## Paediatrics

# A STUDY ON NUTRITIONAL ASSESSMENT OF CHILDREN AGED 6-12 YEARS ATTENDING PEDIATRIC OUTPATIENT DEPARTMENT 

## Dr. Gandla <br> Mounika

Final Year Post-graduate, Department Of Pediatrics,RMC, Kakinada

Dr. M. S. Raju $\quad$ Professor and Hod Of Pediatrics, Rmc Kakinada
Dr.N.Madhavi Professor of Pediatrics

Dr.G.Poornima*

Assistant Professor Of Pediatrics*Corresponding Author

ABSTRACT Background: Malnutrition begins before birth, usually persists through adolescence and adulthood and can affect anthropometric measurements. Objective: To study the prevalence of wasting and stunting among study subjects and classify them based on age and sex, also the prevalence of nutritional deficiencies among study subjects. Results: Prevalence of underweight in this study was $39 \%$ with higher prevalence in girls $45.8 \%$, with highest among 6 year children ( $68.5 \%$ ) and least among 12 year children. Overall prevalence of stunting was $36.5 \%$ with higher prevalence in girls ( $42.3 \%$ ) than boys ( $32 \%$ ). Prevalence of stunting was highest in children of 6 year age group $55.5 \%$ and least in 12 year children $17.1 \%$. Prevalence of vitamin B deficiency signs was $28 \%$ with $16.5 \%$ among girls and $11.8 \%$ among boys. Prevalence of iron deficiency signs was $65 \%$ among boys and among girls it was $29 \%$ and $36 \%$ respectively. Prevalence of vitamin A deficiency signs was $5.8 \%$ with prevalence in girls $(3.1 \%)$ higher than boys ( $2.6 \%$ ). Conclusion: The overall prevalence of underweight and stunting was higher among girls than among boys, and a significantly higher prevalence of vitamin deficiency signs like iron, vitamin B 12 , vitamin A are seen in girl children than boys emphasizing more focused nutrition of girl child.

## KEYWORDS : Malnutrition, Vitamin deficiency, Underweight, Stunting.

## INTRODUCTION

Girls and women, in particular, face nutritional problems throughout their lives. There's also a correlation between foetal malnutrition and an increased chance of developing chronic diseases as an adult. 1 As a result, preventing malnutrition at all phases of life is critical.

In comparison to other economically poor country like Africa, proportion of underweight children in India is high (36\%) 2. Even in years of significant economic expansion, malnutrition did not decrease.

Large group of studies are focused on nutritional assessment of under 5 year children in India with paucity of literature emphasizing the nutritional status among children of 6 to 12 years. This present study helps in bridging this gap in understanding nutritional assessment of these children in a modest way possible.

## PATIENTSAND METHODS

STUDY DESIGN - Hospital based cross sectional study.
STUDY SETTING-Government General Hospital, Kakinada.

## INCLUSION CRITERIA-

Children of age 6 to 12 years attending OPD.

## EXCLUSION CRITERIA-

1. Children below 6 years and above 12 years of age.
2. Children with major congenital anomalies, genetic problems, chronic diseases.
3. Children of those parents/caregivers who didn't give consent.

## METHODOLOGY:

All the children included in the study were taken anthropometric measurements like weight using digital weighing scale and height by using stadiometer. Classification of the study subjects into underweight was by using World Health Organisation (WHO) grading system for children upto 9 years, for 10 to 12 years children by CDC grading and grading of stunting by using WHO grading system only.

Prevalence of iron deficiency was identified by signs like pallor, nail changes like spooning and signs of vitamin A deficiency was noted by signs like conjunctival xerosis, bitots spots. Signs of dental caries and signs of vitamin B deficiency like glossitis, chelitis, angular stomatitis, aphthous ulcers have also been checked in all study subjects.

STUDY PERIOD: The study period was one and half years, i.e., 1st

January 2020 to 30th June 2021
STUDY TOOLS : Digital Weighing Scale, Stadiometer
RESULTS
Table 1. GRADING OF WEIGHT FOR AGE OF 6-9YEAR OLD BOYS STUDIED (according to WHO classification)

| AGE | TOTAL | NORM <br> AL | MODERATELY <br> UNDERWEIGH <br> T <br> $<-2 ~ S . D . ~$ | SEVERELY <br> UNDERWEIGH <br> T <br> $<-3 ~ S . D . ~$ | TOTAL |
| :--- | :--- | :--- | :--- | :--- | :--- |
| 6 | 30 | 8 | 12 | 10 | $73.3 \%$ |
| 7 | 40 | 20 | 12 | 8 | $50 \%$ |
| 8 | 30 | 22 | 5 | 3 | $26.6 \%$ |
| 9 | 30 | 24 | 4 | 2 | $20 \%$ |

This table shows grading of weight for age for 6 to 9 year old children with majority of boys with underweight belonged to 6 years ( $73.3 \%$ )

Table 2. GRADING OF WEIGHT FORAGE OF 10-12 YEAR OLD BOYS STUDIED (according to CDC grading)

| AGE | TOTAL | NORMAL | UNDERWEIGHT <br> $<-2$ S.D. | PREVALENCE |
| :--- | :--- | :--- | :--- | :--- |
| 10 | 25 | 20 | 5 | $20 \%$ |
| 11 | 35 | 29 | 6 | $17.1 \%$ |
| 12 | 20 | 17 | 3 | $15 \%$ |

The above table shows CDC grading of weight for age for boys of 10 to 12 years with underweight. children having weight for age $<-2$ S.D. prevalence of underweight among 10 year old boys was $20 \%$ and among 11 and 12 year old boys were $17.1 \%$ and $15 \%$ respectively .

Table 3. GRADING OF WEIGHT FORAGE OF 6-9 YEAR OLD GIRLS STUDIED ( according to WHO classification )

| AGE | TOT <br> AL | NOR <br> MAL | MODERATELY <br> UNDERWEIGH <br> T<-2 S.D. | SEVERELY <br> UNDERWEI <br> GHT <br> $<-3$ S.D. | PREVALEN <br> CE |
| :--- | :--- | :--- | :--- | :--- | :--- |
| 6 | 24 | 9 | 2 | 13 | $62.5 \%$ |
| 7 | 30 | 12 | 9 | 9 | $60 \%$ |
| 8 | 35 | 20 | 8 | 7 | $42.8 \%$ |
| 9 | 26 | 15 | 5 | 6 | $42.3 \%$ |

This table shows grading of weight for age among girls with highest number of girls with underweight were 6 year old with $62.5 \%$.

Table 4. GRADING OF WEIGHT FOR AGE AMONG 10-12 YEAR GIRLS STUDIED (according to CDC grading)

| AGE | TOTAL | NORMAL | UNDERWEIGHT <br> $<-2$ S.D. | PREVALENCE |
| :--- | :--- | :--- | :--- | :--- |
| 10 | 25 | 15 | 10 | $40 \%$ |
| 11 | 15 | 10 | 5 | $33.3 \%$ |
| 12 | 15 | 11 | 4 | $26.6 \%$ |

Above table shows grading of weight for age among 10 to 12 year old children. This showed $40 \%$, $33.3 \%$ and $26.6 \%$ prevalence among children of 10,11 and 12 years respectively.

Table 5. WHO GRADING OF HEIGHT FOR AGE AMONG BOYS STUDIED -

| AGE | TOTAL | NORMAL | STUNTED | SEVERELY <br> STUNTED | PREVAL <br> ENCE |
| :--- | :--- | :--- | :--- | :--- | :--- |
| 6 | 30 | 15 | 3 | 12 | $50 \%$ |
| 7 | 40 | 25 | 3 | 12 | $37.5 \%$ |
| 8 | 30 | 20 | 6 | 4 | $33 \%$ |
| 9 | 30 | 21 | 4 | 5 | $30 \%$ |
| 10 | 25 | 18 | 5 | 2 | $28 \%$ |
| 11 | 35 | 27 | 6 | 2 | $22.8 \%$ |
| 12 | 20 | 17 | 3 | 0 | $15 \%$ |
| TOTAL | 210 | 143 | 30 | 37 | $67(32 \%)$ |

Above table shows prevalence of stunting among boys included in study. Highest prevalence of stunting was noted among lower age groups 6 and 7 with $50 \%$ and $37.5 \%$ respectively.

Table 6. WHO GRADING OF HEIGHT FOR AGE AMONG GIRLS STUDIED-

| AGE | TOTAL | NORMAL | STUNTED | SEVERELY <br> STUNTED | PREVAL <br> ENCE |
| :--- | :--- | :--- | :--- | :--- | :--- |
| 6 | 24 | 9 | 4 | 11 | $62.5 \%$ |
| 7 | 30 | 10 | 2 | 18 | $66.6 \%$ |
| 8 | 35 | 22 | 7 | 6 | $37.1 \%$ |
| 9 | 26 | 17 | 5 | 4 | $34.6 \%$ |
| 10 | 25 | 17 | 4 | 4 | $32 \%$ |
| 11 | 15 | 11 | 2 | 2 | $26.6 \%$ |
| 12 | 15 | 12 | 2 | 1 | $20 \%$ |
| Total | 170 | 98 | 26 | 46 | $72(42.3 \%)$ |

Above table depicts grades of stunting among girls in the study group. Highest prevalence was noted among lower age groups with 62.5\% prevalence among 6 year girls and $66.6 \%$ among 7 year girls.

Table 7. PREVALENCE OF VITAMIN B DEFICIENCY SIGNS AMONG STUDY SUBJECTS-

| AGE | TOTAL | GIRLS | BOYS | PREVALENCE |
| :--- | :--- | :--- | :--- | :--- |
| 6 | 54 | 14 | 12 | $26(48.1 \%)$ |
| 7 | 70 | 10 | 9 | $19(27.1 \%)$ |
| 8 | 65 | 11 | 6 | $17(26 \%)$ |
| 9 | 56 | 9 | 5 | $14(25 \%)$ |
| 10 | 50 | 8 | 4 | $12(24 \%)$ |
| 11 | 50 | 7 | 5 | $12(24 \%)$ |
| 12 | 35 | 4 | 4 | $8(22.8 \%)$ |
| Total | 380 | $63(16.5 \%)$ | $45(11.8 \%)$ | $108(28 \%)$ |

Above table shows vitamin B deficiency signs among children studied. Highest prevalence was noted in children of 6 year age group (48.1\%). Among all the children studied prevalence among girls ( $16.5 \%$ ) is high when compared to boys ( $11.8 \%$ ) P value is $<0.05$ for both age and sex which shows statistically significance.

Table 8. PREVALENCE OF IRON DEFICIENCY SIGNS AMONG STUDY SUBJECTS -

| AGE | TOTAL | GIRLS | BOYS | Prevalence |
| :--- | :--- | :--- | :--- | :--- |
| 6 | 54 | 21 | 22 | $43(79.6 \%)$ |
| 7 | 70 | 27 | 24 | $51(72.8 \%)$ |
| 8 | 65 | 24 | 21 | $45(69.2 \%)$ |


| 9 | 56 | 21 | 18 | $39(69.6 \%)$ |
| :--- | :--- | :--- | :--- | :--- |
| 10 | 50 | 22 | 10 | $32(64 \%)$ |
| 11 | 50 | 12 | 10 | $22(44 \%)$ |
| 12 | 35 | 10 | 5 | $15(42.8 \%)$ |
| TOTAL | 380 | $137(36 \%)$ | $110(29 \%)$ | $247(65 \%)$ |

$P$ value $<0.05$

Above table shows prevalence of iron deficiency signs among children. Highest prevalence was noted in 6 year age children (79.6\%) with lowest prevalence among children of 12 year age group ( $42.8 \%$ ). On a whole In comparison between boys and girls, girls (36\%) had high prevalence of iron deficiency than boys (29\%). Overall prevalence of iron deficiency signs among study subjects is $65 \%$ in this study. $P$ value is $<0.05$ which shows statistical significance.

Table 9. PREVALENCE OF VITAMIN A DEFICIENCY SIGNS AMONG STUDY SUBJECTS -

| AGE | TOTAL | BOYS | GIRLS | TOTAL |
| :--- | :--- | :--- | :--- | :--- |
| 6 | 54 | 4 | 5 | $9(16 \%)$ |
| 7 | 70 | 3 | 4 | $7(10 \%)$ |
| 8 | 65 | 0 | 2 | $2(3 \%)$ |
| 9 | 56 | 2 | 1 | $3(5.3 \%)$ |
| 10 | 50 | 1 | 0 | $1(2 \%)$ |
| 11 | 50 | 0 | 0 | 0 |
| 12 | 35 | 0 | 0 | 0 |
| TOTAL | 380 | $10(2.6 \%)$ | $12(3.1 \%)$ | $22(5.8 \%)$ |

$P$ value $>0.05$ statistically insignificant
The above table shows prevalence of vitamin A deficiency signs among all the children studied. Highest prevalence was seen in children of 6 year group children ( $16 \%$ ). Girls have a slightly high prevalence (3.1\%) when compared to boys ( $2.6 \%$ ).

## DISCUSSION

The present study aims at assessing the nutritional status of children of 6 to 12 years attending outpatient department, and prevalence of wasting, stunting and specific nutritional deficiencies in the studied children. Child growth is a recognised as an important public health indicator for monitoring nutritional status and health in a population.

According to recent NFHS 5 reports, prevalence of underweight was $32.1 \%$ and stunting was $35.5 \%$ among under 5 children and pitfall of these reports are that it doesn't include children of 6 to 12 years.

## PREVALENCE OF UNDERWEIGHT BASED ON GENDER

 WISE DISTRIBUTION OF STUDY SUBJECTS -In the present study, a higher prevalence of prevalence of underweight Was noted among girls $45.8 \%(78 / 170)$ when compared to boys $33.3 \%$ (70/210). Some other studies which showed similar higher prevalence among girls were Shashank et $\mathrm{al}^{4}$ (girls $38.6 \%$ and boys $31.4 \%$ ) and Cynthia et al7 which also observed higher prevalence of underweight among girls.

TABLE 10. COMPARISON OF UNDERWEIGHT BASED ON GENDER WISE DISTRIBUTION OF STUDY SUBJECTS -

| AUTHOR | YEAR | PREVALENCE <br> AMONG BOYS | PREVALENCE <br> AMONG GIRLS |
| :--- | :--- | :--- | :--- |
| Sandeep et al | 2018 | $50 \%$ | $49 \%$ |
| Shashank et al | 2016 | $31.4 \%$ | $38.6 \%$ |
| Chandramohan <br> et al | 2015 | $55 \%$ | $47 \%$ |
| Mondal et al | 2015 | $39.7 \%$ | $36.5 \%$ |
| Amruth et al | 2015 | $31.3 \%$ | $21.3 \%$ |
| Shivaprakash <br> et al | 2015 | $32.3 \%$ | $28.3 \%$ |
| Srivatsava et al | 2012 | $30 \%$ | $37 \%$ |
| Present study |  | $33.3 \%$ | $45.8 \%$ |

## PREVALENCE OF STUNTING-

Present study revealed a total prevalence of stunting of $36.5 \%$ (139/380) among children included with p value $<0.05$ showing statistical significance.

The prevalence noted was higher when compared to other studies like Shivaprakash et al ${ }^{8}$ (27.8\%), Srivatsava et a ${ }^{15}$ ( $19.9 \%$ ), Fazili et al ${ }^{15}$ (9.25\%), Chamar et al16(12.2\%), kumawat et al ${ }^{17}$ (9.8\%), shashank et al4(25\%), Amruth et al 9(19.2\%).

Prevalence noted in this study was comparatively lower than studies like Sandeep et al ${ }^{3}$ ( $49 \%$ ), Sethy et al ${ }^{11}(42 \%)$, Sati \& Dahiya et $\mathrm{al}^{10}$ (45.7\%).

TABLE 11. COMPARISON OF PREVALENCE OF STUNTING WITH OTHER STUDIES -

| AUTHOR | YEAR | PREVALENCE |
| :--- | :--- | :--- |
| Sandeep et al | 2018 | $49 \%$ |
| Sethy et al | 2017 | $42 \%$ |
| Kumawat et al | 2016 | $9.86 \%$ |
| Shashank et al | 2016 | $25 \%$ |
| Amruth et al | 2015 | $19.2 \%$ |
| Chamar et al | 2015 | $12.2 \%$ |
| Shivaprakash et al | 2014 | $27.8 \%$ |
| Srivatsava et al | 2012 | $19.9 \%$ |
| Fazili et al | 2012 | $9.25 \%$ |
| Sati, dahiya et al | 2012 | $45.7 \%$ |
| Present study |  | $36.5 \%$ |

PREVALENCE OF STUNTING BASED ON GENDER WISE DISTRIBUTION -
This shows higher prevalence of stunting among girls in the study. This is similar to other studies done by Shashank et al4, Srivatsava et al ${ }^{5}$, and kumar et al ${ }^{6}$.

TABLE 12. COMPARISON OF PREVALENCE OF STUNTING AMONG STUDY SUBJECTS BASED ON GENDER WISE DISTRIBUTION WITH OTHER STUDIES -

| AUTHOR | YEAR | PREVALENCE <br> AMONG BOYS | PREVALENCE <br> AMONG GIRLS |
| :--- | :--- | :--- | :--- |
| Kumar et al | 2019 | $13 \%$ | $23 \%$ |
| Sandeep et al | 2018 | $50 \%$ | $49 \%$ |
| Shashank et al | 2016 | $24.2 \%$ | $26.4 \%$ |
| Mondal et al | 2015 | $26.1 \%$ | $22.9 \%$ |
| Shivaprakash et al | 2015 | $29.1 \%$ | $26.5 \%$ |
| Amruth et al | 2015 | $22.4 \%$ | $15.7 \%$ |
| Srivatsava et al | 2012 | $18 \%$ | $22 \%$ |
| Present study |  | $32 \%$ | $42.3 \%$ |

## PREVALENCE OF IRON DEFICIENCY SIGNS -

In comparison with other studies, Errayya et al ${ }^{12}$ found $50 \%$ prevalence of anaemia with $29 \%$ among girls and $21 \%$ among boys. Srivatsava et al 5 found overall prevalence of $37.5 \%$ with higher prevalence in girls ( $42.8 \%$ ) when compared to boys ( $33.7 \%$ ). Hina, kausar et al ${ }^{14}$ found $22.7 \%$ prevalence with $27.8 \%$ among girls and $16.9 \%$ among boys.

TABLE 13. COMPARISON OF PREVALENCE OF IRON DEFICIENCY AMONG STUDY SUBJECTS WITH OTHER STUDIES -

| AUTHOR | YEAR | PREVALENCE |
| :--- | :--- | :--- |
| Praveen kumar et al | 2021 | $22.6 \%$ |
| Sandeep et al | 2018 | $9 \%$ |
| Hina, kausar et al | 2016 | $22.7 \%$ |
| Errayya et al | 2014 | $50 \%$ |
| Shivaprakash et al | 2014 | $25.4 \%$ |
| Srivatsava et al | 2012 | $37.5 \%$ |
| Present study |  | $65 \%$ |

## PREVALENCE OFVITAMINADEFICIENCY -

In comparison with other studies, Errayya et al 12 showed 19\% prevalence with $11.6 \%$ among boys and $7.5 \%$ among girls. Nongrum et al 19 found prevalence of $5.9 \%$ with $7.3 \%$ among boys and $4.2 \%$ among girls.

TABLE 14. COMPARISON OF PREVALENCE OF VITAMIN A DEFICIENCY AMONG STUDY SUBJECTS WITH OTHER STUDIES -

| AUTHOR | YEAR | PREVALENCE |
| :--- | :--- | :--- |
| Batta M. et al | 2016 | $7.18 \%$ |
| Nongrum et al | 2015 | $5.9 \%$ |


| Errayya et al | 2014 | $19 \%$ |
| :--- | :--- | :--- |
| Srivatsava et al | 2012 | $3.4 \%$ |
| Shivaprakash et al | 2014 | $20.7 \%$ |
| Present study |  | $5.8 \%$ |

## PREVALENCE OF VITAMIN B DEFICIENCY SIGNS -

Comparing with other studies like Praveen et al 13 found prevalence of $18 \%$ and Batta M. et al 18 found prevalence of $18 \%$.

TABLE 15. COMPARISON OF PREVALENCE OF VITAMIN B DEFICIENCY SIGNS WITH OTHER STUDIES -

| AUTHOR | YEAR | PREVALENCE |
| :--- | :--- | :--- |
| Praveen kumar et al | 2021 | $18 \%$ |
| Batta M. et al | 2016 | $18 \%$ |
| Present study |  | $28 \%$ |

## SUMMARY

1. Prevalence of underweight in this study was $39 \%$ with highe prevalence in girls $45.8 \%$ and $33.3 \%$ in boys emphasizing need of improvement in nutrition of girl child.
2. Prevalence of underweight was highest among 6 year children ( $68.5 \%$ ) and least in 12 year children ( $20 \%$ ) with significant p value $<0.05$.
3. Overall prevalence of stunting was $36.5 \%$ with higher prevalence in girls (42.3\%) than boys (32\%)
4. Prevalence of stunting was highest in children of 6 year age group $55.5 \%$ and least in 12 year children $17.1 \%$ with significant $p$ value $<0.05$.
5. Prevalence of vitamin B deficiency signs was $28 \%$ with $16.5 \%$ among girls and $11.8 \%$ among boys with statistically significant p value $<0.05$.
6. Prevalence of iron deficiency signs was $65 \%$ with prevalence among boys and girls was $29 \%$ and $36 \%$ respectively ( p value $<0.05$, statistically significant)
7. Prevalence of vitamin A deficiency signs was $5.8 \%$ with prevalence in girls (3.1\%) higher than boys (2.6\%).

## Conclusion:

The overall prevalence of underweight and stunting was higher among girls than among boys, and a significantly higher prevalence of vitamin deficiency signs like iron, vitamin B 12, vitamin A are seen in girl children than boys emphasizing more focused nutrition of girl child

## REFERENCES

Adolescent nutrition : A review of situation in selected south -east Asian countries WHO
2. United nations children's fund: (2013) : IMPROVING CHILD NUTRITION: the achievable imperative for global progres
3. Assessment of nutritional status of primary school children in urban field practice area Vijayapura Sandeep G. Yankanchi, Praveen Ganganahalli*, Rekha Udgiri, Shailaja S Patil International Journal of Community Medicine and Public Health|February 2018 Vol 5 |Issue 2
4. NUTRITIONAL STATUS OF SCHOOL GOING CHILDREN BETWEEN THE AGE GROUP OF 6-12 YRS IN RURAL AREA OF BIJPAUR DISTRICT Shashank National Journal of Community Medicine | Volume 7 $\mid$ Issue 5 $\mid$ May 2016
5. Srivastava A, Mahmood SE, Srivastava PM, Shrotriya VP, Kumar B. Nutritional status of school-age children - A scenario of urban slums in India. Arch Pub Health. 2012 70: 1-8
6. Kumar H, Kumar D, Kumar B, Sinha RK, Singh R. Nutritional assessment of rural children (6-12 years) of north bihar: A crosssectional study. Indian J Child Health 2019; February 17
7. Cynthia Subhaprada S. Nutritional status of government primary school children in an Urban Slum, Kurnool, Andhra Pradesh. Int J Current Med Appl Sci 2015; 6(3): 167 170.
8. Shivaprakash, N. C., Joseph, R. B. (2014). Nutritional status of rural school going children (6-12 Years) of Mandya District, Karnataka. International Journal of Scientific Study, 2(2), 39-43.
9. Astudy on nutritional status and morbidity pattern among primary school children in Sullia town, South India. Amruth M, Kumar S, Kulkarni AG, Kamble SV, Ismai IM Indian Journal of Basic and Applied Medical Research; September 2015: Vol. 4, Issue- 4, P. 100-112
10. Sati V, Dahiya S (2012) Nutritional Assessment of Rural SchoolGoing Children (7-9 Years) of Hisar District, Haryana. 1:363
11. Sethy G, Jena D, Jena P, Pradhan S, Biswas T. Prevalence of malnutrition among under five children of urban slums of Berhampur, Odisha, India: a community a community based crosssectional study. Int J Contemp Pediatrics 2017; 4(6): 2180-2186
12. A study on nutritional status and micronutrient deficiencies among primary schoo children, errayya et al, p-ISSN: 2279-0861.Volume 13, Issue 12 Ver. VIII (Dec. 2014), PP 20-23
13. A Study on Health Status of Children Studying in Government Primary Schools in Field Practice Area of Rural Health Centre, Vutoor, Karimnagar Praveen Kumar J Cont Med ADent Jan - Apr 2021,Volume 9,Issue 1
14. Kausar H, Sambutwad RC, Shafee M. Prevalence of morbidity and morbidity
pattern among primary school children in rural area of Jalna, Maharashtra, India. Int J Community Med Public Health 2016; 3:1623-27.
15. Fazili A, Mir AA, Pandit IM, Bhat IA, Rohul J, Shamila H. Nutritional Status of School Age Children (5-14 years) in a Rural Health Block of North India (Kashmir) Using WHO Z-Score System. Online J HealthAllied Scs. 2012;11(2):2.
16. Chamar, N. (2015). Assessment of nutritional status of school children: Their influence. M.Sc. (Home science). Thesis (Unpublished). Sardar krushi nagar dantiwada Agricultural Gujarat.
17. A descriptive cross-sectional study to assess prevalence of malnutrition in school children 6-14 years of age in rural and urban area of Bikaner, Rajasthan, IndiaInternational Journal of Community Medicine and Public Health Kumawat R et al. Int J Community Med Public Health. 2016 May;3(5):1079-1083
18. Batta M, Gupta N, Goyal G, Jain A. Vitamin deficiency prevalence in primary school children in Punjab, India. Int J Res Med Sci 2016;4:5176-9.
19. Nongrum MS, Kharkongor GC. High prevalence of vitamin A deficiency among children in Meghalaya and the underlying social factors. Indian J Child Health. 2015;2(2):59-63.

