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Health Assessment Focusing on Nutritional Status and Deficiency Disease among Children of Urban Anganwadi



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Abstract

India, in the past few decades, has witnessed rapid progress in terms of industrialization and agricultural production. Yet malnutrition, especially under nutrition continues to be a major problem of public health significance in the country. To tackle the problem of malnutrition and the ill health of mothers and children, the Government of India has launched the Integrated Child Development Services (ICDS) program.

Keywords: Nutritional status, Deficiency disease, Anganwadi, Supplementary food

Introduction

India, in the past few decades, has witnessed rapid progress in terms of industrialization and agricultural production. Yet malnutrition, especially under nutrition continues to be a major problem of public health significance in the country. To tackle the problem of malnutrition and the ill health of mothers and children, the Government of India has launched the Integrated Child Development Services (ICDS) program.

Aims and Objectives

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

Methods and Materials

A cross sectional study was conducted in randomly selected five out of fifteen anganwadies in urban slum areas of kalapinagar and pritamnagar, Ahmedabad. 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 212 children. Some detail information was collected from mothers. Statistical analysis was done using Epi info 7th version.

Study Design: Cross sectional study

Study Area:

Anganwadies in urban slum areas of kalapinagar and pritamnagar, Ahmedabad.

Study Period:

September 2013 to November 2013

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 212 children. Some detail information was collected from mothers

Data Analysis

The data was compiled and analysed in Microsoft excel and Epi-Info software (7th version)

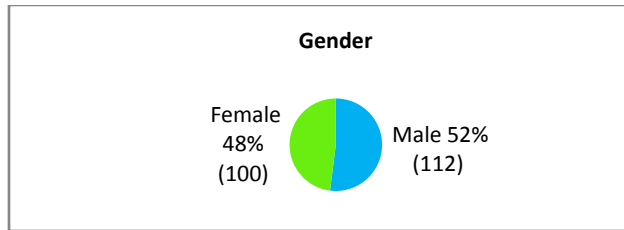
Results

Out of 212 children 52 % were male and 48% were female. 39% of children were between age of 2 to 3 years. 28% children were under weight and 38% of children were stunted. 23% children were not taking supplementary food while 77% of children were enjoying supplementary food at anganwadi. 88% children were attending anganwadi regularly. Relation between supplementary food and weight for age was found statistically significant. Pallor and Vitamin A deficiency were detected

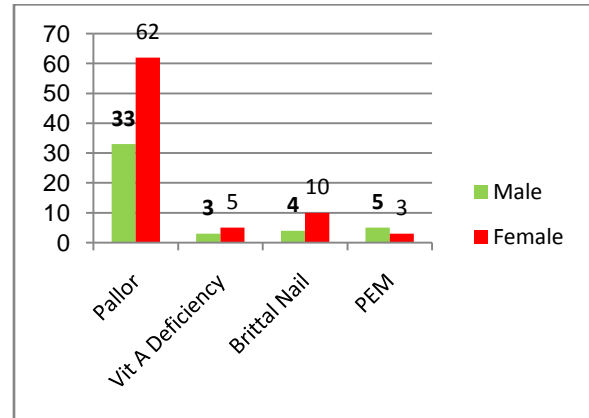
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among 47% and 4% of children respectively. 75% mothers were

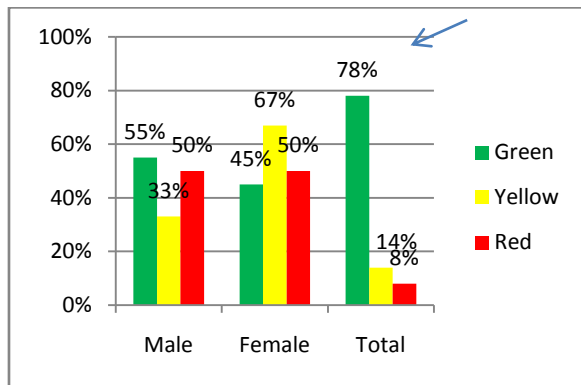
aware about iron rich food.



Gender/Weight	Normal	Under-weight	Total
Male	74 (34%)	38 (18%)	112 (52%)
Female	78 (38%)	22 (10%)	100 (48%)
Total	152 (72%)	60 (28%)	212



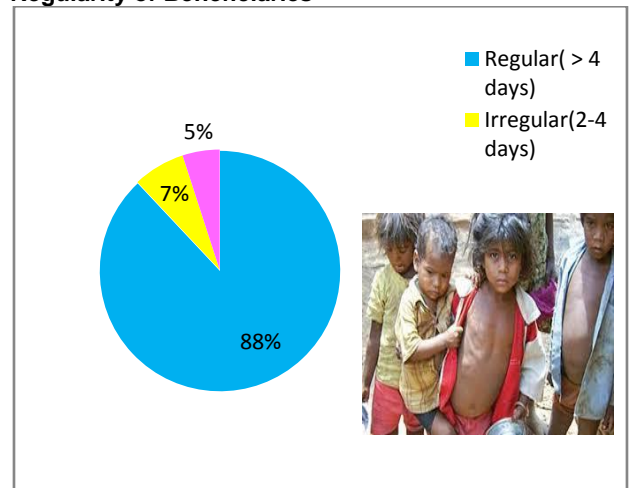
Percentage distribution of mid arm circumference



Correlation between supplementary food and weight

Supplementary feed	Normal	Under weight	Total
Received	133(63%)	30 (14%)	163 (77%)
Not received	19 (9%)	30 (14%)	49 (23%)
Total	152 (72%)	60 (28%)	212

Regularity of Beneficiaries



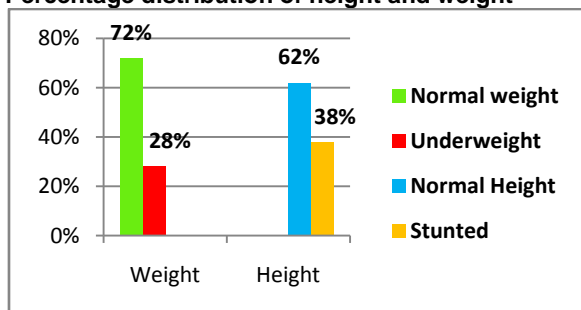
Awareness of mother about source of Nutrient

Sample size: 212

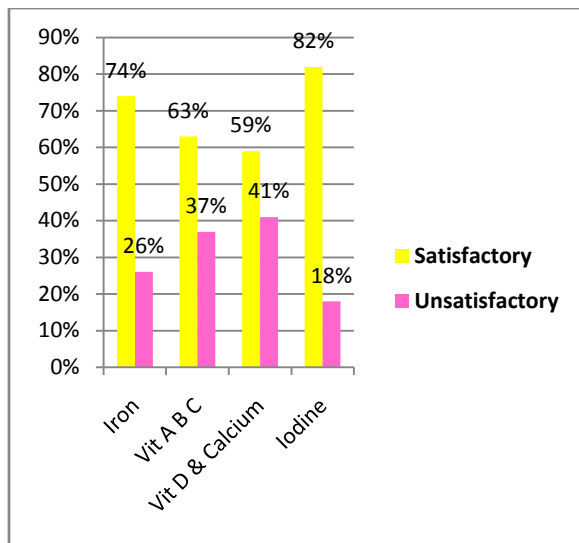
Percentage distribution of weight of children
Genderwise distribution of Malnutrition

Gender/ Malnutrition	Moderate Malnutrition (> -2 SD to -3 SD)	Severe Malnutrition (>- 3 SD)	Total
Male	30 (14%)	8 (4%)	38 (18%)
Female	17 (8%)	5 (2%)	22 (10%)
Total	47 (22%)	13(6%)	60 (28%)

Percentage distribution of height and weight



Percentage distribution of nutritional deficiency disease



Conclusion

Supplementary food provided at anganwadi and mother's literacy status play important role in a good health and nutritional status. Almost fifty percentage of children were found pale. One third of children were having below normal weight and height for their age.

Recommendations

- More children are 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

References

- WHOMulticentre Growth Reference Study Group. WHO Child GrowthStandards based on length/height, weight and age. ActaPaediatrSuppl2012;450:76-85.
- www.whoindia.org/EIP/policy/population
- Ministry of Human Resource Development, Government of India, National Nutrition Policy, New Delhi: Department of Women and Child Development, 1993
- Alhaji M, Allen S 2002. Paediatric review: Management of severe malnutrition-time for a change? Africa Health, 24: 21-23