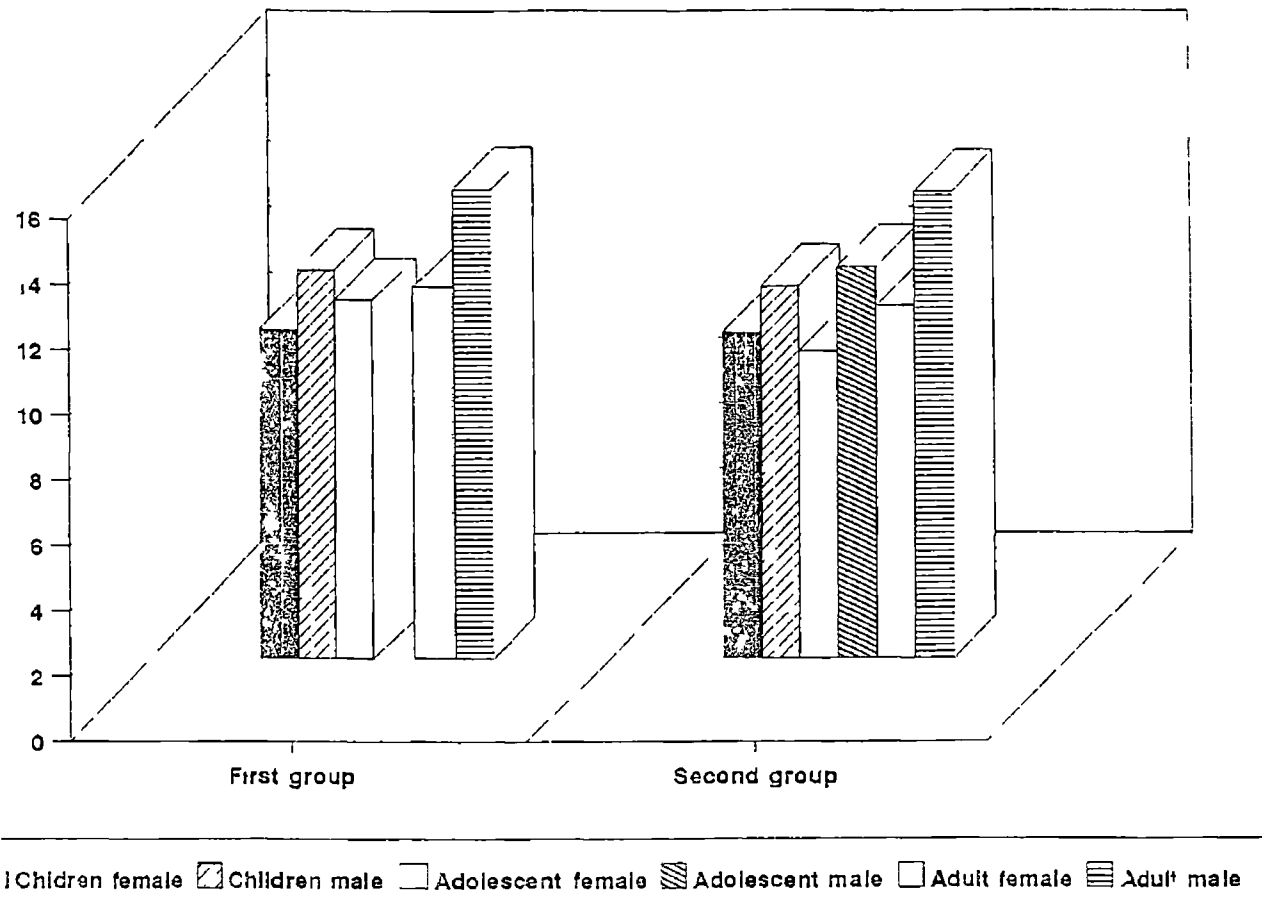


Fig. 4. haemoglobin level of different age groups or households

TABLE 55 Incidence of clinical symptoms among the members households of different age groups in the 2 categories

Symptoms	Adult Male		Adult Female		Adolescent				Children Male		Children Female		Total
	1	2	1	2	1	2	1	2	1	2	1	2	
	Oedema		2(15 3)	1(6 7)	3(16 7)								
Gums Spongy bleeding		3 (23 0)	2 (13 3)	4 (22 2)	1 (50 0)	1 (50 0)			2 (50 0)	2 (50 0)			15(18 0)
Anemia				2 (11 1)				2 (100 0)				1 (33 3)	5(6 0)
Angular Stomatitis		2 (15 30)	1 (6 67)	2 (11 10)	1 (50 00)	1 (50 00)			2 (50 0)	1 (25 0)		1 (50 0)	11(13 2)
Teethcarries	3 (16 7)	2 (15 3)	2 (13 3)	3 (16 3)						1 (25)	1 (33 3)	1 (50)	13(15 6)
Total (No)	3	9	6	14	2	2	2		4 (100)	4	3	2	15(61 4)
Normal Healthy	15	4	9	4									
Total No Of Individuals	18	13	15	18	2	2	2		4	4	3	2	

Table 58 Clinical score obtained for the different age groups of households in the two different groups

Individual classes	Ist group clinical score	2nd group clinical score
Adult male		7
Adult female	23	21
Adolescent male		2
Adolescent female	2	6
Children male	6	4
Children Female	7	

children were in the range of both below 12 and 11. In case of male children 66.7 and 50 per cent come under the range of 10-11.

In case of adult females 33.30 per cent (first group) and 14.5 per cent (second group) came under the range of 11.2 to 12.0. About 13.3 per cent in the first group and 11.0 per cent in the second group were found to be under the range of 10.2 to 11. Adolescent female came under the range of below 10 and 10.2-11. Adolescent female came under the range of below 10 were considered as anemias. In the case of male children 66.7 and 50.0 per cent came under the range of 10.2-11. Adolescent female came under the range of below 10 were considered as anemias.

Fig. 4 illustrates the hemoglobin level of members of the different age groups in the twenty households.

Clinical symptoms were identified in 10 individuals of 20 households selected from the two extreme groups and were scored based on the manifestation for each deficiency and thus the total score for each individual in the study group was assessed. From the above table it was seen that maximum score was obtained for the adult females.

(23) in the first group followed by adult females in the second group (21)

Results of the clinical examination of individual family members of each household was computed to determine the occurrence of various nutritional disorders like edema Gum Spongy bleeding anemia angular stomatitis and teething caries

Among the various age groups clinically tested only among adult males and adult females normal and healthy individuals were located. A comparison among the two groups revealed that healthy adults were more in group I. Compared to adults number of person in the groups of adolescents and children were less and they were also found to be suffering from one or the other deficient disorders. A comparison between the two groups also did not reveal any variation.

Among the various disorders spongy bleeding of gums was found to be very common 18.00 percent followed by teething caries (15.60 percent) and angular stomatitis (13.20 percent) and (8.43 percent) edema and anemia (6.02 percent).

Table- 57 Nutritional status index of the different adult males in the two groups of house hold

Nutritional status index (in range)	Distribution of members		average Nutritional status index	
	G - 1	G - 2	G - 1	G - 2
85 and below	-	8(61.5)	--	73.2
85 - 90	8(44.4)	5(38.5)	88.8	89.1
90 - 95	10(55.6)	--	91.6	--
Total	18(100)	13(100)	94.2	71.2

Table-58 Nutritional status index of the different adult females
in the two different groups of house hold

Nutritional status index (in range)	Distribution of members		Average Nutritional status index	
	G - 1	G - 2	G - 1	G - 2
40 - 45	-	7(38 9)		42 8
45 1-50	1(6 6)	7(38 9)	47 8	45 9
51 1-56	9(60 0)	4(22 2)	53 9	52 7
56 and above	5(3 3)	-	57 8	
Total	15(100 0)	18(100 0)	53 1	47 1

In earlier studies anemia is reported to be very common among the low income strata of the population (Jyothi Augustere 1993)

Table 58 presents the nutritional status index of adult females about 60.00 percent of adult females were coming under the range of 50.1-56 in the first group while 38.9 percent females came under the range of both 40 to 45 and 50 in the second group

Nutritional status index of the adult males in the two different groups of household was presented in Table 57

Nutritional status index was worked out using anthropometric data and haemoglobin values. Nutritional status index was in the range of 85 and below to 90.1 to 95.4 to 15 and 56 and above in adult females. Nutritional status index worked out for adult male was classified into three groups and the distribution of samples based on the nutritional status index obtained for each individual is presented in table 57

In group 2 61.5 per cent of the adult males were identified under the class of persons who had nutritional status index of > 85 which indicates that they were not as

nutritional status index of 85.1 to 90.0 there were 38 per cent of the adult males in group 2. Average nutritional status index for the former class was 73.2 and for the latter group 1 nutritional status index was in the range of 85.1 to 95.00 were 55.60 per cent of the adult males obtained a nutritional status index of 90.1 to 95.0 and 11.4 per cent 85.1 to 90.0. This indicates that the general overall average nutritional status index for group 1 was 94.2 and for group 2 was 71.2. Health profile of adult males in group 1 were better than their counterparts in group 2. Average nutritional status index developed for adult females are presented in table 58. Based on nutritional status index adult females were classified into four groups. Adult females with nutritional status index in the range of 40 to 45 were not present in group 1 and 39.9 per cent of adult females in group 2 were identified under this group. Among the women survive 6.8 per cent of adult females with nutritional status index in the range of 45.1 to 50.0 was present in group 1 while in group 2 38.9 per cent of adult females were included under this class. In group 1 60 per cent of all females had nutritional status index of 51.1 to 56.0 per cent while in group 2 22.2 per cent of the women had similar nutritional status index. Only in group 1 women in the high nutritional status index (3.3 per cent) were located. Average nutritional status index for each class of adult females also reveals that adult females of group 1 are having better health status.



SUMMARY

SUMMARY

Present study entitled Food consumption pattern of rural households below poverty line as influenced by the food subsidies distributed through fair price shops was undertaken among 120 households of four groups classified on the basis of their level of participation in the food subsidy programme group 1 with 76 to 100 per cent participation group 2 51 to 75 per cent participation group 3 with 26 to 50 per cent participation and group 4 less than 25 per cent participation

The Socio economic background of the families with reference to caste family size family composition possession of land employment status and income level were more or less similar in all the households identified under the four groups

On analysing the personal characteristics of the respondents and family members it was observed that the family members were well exposed to media like radio and television, even though their social participation was negligible

All the households surveyed were found to spend major part of their income for food (41 to 80 per cent) With the major expenditure on cereal This indicates the significant role of public distribution system in their dietaries Foods ration expenditure was lowest for households in group 1 and it was gradually increasing from group 2 to group 1

Significant association between monthly income and total food expenditure was observed in all the four groups While a significant association between family size and ration expenditure was also observed Among the four groups households in group 1 utilised efficiently the benefits of public distribution system Dietary habits of the beneficiary population were also found to improve by inclusion of wheat in the dietaries

All the households in the four groups were found to include rice sugar coconut milk spices and condiments and oils every day in their dietaries Distribution of households based on food use frequency score revealed that greater percent of households from group 1 had higher scores

However the food use frequency score did not have significant positive association with any of the socioeconomic factors except monthly income and food expenditure of households in group 3. Regarding the source of purchase of rice and oil it was found that rice and oil supplied through fair price shops were insufficient and hence open market services were also utilised. Wheat and sugar were purchased only from fair price shops by all the households.

Comparison with respect to years of possession of ration card, revealed that there is a direct relationship between years of possession of ration cards and extent of utilisation. Unlike other groups, households under group-1 were found to be using the ration cards regularly every week. Reasons for not using this facility were observed to be lack of money, lack of credit facility and pledging of ration cards. Frequency of purchasing ration foods was also influenced by the time taken for this work and distance of the ration shops from their houses.

Among the various food commodities rice and wheat were purchased once in a week, palm oil once in fortnight and sugar once in a month by all the households in the four

groups The availability of these foods to the households was influenced by the regularity in utilising this facility

All the respondents surveyed had favourable views about the quality and quantity of the foods distributed under the public distribution system but none of the respondents felt that these subsidies played an important role in improving their health status

Influence of variables like family size educational level of head of the family and respondent monthly income expenditure on food and total food expenditure were tested against the amount spent for buying ration and public distribution score obtained for each household in the four groups A positive significant correlation was observed for expenditure on food with monthly income total household expenditure with food expenditure and for purchase of ration food with family size in all the 4 groups Family size was significantly influenced by the amount spent for buying ration for all the four groups studied

Benefits of public distribution system on consumers of different groups revealed that households under

group 1 were more effectively compared to other groups. Influence of monthly income on ration subsidy was found to be greater in group-1 and lesser in group 3. Influence of total food expenditure on ration subsidy was higher in group 4. Influence of occupational status of the family members on ration subsidy revealed that average occupational status of the households identified under group 3 were higher. Food use frequency scores were higher for households identified under group

Anthropometric assessment of the family members indicated that for adult males in four groups of the households mean height was below standard recommendations while only in group-1 the average weight of was above standard recommended. Mean height of the women in the four groups were above the standard. Mean weights and heights of the adolescent males and females were above standards. Mean heights of male children in group 1 and mean weights of male children were above standards. While in the case of female children height and weights were below the standard recommended.

An assessment of the influence of subsidised foods on the daily food consumption pattern of different members of

the households of four groups through recall revealed that the quantity of the subsidised foods included in the dietaries of group 1 and the nutrients available from the diets were more than the other three groups. Food consumption pattern of the households belonging to the four groups were also ascertained and found that households in group 1 had better intake of all food stuffs than the other three groups of households.

Better health status of adult males and females in group 1 were also observed when anthropometric studies with reference to height, weight and BMI of adults and adolescents were ascertained.

Based on the monthly income the households were divided into three groups. About 50 per cent of the households in the three different income levels were in the habit of using ration cards once in a week and in all the three income levels of households, quantity of rice and wheat purchased every week was in the range of 6 to 10 kilograms. Ration subsidy was significantly associated with food expenditure of the households in the first and last groups. Monthly income of the households had positively influenced ^{the} utilisation of

requirements different age groups in group 1 Clinical examination of the members of the households conducted by a qualified physician revealed the prevalence of disorders like spongy bleeding gums and teeth caries Haemoglobin level indicated the prevalence of anemia among the adult females and adolescent females of the second group

It was also observed that the food subsidies available from the public distribution system helped to improve the caloric intake which is the deciding factor of the health status of ^{the} rural poor

the Public distribution system in the first group Where income level is below It was also found that as income increased quantity of materials such as rice sugar and oil purchased from open market also increased

A 1 tailed study was co lucted among 20 households 10 households each from group 1 and group 4 for assessing the nutritional status of family members Actual food intake of the households revealed that food intake of different age groups of households in group 1 were better However all the food items included in the dietaries of the households in both the groups were below Dietary Allowances suggested by ICMR (1984)

Contribution of ration food an actual food intake and *the* caloric and protein supply in the diets of different family members were effective on the rate of utilisation of public distribution system improved

Similar deficiency was observed in the nutrient intake also However nutrients present in the diets of the households of group 1 were better than the households in the other group even though the diets were deficient to meet the



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A decorative banner consisting of a central rectangular box with the word "APPENDICES" written inside in a bold, black, sans-serif font. The box is flanked by two ribbon-like shapes that extend outwards, each with a pointed end. The entire graphic is rendered in black outlines on a white background.

APPENDICES

API ENDIX I

KERALA AGRICULTURAL UNIVERSITY

Department of Home Science Vellayani

3

Food consumption pattern of rural house holds below
poverty line as influenced by food subsidies distributed
through fair price shops

- 1 Name of the Panchayath
- 2 Name of Village
- 3 Name and Address of the
respondent

A Socio economic background of the family

- 4 Religion
- 5 Caste
- 6 Type of family
- 7 Family system
- 8 Family size
- 9 No of adult males in the
family (Original No)
- 10 No of adult females in the
family (Original No)

- 11 No of childre in the age group
of 0 4 years (Original No)
- 12 No of children in the age group
of 5 9 years (Original No)
- 13 No of children in the age group
of 10 14 years (Original No)
- 14 No of children between
(15 19) ears (Original No)
- 15 Educational status of the head
of the family
- 16 Educational status of the
respondent
- 17 Possession of land
- 18 Possession of domestic animals
(Cattle)
- 19 Possession of domestic animals
(birds)
- 20 Employment status of the Respondent
- 21 Employment status of the Head
of the family
- 22 Total number of persons employed
in the family
- 23 Income from the job of the
respondent/month (actual)
- 24 Income from the job of the
respondent/month (range)
- 25 Income from the job of the Head
of the family/month (actual)
- 26 Income from the job of the Head
of the family/month (range)

- 27 Income from domestic animals
(cattle)/month
- 28 Income from domestic animals
(birds)/month
- 29 Income from farm
- 30 Total family income
- 31 Location of the house
- 32 Possession of the house
- 33 Type of house
- 34 Material assets of the family

B Personal characteristics of the respondents

- 35 Age (Original)
- 36 Age (range)
- 37 Possession of newspapers
- 38 Frequency of reading newspaper
- 39 Possession of Radio
- 40 Frequency of listening of radio
- 41 Possession of Television
- 42 Frequency of watching TV
- 43 Type of leisure time activity
- 44 Details of social participation
by the respondent

0 Monthly expenditure on the basic needs of the household
(Total amount to be recorded)

15 Food

16 Clothing

17 Education

18 Personal expenditure of the respondent of the family

49 Expenditure on health

50 Transport

51 Recreation/entertainment

52 Fuel

53 Electricity

54 Rent

55 Purchase of book/magazines/newspaper

56 Savings

57 Personal expenses of family children

58 Stationary items (Miscellaneous)

59 Remittance (debt payments)

60 Other (Specify)

61 Total

D Frequency of purchasing pattern of various food articles
by the house holds

62 Rice

63 Wheat

64 Sugar

65 Oils

66 Pulses

67 Vegetables

68 Milk and milk products

69 Meat products

70 Egg

71 Fruit

72 Spices

73 Condiments

74 Beverages (Coffee Powder/tea
powder)

Frequency of use of various food articles by the house holds

75 Rice

76 Wheat

77 Sugar

78 Oil

79 Pulses

80 Vegetables

81 Milk and milk products

82 animal food (Meat chickens beef)

- 83 Egg
- 84 Fish
- 85 Spices
- 86 Condiments
- 87 Beverages (Coffee powder/Tea powder)

F Monthly food expenditure pattern

- 88 Rice

a

b

- 89 Wheat

a

b

- 90 Sugar

a

b

- 91 Oil

a

b

- 92 Pulse

a

b

93 Vegetables

a

b

94 Spices

a

b

95 Condiments

a

b

96 Beverages

a

b

97 Kerosene

a

b

C Rate of utilizing public food distribution system

98 Possession of the ration card

99 No of years of possessing the
ration cards (in original)

100 Frequency of using the ration card

101 Reasons for using the card
Regularly

- 102 Reasons for not using the card
Regularly
- 103 Food materials purchased every
week with the ration card
- 104 Food materials purchased once
a fortnight
- 105 Food materials purchased once
a month
- 106 Food materials purchased
occasionally
- 107 Food materials never purchased
- 108 Quality of rice purchased
(actual)
- 109 Quality of wheat purchased
- 110 Quality of sugar purchased
- 111 Quality of palm oil purchased
- 112 Quality of kerosene purchased
- 113 Distance of the relationship
from your home (actual)
- 114 Person responsible for
purchasing the ration items
- 115 Time spent every week for
purchasing food articles
- 116 Time spent every week for
purchasing food articles
from fair price shops (range)
- 117 Views of the respondent about the
quality of products distributed
through fair price shops

- 118 Views of the respondent about the quantity of products distributed through fair price shoppes
- 119 Views of the respondent about the time spent at the fair price shoppes
- 120 Views of the respondent about the public distribution system in helping to improve health status of the family

II Frequency of use of food articles

	Frequency	Q	L	U
Food articles				
121 Rice				
122 Wheat				
123 Pulse				
124 Sugar				
125 Nuts & Oils				
126 Fresh foods (meat and fish)				
127 Vegetables				
128 Coconut				
129 Green leafy vegetable				
130 Milk and milk products				
131 Spices				
132 Condiments				

*(A usual quantity of each food article used by the family in a week will be recorded)

APPENDIX II

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Individual dietary survey 24 hour recall method

Serial Number

Name of the respondent

Age

I One day meal pattern of the family

Composition of the meals	Quantity of food articles taken
-----------------------------	---------------------------------------

Early morning

Morning

Afternoon

Evening

Night

APPENDIX III

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Health profile of the family members

Occurrence of disease
during last one year

Anthropometric measurements

Adult (Male)

Height (actual)

Weight (actual)

Adults (females)

Height (actual)

Height (range)

Weight (actual)

Weight (range)

Children (Please specify age)

Height (range)

Weight (actual)

C C (actual)

H C (actual)

H C (actual)

(Number to be added according to the number of children)

APPENDIX VI

Haemoglobin Cyanmethaemoglobin Method

Principle

Haemoglobin is converted into cyanmethaemoglobin by the addition of potassium cyanide and ferricyanide. The colour of cyanmethaemoglobin is read in a photometer or a colorimeter at 540 nm against a standard solution. Since cyanide has the maximum affinity for haemoglobin, this method estimates the total haemoglobin.

Reagent

Drabkin's solution Dissolve 0.05 g of potassium cyanide, 0.2 g of potassium ferricyanide and 1 g of sodium bicarbonate in one litre distilled water.

Procedure

20 ml of blood are measured accurately in a haemoglobin pipette and delivered on to a Whatman No. 1 filter paper disc. The filter paper is air dried and labelled. It can be stored up to one week. The portion of filter paper

containing the blood is cut and dipped in 5 ml Drabkin's solution or taken in a test tube. Wait for 30 minutes and mix the contents on a mixture and take the readings.

Construction of standard curve

If the blood drawn from the subject contains haemoglobin 15 g/dl after estimation then prepare three reference standards as follows

1 Reference standard A

4 ml blood in 1000 ml Drabkin's reagent contains haemoglobin 15 g/dl

2 Reference standard B

300 ml of reference standard A + 200 ml Drabkin's reagent contains haemoglobin concentration of 10 g/dl

3 Reference standard C

200 ml of reference standard A and 300 ml Drabkin's reagent contains a haemoglobin concentration of 7.5 g/dl

Thus we have three reference standards at three levels of haemoglobin concentration. 5 ml from each standard whenever haemoglobin estimations are done.

APPENDIX V

Age height Weight and Bodymass index of households of different age groups belonging to four groups

1 st Group		2 nd Group		3 rd Group		4 th Group	
Age	Adult Height	Male Weight	BMI	Age	Adult Height	Female Weight	BMI
68	172	63	21 29	60	160	50	19 53
34	170	65	22 49	28	161	49	18 90
30	169	62	21 70	48	160	50	19 53
26	171	63	21 54	18	159	43	17 00
20	172	62	20 95	54	153	51	21 78
50	171	65	22 22	26	155	50	20 81
60	166	65	23 58	40	160	50	19 53
30	164	63	23 42	26	160	48	18 75
48	171	66	22 57	64	161	50	18 59
60	172	67	22 65	26	160	48	18 75
30	171	62	20 47	22	153	41	17 51
70	171	67	22 91	30	162	49	18 67
30	168	67	23 73	36	161	49	18 90
28	163	63	23 71	26	163	50	18 81
38	173	60	20 04	36	160	48	18 75
40	173	62	20 71	46	156	50	20 51
32	170	63	21 80	21	163	45	16 93
43	171	61	20 86	36	150	46	20 44
50	173	64	21 38	26	160	50	19 53
39	170	60	27 76	28	151	48	21 05
29	171	61	20 86	46	160	50	19 53
33	173	63	21 30	21	1623	51	19 20

Age	Adult Height	Male Weight	BMI	Age	Adult Height	Female Weight	BMI
58	170	63	21 80	50	161	51	19 68
28	173	65	21 72	25	156	16	18 90
52	171	64	21 89	49	159	50	19 78
20	170	65	22 49	26	159	50	19 78
39	170	65	22 49	31	152	45	19 18
40	166	60	21 77	26	150	15	20 00
32	164	59	21 94	54	160	50	19 53
60	172	64	21 63	54	160	50	19 53
30	171	65	22 23	28	160	50	19 53
26	170	65	22 49	46	160	52	20 31
58	170	65	22 49	20	158	50	22 0
32	173	67	22 38	60	152	18	20 78
50	171	65	22 22	32	158	50	20 07
25	172	67	22 65	21	146	13	20 17
68	173	67	22 38	30	159	50	19 78
35	171	65	22 22	68	160	50	19 53
30	170	65	22 49	36	161	52	20 06
10	166	60	21 77	30	160	51	19 92
37	179	65	22 49	30	161	51	19 68
34	165	60	21 26	40	151	48	20 21
30	170	65	22 49	29	160	50	19 3
74	170	63	21 80	34	161	50	19 27
40	172	65	21 97				
36	171	65	22 22				
38	38	65	21 72				
45	170	65	22 49				
38	1170	65	22 49				
40	171	21	14 83				

IInd Group

Age	Adult Height	Male Weight	BMI	Age	Adult Height	Female Weight	BMI
58	170	65	22 49	63	163	52	19 57
56	170	63	21 80	23	160	50	19 53
25	175	64	21 89	50	160	52	20 31
52	173	65	21 72	22	158	48	19 23
21	171	63	21 55	48	154	49	20 68
60	168	60	21 26	19	160	50	19 53
30	171	64	21 89	54	160	50	19 53
68	171	63	21 55	26	163	53	19 95
32	170	61	21 10	22	155	48	19 98
44	172	64	21 63	60	160	50	19 53
34	170	64	22 15	26	155	48	19 98
37	163	60	22 58	38	160	50	19 53
58	170	64	21 15	28	163	51	19 20
30	167	62	21 97	30	160	49	19 14
46	164	10	22 31	26	152	60	21 51
34	167	62	22 23	40	155	19	20 40
39	164	60	22 30	64	158	50	20 03
52	171	64	21 88	28	157	50	20 28
20	173	66	22 05	30	150	45	20 00
58	170	65	22 49	46	162	52	19 81
				24	162	52	19 70
				43	162	49	18 67
				24	164	52	19 33
				22	161	51	19 68

III^d Group

	- - -				- - -		
Age	Adult Height	Male Weight	BMI	Age	Adult Height	Female Weight	BMI
56	171	65	22 22	50	162	50	19 05
13	169	60	21 00	50	160	50	19 05
86	170	65	22 49	42	152	15	19 18
46	171	67	22 91	66	160	50	19 53
29	173	65	21 72	55	153	18	20 50
37	170	65	22 49	31	150	15	20 00
32	173	66	22 05	43	160	50	19 53
30	170	64	22 14	40	163	51	19 20
28	172	65	21 97	45	152	16	19 90
22	169	60	21 00	45	153	50	21 36
68	170	35	22 49	28	154	48	20 24
43	170	65	22 49	55	164	52	19 33
70	171	65	22 23	19	151	46	20 17
5	173	66	22 05	30	164	54	20 07
50	166	60	21 77	53	161	50	19 29
37	164	60	22 30	30	164	54	20 45
29	162	60	22 86	28	163	53	19 95
59	170	65	2 49	70	160	50	19 53
31	172	66	22 30	46	161	53	20 45
25	170	65	22 49	50	160	50	19 05
10	172	65	21 97	25	163	53	19 95
35	170	65	22 49	20	160	53	20 70

Age	Adult Height	Male Weight	BMI	Age	Adult Height	Female Weight	BMI
13	171	61	21 68	30	152	50	21 61
35	170	65	22 49	35	151	61	22 67
10	168	64	22 67	30	156	4	18 11
37	171	60	20 52	36	153	18	19 0
10	170	68	23 52	39	151	19	20 61
14	163	62	21 70	13	153	17	18 51
58	173	62	20 72	31	153	12	17 91
35	169	51	18 90	55	158	98	19 22
60	169	59	20 65	24	159	15	17 80
30	170	60	20 76	38	154	47	19 82
11	173	65	21 72	50	158	18	19 23
54	172	64	21 63	24	154	45	18 97
27	173	65	21 71	43	154	15	18 97
49	169	60	18 97	30	152	15	19 17
37	172	61	21 63	19	160	50	19 33
56	169	61	21 35	19	158	19	19 63
23	169	61	21 35	50	162	52	19 81
53	173	65	21 72	19	159	49	19 38
22	171	63	21 54	50	164	54	20 07
58	169	62	21 70	20	153	10	17 08
25	170	63	21 80				
22	173	65	21 72				
24	172	63	21 30				
21	171	62	20 95				

Age	Adult Height	Male Weight	BMI	Age	Adult Height	Female Weight	BMI
20	173	65	21 72	19	161	4	
21	173	66	22 05	37	161	50	20 8
59	170	65	22 19	13	158	19	11 3
31	173	67	22 39	46	161	51	20 8
29	170	68	23 53	45	160	60	23 3
27	173	66	22 05	24	154	18	9 2
22	170	65	22 49	21	160	60	23 3
58	170	67	23 18	27	162	54	20 8
42	170	65	22 49	33	160	3	20 70
49	169	62	21 70	35	161	51	20 3
0	167	60	21 51	33	160	50	19 3
30	166	60	21 77	25	160	1	11 3
21	167	60	21 51	21	154	49	20 66
30	170	63	21 80	22	160	51	19 92
10	170	65	22 49	58	151	49	20 66
25	170	66	22 84	45	151	18	21 05
41	173	67	22 39	20	150	10	11 1
29	171	67	22 91	21	158	50	20 02
28	168	60	21 25	60	153	18	20 33
65	170	65	22 49	30	160	50	19 33
25	170	63	21 80	68	160	50	13 33
20	171	65	22 22	26	150	95	20 00
55	169	60	21 00	31	160	50	13 33
28	170	65	22 49	36	158	50	20 0
25	173	67	22 38	30	161	50	13 23
55	173	76	25 40				
27	171	76	25 99				
75	170	65	22 40				
37	163	58	21 83				
16	160	60	19 53				

Group 17

Age	Adult Height	Male Weight	BMI	Age	Adult Height	Female Weight	BMI
54	168	60	21.25	50	150	15	20.00
20	154	48	20.23	29	149	15	20.26
40	168	60	21.25	25	160	50	19.53
38	170	65	22.49	32	153	49	20.93
40	167	60	21.51	43	159	50	19.78
50	169	62	21.70	46	161	50	19.29
50	170	65	22.49	54	158	49	19.02
21	167	60	21.51	24	159	50	19.78
58	169	62	21.70	20	160	52	20.31
28	167	60	23.15	45	160	50	19.53
50	171	63	21.54	24	154	48	20.24
				21	160	50	19.53
49	166	60	21.77	68	160	50	19.53
19	165	59	21.67	40	151	48	20.23
49	170	65	22.49	45	160	50	19.83
60	163	65	24.46	54	151	16	20.17
28	165	58	21.30	36	151	48	20.24
23	163	57	21.45	10	153	18	20.50
40	168	60	21.25	30	150	48	21.33
44	165	60	22.03	40	152	48	20.77
36	167	60	21.51	33	151	15	19.73
44	167	60	21.51	42	151	45	19.74
21	170	65	22.49	20	160	50	19.53

Male				Female			
Age	Adult Height	Male Weight	BMI	Age	Adult Height	Female Weight	BMI
20	169	62	21 70	34	156	48	19 72
40	165	58	21 30	40	160	50	19 73
48	169	60	21 00	59	160	50	19 53
38	173	65	21 72	30	158	19	19 63
52	170	65	22 49	28	151	46	20 17
20	163	58	21 83	40	152	40	19 90
47	164	58	21 56	58	162	52	19 81
76	173	67	22 38	24	159	50	19 78
43	170	65	22 49	22	160	52	20 31
70	168	60	21 25	54	150	45	20 00
44	164	60	22 30	46	154	19	20 06
64	164	60	22 30	35	151	50	21 93
34	163	59	22 20	24	150	15	20 00
56	171	65	22 22	30	154	48	20 23
19	159	58	22 94	50	158	50	20 02
20	167	60	21 51	64	150	15	20 00
67	163	60	22 58	28	160	51	19 92
32	165	60	22 03	37	154	50	21 08
28	164	58	21 56	66	160	50	19 53
32	171	64	21 88				
42	167	60	21 51				
29	171	65	22 22				

**FOOD CONSUMPTION PATTERN OF RURAL
HOUSE-HOLDS BELOW POVERTY LINE
AS INFLUENCED BY FOOD SUBSIDIES
DISTRIBUTED THROUGH FAIR PRICE SHOPS**

BY
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ABSTRACT OF THE THESIS

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(FOOD SCIENCE AND NUTRITION)

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ABSTRACT

A study on the Food consumption pattern of rural households below poverty line as influenced by the food subsidies distributed through fair price shops was taken up to evaluate the socio economic and personal characteristic of the beneficiaries daily food consumption pattern and contribution of food subsidies available through fair price shops on their daily diet

On the basis of their participation in Public distribution system 120 households of 4 groups with 76 to 100 per cent participation 51 to 75 per cent participation 26 to 50 per cent participation and less than 25 per cent participation were selected for the study

All the house holds surveyed were more or less in similar socio economic back ground Percent of the monthly income in all the four groups was incurred for food especially for cereals It was also found that percentage cereal expenditure was increasing from group 1 to group 4

Among the house holds in the four groups more percentage of house holds were spending less than ten per cent of their total food expenditure for purchasing food ration. A comparison among four groups revealed that percentage of ration expenditure against total food expenditure was low in group 1 and this was gradually increasing from group 1 to group 4.

All households in the four groups were found to include rice, sugar, coconut, milk, spices and condiments and oil every day. Rice, wheat, sugar and oil were purchased from fair price shops. Rice and oil distributed through this shops were not adequate for the house holds and hence open market services were utilised. House holds under group 1 were found using the ration cards regularly in every week and households in group 4 were not in the habit of purchasing ration regularly. The beneficiaries had favourable views about the quantity and quality of food subsidies supplied through this system. Food consumption pattern of all house holds in 4 groups revealed that the food consumption of households were better in group 1 than the house holds in other 3 groups. But the diets of all the four groups were below the recommended daily allowances.

Nutritional status of different age groups was ascertained in the 20 households selected (10 each from Group 1 and Group 4). It was found that clinical scores based on various deficiency diseases was higher for family members belonging to group 2. Teethcarries and spongy bleeding of gums were common among the children of the two groups of the house holds. Haemoglobin level was below average in adult females and adolescent females in both the groups.

The present study gives an indication that Public Distribution System has positively influenced the regular beneficiaries and prolonged implementation of the programme is one of the methods to achieve sufficient health profile for the population in below poverty line ^{of} the country.