



# INTEGRATED CHILD DEVELOPMENT SERVICES AND NUTRITION STATUS OF CHILDREN IN KERALA

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**Abstract** :The ultimate goal of any welfare state is to achieve the maximum welfare of the maximum number. The quality of human resources of any country is largely determined by the quality of its child development services since the children of today are the generation of tomorrow. A nation's children are its supremely important asset and a nation's future lies in their proper development. An investment in children is indeed an investment in the future of a nation. So Government of India adopted several policies and schemes according to the National policy on the welfare of children. One such scheme is Integrated Child Development Services (ICDS). This paper throws light on the functions and role of ICDS in Child development of Kerala

**IndexTerms** **Integrated Child Development Services (ICDS), Anganwadi Centres(AWCs), malnutrition, immunization**

## I.INTRODUCTION

Based on the report of Eight Inter-Ministerial Study Teams set by the planning commission the scheme of Integrated Child Development was evolved. As a centrally sponsored Scheme, 33 experimental projects were started in different parts of the country on 2nd October 1975. Out of the 33 projects one was located in Kerala at Vengara block in Malappuram district. Today, the ICDS Scheme represents one of the world's largest and most unique programs for early childhood development. ICDS is the foremost symbol of India's commitment to her children – India's response to the challenge of providing preschool education on the one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality, on the other. The objective of a meaningful child development policy must be the progressive removal of environmental constraints on child growth and development by providing opportunities for the genetic development potential of children. This implies the optional child health and nutrition and not settling for just child survival. A truly successful child development policy in a developing country like India has to be reflected in the attainment of the overall development of a child.

## II.SIGNIFICANCE OF THE STUDY

Malnutrition among children is a major public health problem in India. Malnourishment in children (stunting, wasting and underweight) fewer than 5 years has reduced as per NHFS-5 (2019-21) from 38.4% to 35.5%, 21.0% to 19.3% and 35.8% to 32.1% respectively as compared to NHFS-4 (2015-16). The reduction in the percentage of malnutrition according to the above data shows a positive sign but the problem still exists in many parts of the country. 80 per cent of a child's mental growth and 40 per cent of physical growth occur within the first six years of life. The deficiency in nutrients leads to diseases, physical and mental disabilities. In this context, the importance of ICDS becomes prominent since it refers to a system providing interventions in nutrition, health and education concerned with the holistic development of the child.

## III.OBJECTIVES

- To examine the role and functions of ICDS
- To analyze the role of ICDS in improving the nutritional status of children.

## IV.MATERIALS AND METHODS

The study is based on both primary and secondary data. The primary data was collected from the beneficiary households of Kottapady Panchayath in Thrissur district, Kerala which constitute fifteen wards. Considering the concentration of three AWCs in the 14th ward which was selected for the study area. A total of fifty beneficiaries were selected and the study mainly concentrated on analyzing the three components of the ICDS programme such as preschool education, Immunization and supplementary nutrition programme. Secondary data was collected from state-specific journals, working papers, reports and journals published by the Social Welfare Department, National Family Health Survey etc.

## V.DISCUSSION

Functions or packages of services of ICDS

1) Supplementary Nutrition Programme (SNP)

Provision of the nutrition supplements to tackle nutritional deficiencies in women and children is one of the most important components. This is one of the common services delivered through Anganwadi Centres (i.e. 300 calories+ 10-12 gram of protein for children up to 6 years ,500 Calories +20-25 gram of protein to pregnant women, nursing mothers and adolescent girls ) through ready meals or in the form of cooked hot meal. In addition to this, it provided vitamin A and iron-folic acid supplements for reducing micronutrient deficiencies among the beneficiaries. The nutrition provided under ICDS is often viewed as a supplement to regular meals rather than a substitute and mainly it is provided to fill the gap between what she needs and what she receives at home. A large number of beneficiaries were approaching the AWC's for food supplement and each AWC's provide food supplement for more than 21 days per month i.e. 26 2 days in a year.

## 2) Early childhood and Preschool Education (PSE)

It is one of the unique ICDS Service components aiming at the social, emotional, cognitive, physical and aesthetic development of the child in the 3-6 years age group through joyful activities and games. Non-formal education is expected to develop the abilities to count identify colors and develop skills

## 3) Immunization

Immunizations such as BCG, DDT, OPV, Measles, Typhoid and Tetanus for pregnant mothers are also provided at the AWCs by the health department on fixed days under antenatal and postnatal care. The AWCs receive medical kits containing basic medicines from the ICDS offices

4) The growth monitoring and promotion component of the ICDS is aimed at early identification of malnutrition and its removal. Children below 3 years are weighed once a month and children between 3-6 years every quarter. Weight for age cards are maintained for all Children and Special care is supposed to be taken for malnourished and risk cases. A card should be given to the mothers of children to educate and sustain their interest in the health of their small children and make them aware of the services offered by the project. Under the health care services, the following activities are also proposed,

- Serial recording of height and weight of children to keep close watch over this nutritional status
- Watch over the other milestones like mental, emotional and cognitive growth and development of the child
- Provide immunization according to the age
- Provide general checkups every three or six months to detect diseases and other symptoms of malnutrition or infection.
- Provide treatment for widely prevalent diseases like diarrhea, dysentery, and upper respiratory tract infections. skin diseases, eye diseases like trachoma and conjunctivitis
- distribution of medicines and vitamin supplements
- Refer serious cases to the appropriate hospitals for specialized treatment.

## VI. FINDINGS

The primary data analyze the previous and present health status of beneficiaries to find out the benefits of nutritional programmes conducted in AWCs. Based on the IAP (Indian Academy of Pediatrics) classification of malnutrition the previous and present health status was analyzed and it found that no one is malnourished. The data expressed in the table given below

Table 1 Health status of children

Sl No	Grade of Malnutrition	Previous Health Status		Present Health status	
		Number of children	Percentage	Number of children	percentage
1	I (Nourished)	16	32	19	38
2	II (Normal)	25	50	28	56
3	III(malnourished)	9	18	3	6
4	IV(severely malnourished)	-	-	-	-
Total		50	100	50	100

(Source: Primary Survey)

By comparing the previous and present health status of children it is found that the supplementary nutrition programme conducted in AWCs was effectively utilized which resulted an improvement in their health status. The percentage of those who belong to Grade I increased to 38 per cent from 32 per cent and those belonging to II Grade also increased to 56 per cent from 50 per cent. The percentage of malnourished children decreased to 6 per cent from 18 per cent. This shows the satisfactory functioning of supplementary nutrition programmes in AWCs.

## CONCLUSION

The nutrition and health component aims to provide effective communication of certain basic health and nutrition messages to women aged 15-45 years to enhance mothers' awareness of their child's needs. Nutrition education to improve storage, utilization and consumption of locally available foods should be launched all over the country. This should be done through terrace farming, kitchen gardens, and small units of poultry and dairy units. ICDS also gives awareness to the community of the right method of cooking through demonstration projects to beneficiaries. Nutritional programmes should be more effective if it is integrated with health services.

## REFERENCES

- Economic Review 2004 -05, 2009-10, 2010-11, 2020-21
- Gopalan C (1989): Women and Nutrition in India - some practical considerations, NF1 Bulletin 10,1-4
- Report of Department of Social Welfare: Integrated Child Development Scheme, Government of India New Delhi Page 2-3
- Ministry of Education and Social Welfare Department: Department of Social Welfare: National Plan of Action International Year of Child (1979) New Delhi

- 5) Ghosh and Schultz (1977): The Feeding and Care of Infants and Young Children, New Delhi
- 6) D.B. Jelliffe: Infant Nutrition 1968 (page 217-225)
- 7) Vinodini. R, The Nutritional Problem and Programmes for Preschool Children 1977 (page 37)
- 8) Tandon.D. N, (1989): Nutritional Intervention through Primary Health Care: Impacts of ICDS projects in India (Pp 67,77-80)

