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"Nutritional and Health status of Children going to Anganwadi, with Special Reference to Belthangady Taluk, Dakshina Kannada"

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ABSTRACT Children are the first call on agenda of development – not only because young children are the most vulnerable, but because the foundation for lifelong learning and human development is laid in the crucial early years. The first six years of a child's life are most crucial as the foundations for cognitive, social, emotional, physical, motor, and psychological development are laid at this stage. Integrated Child Development Services (ICDS) was launched in 1975 to provide a package of services to ensure their holistic development. ICDS provides health, nutrition, immunization, preschool education, health and nutrition education, and referral services to young children and their mothers. ICDS also supposed to empowers mothers to take better care of their children. The major finding of the study on diet type, nutritional-status, Health-status of the anganwadi children's and to create general nutritional awareness among parents.

Key words: Nutrition, Health, Integrated Child Development Services, Anganwadi, Anthropometric.

INTRODUCTION

India is a country mounted with overpopulation, malnourishment, poverty, and high infant mortality rates. In order to counter the health and mortality issues gripping the country there is a need for a high number of medical and healthcare experts and India having a shortage of skilled professionals. Hence, through the anganwadi system the country is trying to meet its goal of enhanced health facilities that are affordable and accessible by using local population. In many ways, an Anganwadi worker is better equipped than professional doctors in reaching out to the rural population. Firstly, since the worker lives with the people, there are in a better position to identify the cause of the various health problems and hence counter them. Hence she has a very good insight of the health status in her region. Secondly though Anganwadi workers are not as skilled or qualified as professionals they have better social skills thus making it easier to interact with the people. Moreover since these workers are from the village itself they are trusted easily which makes it easier for them to help the people.

Children being the backbone of the country & their health are a prime concern of the country. Pre-school children constitute the most vulnerable segment. Under nutrition among them is one of the greatest public health problems in developing countries. About 128 million (70%) of the world's 182 million stunted children aged under five years live in Asia. Nutritional status plays a vital role in deciding the health and nutritional status particularly in children.

Nutritional deficiencies give rise to various morbidities, which in turn, may lead to increased mortality.

Young children should not be regarded as young adults. As they are still growing, in order to achieve satisfactory growth children require larger amounts of nutrients per unit of body weight than adults. Therefore, when children are fed foods which contain inadequate amounts of nutrients, they may fail to grow and develop adequately. Lack of adequate nutrition will cause failure to gain weight in the short term and in the longer term will result in small stature.

Anganwadi comes under ICDS Scheme which was initiated by the Government of India in the ministry of social & women's welfare in 1975. The services comprising of supplementary nutrition, immunization, health check up, medical referral services, nutrition and health education for women and non- formal education of children up to the age of 6 years and pregnant & nursing mothers in rural, urban and tribal areas.

In this context, the present study is an effort in designing and implementing a nutrition intervention program aimed at both increasing knowledge about and promoting positive attitudes and behavior change towards child feeding practices, specific to iron intake. The paper reports on a community-based nutrition education inter-vention trial to improve the iron status and dietary iron intake of children 9-36 months of age. The intervention was conducted through the Integrated Child Development Services (ICDS) program involving the anganwadi workers.

Since the growing children are nutritionally vulnerable, and they are the future citizens of the country, the strength and pride of the nation depends upon their health. Therefore study of health status of Anganwadi children is important in today scenario.

METHODOLOGY

This chapter describes the aim, and objective of the study for which hypotheses are formulated, the sample and design of the research. Further this chapter describes the tools and procedure adopted for the study. Finally the chapter also describes analysis of the data and ethical consideration of the research.

AIM

To know the Nutritional and Health status of children going to anganwadi centers.

OBJECTIVES

- To known the actual Height and Weight versus standard, between anganwadi centers.
- To find the Diet type, Nutritional and health status of anganwadi children.
- To know the frequency of taking food by the children

- To understand the general awareness among parents about nutrition.
- To find out the relationship between Height, Weight and Age among anganwadi children.
- To find out the gender difference in Height and Weight of anganwadi children.

SCOPE OF THE STUDY

The present status there is a lack of awareness on Nutrition among parents and also major health problems are facing by children's between 3-6 years of age who are going to anganwadi centers. Due to this the study was taken to find out the child Diet type, Nutritional-Status, Health-Status, and frequency of taking foods by them.

HYPOTHESIS

- Parents of anganwadi children are not aware about nutritional and health status of the children.
- There is no significant relationship between Height, Weight, and Age of anganwadi children.
- There is no significant gender difference in the height and Weight of anganwadi children.

PROCEDURE

The procedure for study is classified under the following headings.

1. Formulation of the research design:

In order to elicit the information on Nutritional and Health status of children going to anganwadi centers, with special reference to Belthangady taluk. A survey method and questionnaire was tool used.

2. Sampling techniques:

Purposive random sampling technique was used to identify the children of age 3-6 years in 25 anganwadi centers.

3. Study tool:

Detailed questionnaire was prepared and piloted before final data collection. The questionnaire included the information on dietary intake of children knowledge about nutrition of the respondents, anthropometric measurements like height and weight of the children.

4. Administrations of the questionnaire:

A survey method was conducted through 25 anganwadi center visits. The prepared questionnaire was handed out to the parents of the children. Necessary instructions were given and the purpose of the study explained to them.

To create the awareness to the parents on Nutrition and Malnutrition a fifteen minutes talk was given in each anganwadi centers.

5. Compilation, Analysis and Interpretation of the Data:

After the questionnaires were duly answered and Data were collected, the various aspects were grouped and analyzed accordingly by using percentage method.

The results were tabulated and analyzed statistically where ever required and results were presented and conclusions were finally drawn based on the data collected.

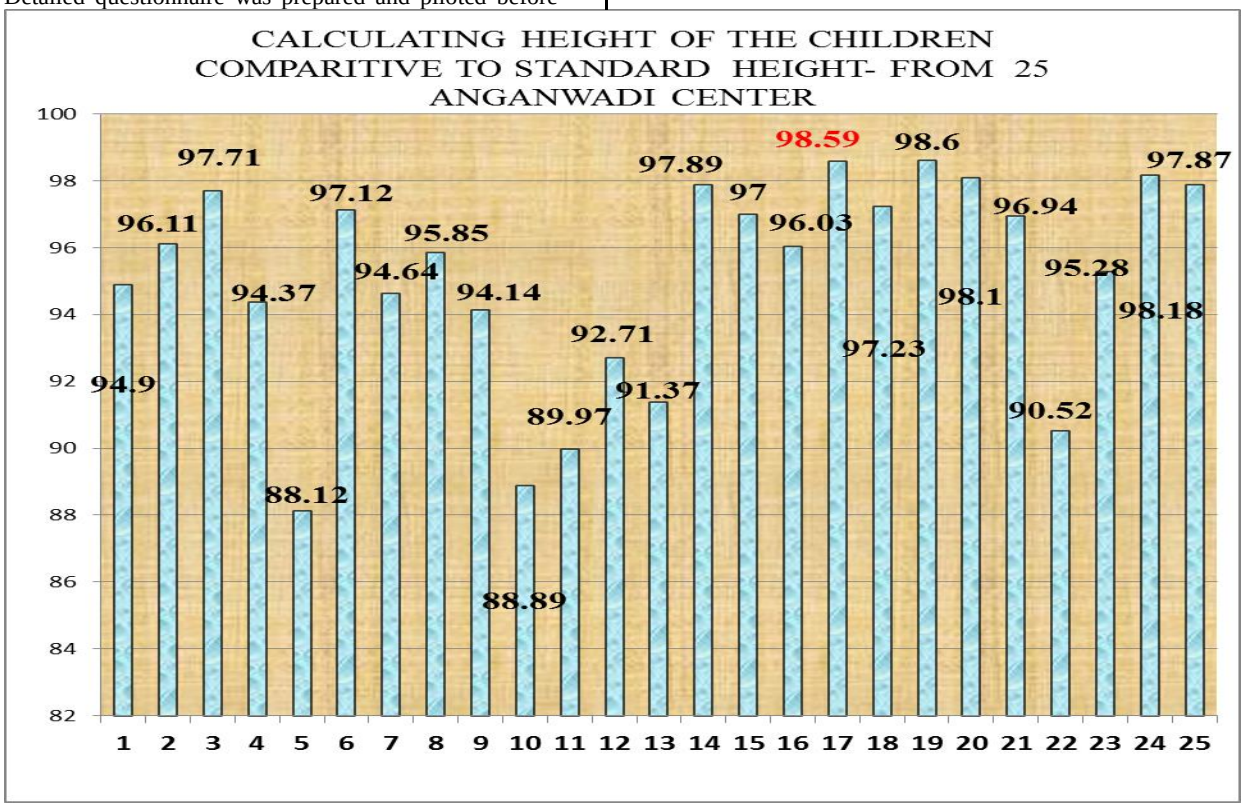
6. Statistical Analysis:

Independent sample t-Test, Pearson-Coefficient of Co-rrelation and percentage analysis was used to analyze the data using SPSS.

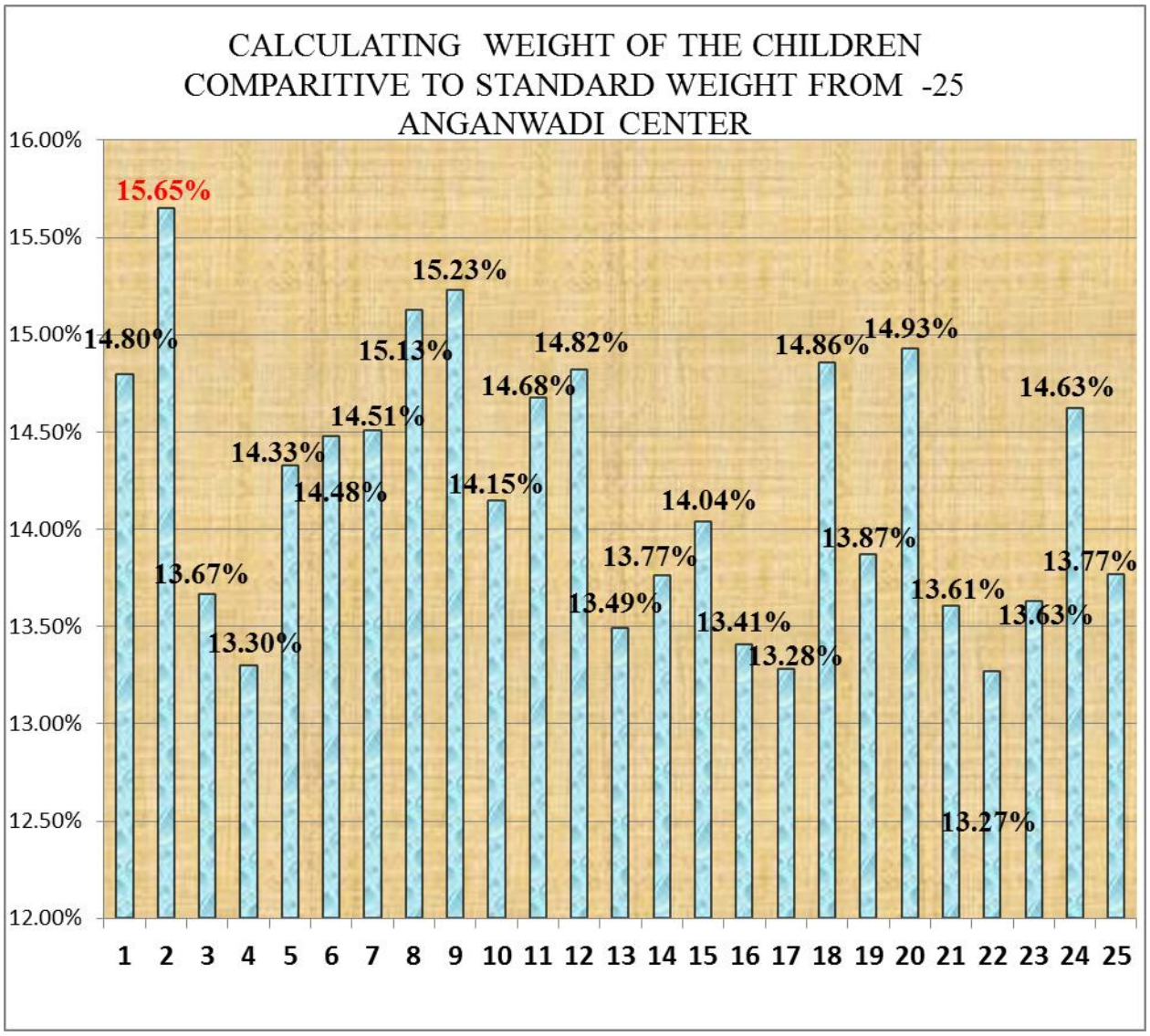
SURVEY METHOD

OBJECTIVES OF THE SURVEY:

- To find out the relationship between Height and Weight.
- To find out gender difference in Height and Weight.
- To know which anganwadi center has relationship between actual Height and Weight versus standard Height and Weight



DISCUSSION: To know the highest percent of actual height versus standard height of the children among twenty five anganwadi centres. The above graph was plotted, from that we found highest 98.59percent in killur grama anganwadi center children has actual height mere similar to standard height.



DISCUSSION:

To know the highest percent of actual weight versus standard weight of the children among twenty five anganwadi centres. The above graph was plotted, from that we found highest 15.65percent in Ujire grama anganwadi center children has actual weight mere similar to standard weight.

RESULTS AND DISCUSSION

NUTRITIONAL –STATUS

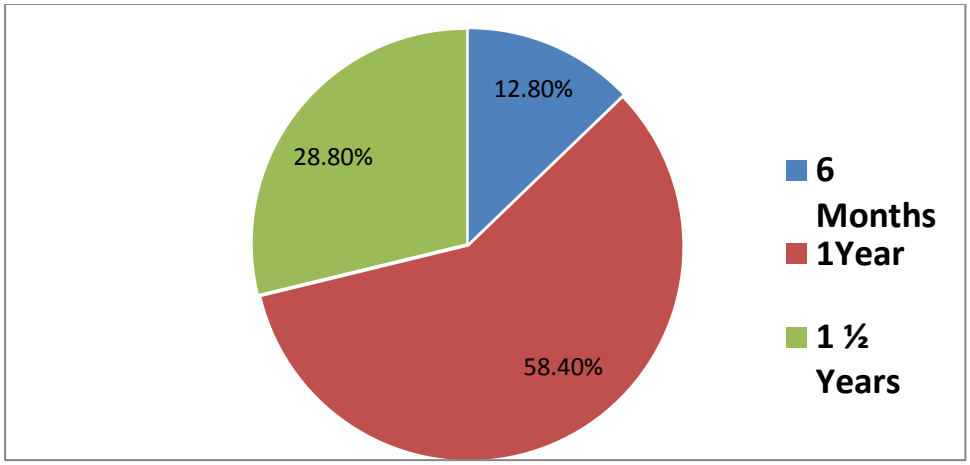
a) **N=250**

STATEMENT	RESPONSE	RESPONDENTS	
		NUMBER	PERCENT
How long the child has been breast fed.	a. 6 Months	32	12.8
	b.1Year	146	58.4
	c.1 ½ Years	72	28.8
	TOTAL	**250**	**100**

DISCUSSION:

From the above table we find that highest 58.4% of the child has been breast fed for 1 year and few percent 28.8 of the child has been breast fed for 1 ½ years.

Figure 1: How long the child has been breast fed.



b) **N=250**

STATEMENT	RESPONSE	RESPONDENTS	
		NUMBER	PERCENT
Does the child get nutritive food every day?	a. Yes	114	45.6
	b. No	33	13.2
	c. Sometimes	103	41.2
TOTAL		**250**	**100**

DISCUSSION:

According to the above table 45.6% of the children get nutritive food every day and 41.2 % of the child get nutritive food sometimes and 13.2% of the children get lack of nutritive food a day.

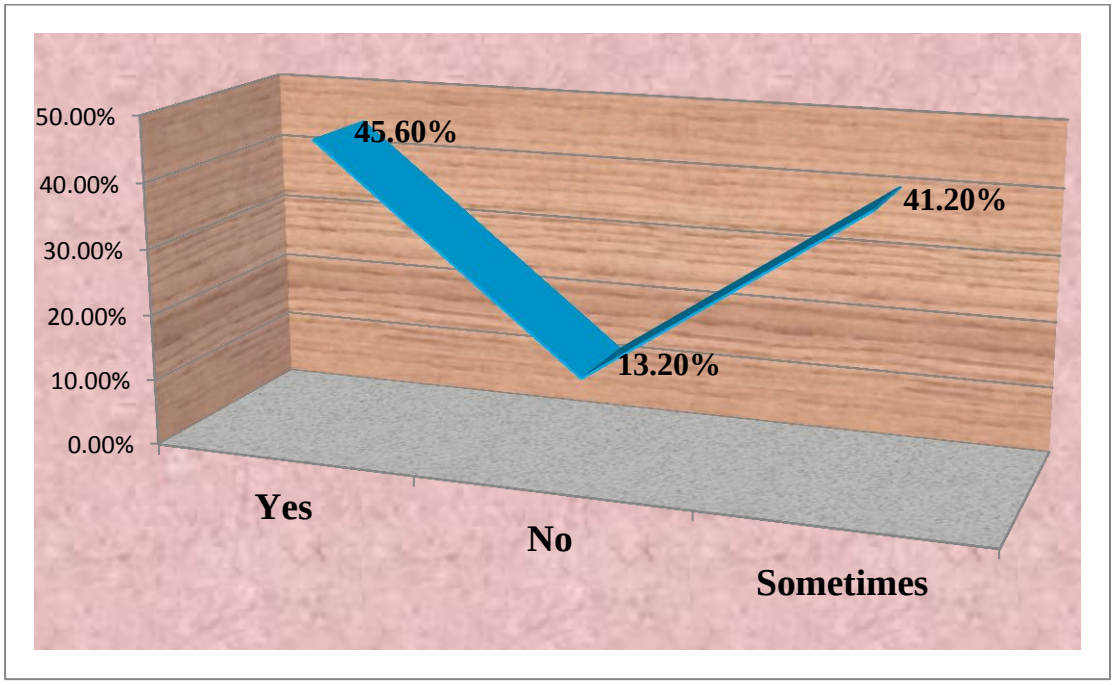


Figure 2: Does the child get Nutritive food every day.

HEALTH – STATUS

N=250

STATEMENT	RESPONSE	RESPONDENTS	
		NUMBER	PERCENT
1. Does the child suffer from any chronic disease?	a. Yes	0	0
	b. No	250	100
	TOTAL	**250**	**100**
2. Does the child get any common problem?	a. Yes	60	24.0
	b. No	88	35.2
	c. Sometimes	102	40.8
	TOTAL	**250**	**100**
If yes and sometimes? Please tick the given diseases.	a. Fever	58	35.8
	b. Cold	36	22.2
	c. Cough	40	24.7
	d. Headache	18	11.1
	e. Stomach pain	10	6.2
	f. Leg Pain	0	0
	g. Vision Impairment	0	0
	h. Nausea/ Vomiting	0	0
	TOTAL	**162**	**100**
3. Are your child is healthy?	a. Yes	250	250
	b. No	0	0
	TOTAL	**250**	**100**
4. Is that child has any development delay?	a. Yes	28	11.2
	b. No	191	76.4
	c. Don't know	31	12.4
	TOTAL	**250**	**100**
5. Was there any time when needed health care but it was delayed or not received?	a. Yes	0	0
	b. No	209	83.6
	c. Sometimes	44	17.6
	TOTAL	**250**	**100**

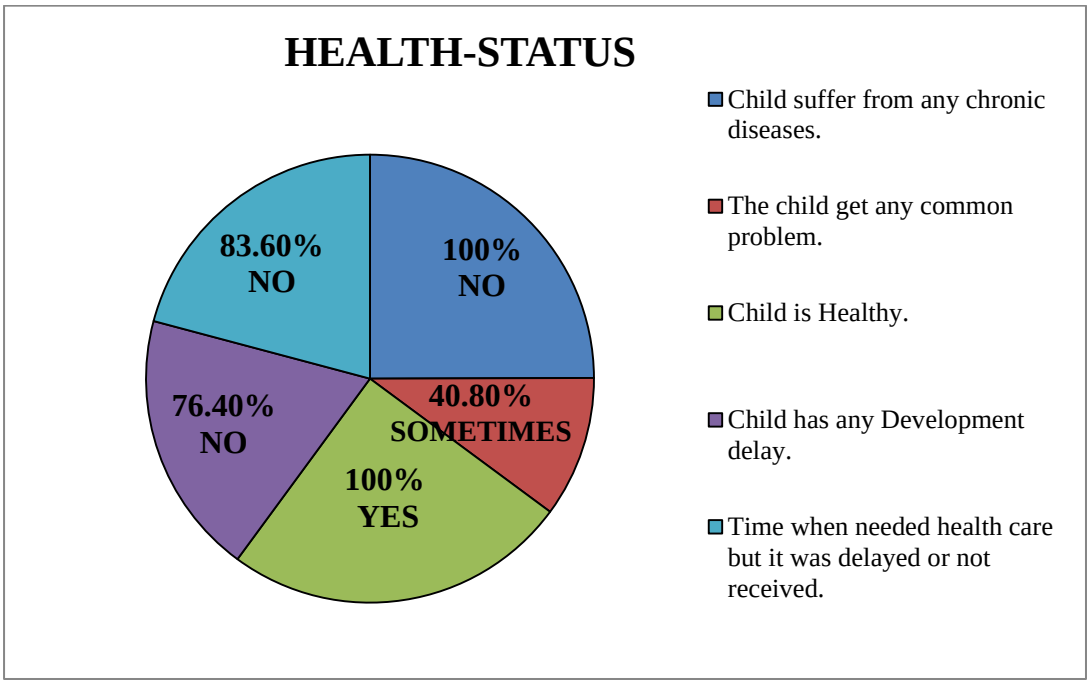
DISCUSSION:

The Table depicts cent percent of the respondents say the child does not suffer from any chronic diseases, 40.8% of them says sometimes child get common problems and 24.0% of them says yes child get common health problem, only 35.2% of them say no any common problem to the child.

In sometimes 35.8% of the child get fever, 24.7% of them get cough, 22.2% of them get cold and 11.1% of the children get headache as a common problem.

Cent percent of the respondents say yes the child is healthy. In that 76.4 % of the children parents say no any development delay to the child and 11.2% of the child has developmental delay.

83.6% of the respondents say no any time health care was delayed or not received to the child.



GENERAL-AWARENESS

N=250

STATEMENT	RESPONSE	RESPONDENTS	
		NUMBER	PERCENT
1. How many hours the child sleep in a day?	a. 6 Hours	170	68
	b. 5 Hours	46	18.4
	a. 8 Hours	34	13.6
	TOTAL	**250**	**100**
2. Does the child take bath every day?	a. Yes	167	66.8
	b. No	0	0
	c. Sometimes	83	33.2
	TOTAL	**250**	**100**
3. Does your child plays and mingles with other children?	a. Yes	165	66.0
	b. No	0	0
	c. Sometimes	85	34.0
	TOTAL	**250**	**100**
4. Whether the Anganwadi center offers regular health checkup to the child?	a. Yes	210	84.0
	b. No	0	0
	c. Sometimes	40	16.0
	TOTAL	**250**	**100**
5. Did the child go regularly to Anganwadi center?	a. Yes	218	87.2
	b. No	0	0
	c. Sometimes	32	12.8
	TOTAL	**250**	**100**
6. Are you aware of malnutrition?	a. Yes	187	74.8
	b. No	63	25.2
	TOTAL	**250**	**100**
7. Do you know poor intake of nutritive foods leads to malnutrition?	a. Yes	203	81.2
	b. No	47	18.8
	TOTAL	**250**	**100**
8. Do you know eating fresh and warm food keeps the child active?	a. Yes	197	78.8
	b. No	53	21.2
	TOTAL	**250**	**100**

DISCUSSION:

* According to the table the statement given by the respondents on general awareness are 68% of the children sleep 6 hours at night and 18.4% of the children sleep 5 hours.

* 66.8% of the children take bath everyday and only 33.2% of them sometimes take a bath.

* 66% of the respondents say the child plays and mingles with other children and 34.0% of them are sometimes mingles and play with other children's.

* Majority 84.0% of the anganwadi center offers regular health checkup to the child but only 16.0% of the anganawadis sometime offers health checkups to the child.

* The highest 87.2% of the parents say yes the child goes regularly to anganwadi center and 12.8% of the children sometimes go regular to anganwadi center.

* Majority 74.8% of the respondents are aware on malnutrition but only 25.25 of them were not aware.

* 81.2% of the respondents say yes poor intake of nutritive foods leads to malnutrition and 18.8% of them were not aware on nutritive foods.

* most of the respondents 78.8% say yes eating fresh and warm food keeps the child active and 21.2% of them were do not know about it.

* Hypothesis there is a significant awareness among parents on nutritional and health status of the child.

CONCLUSION

Based on the results of the study the following conclusions drawn

- A majority of the children's are belong to non-vegetarian diet type.
- Most of the respondents says the child has been breast fed for 1 year
- Majority of the children drink milk everyday and get nutritive food
- Most of the children prefer home food and they consume twice food per day and also they drink sufficient water.
- Majority of the children take sprouted gram everyday they also consume Rice, Toor dhal, Vegetables and milk every day.
- Weekly once they consume Bengal gram dhal, Horse gram dhal, Roots and Tubers, Dry fruits, Peanuts, Jaggery, Meat, Fish and Egg.
- Cent percent of the children does not suffer from any chronic diseases but sometimes they get common health problem like fever, cold, cough and headache.
- Cent percent of the children are healthy they dint have any development delay and also parents not sure about health care delayed are not received.
- Most of the children sleep 6 hours per day and they have bath every day.
- Children's has no any psychological problem they mingles and plays with other children and they go regularly to anganwadi center.
- Even anganwadi center offer regular health checkup to the child.
- Majority of the parents are aware about malnutrition and they know poor intake of nutritive foods leads to malnutrition.
- Majority of the parents know eating fresh and warm food keeps the child active.

- **STATISICAL ANALYSIS**

Co-efficient of correlation

- Co-efficient of correlation between Height, Weight, and Age of the Anganwadi children.

		Height	Weight	Age
Height	Pearson correlation	1	0.269	-.080
	Sig (2-tailed)	--	0.000	0.208
	N	250	250	250
Weight	Pearson correlation	0.269	1	0.491
	Sig (2-tailed)	0.000	--	0.000
	N	250	250	250
Age	Pearson correlation	-.080	0.491	1
	Sig (2-tailed)	0.208	0.000	--
	N	250	250	250

Hypothesis:

- There is a significant positive relation between height and weight of the children.
- There is no significant relation between height and age of the children.
- There is a significant positive relation between weight and age of the children.

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