



A STUDY TO ASSESS THE PREVALENCE OF SELECTED HEALTH PROBLEMS AMONG ZILLHA PARISHAD SCHOOLER CHILDREN AT KOPARAGAON TALUKA MAHARASHTRA.

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Objectives

1. Assess the prevalence of selected health problems among schooler children.
2. Correlate the prevalence of selected health problems of schooler children with selected demographic variable.

Abstract:

Introduction: Good health is the priceless thing gifted by the god. Illness can strike anybody at any age. health problem are like threatening which, if untreated, it becomes dangerous to health, which my lead to hospitalization even death, for normal human being good health is very important, which is maintained by good discipline of activities of daily living. The aim of the present study was to assess the prevalence of selected health problems among Zillha Parishad schooler children and Correlate the prevalence of selected health problems among schooler children with selected demographic variable.

Methodology: A descriptive study with cross sectional survey approach used in present study. The sample consisted of 30 schooler children's. Sampling technique used for study is simple random sampling technique. A Proforma was prepared by expert validation to collect the data. Descriptive statistics were used to analyse the data according to objective.

Results: 60% of children were between 06 to 08 years, majority of samples were male i.e. 60% and remaining were i.e.40% were females, highest frequency and percentage i.e.86% were Hindu, majority 43% of children had average nourishment, majority 41% children had average body built. majority of 71% children had active activity, majority of children had 43% average personal hygiene, majority of 40% children had average attention span, (100 %) of children's mental status was good, highest percentage 20%of sample had pediculi, highest percentage 6% of sample had conjunctivitis, highest percentage 10%of sample had impacted wax, highest percentage 26%of sample had sign allergy, highest percentage 16% sample are dental carries, highest percentage 36% of sample had cough, 6% of sample had tachypnea., highest percentage 6%of samples had Iron deficiency, higher percentage 10% of sample had fatigue.

Discussion: The conclusion from this is that the health status of the schooler children was found in good health status except half of children had found in stunting and wasting. It emphasis that, the more concentration should be on Malnutrition prevention.

Conclusion: The burden of health problems like malnourishment, dental caries and dandruff, Anemia, Ear and nose problems are high in school children.

Keywords: Assess, Prevalence, Health problem, ZP, Schooler child.

Introduction:

Good health is the priceless thing gifted by the god. Illness can strike anybody at any age. health problem are like threatening which, if untreated, it becomes dangerous to health, which my lead to hospitalization even death, for normal human being good health is very important, which is maintained by good discipline of activities of daily living. Death and Global on Disease (2006) estimated that, globally 9% death occurred due to injury 7% due to chronic respiratory disease and cardiovascular disease accounts for 30% of global death while 13% global of disease is due to injury and 4% due to chronic respiratory disease and 10% cardiovascular disease.¹ In India an estimated 26 millions of children are born every year as per census 2011 the share of children (0-6 years) accounts 13% of the total population in the country the child health programme under the national health mission (WHM) comprehensively integrated intervention that improve child survival and addresses factor contributing to infant and under five mortality. It is now well recognized that child survival cannot be addressed in isolation as it is intricately linked to health of the mother . which is further determined by her health and development as an adolescent therefore the concept of continuum of care that emphasises on care during critical critical life care stages in order to improve child that emphasises on care during critical life stages in order to improve child survival is being follow under the national programme another dimension of this approach is to ensure that critical service are

made available at home through community out rich and through health facility at various level (primary first referral unit tertiary health care facility). The new born and child care are now the two key pillars of the reproductive maternal new born child and adolescent health (RMNCH+A) Strategic approach 2013.2

Research Design and approach

Present study adopted a descriptive cross sectional research design.

Variables:

Research variable: Prevalence of health problems of Zillha Parishad schooler children.

Confounding variable: Socio demographic characteristics child such as age, gender, class, type of diet of and socio demographic characteristics child's parents such as age, type of family, religion, socio economic status, education and occupation, Income

Setting of study: Zillha Parishad school kolpewadi, Kopargaon Taluka. Approximately 22 km away from Shirdi.

Population:

Selected ZP schools of, schooler children were the population.

Sample: Selected ZP schooler children.

Sample size: 30

Sampling Technique: Simple random sampling.

Method of data collection: A Performa were used to collect the data

Construction of tool

A tool is an instrument or equipment used for collecting the data. A physical examination Proforma for assessing the health status of 6-12 years group for schooler children was used. It had two sections as Section A & B

Section A

Socio demographic characteristics of schooler children like age, gender, class, type of diet and socio demographic characteristics of Zillha Parishad schooler children's parents like age, type of family, religion, socio economic status, education and occupation.

Section B

It consisted items on general appearance and physical examination of child. That was used for assessing health status. The collected information will be kept confidential. It includes anthropometric measurement, nutritional assessment, Body Mass Index, sign and symptoms, physical examination, etc.

Validity

Validity was established by consulting experts from various disciplines such as Department of Child Health Nursing, Department of Community Health Nursing, and Department of Statistics. According to the suggestions obtained from all experts amendments were made in the tool that.

Data collection procedure

Ethical Consideration

The approval was obtained from the institute of ethics committee

(DKNC/CON/R/IEC/UG/003/2021) at Dr Kolpe Nursing College. The legal permission was sought from Principal, College of Nursing, and Kolpewadi. And Institutional ethical committee of DKNC Kolpewadi Principal of selected Zillha Parishad schools of Kopargaon and Informed Assent was taken from all the Children's prior to investigation. The data was collected from 22 January 2019 to 16 February 2019. All data were treated confidentially.

Stages of Data Collection

The data was collected in following stages.

Steps of Data Collection

The investigator approached the child with in Zillha Parishad School. The child was made comfortable and the purpose of study was explained to teachers of the child. Before the data collection the purpose of the study is explained to the participants with Self- introduction and written consent is taken from participants of the study. Initially Socio demographic data of the participants is collected by interviewing the Schooler child. The prevalence of health problems is assessed by physical examination, Anthropometric Measurement, body mass index, etc.

Planned for data analysis

The collected data was analysed using descriptive statistics like frequency, and percentage. The analysed data was presented in the form of table, and figures. The study data was analysed in following ways-

1. Socio demographic data: this was analysed in terms of frequency and percentage, was Presented in diagrams.
2. The selected health problems of Zillha Parishad schooler children: This was analysed in terms of frequency and percentage, was presented in tables.
3. Comparison of socio demographic variables with selected health problems: this would be Analysed in terms of frequency and percentage, was presented in tables and their comparison With selected socio demographic characteristics, was analysed in terms of frequency and

Percentage was presented in table.

Result:

Findings related to sociodemographic characteristics of Zillha Parishad schooler children

- More than half of the children i.e 60% were between 06-08 year
- Majority of sample were male i.e 60%
- Most i.e 86% were Hindu
- 36% were from 2nd standard and above
- Majority 73% of children were from joint family
- Majority of children were consumed mixed diet i.e 88%
- Highest percentage of father were about 26-30year of age i.e 33%
- Highest percentage of mother were about 26-30 years of age i.e 46%
- Highest percentage of father had primary education i.e 30%

Highest percentage of mother had no formal education i.e 43%

- Majority of father 93% had agriculture occupation
- Almost 100% of mother had agriculture occupation
- More than half i.e 60% had monthly family income below 3000rs

Findings related to physical examination of Zillha Parishad schooler children

- Highest percentage of children 61% had Grade – I stunting and had normal nutrition
- 20% of sample had pediculli
- Mere percentage 6% of sample had conductivities
- Higher percentage 10% sample had impacted wax
- Higher percentage 26 % of samples had Discharge from nose and sign of allergies Respectively
- Higher percentage 16 % of samples had dental carries
- Highest percentage 36% of sample had cough
- Mere percentage 6% of samples had tachypnea
- Significant percentage 6 % of samples had Iron deficiency and 10% samples had Fatigue respectively

Conclusion

The major conclusion drawn from this is the health status of the Zilla Parishad schooler Children found good health status except half of children's found in stunting and wasting. It

Emphasis that, the schools and parents are conscious about the children's health and they are maintaining it at good level. There by the complication and the mortality rate can be minimized and planed regular health check-up must be practice by the nursing professionals to improve and maintain the professional status.

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