
Identification of Health Problems of School Children in Selected Rural and Urban Government Primary Schools at Ranga Reddy District, T.S.

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ABSTRACT

A Descriptive survey was undertaken to assess the health problems of school children in selected rural and urban government primary schools at Ranga Reddy district, Telangana. Identify the health problems of School children in Rural and Urban primary schools. Compare the health problems of school children among rural and urban primary schools. Analyze the relationship of selected Health Problems with Selected Demographic Variables. Prepare an information module to parents and teachers on prevention, early identification of health problems and referral services. Structured Questionnaire was prepared by the investigator and Physical examination was done to assess the health problems. School children studying in selected Government Primary schools were selected through Cluster Sampling and Simple Random Technique. Generally, the school children were suffering with pediculosis, conjunctivitis, visual disturbances, wax, dental caries, Upper respiratory tract infections, Warm infestations and Scabies. Health Problems were identified among 200 (100 rural and 100 urban) Primary School Children. In urban area Ear Problems 61%, Nasal problems 68%, Throat problems 48%, Dental problems 49%, Musculo skeletal problems 32%, skin problems 79% and Nutritional deficiency problems 56%. In rural area Ear problems 59%, Nasal problems 71%, Throat problems 30%, Dental problems 49%, Musculo skeletal problems 32%, skin problems 59% and Nutritional deficiency problems 52%. In Rural area nasal problems were 35.5%, Ear and Skin problems were 29.5%, nutritional deficiency problems were 26%, dental problems were 24.5%, muscle skeletal problems were 16%, throat problems were 15%, in urban area skin problems were 39.5% , nasal problems were 34%, ear problems were 30.5%, nutritional problems were 28%, dental problems were 24.5%, throat problems were 24%, Musculo skeletal problems were 16%. When comparing rural and urban areas majority (39.5%) of children were suffering with skin problems where as in rural areas majority (35.5%) of children were suffering with nasal problems. Then next being in order nasal problems (34%), ear problems 30.5% in urban areas. Then next being in order were skin and ear problems were 29.9% and least throat problems were not found in urban areas, only 1% found in rural areas. Significant association was found with health problems and type of family in rural schools. The obtained Chi square value in rural area was 26.799, table value was 9.488 with degree of freedom 4, at 0.05 level of significance showed that there is significant association between type of family and health problems. There was also significant association between health problems and Income per month. The obtained Chi square value in rural area was 2.233 and table value 2.447 with degree of freedom 6. The obtained Chi square value in Urban area was 5.131 and table value 2.447 with degree of freedom 6. An information module was prepared on prevention, early identification of health problems and referral services and was provided to the teachers and parents.

Keywords: *Health Problems, School children, Urban Government, Rural Government.*

INTRODUCTION

*“A child is a treasure, so precious, so dear, a blessing
That is more wonderful with every passing year”*

Director AIIMS 2000

Health is a state of physical, mental and social well being not merely an absence of disease or infirmity. Health is a condition of well being, free of disease or infirmity and a basic and universal human right. The words health and happiness designate distinct life experience whose relationship is neither fixed nor constant. Failure to distinguish happiness from health implies that any disturbance in happiness, however minimal, may come to be perceived as a health problem¹. Children are priceless resources and any nation which neglects them would do so at its peril. The health of children is of fundamental importance in every country. Health of the children is wealth of the Nation [2].

Children between 5-10 years are primary school age children about 30% population is comprised of this group. The Government of India constituted a school health committee to assess the standards of Health³. The medical examination will be carried out at least twice during school years, viz. at the time of first admission to schools and in Class V. Parents will be requested to be present at the time of medical examination of their children [3].

Health assessment is essential annually for school age child that is Growth assessment – Height, Weight, physical activity, Diet Pattern-Vegetarian, non-vegetarian, Using Junk foods, consumption of fresh fruits or not. Autism- Communication Asking questions, Observing Body movements, Hearing -Language delay, Hearing loss, Vision- with the help of Snellen's chart, Dental care - Brushing Habits, Dental caries, Skin- Color, patches, eczema [4].

School health is an important branch of community health. Examination of school children has developed from the past 70 years from the narrower concept of medical examination of children to the present-day broader concept of comprehensive care of the health and wellbeing of children throughout the school period. In 1953 the secondary education committee emphasized the need for medical examination of pupils and school feeding program [5]. In 1960 the Government of India constituted a school health committee to assess the standards of health and nutrition of children and suggested ways and means to improve them. The common health problems of the school child are: Malnutrition, Infectious diseases, Diseases of skin, eye, ear and dental caries [6].

School children, constitute a vital and substantial segment of population they are the future citizens and assets for their families and nation. Children's health status affects the health status of the community. School children are vulnerable section of population by virtue of their physical, mental, emotional and social growth and development during this period [7]. Children exposed to various environmental factors which might cause problems and require help, guidance and care. school children are exposed to various stress situations i.e. school timings, studies, study hours, competitive environment, in different behaviors of children, Favorism, public reprimand and corporal punishment by some teachers. Children in school belongs to different socio-economic and cultural back grounds which affect their health and nutritional status and require help and guidance [8].

Health status of the children in a nation is highly reliable index of the health of its population The need of children and our duties towards them become a part of our constitution. Health services for school children should be an integral part of school activities and should include health check up, immunization, referral services and availability of minimum healthful condition [9].

Good health message and health practices can start with school children and slowly make their way into their families and to other children, in the neighborhood¹⁰. The serious health problems may often hinder the children's growth and development. They are the main cause for students being absent from school [11]. These health problems cause great loss of life each year, but also cause great miseries, suffering and failure in education [12].

Problem Statement

Identification of the Health problems of School children in selected Rural and Urban Government primary schools at Ranga Reddy District, T.S.

Objectives of the Study

- 1) Identify the health problems of School children in Rural and Urban primary schools
- 2) Compare the health problems of school children among rural and urban primary schools.
- 3) Analyze the association between Health Problems with Selected Demographic Variables
- 4) Prepare an information module to parents and teachers on prevention, early identification of health problems and referral services.

RESEARCH APPROACH

Quantitative approach was selected as this was found to be the most appropriate for the problem under study.

Research Design

Descriptive Survey method was used in the present study. In this study it was decided to use a combination of physical examination and

Setting of the Study

In Hyderabad there are 1555 Government primary schools are present. Among them 499 schools are Government primary schools, Remaining are private and aided schools. In Ranga Reddy district there are 1636 schools are present. This district is divided into 34 mandals. Each mandal is considered as one cluster. Highest number of primary schools are present in Quthbullapur mandal. In this mandal 84 Government primary schools are present. 22 schools are present in rural and 62 schools are present in Urban area.

Six schools were selected for data collection. For the purpose of comparison two areas were selected Rural and urban. The schools were named by for Rural R₁, R₂, R₃ and for Urban U₁, U₂, U₃ and same continued rest of the research report.

Population

The population of present study was the school going children at Quthbullapur mandal, Ranga Reddy district.

Sample

The sample in the present study was school children studying 1st to 5th classes in Government primary schools of Quthbullapur Mandal RR District.

Sample Size

The study sample was 200 school children, 100 children from rural schools and 100 children from urban schools, who were studying in primary schools in Quthbullapur Mandal.

Sampling Technique

A cluster sampling technique was adopted by the researcher as there were 1636 Government primary schools in Ranga Reddy district and divided into 34 mandals and each mandal was considered as one cluster out of which highest number of primary schools were located in Quthbullapur mandal. Schools having above 50 students were omitted by the researcher and schools having below 50 students were considered. Urban and rural schools were listed separately and simple random sampling technique was used to select 3 schools from each area.

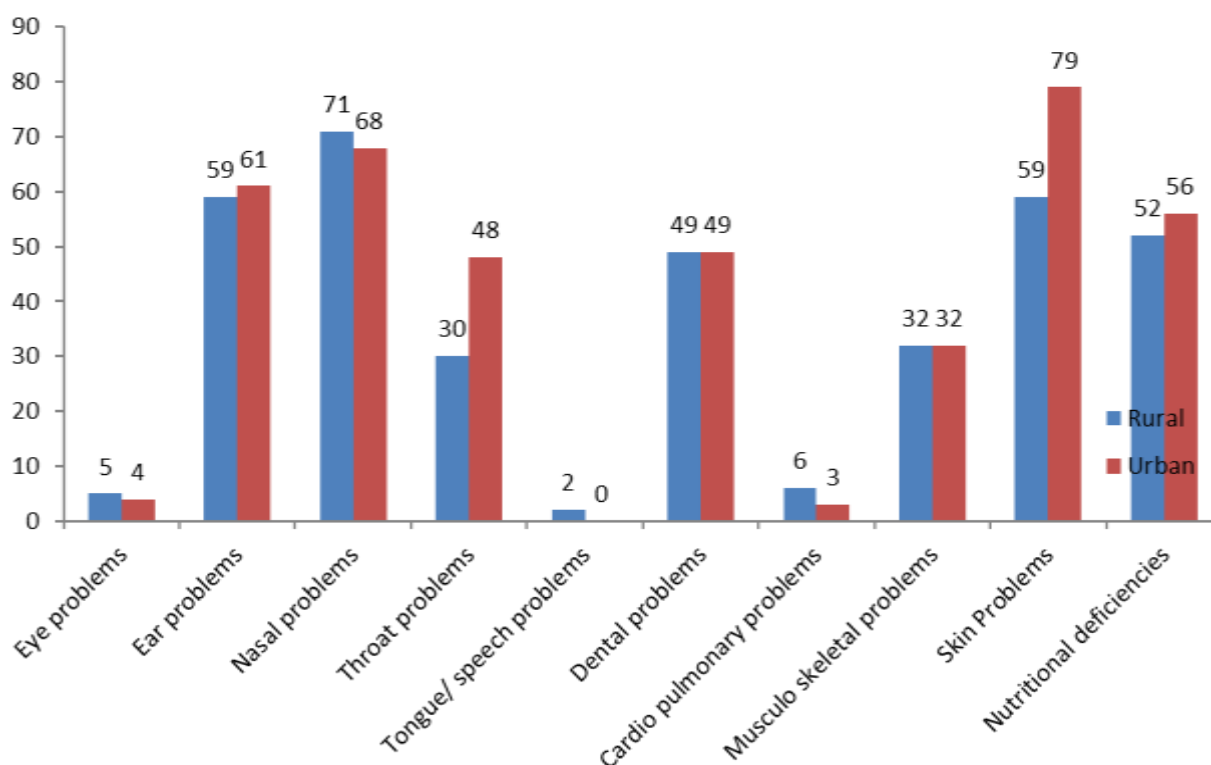


Fig. 1. Comparison of health problems between Rural and Urban Schools

Table-1: Association between Health Problems and Education of the subjects

Educa tion	Rural				Urban			
	No Problem		With Problems		No Problems		With Problems	
	F	%	F	%	F	%	F	%
I Class	02	6.3	30	93.8	-	-	34	100
II Class	01	4.3	22	94.7	-	-	20	100
III Class	-	-	14	100	01	4.8	20	95.2
IV Class	-	-	13	99.1	-	-	14	99.7
V Class	01	5.9	16	93.6	-	-	11	100
Characteristic		χ^2	df	Table value	Inference			
Education in Rural		7.705	8	15.507	No Association			
Education in Urban		9.182	8	15.507	No Association			

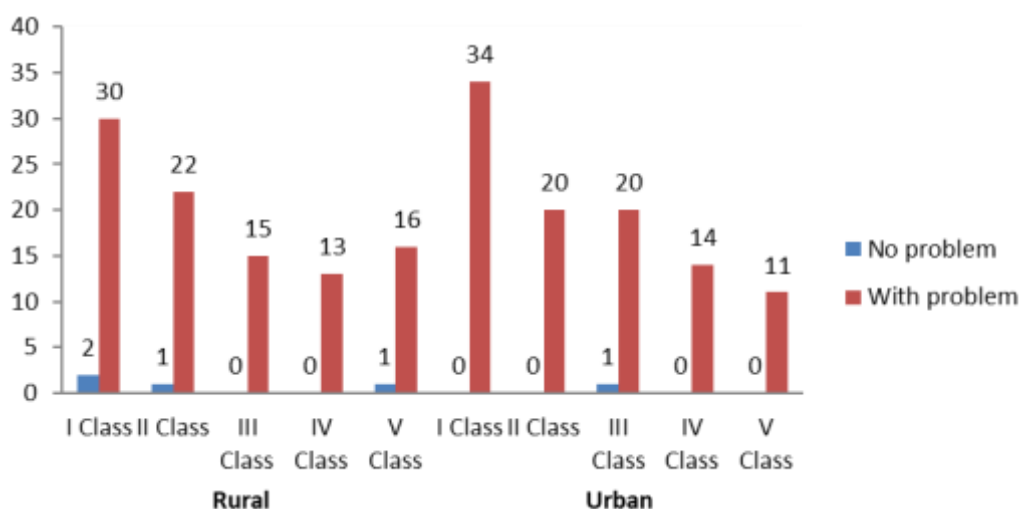


Fig. 2. Association between Health problems and Education of the Sample

DISCUSSION

When comparing rural and urban areas, majority (39.5%) of children were suffering from skin problems where as in rural areas majority (35.5%) of children were suffering from nasal problems. and least throat problems were not found in urban areas, only 1% found in rural areas. The obtained results showed that there was a significant Association between rural and urban areas and health problems among school children. Significant association was found with health problems and type of family in rural area. The obtained Chi square value in rural area was 26.799, table value was 9.488 with degree of freedom 4, at 0.05 level of significance showed that significant association between type of family and health problems. There was also significant association between health problems and Income per month. The obtained Chi square value in rural area was 2.233 and table value 2.447 with degree of freedom 6. The obtained Chi square value in Urban area was 5.131 and table value 2.447 with degree of freedom 6.

CONCLUSION

- 1) In urban area skin problems were 39.5%, nasal problems were 34%, ear problems were 30.5%, nutritional problems were 28%, dental problems were 24.5%, throat problems were 24%, musculo skeletal problems were 16%, eye problems were 2% and cardio pulmonary were 1.5%.
- 2) In rural areas nasal problems were 35.5%, ear and skin problems were 29.5%, nutritional deficiency problems were 26%, dental problems were 24.5%, muscle skeletal problems were 16%, throat problems were 15%, cardio pulmonary problems were 3%, eye problems were 2.5% and speech problems were 1%.
- 3) When comparing rural and urban areas majority (39.5%) of children were suffering with skin problems where as in rural areas majority (35.5%) of children were suffering with nasal problems. Then next being in order nasal problems (34%), ear problems 30.5% in urban areas. Then next being in order were skin and ear problems were 29.9% and least throat problems were not found in urban areas, only 1% found in rural areas.
- 4) 4.An information module was prepared and distributed to parents and teachers on prevention *i.e.* maintaining good personal hygiene, Dental care, Good dietary habits,

Early identification of health problems by regular health checkups and details of nearest referral centers.

From the findings of the study the conclusions can be drawn like, in all government primary schools there is no health assessment by the doctors. It needs to be implemented. Majority of the school children are suffering from one or more health problems among all health problems in urban areas skin problems stands first, in rural areas nasal problems stands first, nasal problems and ear problems stands second and third in urban areas. Skin and ear problems stands second and dental problems stands third in rural areas. This can be concluded that the health problems have significant association with the type of family and income per month.

IMPLICATIONS

Nursing Practices

The community or school health nurse can plan and conduct health education programme on prevention of health problems creating awareness among parents. The nurse can plan and organize school health programmes and referring the sick students at the earliest in collaboration with School teachers. The main focus should be on prevention and Early identification of health problems. All the health problems can be easily prevented with little additional effort from health personnel.

Nursing Education

The nurse educator can emphasize to identify the health problems among primary school children. Education of parents and teachers can be more focused on prevention and early identification of health problems. The nurse educator has to plan workshops or in-service education programme to parents and teachers on prevention and Early identification of health problems. School health programme also should be conducted to cover promotive, preventive, curative and rehabilitative aspects of the care.

Nursing Administration/ School Administration

The nurse administrator can emphasize to assess the health problems among school children in better way. The nurse administrator can make arrangements to provide to the school children creating awareness regarding importance of diet, healthy habits. Various in service programmes can be conducted for nurses for continuous update of knowledge and for the benefit of the school children.

Nursing Research

Extensive research needs to be carried out on other problems of school children. Research may be carried out continuously in order to improve the quality of life and to reduce the incidence of anaemia.

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