

Assess the Health Status of Primary School Children (Age 9-12 Years) with a View to Organize the Health Education Program

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Abstract

School health is an economical and powerful means of raising health of the community. School can also provide a setting to introduce health information to the children. Health habits formed at this stage will be carried forward to the adult age, old age and even to the next generations. Preventive measures taken during this period of growth may have a beneficial lifelong effect. This study was conducted using a quantitative non-experimental approach using a descriptive design. Purposive sampling was used to select 60 primary schools children using an inclusion and exclusion criteria. Data was collected using demographic variables and observation checklist. 70% primary school children were having good level of health status. The mean score of personal hygiene was (34.2) which shows that there is poor hygienic practices (daily bathing, daily teeth brushing, hair combing, mouth rising after meal and nail trimming) in primary school children. This study concluded that the problems related to personal hygiene and mouth hygiene such as enamel discoloration, dental caries were significantly higher in primary school children. These problems can be eradicated by providing proper health education and guidance to the school children.

Keywords: Health status; School children; Health education program.

Introduction

Today's children are the adults of tomorrow. Their health & safety will be major factor in determining the health of the coming generation, so they need to be safeguarded against physical and mental illness within the school environment. Primary school age period is the most important part of children's life. During this period children are subjected to rapid physical, mental and emotional changes. They need health supervision and guidance. The school is the first experience of group living outside the home. It presents the child with a new social and mental experience and also imposes upon him certain new strains both physical and mental.

As per annual status of education report (ASER) 2012, 96.5% of all rural children between the ages of 6 to 14 years were enrolled in schools. In India the total enrollment of boys of age group 6 to 10

years in primary schools is 73.20% and girls are 59.13% and the sum total of boys and girls is 66.40%. In Himachal Pradesh 86.96% of boys of age group 6 to 10 years are enrolled in primary schools and the 82.87% girls. The sum total is 84.95%.

School helps to promote and protect the health of children prevent and control diseases and maintain their health. School health helps the children to develop favorable attitude towards the life.

Objectives

1. To assess the health status of primary school children.
2. To determine the association of health status with demographic variables.
3. To organize health education program in selected schools to improve knowledge.

Assumption

- Assessment of the health status of the children may help in the early identification and treatment

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of the minor ailments and aid in prevention.

- Low socioeconomic status leads to poor health.

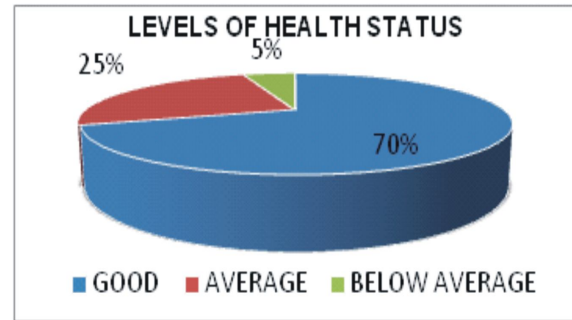
Methodology

A quantitative, non-experimental, descriptive study was conducted in the government primary schools of Palampur, Kangra (Himachal Pradesh) during June 2014. A total of 60 primary schools children were selected using purposive sampling. A demographic variables and observation checklist on health assessment with 10 items were used to assess the health status of the primary schools children.

Observation checklist was consists of following areas:

1. *Anthropometric Measurement*
2. *Personal Hygiene:* It included presence or absence of daily bathing, daily teeth brushing, mouth rinsing after meal, hair clean and combed, nail trimmed.
3. *Head:* was observed for the presence of flag sign and presence of pediculi and dandruff.
4. *Eyes:* were assessed for vision and presence of discharge, infection and squint.
5. *Ear:* were assessed for the normal hearing and presence of any discharge and infection.
6. *Mouth:* Mouth was assessed for presence of halitosis, ulcer of mouth and tongue, enamel discoloration, plaque, bleeding from gums dental caries.
7. *Skin:* Skin was assessed for the presence of dermatitis, scabies, and presence of pyoderma.
8. *Neck:* was assessed for the presence of goiter.
9. *Anemia:* was assessed for the presence of pallor on tongue, presence of pallor on nail beds and presence of pallor on conjunctiva.
10. *Behavioral Problems:* were assessed by using

Figure 1: Pie diagram showing levels of health status of primary school children



self-reporting and observation technique for nail biting and thumb sucking.

A pilot study was conducted on 10 primary schools children to establish the validity and reliability. Some of the modifications were made in the tool after the pilot study. Collected data were analyzed using descriptive (frequency, mean, standard deviation, range) and inferential statistics (chi-square, t-test) at 0.05 level of significance.

Findings

Findings of the study revealed that 46.66% of school children were in the age group of 9-10. Majority 58.4% of primary school children were female and rest were male child. Type of family, 56.7% of the school children belongs to nuclear family. As per the education of the mother 31.7% mothers were completed their primary and secondary education. 70% primary school children were having good level of health status.

In area wise frequency and distribution of health status in the primary school children, the mean score of all areas shows good health habits and signs except in the areas of personal hygiene and head. The mean score of daily teeth brushing, nail trimming and presence of dandruff is 53.33 and for daily bathing the mean score is 36.66 in primary school children which shows there is lack of awareness in these

Table 1: Frequency and percentage distribution of primary school children according to BMI

Categories of BMI	Male (n=25)	Female (n=35)	Total (N=60)
Thin (below 5 th percentile)	22	24	46
Normal (5 th -85 th percentile)	03	11	14
Overweight (85 th -95 th percentile)	00	00	00
Obese (more than 95 th percentile)	00	00	00

areas. The mean score of neck problem is 60 which mean no cases of goiter were found in primary school children. 22 boys and 24 girls of the primary school with the age group of 9-12 years were thin (below 5th percentile). The chi square values showing the significant association of age with the level of health status in the primary school children at 0.05 level of significant. Thus it is revealed that age had some effect on health status in the children.

Conclusion

It was concluded on the basis of the findings of the study that the problems related to personal hygiene and mouth hygiene such as enamel discoloration, dental caries were significantly higher in primary school children. These problems can be eradicated by providing proper health education and guidance to the school children.

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