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APPENDICES

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II. INTERVIEW SCHEDULE

III. ARTICLE PUBLISHED BY THE CANDIDATE
I. BIBLIOGRAPHY


Brajesh Raj Merta, "Impact Assessment of ICDS Intervention on Severely Underweight children at Urban Hubli-Dharwad, Karnataka", *Sree Chithra Tirunal Institute for Medical Sciences and Technology*, Paper No. 4, May 2012.

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II. INTERVIEW SCHEDULE

IMPACT OF INTEGRATED CHILD DEVELOPMENT SCHEME ON THE NUTRITIONAL AND HEALTH STATUS OF CHILDREN IN KANYAKUMARI DISTRICT

Schedule No : 

I. General Information

1. Name :

2. Children Age :

3. Gender : 1-Male 2-Female

4. Birth Order : 1 2 3

5. Address :

6. Mother’s Education : 1- Illiterate 2- Primary 3- Middle School 4- High School 5-Higher Secondary 6- Degree 7-Others

7. Father’s Education : 1- Illiterate 2- Primary 3- Middle School 4- High School 5-Higher Secondary 6- Degree 7-Others

8. Father’s Occupation :

9. Mother’s Occupation :

II. Social Background

1. Religion : 1-Hindu 2-Christian 3-Muslim
2. Caste : 1-FC □ 2-BC □
      3-MBC □ 4-SC □

3. Nature of Family : 1-Nuclear □ 2-Joint □

4. Ownership of House : 1-Own □ 2-Tenant □

5. Nature of Delivery : 1-Normal □ 2-Operation □

6. Place of Delivery : 1-Private Hospital □
      2-Government Hospital □
      3-Primary Health Centre □
      4-Home Delivery □

III. Immunization Status

1. Do you have immunization Chart in hand?  1-Yes / 2- No

2. Immunization Status
   
   2.1 No routine immunization  -  1-Yes / 2- No
   
   2.2 Partially immunized  -  1-Yes / 2- No
   
   2.3 Fully immunized  -  1-Yes / 2- No

3. How is your child's health is general?
   
   1-Very Healthy □  2-Fairly □  3-Unhealthy □
4. Knowledge of Immunization Status According to Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Vaccine</th>
<th>Yes (1)</th>
<th>No (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>BCG</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oral Polio Vaccine 'O' Dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Week</td>
<td>DPT - 1&lt;sup&gt;st&lt;/sup&gt; Dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>IPV - 1&lt;sup&gt;st&lt;/sup&gt; Dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oral Polio Vaccine 1&lt;sup&gt;st&lt;/sup&gt; Dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hepatitis - B 1&lt;sup&gt;st&lt;/sup&gt; Dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hibatitre - 1&lt;sup&gt;st&lt;/sup&gt; Dose / PVC 1&lt;sup&gt;st&lt;/sup&gt; Optional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Week</td>
<td>DPT - 2&lt;sup&gt;nd&lt;/sup&gt; Dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>IPV - 2&lt;sup&gt;nd&lt;/sup&gt; Dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oral Polio Vaccine 2&lt;sup&gt;nd&lt;/sup&gt; Dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hepatitis - B 2&lt;sup&gt;nd&lt;/sup&gt; Dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hibatitre - 2&lt;sup&gt;nd&lt;/sup&gt; Dose / PVC 2&lt;sup&gt;nd&lt;/sup&gt; (Dose) Optional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Week</td>
<td>DPT - 3&lt;sup&gt;rd&lt;/sup&gt; Dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>IPV - 3&lt;sup&gt;rd&lt;/sup&gt; Dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oral Polio Vaccine 3&lt;sup&gt;rd&lt;/sup&gt; Dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hepatitis - B 3&lt;sup&gt;rd&lt;/sup&gt; Dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hibatitre - 3&lt;sup&gt;rd&lt;/sup&gt; Dose / PVC 2&lt;sup&gt;nd&lt;/sup&gt; (Dose) Optional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 months</td>
<td>Rota virus oral vaccine - 1&lt;sup&gt;st&lt;/sup&gt; Dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 months</td>
<td>Rota virus oral vaccine - 2&lt;sup&gt;nd&lt;/sup&gt; Dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 months</td>
<td>Influenza Vaccine - 1&lt;sup&gt;st&lt;/sup&gt; Dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 months</td>
<td>Influenza Vaccine - 2&lt;sup&gt;nd&lt;/sup&gt; Dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 months</td>
<td>Measles Vaccine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>Vaccine(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>---------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 months</td>
<td>Hepatitis A - 1&lt;sup&gt;st&lt;/sup&gt; Dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 months</td>
<td>MMR (Measles, Mumps, Rubella)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 months</td>
<td>DPT - 1&lt;sup&gt;st&lt;/sup&gt; Booster Dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oral Polio Vaccine - 1&lt;sup&gt;st&lt;/sup&gt; Booster Dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hibtitre - 1&lt;sup&gt;st&lt;/sup&gt; Booster / PCV Booster</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Optional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Months</td>
<td>Chicken Pox</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Months</td>
<td>Typhoid Vaccine / Influenza Booster</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Months</td>
<td>Hepatitis A - 2&lt;sup&gt;nd&lt;/sup&gt; Dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 years</td>
<td>DPT - 2&lt;sup&gt;nd&lt;/sup&gt; Booster Dose (Infantrix)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oral Polio Vaccine - 2&lt;sup&gt;nd&lt;/sup&gt; Booster</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Years</td>
<td>MMB Booster</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hepatitis B - 1&lt;sup&gt;st&lt;/sup&gt; Booster</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Colostrums feeding : 1-Yes / 2- No
6. How do you feed your baby ?
   1-Breast Feeding [ ] 2-Baby Food [ ] 3-Both [ ]
7. Initiation of Breast Feeding :
   1-Within 1 hour [ ] 2- 1-3 hours [ ] 3-After 3 hours [ ]
8. How many months/ years you breast feed your children ________ months/ years.
9. Exclusive Breast Feeding : 1-Yes / 2-No
IV. Anganwadi

1. Did you register your child’s name in Anganwadi? 1-Yes / 2- No

2. Attending Anganwadi : 1-Regular 2-Irrugular

3. Location
   3.1 Rural : 1-Yes / 2- No
   3.2 Urban : 1-Yes / 2- No

4. Space Availability : 1-Yes / 2- No

5. Play Area : 1-Yes / 2- No

6. Provision of Pre - School Education : 1-Yes / 2- No

7. Supplementary Nutrition Provided : 1-Yes / 2- No

8. Health Check-up facility for children : 1-Yes / 2- No

9. Provision of Immunization : 1-Yes / 2- No

10. Nutritional and Health Education : 1-Yes / 2- No

11. Provision of Referral Services : 1-Yes / 2- No

12. Importance of Growth Chart : 1-Yes / 2- No

13. Diet knowledge :
   1-Vegetarian 2-Non - Vegetarian 3-Mixed

14. Weight Check -up 3 months only ? 1-Yes / 2- No

15. Weight : Expected for age :

16. Height / Length Check up 3 months only : 1-Yes / 2- No

17. Height / Length Expected for age :

18. BMI
   1-Under weight 2-Normal 3-Over weight 4-Obese
V. **Nutritional Supplementation at Anganwadi**

1. Do you have knowledge about Nutritional Status of the children?
   1-Yes / 2- No

2. Do you have knowledge about assessments of Nutritional Status of the Children? 1-Yes / 2- No

3. Calories :
   1-Proteins   2-Vitamins
   3-Minerals   4-Iron

4. Where Child takes food ?
   1-At Anganwadi   2-At home

5. Mother’s Attitude about Nutritional supplements ?
   1-Positive   2-Negative

6. Mother’s Assessment on Nutritional Status of the child after attending Anganwadi (ICDS) Centre ?
   1-Height gain   2-Weight gain
   3-Health gain   4-All the above

7. Reasons behind not sending the child to the Anganwadi (ICDS) Centre
   1-Restriction at Home   2- Not necessary
   3-Child reluctant to attend Anganwadi (ICDS)

8. What do you feel about the working of the
   A. Anganwadi Scheme
      1.
      2.
B. Anganwadi Peoples

1.

2.

VI. Illness Details

1. Illness Details (last 2 months)

1. Fever : 1-Yes / 2- No

2. Diarrhea : 1-Yes / 2- No

3. Upper Respiratory infection : 1-Yes / 2- No

4. Measles : 1-Yes / 2- No

5. Worm Expulsion : 1-Yes / 2- No

6. Other (Specify) : 1-Yes / 2- No

2. If illness persists, further treatment at ?

1. Government Hospital : 1-Yes / 2- No

2. Private Hospital : 1-Yes / 2- No

3. Primary Health Care Centre : 1-Yes / 2- No

4. Others : 1-Yes / 2- No

VII. Income Formation

1. Occupation Income : Rs.

2. Non - Occupation Income : Rs.

VIII. Monthly Household Expenditure : Rs.
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HOLY CROSS COLLEGE (Autonomous)
Centre for Multidisciplinary Research
Nagercoil

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May this endeavour grow and remain evergreen like an olive tree to create renewed awareness, dimensional consciousness and enlightenment.

- Chief Editor
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Health Status of Under Five Aged Children in the Coastal Villages of Kanyakumari District

S.D. Shanthi, Ph.D. Scholar, Post Graduate and Research Centre, Department of Economics, S.T. Hindu College, Nagercoil.
C.A. Sham Shankar, Assistant Professor and Research Guide, Post Graduate and Research Centre, Department of Economics, S.T. Hindu College, Nagercoil.

Abstract

Child growth is a good indicator of nutritional and health status of both the individual and the community. The aim of the study was to obtain a baseline assessment of the health, nutrition and immunization status among under five aged children in the coastal areas of Kanyakumari district. There are 43 coastal villages in Kanyakumari district. Of these 43 villages 3 villages were randomly selected. The households having under five aged children were visited and all the children of those households were considered for the present study. Thus the total number of children came to 60. The study makes use of a pre-tested interview schedule which includes collection of information on socio-economic status, birth order, feeding practices, morbidity profile, and immunization status for each child. For assessing the nutritional status anthropometric measurement was performed. The immunization status of the study population was poor 68.3% of the children were partially immunized. Similarly the pulse polio immunization was high i.e.99.3%. Upper respiratory infection and fever were the common morbidities prevalent in the study population. The rate of exclusive breast feeding was very low in the study area 50.0% of the children were initiated on breast feeding within 1 hour after birth. It is suggested that malnourished children should be targeted early to prevent malnutrition.

Introduction

Malnutrition prevails around the world and both the developed and developing countries are suffering from the problem of malnourishment. The effect of malnutrition brings devastation in the individuals, communities and ultimately nation’s standard of living. Preschool age is an important stage of life where the nutrition plays an important role and has long lasting effects in the later years of life. Despite the recent peace process, the democratic republic of India still features some of the world worst mortality rates which is present among most vulnerable groups of population those are young children and mothers. Various problems concerning children are still of fairly large dimensions. The incidence of mortality, morbidity and malnutrition among children continue to be alarmingly high. It has also been established that malnutrition and infections diseases causes are supported by malnutrition account for the large incidence of child wastage and childhood diseases.

Prevalence of stunting and underweight are high especially in South Asia where one in every two preschool children are stunted. In most countries there is clear association between the factors like food habits, socio-cultural and government policies, family income, primary health care, poor complementary feeding, socio economic inequality, food consumption pattern, infectious worms, behavioural problems, inheritance, low nutrient intakes etc are the main causes.

Hence to achieve these national polices for children, a National program called Integrated Child Development Services (ICDS) scheme was initiated in the year 1975. The emphasis on child development has been improving the quality of services under Integrated Child Development services and also to improve the delivery of the program components through the coverage of services meant for women and children. Hence the present paper aims in studying the health status of under five aged children in coastal village of Kanyakumari District.
Materials and Methods

An observational study was carried out in the coastal villages of Kanyakumari district. There are 43 coastal villages in Kanyakumari district. Of these 43 villages 3 villages were randomly selected. The households having under five aged children were visited and all the children of those households were considered for the present study. Thus the total number of children came to 60. The study makes use of a pre-tested interview schedule which includes collection of information on socio-economic status, birth order, feeding practices, morbidity profile, and immunization status for each child. For assessing the nutritional status anthropometric measurement was performed.

Results and Discussion

The study was conducted in the three selected coastal villages of Kanyakumari district. The study finds that most of the sample populations were Christians (53.3%) by religion.

Table - 1 : Age and Sex distribution of the Study Population

<table>
<thead>
<tr>
<th>Age Groups (in Months)</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 12</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>12 - 24</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>25 - 36</td>
<td>11</td>
<td>14</td>
<td>25</td>
</tr>
<tr>
<td>37 - 48</td>
<td>8</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>49 - 60</td>
<td>4</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>28 (46.7%)</td>
<td>32 (53.3%)</td>
<td>60 (100%)</td>
</tr>
</tbody>
</table>

Source : Survey Data

Table 1 shows the age-sex distribution of the study population. Females comprised of 53.3% of the study population. Maximum number of children belonged to 25-36 months age. In general the living conditions were poor. Open field defecation is the common feature in the study area.
Table - 2 : Background characteristics of the study population

<table>
<thead>
<tr>
<th>Background characteristics</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Urban</td>
<td>22</td>
<td>36.7</td>
</tr>
<tr>
<td>- Rural</td>
<td>38</td>
<td>63.3</td>
</tr>
<tr>
<td>Mother's Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Illiterate</td>
<td>17</td>
<td>28.3</td>
</tr>
<tr>
<td>- Middle School</td>
<td>22</td>
<td>36.7</td>
</tr>
<tr>
<td>- High School and above</td>
<td>21</td>
<td>35</td>
</tr>
<tr>
<td>Religion</td>
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<tr>
<td>- Hindu</td>
<td>25</td>
<td>41.7</td>
</tr>
<tr>
<td>- Christian</td>
<td>32</td>
<td>53.3</td>
</tr>
<tr>
<td>- Muslim</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Caste</td>
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<td>- SC</td>
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<td>36.7</td>
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<tr>
<td>- MBC</td>
<td>27</td>
<td>45</td>
</tr>
<tr>
<td>- OC</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

*Source : Survey Data*

Table - 2 shows the background characteristics of the study population. 63.3% of the people were in rural area, 36.7% of the mothers have completed middle school level education, 53.3% study population were Christian by religion, 45% of the people belong to MBC community.
Table 3: Health Status of the Study Population

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Order</td>
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</tr>
<tr>
<td>1</td>
<td>22</td>
<td>36.7</td>
</tr>
<tr>
<td>2</td>
<td>28</td>
<td>46.7</td>
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<tr>
<td>&gt;3</td>
<td>10</td>
<td>16.7</td>
</tr>
<tr>
<td>Illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td>10</td>
<td>16.8</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>7</td>
<td>11.6</td>
</tr>
<tr>
<td>Upper Respiratory Infections</td>
<td>36</td>
<td>60.0</td>
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<tr>
<td>Worm expulsion</td>
<td>7</td>
<td>11.6</td>
</tr>
<tr>
<td>Immunization Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partially immunized</td>
<td>41</td>
<td>68.3</td>
</tr>
<tr>
<td>Fully immunized</td>
<td>19</td>
<td>31.7</td>
</tr>
<tr>
<td>Feeding Practices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colostmum Feeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>43</td>
<td>71.7</td>
</tr>
<tr>
<td>No</td>
<td>17</td>
<td>28.3</td>
</tr>
<tr>
<td>Initiation of breast feeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within 1 hour</td>
<td>30</td>
<td>50.0</td>
</tr>
<tr>
<td>1-3 hours</td>
<td>12</td>
<td>20.0</td>
</tr>
<tr>
<td>After 3 hours</td>
<td>18</td>
<td>30.0</td>
</tr>
<tr>
<td>Exclusive breast feeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>28</td>
<td>46.7</td>
</tr>
<tr>
<td>No</td>
<td>32</td>
<td>53.3</td>
</tr>
<tr>
<td>Timely complementary feeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>22</td>
<td>36.7</td>
</tr>
<tr>
<td>No</td>
<td>38</td>
<td>63.3</td>
</tr>
</tbody>
</table>

Source: Survey Data

Table 3 shows the health status of the study population. Percentage of 46.7% of children had a birth order of 2. Upper respiratory infection (60%) was the common illness prevalent in the study population along with fever (16.8%). Since the villages are located in seashore, immunization status and feeding practices were assessed in all children aged two years. Immunization status reveals that 68.3% of the study population was partially immunized and 31.7% was fully immunized. However, it is noted that 99.3% of the children had received pulse polio vaccination during the intensified pulse polio immunization programmes. 46.3% of the respondents were vaccinated by Government facilities. 71.7% of the children are fed with colostrum. Fifty percentage of the respondents initiated on breast feed within 1 hour after birth. The proportion of exclusive breast feeding children was only 46.7% and 63.3% of the children did not receive complementary feeding.
Table 4: Age wise prevalence of underweight, wasting and stunting in the study population

<table>
<thead>
<tr>
<th>Age (in months)</th>
<th>No. of Children</th>
<th>No. of normal children</th>
<th>under weight</th>
<th>wasting</th>
<th>Stunting</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-12</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>12 - 24</td>
<td>7</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>25 - 36</td>
<td>25</td>
<td>20</td>
<td>5</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>37 - 48</td>
<td>15</td>
<td>7</td>
<td>8</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>49 - 60</td>
<td>10</td>
<td>4</td>
<td>6</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>36 (60%)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Survey Data

Table 4 reveals that the prevalence of malnutrition in the study population. Only 60% of the study population where normal. Proportion of under weight was high in the age group of 37-48 months. Proportion of stunting was high in the same age group. Proportion of wasting was high in the age group of 37 - 48 months.

Findings

The study found that 46.7% of the children had a birth order of two. This is in concordance with the two child norm emphasized in the National population policy 2000. The immunization status of the study population was poor 68.3% of the children where partially immunized. Similarly the pulse polio immunization was high i.e.99.3%. Upper respiratory infection and fever were the common morbidities prevalent in the study population. The rate of exclusive breast feeding was very low in the study area 50.0% of the children were initiated on breast feeding within 1 hour after birth.

Conclusion

Child growth is a good indicator of nutritional and health status of both the individual and the community. The aim of the study was to obtain a baseline assessment of the health, nutrition and immunization status among under five aged children in the coastal areas of Kanyakumari district. It is suggested that malnourished children should be targeted early to prevent malnourishment. There is also a great need for nutritional education to target mothers breast feeding and weaning practices, improved sanitation to help to reduce exposure to pathogens and complete and current immunizations, community based nutrition interventions, which promote agricultural skills. Increased food production on limited fertile land, nutritional training, leadership development and health education, are welcome public health tools.

References

2. www.NFHS.nic.in/ed
3. www.kar.nic.in/dwcd