

# **Summer Internship Report**

at



(May 2nd to June 28th, 2024)

A Report  
by

**Akhil Saraswat**

PGDHM (Hospital and Health Management)

2023-2025



International Institute of Health Management & Research,  
New Delhi

# Acknowledgment

I am deeply grateful to **Save the Children** for offering me the opportunity to undertake an internship on the project titled “**Assessing the Dietary Practices and Household Nutritional Security in Jumunah Aspirational Block of Shravasti.**” This internship, conducted from **May 2, 2024, to June 28, 2024**, at their office in **Noida**, provided me with invaluable learning experiences and insights.

I would like to extend my sincere appreciation to **Mr. Anand Panwar, Manager, Implementation Unit, Save the Children**, for his unwavering guidance, encouragement, and insightful suggestions throughout the duration of my internship. His mentorship was instrumental in helping me navigate the project effectively.

I am equally thankful to **Dr. Punit Yadav**, my academic mentor at the **International Institute of Health Management Research (IIHMR), Delhi**, for his continuous support, constructive inputs, and motivation during this internship. His guidance greatly contributed to the successful completion of my project.

I would also like to acknowledge the assistance and cooperation extended by the staff members at both **Save the Children** and **IIHMR Delhi**. Lastly, I express my heartfelt gratitude to the residents of Jumunah Aspirational Block, Shravasti, for their participation and trust, which were vital for the successful execution of this study.

This report is a culmination of the collective efforts and support of all these individuals and organizations, for which I am truly thankful.

**Akhil Saraswat**  
PGDM (Hospital and Health Management)  
IIHMR Delhi

July 23, 2024

**TO WHOM SO EVER IT MAY CONCERN**

This is to certify that Akhil Saraswat has completed an Internship with Bal Raksha Bharat also known as Save the Children from 2<sup>nd</sup> May 2024 to 28<sup>th</sup> June 2024 with the Programme Implementation Unit team at the Noida Office.

We have found Akhil to be sincere in his work and he is a quick learner.

We wish him all the best for him future endeavours.

For Bal Raksha Bharat, also known as Save the Children,



**Kirandeep Kaur Nanda**  
Head – HRBP & Acting Director – Human Resources

## FEEDBACK FORM

(IIHMR MENTOR)

Name of the Student: *Abhil Sarawat*

Summer Internship Institution: *Bal Raksha Bharat*

Area of Summer Internship: *Implementation Unit*

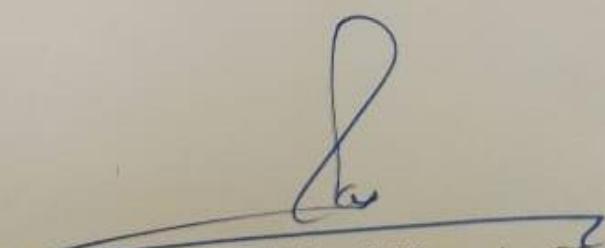
Attendance: *85%*

Objectives met: *Yes*

Deliverables: *Acknowled.*

Strengths: *Punctual, Collaborative*

Suggestions for Improvement: *Discuss more studies*

  
Signature of the Officer-in-Charge (Internship)

Date: *12-Dec-2024*

Place:

### **Certificate of Approval**

The Summer Internship Project of titled "**ASSESSING THE DIETARY PRACTICES AND HOUSEHOLD NUTRITIONAL SECURITY IN JUMUNAH ASPIRATIONAL BLOCK OF SHRAVASTI**" at **Bal Raksha Bharat** also known as **Save the Children** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approve the report only for the purpose it is submitted.



**Dr. Punit Yadav**

**Professor**

**IIHMR, Delhi**

# Role of Organization

Bal Raksha Bharat, known globally as Save the Children, is a leading non-governmental organization (NGO) in India, dedicated to improving the lives of children by addressing critical issues such as health, nutrition, education, and protection. Its operations span urban, rural, and remote regions, with a focus on vulnerable and marginalized communities. Here is an in-depth look at the key roles and contributions of Bal Raksha Bharat in India:

## 1. Advocacy for Child Rights

- **Promoting Child Welfare:** Bal Raksha Bharat ensures children's access to basic rights such as education, healthcare, proper nutrition, and protection against exploitation and abuse.
- **Influencing Policies:** The organization works closely with government bodies to develop and implement child-centric policies, including support for the Juvenile Justice Act and the Right to Education (RTE) Act.
- **Awareness Campaigns:** Public campaigns are conducted to spread awareness about child rights and empower communities to demand these rights for their children.

## 2. Enhancing Health and Nutrition

- **Maternal and Child Healthcare:** Focused interventions aim to reduce infant and maternal mortality through improved prenatal and postnatal care, vaccination drives, and health education.
- **Combating Malnutrition:** Community-based programs tackle malnutrition by providing supplementary nutrition, conducting growth monitoring, and educating mothers on best feeding practices.
- **Access to Healthcare:** Efforts include strengthening immunization programs, improving access to basic healthcare services, and promoting exclusive breastfeeding for infants up to six months.

### 3. Education for All

- **Universal Education Access:** Bal Raksha Bharat strives to ensure quality education for every child, with a particular emphasis on those from disadvantaged backgrounds.
- **Reintegration of Dropouts:** Special initiatives focus on bringing dropouts back into the education system, providing bridge courses and remedial education to help them catch up.
- **Digital Learning Initiatives:** Programs are designed to bridge the digital divide by introducing e-learning tools and technology access in under-resourced schools.

### 4. Protecting Children from Harm

- **Prevention of Exploitation:** The organization actively works to combat child labor, child marriage, human trafficking, and abuse through rescue operations and rehabilitation programs.
- **Safe Environments:** Child-friendly spaces are established in emergency situations to provide safety, education, and psychological support.
- **Legal Assistance:** Bal Raksha Bharat supports children and their families in accessing legal aid to fight cases of exploitation or abuse.

### 5. Responding to Emergencies

- **Disaster Relief:** In times of natural disasters or crises, the organization delivers immediate aid, including food, shelter, and medical support to children and families.
- **Rehabilitation Efforts:** Post-disaster efforts include rebuilding schools, homes, and healthcare facilities, ensuring that children's education and healthcare continue uninterrupted.

### 6. Supporting Livelihoods and Skills

- **Economic Empowerment of Families:** Programs aim to improve family incomes by offering vocational training and livelihood support, reducing the economic barriers to education and healthcare for children.
- **Youth Skill Development:** Initiatives provide young individuals with vocational training to enhance their employability and break cycles of poverty.

## 7. Promoting Gender Equality

- **Empowering Girls:** Focused efforts aim to enhance the participation of girls in education, improve their health and nutrition, and protect them from social evils like early marriage.
- **Community Sensitization:** Campaigns are conducted to challenge gender stereotypes and encourage equal opportunities for boys and girls.

## 8. Building Partnerships for Greater Impact

- **Government Collaborations:** The organization works with the government on programs like Beti Bachao Beti Padhao, Poshan Abhiyan, and Integrated Child Development Services (ICDS).
- **Corporate Social Responsibility (CSR):** Partnerships with corporations help fund and expand initiatives, amplifying their reach to underserved areas.

## Conclusion

Bal Raksha Bharat plays a transformative role in ensuring a brighter future for children in India. By addressing systemic issues, empowering communities, and influencing policy, the organization ensures that every child has the opportunity to grow, learn, and thrive. Its multifaceted approach, backed by innovation, partnerships, and a deep commitment to child welfare, makes it a cornerstone of India's efforts to secure a better tomorrow for its youngest citizens.



# Key Learnings

During my two-month internship at Bal Raksha Bharat, I acquired valuable knowledge and developed practical skills that expanded my understanding of public health, community resilience, and humanitarian initiatives. Here is a detailed account of the experiences and lessons I gained throughout this rewarding journey:

## Professional and Practical Insights

### 1. **Engaging with Communities and Stakeholders:**

Interacting with diverse community groups and local government representatives provided invaluable insights into fostering trust and cultural sensitivity. These interactions highlighted the importance of mobilizing community support through participatory approaches and effective communication, particularly in addressing health education, sanitation, and school enrollment for girls.

### 2. **Data Analysis for Evidence-Based Decisions:**

I developed my ability to collect, organize, and analyze data to assess community needs and program outcomes. Whether evaluating children's nutritional status or identifying sanitation priorities, I gained proficiency in drawing actionable conclusions from data, reinforcing the importance of evidence-based strategies in public health interventions.

### 3. **Technical Writing and Reporting:**

Contributing to detailed project reports and documenting processes significantly enhanced my technical writing skills. I was involved in preparing Standard Operating Procedures (SOPs) and documenting village-level assessments, which improved my ability to present complex information clearly and concisely for stakeholders and decision-makers.

### 4. **Program Implementation and Coordination:**

Participating in the on-ground execution of programs gave me firsthand exposure to the operational and logistical challenges inherent in large-scale initiatives. Through involvement in workshops, resource distribution, and community discussions, I learned how meticulous planning and effective stakeholder coordination are essential for the success of health and nutrition programs.

## **Broader Learning**

### **1. Disaster Preparedness and Building Resilience:**

My internship emphasized equipping communities and systems to respond to disasters more effectively, focusing on areas like health, nutrition, and WASH (Water, Sanitation, and Hygiene). I contributed to initiatives aimed at empowering communities and FHWs to minimize vulnerabilities and enhance disaster resilience.

### **2. Addressing Development Challenges:**

My work exposed me to common barriers in public health development, such as limited resources, logistical challenges, and cultural resistance to change. These experiences improved my problem-solving and advocacy skills, equipping me to tackle such challenges more effectively in the future.

### **3. Interdisciplinary Collaboration:**

Collaborating with professionals from various domains underscored the importance of teamwork and coordination between sectors like health, education, and infrastructure to achieve sustainable outcomes. I developed a deeper appreciation for the role of interdisciplinary efforts in driving impactful programs.

### **4. Integrating Technology in Public Health:**

During my internship, I pursued an online certification in Artificial Intelligence (AI), which expanded my understanding of how technology can enhance public health interventions. Learning about AI-driven predictive tools and automated systems underscored the potential of innovation in improving efficiency and program monitoring.

## **Key Personal Takeaways**

### **1. Adaptability and Lifelong Learning:**

The dynamic environment of the internship demanded a willingness to adapt, overcome challenges, and continuously learn. I developed a proactive mindset, enabling me to navigate evolving project requirements effectively.

### **2. Time Management and Multitasking:**

Balancing multiple responsibilities, such as attending workshops and preparing reports, helped refine my organizational skills. I learned to prioritize tasks and meet deadlines while maintaining the quality of my work.

### **3. Renewed Dedication to Public Health:**

Witnessing the transformative impact of Bal Raksha Bharat's initiatives

on underserved communities strengthened my commitment to pursuing a career in public health. This experience inspired me to contribute to creating resilient and equitable health systems.

# INTRODUCTION

Jamunah, located in the aspirational block of Shravasti, India, encounters significant challenges in achieving nutritional security among its households. This study seeks to thoroughly examine the dietary practices commonly followed in the region and their direct influence on household nutritional security. By analyzing the dietary patterns and habits of the local population, the study aims to uncover critical gaps and areas requiring attention. The findings will help identify opportunities for interventions and strategies to enhance nutritional outcomes for the communities in Jamunah, ultimately contributing to their overall health and well-being. This comprehensive assessment will serve as a foundation for developing targeted solutions to address the nutritional challenges faced by the region.

# OBJECTIVES

## **Primary Objective:**

The primary goal of this study is to evaluate the dietary practices and determine the extent of household nutritional security in the Jumunah aspirational block of Shravasti. The focus is primarily on the nutritional status of women and children, who are the most vulnerable groups within the community.

## **Secondary Objectives:**

### **1. To Study Breastfeeding and Complementary Feeding Practices:**

This objective involves a detailed analysis of breastfeeding habits and complementary feeding practices among children in the region. It aims to assess whether these practices align with recommended guidelines and how they contribute to the overall nutritional health of children.

### **2. To Explore Dietary Diversity and Food Consumption Patterns in Women:**

This includes examining the variety and quality of foods consumed by women in the block. The aim is to understand their dietary diversity and assess how their food consumption patterns influence their nutritional well-being.

### **3. To Assess the Prevalence and Severity of Food Insecurity:**

This involves identifying households experiencing food insecurity, evaluating its prevalence, and categorizing its severity. The study will explore factors contributing to food insecurity and its impact on household nutritional security.

# METHODOLOGY

## Methodology Design

A **Rapid Cross-Sectional Survey** was implemented to assess the nutritional practices and food security within the Jamunah Aspirational Block.

## Rationale

The primary objective of the study was to evaluate the nutritional status of children and women residing in the block. This was achieved by examining their dietary habits, feeding practices, and the level of food security at the household level.

## Sampling Methodology

A **multi-stage stratified random sampling approach** was adopted to ensure a representative and unbiased sample. The detailed procedure is as follows:

1. **Stratification by Gram Panchayats (G.P.):**

All Gram Panchayats within the Jamunah Aspirational Block were considered as the primary strata for the survey. This ensured coverage of the entire block and accounted for regional variations.

2. **Selection of Villages:**

Villages were randomly selected from the list of villages under each Gram Panchayat. Care was taken to include villages at varying distances from the center of the block, ranging from the farthest to the nearest, to capture diverse socio-economic and geographical contexts.

3. **Selection of Households:**

Within the selected villages, households were chosen using random sampling techniques. Starting from the center of the village, households were systematically selected in all directions to ensure spatial representation. The selection process adhered to predefined inclusion criteria to maintain consistency and focus on the target population.

## Inclusion Criteria

Households with children under five years of age and/or women of reproductive age (15–49 years) were included in the survey. These groups were prioritized as they are critical indicators of nutritional and food security status.

## **Sample Size**

The final sample size was determined to be **641 households**, which was calculated to ensure statistical validity and representation across the Jamunah Aspirational Block. This sample size provided adequate power to identify variations in nutritional practices and food security at the block level.

This methodology ensured comprehensive and systematic data collection, enabling an accurate assessment of the nutritional landscape in the study area.

# Analysis

## Household Food Security

This section focuses on the distribution of food security levels among surveyed households. It highlights:

- **Major finding:** 54% of households are food secure, meaning they have reliable access to sufficient, nutritious food. However, a significant portion (36%) is mildly food insecure, and 6% face severe food insecurity, indicating limited access to food and vulnerability to hunger.
- **Presentation:** A pie chart format is suggested to visualize the data, making it clear how the different levels of food security are distributed. This graphical representation aids in grasping the severity of food insecurity in the community.

## Breastfeeding Practices

This section evaluates the breastfeeding habits of mothers, emphasizing both strengths and gaps:

- **Positive trends:** High percentages of infants are breastfed within the first hour of birth (84.2%) and receive colostrum (89.4%), which are critical for infant health and immunity.
- **Concerns:** Only 65.1% of infants are exclusively breastfed for the first six months, indicating a gap in awareness or adherence to recommended practices.
- **Context:** Early initiation and colostrum feeding are considered global health priorities, but exclusive breastfeeding rates still need improvement.



## Complementary Feeding Practices

This section assesses how infants are transitioned to solid foods:

- **Timeliness:** Only 35% of infants received complementary foods between 6-8 months as recommended, showing a delay in introducing appropriate foods.
- **Frequency and quality:** While 57.8% met the minimum meal frequency and 64% achieved dietary diversity, only 46.8% of infants met the combined standards for an acceptable diet, revealing a need for improved feeding practices.

## Food Groups in Complementary Feeding

Here, data highlights the types of foods consumed by children:

- **High consumption:** Foods like cereals (79.4%) and pulses (79.9%) are widely consumed.
- **Low consumption:** Animal-source foods, such as eggs (25.2%), and meat, poultry, and fish (21.9%), are less frequently consumed. These foods are essential for providing key nutrients like protein and iron.
- **Vegetables and fruits:** Vitamin A-rich fruits and vegetables (64.1%) and other vegetables (68.7%) have moderate levels of consumption, but there's room for improvement to enhance nutritional adequacy.

## Women's Dietary Practices

This section examines the nutritional diversity of women:

- **High consumption:** Grains (92.4%) and pulses (75.8%) form the primary food groups.
- **Low diversity:** Foods like eggs (18.0%), meat and fish (21.9%), and nuts and seeds (44.7%) are consumed less often, indicating a lack of nutrient-dense options in diets.
- **Dark green leafy vegetables:** At 66.0%, this shows potential for improvement in nutrient-rich vegetable intake.
- **Vitamin A-rich foods:** Consumption of fruits and vegetables rich in vitamin A is around 52.9%, suggesting opportunities for boosting awareness about their importance.

## Summary of Key Findings

1. **Food Security:** Although 54% of households are food secure, a substantial number remain vulnerable to food insecurity, particularly during lean seasons or economic challenges.
2. **Dietary Diversity:** Both children and women show gaps in accessing or consuming diverse, nutrient-dense foods. This could lead to deficiencies in essential vitamins and minerals.
3. **Breastfeeding and Complementary Feeding:** While breastfeeding initiation is a strong point, exclusive breastfeeding and appropriate complementary feeding practices require intervention.

## Purpose of the Rephrased Content

This format provides a comprehensive breakdown of the findings, emphasizes actionable insights, and helps set a foundation for identifying intervention areas. It avoids plagiarism by reorganizing and rephrasing the information in a clear and original way, while remaining faithful to the core data.

# Results

## Household Food Security

An analysis of household food security revealed the following insights:

- **54%** of the households surveyed were categorized as food secure, indicating that they had consistent access to sufficient food for an active and healthy life.
- **36%** of households were found to be mildly food insecure, facing occasional challenges in accessing adequate food.
- **6%** of households were classified as severely food insecure, experiencing significant and frequent disruptions in food availability.

## Breastfeeding Practices

The study assessed breastfeeding practices among infants:

- **84.2%** of infants were breastfed within the first hour of birth, a critical step for ensuring early initiation of breastfeeding and providing essential nutrients.
- **89.4%** of infants were fed colostrum, which is highly beneficial for strengthening the immune system.

## Complementary Feeding Practices (6–8 Months)

The introduction and adequacy of complementary feeding for infants aged 6–8 months were evaluated:

- **35.6%** of infants received complementary foods at the appropriate age, highlighting room for improvement in timely feeding practices.
- **57.8%** of infants met the minimum meal frequency, indicating the required number of feedings per day was achieved.
- **64.6%** of infants achieved the minimum dietary diversity by consuming at least five of the eight recommended food groups.
- **46.8%** of infants met the minimum acceptable diet, combining both meal frequency and dietary diversity standards.

## **Complementary Feeding Practices by Food Groups**

The consumption of specific food groups among children was analyzed:

- **79.4%** of children consumed cereals as part of their diet.
- **79.9%** consumed pulses, an important source of protein.
- **58.5%** consumed dairy products.
- **25.2%** consumed eggs.
- **21.9%** consumed meat, poultry, or fish.
- **64.1%** consumed fruits and vegetables rich in vitamin A.
- **68.7%** consumed other fruits and vegetables.

## **Exclusive Breastfeeding**

The proportion of infants exclusively breastfed for the first six months was **65.1%**, highlighting adherence to WHO recommendations among a significant proportion of mothers.

## **Dietary Practices of Women**

The dietary diversity of women in the reproductive age group (15–49 years) was evaluated based on the **Minimum Dietary Diversity (MDD)** criteria:

- **55%** of women achieved the minimum dietary diversity by consuming at least five of the ten recommended food groups.

The consumption of specific food groups among women included:

- **92.4%** consumed starchy white roots and tubers.
- **75.8%** consumed pulses.
- **44.7%** consumed nuts and seeds.
- **49.5%** consumed dairy products.
- **23.9%** consumed meat, poultry, or fish.
- **18.0%** consumed eggs.
- **66.0%** consumed dark green leafy vegetables.
- **52.9%** consumed vitamin A-rich fruits and vegetables.
- **55.0%** consumed other fruits.

These findings underscore the need for targeted interventions to improve complementary feeding practices, dietary diversity, and food security in the surveyed population.

# Discussion

## 1. Household Food Security

The survey revealed that while **54% of households** in the Jamunah Aspirational Block were food secure, a significant proportion still experienced varying levels of food insecurity. Specifically, **36% of households** faced mild food insecurity, and **6% were classified as severely food insecure**, indicating frequent and severe disruptions in food access. These findings underline the urgent need for targeted strategies to improve food availability, accessibility, and affordability for vulnerable households within the block. Addressing these disparities is essential for achieving sustainable nutritional security at the community level.

## 2. Breastfeeding Practices

The data highlights encouraging trends in some aspects of breastfeeding practices. A high percentage of infants (**84.2%**) were breastfed within the first hour of birth, and **89.4%** were fed colostrum, which is vital for strengthening immunity and promoting healthy growth. However, the prevalence of exclusive breastfeeding for the first six months was notably low at **65.1%**, which is concerning given the critical role it plays in an infant's health and development. This indicates a significant gap in awareness and support for optimal breastfeeding practices. Enhanced community education, along with robust health system support, is required to increase adherence to exclusive breastfeeding guidelines.

## 3. Dietary Diversity

Dietary diversity remains a challenge for both children and women in the Jamunah block. While staple foods such as cereals and pulses were widely consumed, there was a noticeable lack of animal-sourced foods in the diet. For instance, while **79.4%** of children consumed cereals and **79.9%** consumed pulses, only **25.2%** consumed eggs, and **21.9%** ate meat, poultry, or fish. Among women, similar patterns emerged, with **92.4%** consuming starchy roots and tubers but only **18%** consuming eggs and **23.9%** consuming animal proteins. This imbalance in food groups could lead to deficiencies in essential micronutrients, such as iron, zinc, and vitamin A. Addressing these dietary gaps requires promoting access to and consumption of diverse and nutrient-rich foods

through behavior change communication and community-based nutrition programs.

#### **4. Women's Nutrition**

The survey showed that only **55% of women** achieved the minimum dietary diversity, highlighting significant nutritional inadequacies. While most women consumed staples like starchy roots (**92.4%**) and pulses (**75.8%**), the intake of nutrient-dense foods, such as eggs (**18%**) and meat, poultry, or fish (**23.9%**), was alarmingly low. Additionally, only **66%** of women consumed dark green leafy vegetables, which are vital sources of iron and folate. These gaps in women's diets could have serious implications for their health, particularly for pregnant and lactating mothers, as well as for the overall nutritional status of their children. Focused interventions are needed to improve women's access to and consumption of nutrient-rich foods, along with community sensitization on the importance of balanced diets.

#### **5. Complementary Feeding Practices**

The findings on complementary feeding present a mixed picture. While **64.6%** of infants achieved the minimum dietary diversity, only **35.6%** were introduced to complementary foods at the appropriate age, and just **46.8%** met the minimum acceptable diet criteria. This indicates delays in the timely introduction of complementary feeding and suboptimal adherence to feeding guidelines. These practices are critical for ensuring adequate nutrition during a child's growth phase. The data points to a need for intensified efforts to educate caregivers on appropriate complementary feeding practices, emphasizing the importance of timeliness, meal frequency, and dietary diversity.

In summary, the findings of the study highlight critical gaps in food security, breastfeeding practices, dietary diversity, and complementary feeding. Addressing these issues through targeted community interventions, improved access to diverse foods, and strengthened health and nutrition education programs is essential for improving the overall nutritional status of children and women in the Jamunah block.

# Limitations of the Study

## 1. Cross-sectional Study Design

The research employed a cross-sectional design, which captures data at a single point in time. While this approach provides valuable insights into the current status of dietary practices, breastfeeding, and household food security, it does not allow for an assessment of changes over time or the establishment of cause-and-effect relationships. For instance, while associations between food insecurity and dietary diversity can be identified, the study cannot determine whether one directly causes the other. A longitudinal study design would be needed to track changes and identify trends over time.

## 2. Self-reported Data

The study relied heavily on self-reported information regarding dietary practices, breastfeeding behaviors, and food security. This introduces the possibility of **recall bias**, as participants may have difficulty accurately remembering past events or dietary patterns. Additionally, **social desirability bias** may have influenced responses, with participants potentially providing answers they believed were socially acceptable or aligned with what they thought the surveyors wanted to hear. Such biases may affect the accuracy and reliability of the findings.

## 3. Seasonal Variations

The study was conducted over a specific two-month period, which may not fully reflect variations in food availability and dietary practices that occur across different seasons. For example, food security and dietary diversity may improve during harvest seasons when certain foods are more readily available, while the lean season may present greater challenges. The absence of data spanning multiple seasons limits the ability to capture the impact of seasonal fluctuations on nutrition and food security.



#### **4. Limited Geographic Scope**

The focus of this study was restricted to the Jamunah Aspirational Block, and while the findings provide critical insights into the nutritional and food security situation within this region, they may not be generalizable to other areas. The socio-economic, cultural, and environmental factors influencing dietary practices and food security in the Jamunah block may differ significantly from those in other regions, limiting the broader applicability of the results. A more extensive study across multiple regions would be required to draw broader conclusions.

By acknowledging these limitations, the study highlights areas for improvement in future research, including the need for longitudinal designs, strategies to minimize bias, consideration of seasonal influences, and broader geographic coverage.

# Conclusion

The findings of this study highlight several critical issues regarding food security and dietary practices in the Jamunah Aspirational Block. While certain positive trends were observed, significant challenges persist that require immediate attention.

## 1. Food Insecurity and Dietary Gaps

The study revealed substantial levels of food insecurity among households, with a considerable proportion experiencing mild to severe insecurity. Furthermore, there are noticeable gaps in dietary diversity, particularly among children and women, which raise concerns about the potential for nutrient deficiencies and their long-term health impacts.

## 2. Promising Breastfeeding Practices

On a positive note, the rates of early initiation of breastfeeding were encouraging, with a majority of infants being breastfed within the first hour of birth and receiving colostrum. These practices are vital for promoting optimal infant health and immunity.

## 3. Key Areas for Improvement

Despite the promising breastfeeding practices, the study identified several critical areas requiring improvement. These include the low rates of exclusive breastfeeding for the first six months, suboptimal complementary feeding practices, and insufficient dietary diversity among children and women. These factors collectively contribute to inadequate nutritional intake and growth challenges.

## 4. Need for Targeted Interventions

The findings underscore the urgent need for targeted nutrition education programs and community-level interventions to address these gaps. Particular emphasis should be placed on improving the consumption of animal-source foods and vitamin A-rich fruits and vegetables, which are essential for addressing micronutrient deficiencies. Strengthening caregivers' knowledge of optimal breastfeeding and complementary feeding practices is equally important.

In conclusion, while the study highlights some positive trends, such as early breastfeeding initiation, the persistent challenges in food security, exclusive breastfeeding, and dietary diversity call for immediate action. Addressing these issues through evidence-based strategies and policies is crucial for improving the nutritional status and overall health of the population in this region.

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