



ASSESS THE KNOWLEDGE REGARDING COMMON HEALTH PROBLEMS IN SCHOOL GOING CHILDREN

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ABSTRACT

The current study has been undertaken to assess knowledge score regarding Common health problems among mothers of school going children in Kolhapur district. The research design used for study was descriptive in nature. The tool for study was self-structured questionnaire which consists of 2 parts- PART- I consisted questions related to Socio-demographic data, and PART-II consisted of self -structured knowledge questionnaire to assess knowledge score regarding Common health problems among mothers of school going children. The data was analyzed by using descriptive & inferential statistical methods. The self-structured knowledge questionnaires consisted of 20 questions. For maximum 1 mark was given, the score was further graded as poor (0-5), average (6-10), good (11-15) and excellent (16-20) In assessment stage, 6 (20.0%) mothers of school going children were having poor knowledge score while 24 (80.0%) were having average knowledge score, each 0 (0.0%) mothers of school going children were having good and excellent knowledge score. The knowledge score was 7.10 ± 2.40 .

Keyword- Knowledge, Common health problems.

I. Introduction

Children are the wealth of any country. Special attention should be given to meet the needs of this group. A child spends most of the time in school between the ages of 6 to 15 y. School is an ideal place for learning and growing up for the child.

In developing country like India due to poverty and prevailing socio-cultural milieu a substantial number of school children from paediatric age to adolescents suffer from various diseases which can be prevented if diagnosed and treated early and preventive measures taken in time. The school going age is a formative period, physically as well as mentally, transforming the child into a promising adult. Poor health and nutritional status will affect work capacity as well as cognitive functions.

School health screening is an important aspect of any community health programme. It consists of tools applied to healthy pupils to detect those with particular health problem that require further evaluation by a specialist. There are many health problems among school children in developing countries like India. Little attention is paid to this important issue.

Screening includes screening for general health, assessment of anaemia/nutritional status, visual acuity, hearing problems, dental check-up, common skin conditions, heart defects, physical disabilities, learning disorders, behavioural problems etc. The physical growth of children is reflected by different anthropometric measurements especially weight and height. Anthropometry is used to characterize growth patterns and body composition. Growth patterns are indicators of nutritional status of children and are important in developing intervention programmes.

II. Objective of the study

1. To assess the knowledge score regarding Common health problems among mothers of school going children.
2. To find out the association between knowledge score regarding Common health problems among mothers of school going children with their selected demographic variables.

III. Hypotheses:

1. H0 - There will be no significant association between knowledge score regarding Common health problems among mothers of school going children with their selected demographic variables
2. H1 – There will be a significant association between knowledge score regarding Common health problems among mothers of school going children with their selected demographic variables.

IV. Assumption

1. Mothers of school going children may have deficit knowledge regarding Common health problems.

V. Methodology

An evaluative approach was used and descriptive research design was used for the study. The samples consisted of 30 mothers of school going children selected by Non probability convenient sampling technique. The setting for the study was selected area of Kolhapur district Data was gathered with help of demographic variables, check list & administering a self-structured knowledge questionnaire. Data were analysis using descriptive & inferential statistics.

VI. Analysis and interpretation

6.1 Section- A Frequency and percentage distribution of selected samples.

The present section comprises of selected demographic variables with their tabular and graphic representation which involves the interpretation of data in term of frequency and percentage distribution. The present section also concerned with data pertaining to the baseline information such as age, sex, educational status, economical level of mothers of school going children.

Table No. 6.1.1

Frequency and percentage distribution of mothers of school going children according to age

S. No.	Demographic Variable	No.	Percentage
1.	Age		
	a. 21-25 years	0	0.0
	b. 26-30 years	1	3.3
	c. 31-35 years	18	30.0
	d. Above 36 years	11	36.7

There were 0 (0.0%) mothers of school going children in the age group 21-25 years, 1 (3.3%) people were in the age group 26-30 years, 18 (30.0%) mothers of school going children were in the age group 31-35 years, while 11 (36.7%) mothers of school going children were in the age group above 36 years.

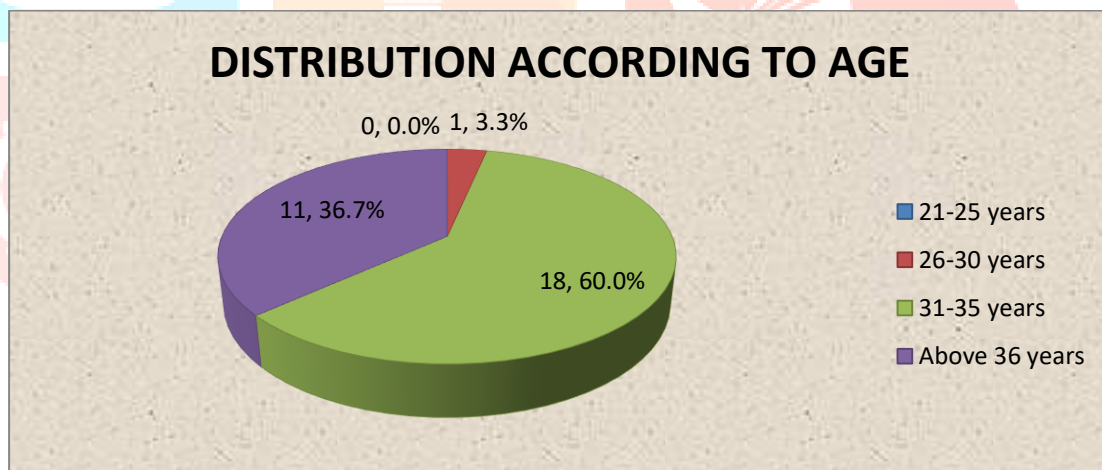


Fig. 6.1.1: Pie diagram showing distribution according to age

Table No. 6.1.2

Frequency and percentage distribution of mothers of school going children according to locality

S. No.	Demographic Variable	No.	Percentage
2.	Locality		
	a. Rural	17	56.7
	b. Urban	13	43.3

There were 17 (56.7%) mothers of school going children were residing in rural area and 13 (43.3%) mothers of school going children were residing in urban area in the present study.

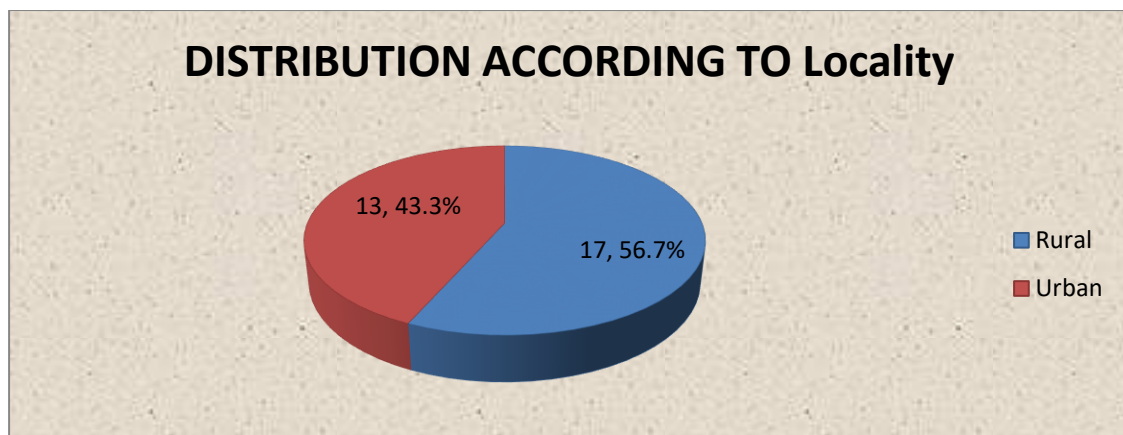


Fig. 6.1.2: Pie diagram showing distribution according to Locality

Table No. 6.1.3

Frequency and percentage distribution of mothers of school going children according to educational status.

S. No.	Demographic Variable	No.	Percentage
3.	Educational status		
	a. Illiterate	13	43.3
	b. Primary	2	6.7
	c. Higher secondary passed	5	16.7
	d. Graduation	10	33.3

In this study mothers of school going children of 13 (43.3%) adolescent found to be illiterate, 2 (6.7%) adolescents had primary level of education, 5 (16.7%) mothers of school going children had higher level of education, while 10 (33.3%) mothers of school going children found to be graduate.

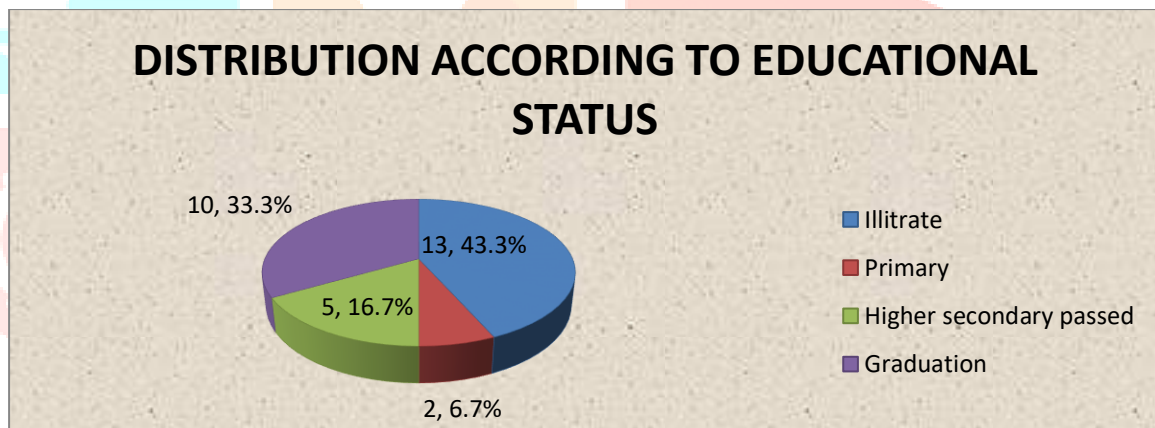


Fig. 6.1.3: Pie diagram showing distribution according to educational status.

Table No. 6.1.4

Frequency and percentage distribution of mothers of school going children according to Monthly income.

S. No.	Demographic Variable	No.	Percentage
4.	Diet		
	a. <10000	15	50.0
	b. 10001-15000	10	33.3
	c. >15000	5	16.7

In this study Monthly income of 15 (50.0%) mothers of school going children found to be <10000, Monthly income of 10 (33.3%) mothers of school going children found to be 10000 to 15000/-, while Monthly income of 5 (16.7%) mothers of school going children found to be >15000.

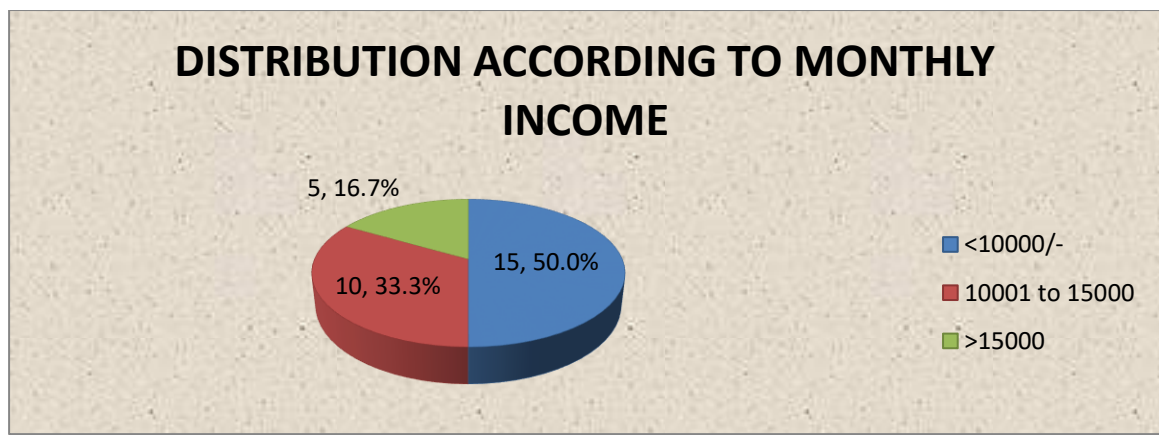


Fig. 6.1.4: Pie diagram showing distribution according to monthly income.

6.2 Section- B knowledge score grade among the mothers of school going children.

Table No. 6.2.1

Knowledge score grades

S. No.	Knowledge score grades		At Assessment stage	
			No.	%
1.	Poor	(0-5)	6	20.0
2.	Average	(6-10)	24	80.0
3.	Good	(11-15)	0	0.0
4	Excellent	(16-20)	0	0.0
	Total		30	100.0

The above table shows the knowledge score of mothers of school going children. The self-structured knowledge questionnaires consisted of 20 questions. For maximum 1 mark was given, the score was further graded as poor (0-5), average (6-10), good (11-15) and excellent (16-20) In assessment stage, 6 (20.0%) mothers of school going children were having poor knowledge score while 24 (80.0%) were having average knowledge score, each 0 (0.0%) mothers of school going children were having good and excellent knowledge score.

6.3 Section- B knowledge score among the mothers of school going children.

Table No. 6.3.1
knowledge score

S. No.	Score	Mean \pm SD
1.	Knowledge score	7.10 \pm 2.40

The above table shows the knowledge score regarding Common health problems among mothers of school going children. The knowledge score was 7.10 \pm 2.40.

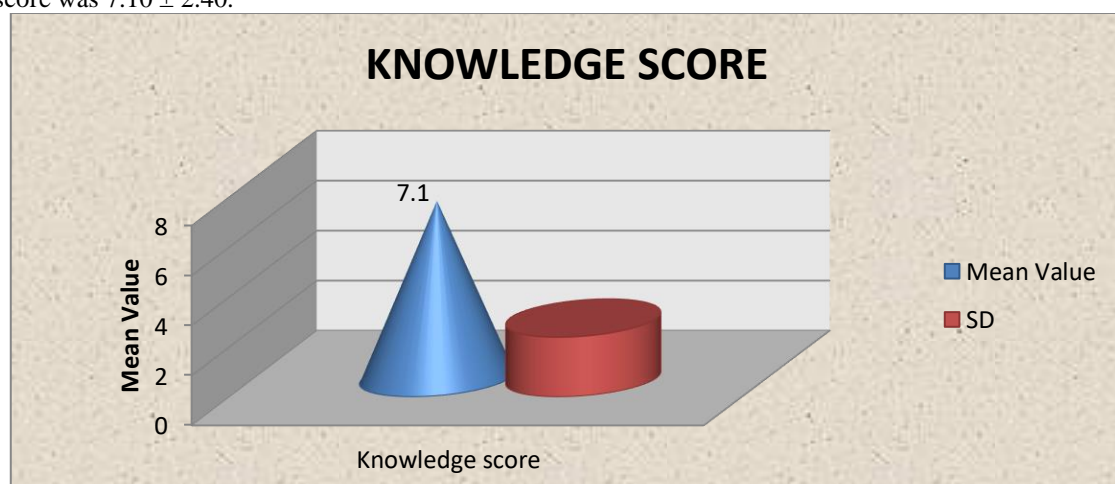


Fig. 6.3.1: Bar diagram showing knowledge score among mothers of school going children

6.4 Section- D Association between knowledge score among the mothers of school going children with their selected demographic variables.

Table- 6.4.1 Association of age with pre-test scores:

Age (in years)	Test scores			Total
	POOR (0-5)	AVERAGE (6-10)	GOOD (11-15)	
21-25	0	0	0	0
26-30	0	1	0	1
31-35	3	15	0	18
Above 36	3	8	0	11
Total	6	24	0	30
X=0.73 p>0.05(Insignificant)				

The association of age test scores is shown in present table 3.1. The probability value for Chi-Square test is 0.72 for 2 degrees of freedom which indicated a insignificant valve ($p>0.05$). Hence, it is identified that there is a insignificant association between age and test scores. Moreover, it is reflected that age isn't influenced with the present problem.

Table- 6.4.2 Association of locality with pre-test scores:

Sex	Test scores			Total
	POOR (0-5)	AVERAGE (6-10)	GOOD (11-15)	
Rural	4	13	0	17
Urban	2	11	0	13
Total	6	24	0	30
X=0.30 p>0.05(Insignificant)				

The association of locality and test scores is shown in present table 3.1. The probability value for Chi-Square test is 0.30 for 1 degrees of freedom which indicated a insignificant valve ($p>0.05$). Hence, it is identified that there is a insignificant association between locality and test scores. Moreover, it is reflected that locality isn't influenced with the present problem.

Table- 6.4.3 Association of educational status with pre-test scores:

Educational status	Test scores			Total
	POOR (0-5)	AVERAGE (6-10)	GOOD (11-15)	
Illiterate	1	12	0	13
Primary	1	1	0	2
Higher secondary	1	4	0	5
Graduation	3	7	0	10
Total	6	24	0	30
X=2.98 p>0.05(Insignificant)				

The association of educational status and test scores is shown in present table 3.1. The probability value for Chi-Square test is 2.98 for 3 degrees of freedom which indicated a insignificant valve ($p>0.05$). Hence, it is identified that there is a insignificant association between educational status and test scores. Moreover, it is reflected that educational status isn't influenced with the present problem.

Table- 6.4.4 Association of monthly income with pre-test scores:

economical level	Test scores			Total
	POOR (0-5)	AVERAGE (6-10)	GOOD (11-15)	
<10000/-	4	11	0	15
10001 to	1	9	0	10
15000/-	1	4	0	5
>15000/-			0	
Total	6	49	0	30
X=1.04 p>0.05(Insignificant)				

The association of monthly income and test scores is shown in present table 3.1. The probability value for Chi-Square test is 1.04 for 2 degrees of freedom which indicated a insignificant valve ($p>0.05$). Hence, it is identified that there is a insignificant association between monthly income and test scores. Moreover, it is reflected that monthly income isn't influenced with the present problem.

VII. Results

In assessment stage, 6 (20.0%) mothers of school going children were having poor knowledge score while 24 (80.0%) were having average knowledge score, each 0 (0.0%) mothers of school going children were having good and excellent knowledge score. The knowledge score was 7.10 ± 2.40 .

VIII. Conclusion

Thus, after the analysis and interpretation of data we can conclude that the hypothesis RH_0 that, there will be no significant association between knowledge score among mothers of school going children with their selected demographic variables at ($P<0.001$) is being accepted.

Furthermore, Thus, mothers of school going children having average knowledge score regarding Common health problems so there is need to improve knowledge of mothers of school going children residing in selected community area.

IX. Limitations

- This was limited to selected community area, Kolhapur district
- This was limited to 30 mothers of school going children.

X. References

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