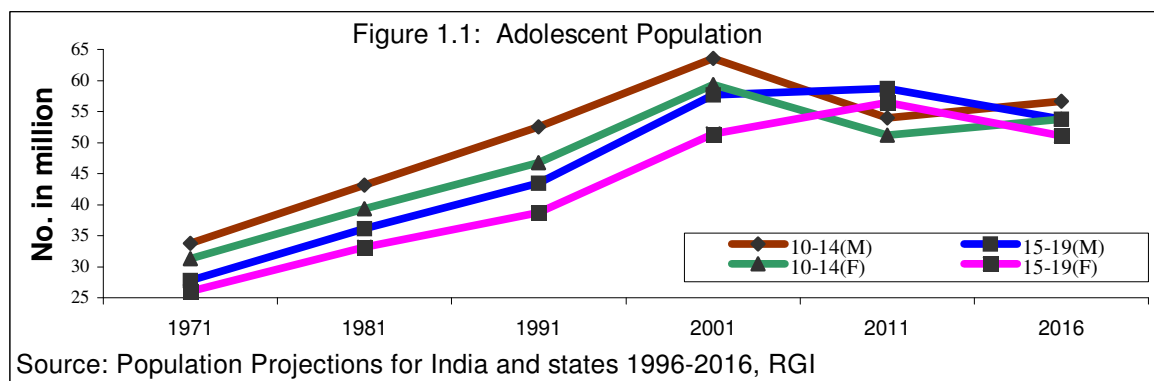


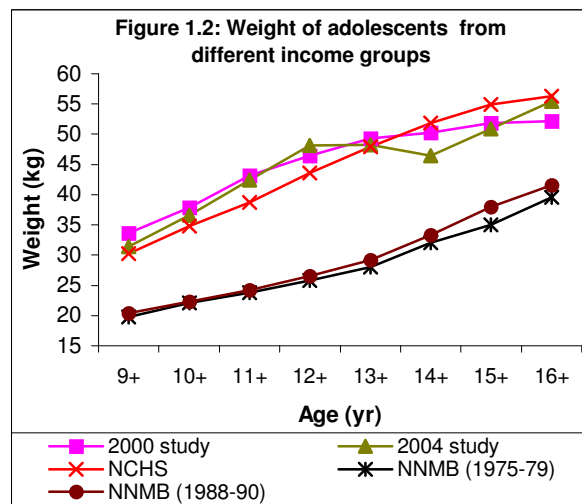
## 1. INTRODUCTION

Pregnant and lactating women have been identified as a vulnerable group from nutritional point of view and food supplements are being provided to them under the ICDS programme. However, data from the ICDS reports suggest that only one-fifth to one-fourth of these women come to the anganwadis to take the food supplements; majority do not come everyday. Food supplements provided in the ICDS are usually not treated as addition to home food but as substitute for it. Food supplementation is not targeted to undernourished women but is given to any one who comes to the anganwadi. Women who get food supplementation are not persuaded to have antenatal care. As a result of all of these problems there has not been any substantial improvement in the dietary intake or nutritional status of pregnant and lactating women or course and out come of pregnancy. There is an urgent need to identify undernourished pregnant and lactating women, give them nutrition and health education, antenatal care and additional food in a manner that that they can access so that there is improvement in their nutritional status.



India is undergoing demographic transition and the current decade is witnessing

the largest increase in the population of adolescents (Figure 1.1). Adolescents, who are undergoing rapid growth and development, are one of the nutritionally vulnerable groups. Data from NNMB surveys indicate that there is considerable undernutrition among adolescent girls from rural low-income group (Figure 1.2). Data from NFHS-II indicate that the median age at marriage of girls in India is 16 years and 61% of all girls were married before the age of 18. The mean age at first birth is 19.2. Undernutrition, anaemia and poor antenatal care inevitably



lead not only to increased maternal morbidity but also to higher incidence of low birth weight and perinatal mortality. Poor childrearing practices of these girls will add to infant morbidity and undernutrition, thus perpetuating the intergenerational cycle of under- nutrition. In spite of these well documented problems, so far adolescent girls have not got any benefit from the ongoing ICDS programme (Table 1.1). They cannot come to anganwadi every day to get food supplements. There is a need to explore mechanisms for identifying all adolescent girls, providing them nutrition and health education, identify those who are under nourished, provide them with food supplements and assess whether their nutritional status improves with these supplements.

Age	Mean BMI	Underweight %	Overweight %
15-39	19.3	38.8	1.7
20-24	19.3	41.8	3.6
25-29	19.8	39.1	7.3
30-34	20.4	35.0	11.7
35-49	21.1	31.1	16.8
All	20.3	35.8	10.6

*Source NFHS-II*