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# Assessment of nutritional status & deficiency disorders among children attending ICDS services in Ahmedabad

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**Abstract**
**Introduction**: One of the important beneficiary of Integrated Child Development Services (ICDS) Program monitoring of nutritional status of children upto 6 years. The objective of this study was to determine nutritional status of children and to know about awareness of mothers about sources of nutrients.
**Methodology**: A cross sectional, community based study was done in selected anganwadis of urban slums of Ahmedabad. Anthropometric measurements and physical examination were done for assessing nutritional status of 200 children. the data wad compiled and analysed in Microsoft excel and Epi- Info software (7th version).
**Results**: Among the 200 children examined, majority were male (51%) & most of them belong to 3 to 4 year age group. From total 200 children 26% were found malnourished. Prevalence of malnutrition among girls was 28% while in boys was 24%. Severe malnutrition was found in 5% of children. There was significant relationship ($p<0.05$) between receiving supplementary food & having normal weight.
**Conclusion**: Supplementary food provided at anganwadi and mother's literacy status play important role in a good health and nutritional status. More children should be encouraged to consume supplementary meal provided at anganwadi. Regular check up for health assessment at anganwadi should be done.

**Keywords:** nutritional status, anthropometry, anganwadi children

## Introduction
Government of India proclaimed a National Policy on Children in August 1974 declaring children as, "supremely important asset"1.This led to the birth of the Integrated Child Development Services (ICDS) in 1975, which is no doubt recognized as the world's largest early child health programme: which approaches child health holistically and comprises health, nutrition and education component for pregnant women, lactating mother and children less than 6 years of age. It was launched on 2nd October 1975 in 33 blocks under the name of integrated child development services (ICDS) scheme. It has emerged from its small beginnings, to become India's flagship programme for the integrated development of children from prenatal to six years of age. One of the main objectives of the scheme is to improve the nutritional and health status of children in the age group of 0-6 years. This objective is going to be achieved by providing a package of six services comprising of supplementary nutrition, early childhood education (pre-school education), nutrition and health education, immunization, health check-up, and referral services to the children below six years and pregnant women and lactating mothers. Though ICDS scheme has witnessed several achievements during its three decades of implementation, there are still some major challenges with regard to the high burden of child malnutrition in the country. There are 45.9 per cent of children below three years are still underweight. There has been limited progress in improving the prevalence of child malnutrition of less than one percentage point per year.
This study was aimed to

- assess health status of anganwadi children
- assess nutritional status of anganwadi children
- identify deficiency disease among urban anganwadi children
- know about the awareness of mothers about the sources of different nutrient

## Methodology
### Study Design
The present study is community based cross-sectional study.

**Study Area:** Anganwadies in field practice area of B. J. Medical College, Ahmedabad.
Study Period: August 2014 to October 2014.

**Study Method**

A self-prepared structured interview schedule was prepared and pretested in the field.

Anthropometric measurements (height, weight, mid-upper arm circumference) and physical examination were done for assessing nutritional status of 200 children. Some detail information was collected from mothers

Data Analysis: the data wad compiled and analysed in Microsoft excel and Epi- Info software (7th version)

**Results**

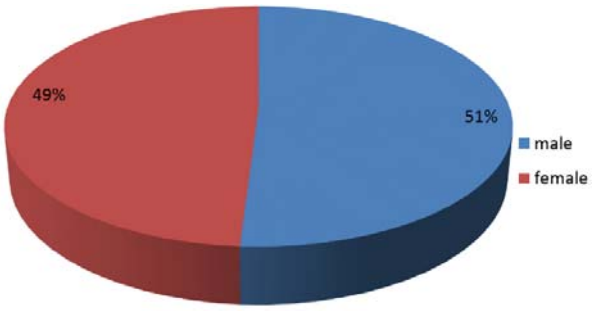


**Fig1**

as the figure1 suggests out of total children selected in the study, 51% were male children while 49% were female children.

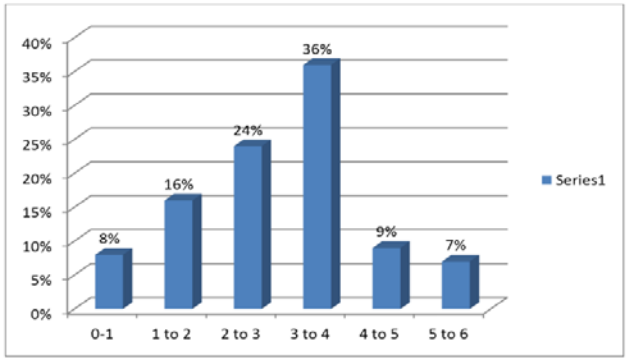


**Fig 2**

As the fig. 2 suggests that children with age group of 3 to 4 yrs are in maximum numbers followed by 2 to 3 yrs and 1 to 2 yrs age group.

**Table 1**

| Gender/Weight | Normal | Underweight | Total |
|---|---|---|---|
| Male | 77 (39%) | 25 (12%) | 102 (51%) |
| Female | 71 (35%) | 27 (14%) | 98 (49%) |
| Total | 148 (74%) | 52 (26%) | 200 (100%) |

As the table 1 suggests 12% of male children and 14% of female children were underweight. Total 26% children were underweight.

**Table 2:** Gender wise distribution of Malnutrition

| Gender/Malnutrition | Moderate Malnutrition (> -2 SD to -3 SD) (%) | Severe Malnutrition (>- 3 SD) (%) | Total (%) |
|---|---|---|---|
| Male | 21 (10.50) | 4 (2) | 25 (12) |
| Female | 21 (10.50) | 6 (3) | 27 (14) |
| total | 42 (21) | 10 (5) | 52 (26) |

As the table 2 suggests total 21% children are moderately malnourished. Out of those 50% are male and 50% are female children. Total 5% of children are severely malnourished which include 2% of male children and 3% of female children.

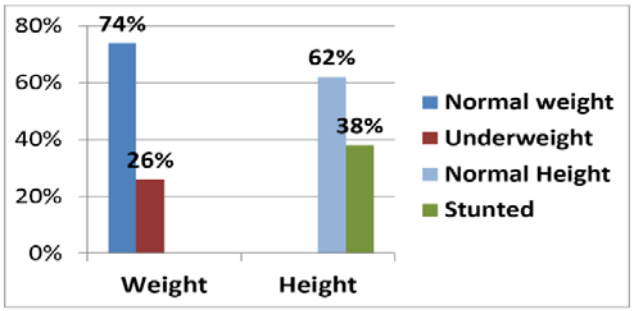


**Fig 3**

As we saw earlier 26% children are underweight. Fig. 3 shows that 38% child are were stunted. This shows that they are suffering from chronic malnutrition and we need to emphasize on such children.

**Table 3:** Correlation between supplementary food and weight

| Supplementary feed | Normal | Under weight | Total |
|---|---|---|---|
| Received | 129(63%) | 26 (13%) | 155 (77%) |
| Not received | 19 (9%) | 26 (13%) | 45 (23%) |
| Total | 148 (72%) | 52 (26%) | 200 |

P< 0.05

Table 3 shows the relation between provision of supplementary food and weight of the child. Out of 148 children with normal weight only 19 didn't received regular supplementary food. It is clearly visible that out of total underweight children half of them didn't received regular supplementary food. This difference is statistically significant with p value less then 0.05.

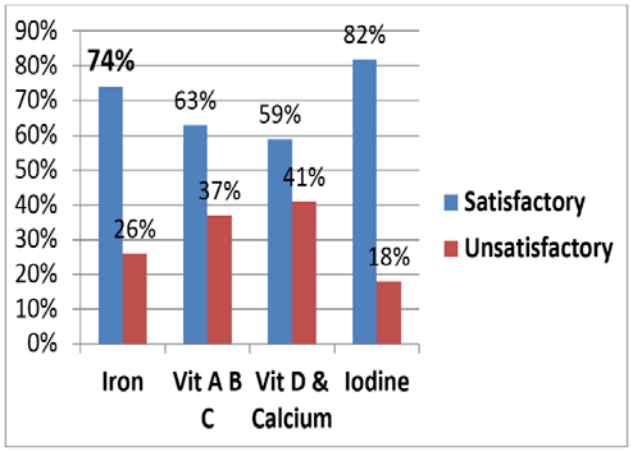


**Fig 4:** Awareness of mother about source of Nutrient

Mother's education and awareness is must for normal growth of child. Fig. 4 shows the awareness of mothers about source of nutrient. All the mothers have satisfactory knowledge about source of nutrient.

**Conclusion**

Even after almost 40 years of implementation of ICDS scheme, we are facing the problem of malnutrition in children. Almost 3rd part of world's malnourished children lives in India. Even some African countries are doing well compared to India. This results make us to rethink about our activities to prevent malnutrition.

Present study shows that if supplementary food is provided regularly, it can prevent malnutrition. This is the positive finding to inspire us. Mother's education also plays a role in good health of child. We have to strengthen our services. We have to focus on target groups. Strict monitoring and surveillance is must.

**Recommendation**

On the basis of present study we would like to recommend that more children should be encouraged to consume supplementary meal provided at anganwadi. Regular check up for health assessment at anganwadi should be done. More emphasis should be given to nutritional deficiency diseases. Health education should be provided to mothers regarding sources of different nutrients and its importance.

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