

Among the YOVS, carrot received the highest (10) pick-ups, and 80% selected it as first choice, followed by tomato (6) and pumpkin (5). Orange and papaya received the same pick-ups (6 each). Among other vegetables and fruits, cauliflower and banana received only one pick-up each and apple two, as less preferred choices. Potato is readily available and easily affordable by most families in slums and is acceptable among young children. It also provides the commonly required bulk in their diets. Other vegetables and fruits, that is, lady's fingers, brinjal, french beans and sapota were not selected by the children.

Similar findings were observed in an earlier study by Verghese et al in 1992,<sup>3</sup> where orange, tomato and carrots were selected by most children and the brightness of colour was cited as one of the reasons for selection. A strong preference was observed for the bright coloured pro-vitamin A foods over the more familiar and commonly prepared other vegetables and fruits.

The findings of the second stage activity found that among the pro-vitamin A foods, orange and carrot were selected most often or had highest pick-ups (81.3% and 73.8%), whereas cabbage, DGLV and papaya received lower pick-ups. Pumpkin and tomato received moderate pick-ups. Considering the order of selection, children selected orange (53.8%), carrot (44%) followed by pumpkin (29.7%) as first choices. DGLV and cabbage were selected as the fourth and fifth choices by a greater proportion of children (66.6% and 42.9%). Selection choice of papaya and tomato ranged from first to fifth choice.

## KAP Study of Mothers

Mothers were questioned on their knowledge, attitudes and practices with regard to the intake of pro-vitamin A rich vegetables and fruits. It was found that 23.1% of the children did not like to eat DGLV and a mere 2.3% of the mothers attempted to include these vegetables in different form, acceptable to the child. It was also observed that 13.8% of the mothers in the slum area did not give DGLV during the rainy season due to sanitary and hygiene factors. Other foods not consumed were pumpkin by 54% and papaya by 51%, and reasons stated were, they were 'hot', 'caused illness' and 'not tasty'. Orange was avoided by 15% during illness or at other times due to the belief that it aggravates cough and colds.

## Conclusion

The study helped to provide some preliminary basis for planning innovative dietary intervention activities for young children in the community especially targeted towards addressing vitamin A nutrition, for example, poems based on pro-vitamin A foods: colours and uses, aiming to foster good food habits from an early age. It is likely that children can influence the purchase and selection of foods in the market by picking up/asking for attractive pro-vitamin A foods, thus motivating mothers to purchase the same. The feel of food is also important to young children, and they enjoy foods that can be picked up with the fingers, such as carrot, mango, etc.<sup>4</sup>

Children, therefore, can be given pieces of raw carrot, tomato or fruits like papaya,

orange and mango when cheaply available in season, and can be educated in a sustained and interesting manner over a period of time, in addition to providing nutrition education to their mothers. Pre-school children are also almost constantly active. Their interest is readily diverted from food but they do enjoy colourful and attractively served meals.<sup>5</sup> Colourful, handy recipes prepared with YOVS and DGLV in combination with other staple ingredients will add colour to the meal and the child can get attracted/motivated to eat. Vegetables prepared in this manner are more acceptable.<sup>6</sup>

Exploiting the natural and attractive colours of pro-vitamin A vegetables and fruits to advantage in nutrition education, and developing suitable and palatable food preparations, can help guide children positively towards wise food selection from an early age.

## References

- 1 Simitasire S, Attig G, Vayasevi A, Dhanamitta S, Tontisirin K (1993). Social marketing vitamin A-rich foods in Thailand – A model nutrition communication process for behaviour change process. INMU Salaya & UNICEF East Asia & Pacific Office, Bangkok, Thailand.
- 2 Latham M C (1997). Human nutrition in the developing world. FAO Food and Nutrition Series No. 29, FAO, Rome.
- 3 Verghese I (1992). A study of vitamin A related food behaviour among socially disadvantaged pre-school children in urban slums. Master's Thesis, SNDT Women's University, Mumbai, India.
- 4 Robinson C H, Lawler M R (1982). Normal and Therapeutic Nutrition. 16<sup>th</sup> edition, Macmillan Publishing Co. Inc., New York.
- 5 Savarirayan S (1986). Child Development. Sheth Publ., Mumbai, India.
- 6 Bhattacharjee L I (1989). A study of dietary factors in the genesis of Vitamin A deficiency. PhD Thesis, SNDT Women's University, Mumbai, India. □

## Standard List of Medicines, Equipment, Instruments and Optical Supplies for District Level Eye Care Services



In response to the need for up-to-date information about appropriate and affordable ophthalmic supplies, the **International Resource Centre of ICEH** has published a new edition of the Standard List of

Medicines, Equipment, Instruments and Optical Supplies (2001) for eye care services in developing countries.

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**Cost:** Free to eye health workers in developing countries. £5.00 elsewhere. Please make cheques in UK£ or US\$ payable to **University College London**.

**For further information and orders, please contact:**

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