

Assessment of Health Status in Primary School Children

Dr Neeta Varshney

Deptt. of H. Sc., Sri Tika Ram Kanya Mahavidhyalaya, Aligarh.

I. INTRODUCTION

Health is a common theme in most cultures. In fact, all communities have their concepts of health as a part of their culture. The oldest definition of health is the absence. The ancient Indians and Greeks shroud this concept and attributed disease to disturbances in bodily equilibrium of what they called “Humours”. Health is not mainly an issue of doctors, social services and hospitals. It is an issue of social justice. **“Health is a state of complete physical, wanted and social Well-being and not merely an absence of disease or infirmity.”** (According to the World Health Organization, 1948)

An elementary knowledge of astrology is of immense value to understand the concept of Health. The movement of the earth round the sun brings about the various seasons. The atmospheric conditions affect the man’s body. The planets have an influence on the mind and body of a man. They exercise benign or malevolent influence on him in accordance with their position in the various houses. He who has some knowledge of astrology can ward off the evil effects of unfavourable planets.

At every second various kinds of vibrations from the various kinds of objects of the physical universe enter the mind of a man and produce various influences. The body is part of the universe. So is the mind. What is called world is only mind. The mind of a man is affected by the thoughts and opinions of others. There is pressure of thought from outside. All people entertain personal thoughts and the *Karma Yogi* should have immense strength to act against these outside thoughts. He should have courage. He should have patience and perseverance. Even if he fails twenty times he should stick to his work with determination, strong will and immense patience. Then only will he have perfect success in the end. He will come out of the field with spiritual success. Study of *Samkhya* Philosophy will give you a knowledge of the creation of the universe, how the mind is formed, how the organs of action and sensation are formed, what are *Tanmatras* or rudimentary root elements, what is *Mahat-tatva*, what is *Purusha* and *Prakriti*, what are the three *Gunas*, how they operate and influence a man, how they affect the health and mentality of a man and how to get knowledge of the *Purusha*. *Samkhya* and *Yoga* of Patanjali are complimentary. *Vedanta* is only an amplification and fulfilment of *Sankhya*.

Good physical health can be achieved and also maintained by observing rigidly the laws of health and the rules of hygiene, by taking wholesome, light, substantial, easily digestible, nutritious, bland food or *Sattvic* diet, and by inhaling pure air, by regular exercise, by daily cold bath, by observing moderation in eating, drinking, sexual intercourse, etc. Good mental health can be attained and maintained by *Japa*, meditation, *Brahmacharya*, practice of *Yama* and *Niyama* and right conduct, right thinking, right speaking and right action, *Atma Vichara*, change of thought, relaxation of mind by dwelling the mind on pleasant thoughts, mental recreation and the practice of cheerfulness.

May we all work unselfishly with perfect harmony and healthy co-operation for the well being of the world and for our own uplift! May our limbs and organs grow strong and healthy! May we live to the normal length of our earthly days-a hundred years-doing selfless service, studying the *Vedas* and developing all *Sattvic* virtues! May we shine with the knowledge of *Brahman*, radiating joy, peace, bliss and knowledge to the different comers of the world!

Philosophy of health:

In recent years a new-philosophy of health is proposed which is as follows:

- Health is a fundamental human right.
- Health is intersectoral.
- Health is an integral part of development.
- Health is central to the concept of quality of life,
- Health is a worldwide social goal.

Determinants of Health:

- Environment
- Life style
- Socio-economic conditions

Indicators of Health: -

Health indicators are required not only to mention the health status of a community but also to compare the health status of one country with that of another. So, they must be conceived in terms of a profile, employing many indicators, which may be classified as:

- Morbidity indicators
- Nutritional status indicators
- Health care delivery indicators
- Utilization rates
- Indicators of social and mental health
- Environmental indicators
- Socio-economic indicators
- Indicators of quality of life

School Health:

Good health is essential for learning and cognitive ability. Ensuring good health when children are of school age can boost attendance and educational in Africa, more stunted in height and are anaemic, and that in many areas most schoolchildren are infected with worms, bilharzia and malaria parasites. These highly prevalent conditions are all associated with impaired cognitive ability.

Global and national initiatives to achieve universal access to basic education mean that more children now have the opportunity to go to school. As a result, more children can be reached by the school system than ever before. They need health interventions because most of the children now attending school were previously beyond the reach of both the education and health services. School health programs can help ensure that children are healthy and able to take full advantage of what is often their first and only opportunity for formal education.

Children who begin school with the worst health status, have the most to gain from health and nutrition programs. They also have the most to gain educationally, since they show the greatest improvement in cognition as a result of health intervention. School health programs thus particularly benefit the poor and the disadvantaged. These children are increasingly accessible through schools as a result of universal education strategies.

Schools have been an integral part of society from ancient times. Nowadays concept of school and the associated school health has been changed considerably. Health in school now covers not only the physical health but also the mental and social health. Now school health means personality development also. School health is an important part of a healthy community. According to modern concepts school health service is an economical and powerful means of raising community health in future generation. It has developed during the past 70 years. The beginning of medical examination of school children was carried out in Baroda city. The Bhore committee in 1946 reported that school health services were 'practically non-existent in India and where they existed, they were in an under developed state.' In 1953 the secondary education committee emphasized the need for medical examination of pupils and school feeding. In 1960 the Government of India constituted a school health committee to assess the standards of health and Nutrition of school children and suggest ways and means to improve them. Given the critical role that health and hygiene has in our lives, and the importance of Life Skills in leading a fulfilling life, it is of grave concern that our curriculum in schools does not put enough emphasis on these issues. Though school-based Health Education programmes have been practiced in the US and European countries for more than thirty years, till date none of the Indian schools have a systematic Health Education & Life Skills curriculum practiced in a developmentally appropriate manner.

A curriculum such as Health Education and Life Skills is especially needed in developing countries like India, since there is an increasing threat of communicable, non communicable and lifestyle diseases prevalent in the country. Lack of knowledge about diseases, preventive health care as well as other health issues across all segments of society as well as absence of health and life skills training in the Indian education system at the primary level, makes this curriculum a dire need.

Importance Of School Health:

1. Better learning in school and better educational outcomes.

Good health is essential for learning and cognitive ability. Ensuring good health when children are of school age can boost attendance and educational achievement. School children are often thought of as naturally healthy, but studies have shown that in Africa, more than half of the schoolchildren are stunted in height and are anaemic, and that in many areas most schoolchildren are infected with worms, bilharzia and malaria parasites. These highly prevalent conditions are all associated with impaired cognitive ability.

2. New opportunities, unfulfilled needs.

Global and national initiatives to achieve universal access to basic education mean that more children now have the opportunity to go to school. As a result, more children can be reached by the school system than ever before. They need health interventions because most of the children now attending school were previously beyond the reach of both the education and health services. School health programs can help ensure that children are healthy and able to take full advantage of what is often their first and only opportunity for formal education.

3. Enhanced Equity.

Children who begin school with the worst health status, have the most to gain from health and nutrition programs. They also have the most to gain educationally, since they show the greatest improvement in cognition as a result of health intervention. School health programs thus particularly benefit the poor and the disadvantaged. These children are increasingly accessible through schools as a result of universal education strategies.

4. Builds on investments in early child development.

Increasing numbers of countries have recognized the need to ensure good health and development during the most vulnerable early years of life. Integrated management of childhood illness, early child development, and growth monitoring and promotion programs all help to ensure that a child enters school fit, well and ready to learn. But the school age child continues to be at risk of ill health, and the health of children, especially girls, often deteriorates during the school years. School health programs ensure that children remain healthy during the years that are critical for education.

5. Promotes youth development.

School-based methods of promoting healthy behaviours are amongst the most successful ways of tackling some major problems of adolescence: violence, substance abuse and teenage pregnancy. Risk behaviour in adolescence can have a major impact on education.

6. A cost-effective investment in education (not just health).

School-based health programs, if well-designed, can be amongst the most cost-effective of public health interventions. Since they promote learning, and simultaneously reduce repetition and absenteeism, they can also be used as leverage for existing investments in schools and teachers. But they must be well designed. Many countries have discovered that by redesigning their existing programs -particularly school feeding programs- they can enhance the educational effectiveness while actually reducing the cost.

Health problems of school child:

Health problems of school children vary from one place from another, surveys carried out in India indicates that the main emphasis will fall into the following categories:

1. Malnutrition
2. Infectious disease
3. Intestinal Parasite infestation
4. Disease of skin, eye and ear.
5. Dental caries

Aims and objectives of school health services:

1. To educate children about good health.
2. To give them protection from diseases.
3. Spot diagnosis, investigations and treatments of diseases in children and if some disability or loss has happened then providing proper rehabilitation.
4. To make children able to understand the concept of health.
5. To provide children a healthy environment
8. Early diagnosis, treatment and follow up of disease.
9. Awakening health consciousness in children.
10. The provision of healthful environment.
11. To educate children about good health.
12. To give the protection from disease.

Aspects of school health services:

They are manifold and vary according to local priorities and some of them are as follows:

1. Health appraisal of school children and school personnel
2. Remedial measures and follow up
3. Prevention of communicable disease
5. Nutritional services

- 6. First aid and emergency care
- 7. Mental health
- 8. Dental health
- 9. Eye health
- 10. Health education

II. METHODOLOGY:

This assessment is done in the primary school of Ambedkar Nagar of Quarsi Chauraha of Aligarh district of the state of Uttar Pradesh. Area of study belonged to mostly low socio-economic group. The sample size of our study is 50 in which 10 children were selected from each class from first and fifth. Students from serial number 1 to 10 are from class first, from serial number 11 to 20 are from class second, children from 21 to 30 are from class third, from serial number 31 to 40 are from class fourth and children from number 41 to 50 are from standard fifth. All children were questioned and examined, with the help of senior physician, Dr S K Singhal. According to the questionnaire, their verbal responses and clinical deficiencies were noted down in either yes or no and then health status of children was assessed.

QUESTIONNAIRE

Name of child _____
Class of child _____
Sex of child _____
Age of child _____

	YES	NO
1. Dull face	_____	_____
2. Spots on skin	_____	_____
3. No interest in games and other activities.	_____	_____
4. Watery and reddish eyes.	_____	_____
5. Lethargy and irritation.	_____	_____
6. Itching on skin.	_____	_____
7. Feeling of cold	_____	_____
8. Cough or sneeze	_____	_____
9. Stiffness in neck	_____	_____
10. Fever with chills	_____	_____
11. Body ache	_____	_____
12. Nausea and vomiting	_____	_____
13. Irritation in throat	_____	_____
14. Headache	_____	_____
15. Loose motion	_____	_____
16. Lice	_____	_____

Observations

Assessment of health of school children was done in an almost slum like locality called Ambedkar Nagar. It is an extension of Quarsi Chauraha of Aligarh District. It was a very tedious task to reach them. Data was collected with the help of school teacher. The assessment is concerned all the observations are recorded in the table, which are not much encouraging. By looking at the crude data only 2-3% children seem to be healthy. Results can be the alarm bell or eye opener for the existing health services.

**TABLE – 1
 DISTRIBUTION OF CHILDREN ACCORDING TO AGE**

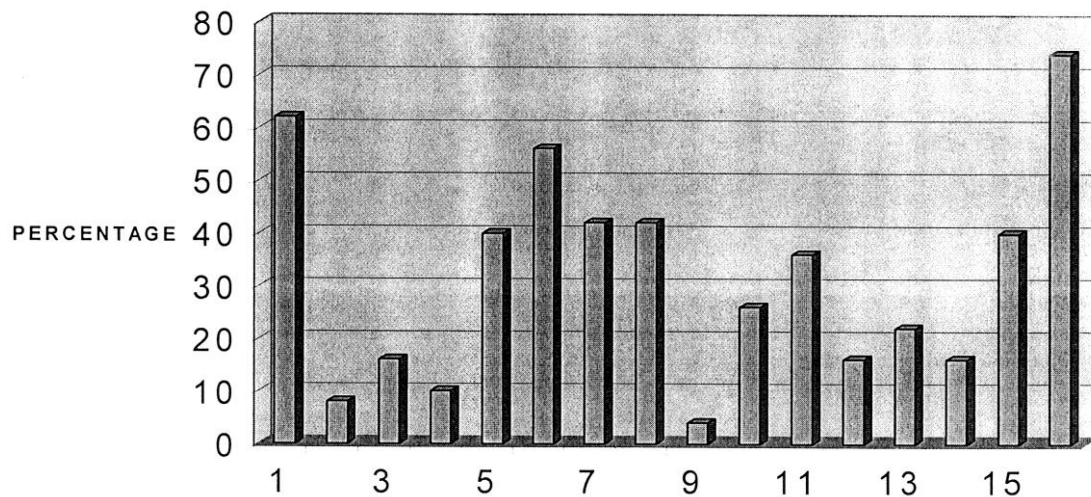
S.NO.	AGE GROUPS (yrs.)	NO. OF CHILDREN
1.	4 – 5	4
2.	5 – 6	11
3.	6 – 7	13
4.	7 – 8	6
5.	8 – 9	9

6.	9 – 10	7
TOTAL		50

**TABLE – 2
DISTRIBUTIONS OF CHILDREN ACCORDING TO SEX**

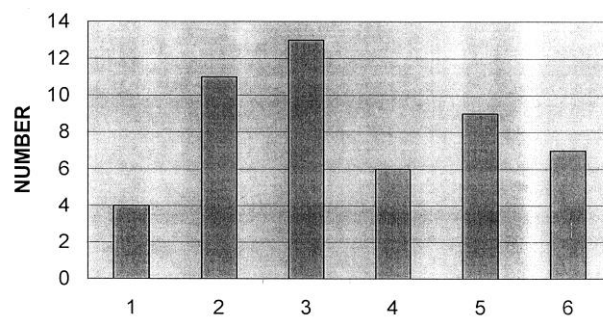
CLASS	MALE	FEMALE	BOTH
1.	7	3	10
2	8	2	10
3	5	5	10
4	6	4	10
5	8	2	10
TOTAL	34	16	50

GRAPH-1 GRAPHICAL PRESENTATION OF SIGN AND SYMPTOMS



1. Dull ace, 2. Spots on skin, 3. No interest in games and other activities, 4. Watery and reddish eyes. 5. Lethargy and irritation., 6. Itching on skin, 7 Feeling of cold, 8. Cough or sneeze, 9. Stiffness in neck. 10. Fever with chills, 11. Body ache, 12. Nausea and vomiting, 13. Irritation in throat. 14. Headache, 15. Loose motion. 16. Lice

GRAPH-2 NUMBER OF CHILDREN ACCORDING TO AGE



III. DISCUSSION AND RESULTS

This assessment was carried out on 50 children of both sex of primary school at Quarsi Chauraha in Aligarh district. We had selected 10 students each randomly from classes first to five. All students were between the age group of 5-10 years (Table-1) and they were questioned according to the questionnaire, which is given above. Oral responses by children in yes or no were recorded and clinical examination were done. 68% of the total students were male and rest of them i.e., 32% were females (Table-2). Total sixteen sign and symptoms were examined in children which are shown above and the response were as follows:

- 62% of children were having dull face.
- 8% of the questioned children were having spots on skin.

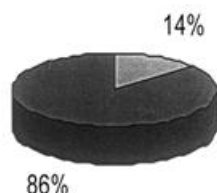
- 16% were showing no interest in games and other activities.
- 10% of the children were having watery and reddish eyes.
- 40% were found to be lethargic and irritated.
- 56% of children were found to have itching on skin.
- 42% children were having feeling of cold.
- 42% children were having cough and sneeze.
- 4% of the questioned students were having stiffness in neck.
- 26% children were having fever with chills.
- 36% of children were found to have body ache.
- 16% students were having feeling of nausea and vomiting.
- 22% children were having irritation in throat.
- 16% students were found to have headache.
- 40% children were having loose motions at the time of questions.
- 74% were found to have Lice in head.

After going through the above data (Graph-1) it was found that only 2% of the assessed children were completely healthy (chart-4). Only 6% children were having only two symptoms (chart-2) and 14% children were having three symptoms (chart-1) and rest of the children i.e., 78% are found to be non-healthy (chart-3).

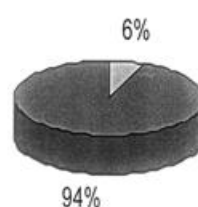
IV. CONCLUSIONS: -

After analyzing the data and result shown above it has been found that about 78% of school children from age group 5-10 are not healthy (chart-3) which is more than three fourth of the total number of children assessed.

PIE CHART-1
PERCENTAGE OF CHILDREN HAVING THREE SYMPTOMS ONLY



PIE CHART-2
PERCENTAGE OF CHILDREN HAVING TWO SYMPTOMS ONLY



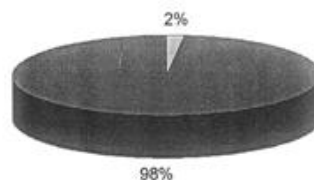
PIE CHART-3

PERCENTAGE OF CHILDREN HAVING MORE THAN THREE SYMPTOMS



PIE CHART-4

PERCENTAGE OF HEALTHY CHILDREN



REFERENCES

- [1]. Goyal RC, Chavan UA; **Health status of School children in Ahmednagar city.** *India J Maternal Child Health* 1993. 4(3)81-83
- [2]. D.G. Dambhare, et al.; **Nutritional Status and Morbidity among School going Adolescents in Wardha, a Peri-Urban area** Apr 2010
- [3]. Singh M; **Nutritional status of Children of a slum community of Varanasi.** *Int J Public Health* 2003;45:128-133.
- [4]. K. Park; **Preventive and Social Medicine** Jan 2009
- [5]. Sebastian MS, Senti S; **The health status of rural school children in Amazon Basin of Ecuador.** *J Trop Pediatr* 1999, 45:379-382
- [6]. Oldewage-Theron Wh et al. **Nutrition Knowledge and nutritional status of Primary school children in QwaQwa.** *S Afr J Clin Nutr* 2010 23(3) 149-154.

- [7]. Lochana Shrestha, J.B.K. Khattri; **Health Status of School Children of Pokhara Valley, Nepal** May 2003
- [8]. Dhingra DC Anand NK Gupta; **Health status of school children of various socio-economic groups.** *Indian pediatr* 1977, 14(3) 243-246.
- [9]. Gajendra Kumar Modhi, et al. **The health of school age children : Report of a workshop Parasitology.** *Today.* 2005,11:166
- [10]. J Hum Ecol; **Growth and Nutritional Status of School Age Children (6-14 Years) of Tea Garden of Assam,** Feb 2006.
- [11]. Goyal RC, Chavan UA, **Health status of school children in Ahmednagar city.** *Ind. J Maternal and Chi Health.* 1993:4(3):81-3.