CHAPTER - 5
SUMMARY
AND
CONCLUSION
CHAPTER - V

SUMMARY AND CONCLUSION

5.1 Introduction
5.2 Statement of the Problem
5.3 Operational definitions of the terms
5.4 Objectives
5.5 Limitations of the study
5.6 Related Literature
5.7 Methodology
5.8 Findings
5.9 Problem faced by researcher
5.10 Implications
5.11 Suggestions for future research
5.12 Conclusion
CHAPTER - V
SUMMARY AND CONCLUSION

Children represent our nation's future; they will create the families, power the workforce in the years ahead. Their health today, important in its own right, also will have a profound effect on their health as adults. Scientific and public health advances have reduced infant mortality and morbidity from infectious diseases, accidental causes and improved access to health care. There are notable disparities in health across various groups of children. Promoting health today requires consideration of the overall status of children, not just identification and treatment of specific diseases or injuries.

The summary with outline of the whole study is given as follows:

5.1 INTRODUCTION

The social structure and customs are different in different parts of the country, where children’s health has received poor attention as compared to adult. In spite of slow progress in improving the children’s health, more attention shall be given collectively to improve the health status of children in the national interest. The social transformation of childhood in modern society reflects the views and behaviour of parents towards children. We have different types of cultural ideology and social background of the family members which play very significant role in survivability and bringing awareness among society about protecting the health of children. Similarly importance of childhood and the role played by families and social forces reflect the views of parents and children in which welfare of children is increasing due to investment in education, health care and other institutions. Thus children’s health development, achievements and social attainments are necessary; when we have threat of different infectious and non-infectious diseases. It is well known fact that children are the future of the nation. Hence, healthy children build a healthy nation. In addition the children are recognized for creative role in families,empowering nation and overall development.
5.2 STATEMENT OF THE PROBLEM

"Assessment of the Health Status of Primary School going children of Mehsana City and Taluka of Gujarat State."

In the present research attempt was made to assess the health status of primary school going children.

5.3 OPERATIONAL DEFINITIONS OF TERMS

Operational definition in the present study has been taken in account as follows:

Assessment of Health Status

"Assessment of Health Status has been done in terms of Assessment of Nutritional status as well as Physical status along with absence of morbidity seen in selected primary school going children."

Primary School going children

Selected (total 896) 448 students from Urban area and 448 students of rural area (age group 6-11 years) from selected Primary School of Mehsana city (eight) and Taluka (eight) respectively.

5.4 OBJECTIVES

The objectives refers in a general way to any learning goal or desired outcomes of education, they refer more narrowly to explicitly worded statements specifying the outcomes of programmes. The objectives should also indicate the conditions under which the outcomes are expected.

1. To study the socio-economic status and life style characteristics of school going children.
2. To study the health status of school going children in terms of Assessment of Nutritional status as well as Physical status along with absence of morbidity seen in selected primary school going children.
3. To compare the health status of school going boys and girls.
4. To study the relationship between selected variables and the health status of school going children.
5. To be familiar with awareness of parents regarding school health check up programme.
6. To understand the opinion of parents and teachers towards school health check up programme.
5.5 LIMITATIONS OF THE STUDY

The Present research was limited into:

1. Eight Urban schools of Mehsana city
2. Eight Rural School of Mehsana Taluka
3. Assessment of health status regarding selected variables.

Assessment of Health Status has been done in terms of evaluation of Nutritional status as well as Physical status along with absence of morbidity seen in selected primary school going children by using only Anthropometric Measurement, Clinical Findings, Food Frequency and Twenty four hour recall method.

5.6 RELATED LITERATURE

The relevant review and related literature pertaining to the present study from various research journals, books, websites and other related literature. For developing a conceptual frame work and an appropriate design for the study, a review of past study is necessary. Therefore, a brief account of the work reported by the past researchers was reviewed and presented.

5.7 METHODOLOGY

The scientific study requires adoption of appropriate methods and procedures in order to reach reliable, unbiased and specific conclusions. This chapter mainly deals with the research design, tools and techniques of scientific investigation employed for the collection, tabulation, analysis and interpretation of the data in the light of the objectives of this study. In short, this chapter contains methodology which was adopted for the study and is discussed under the following sub-heads.

5.7.1 Locale of the study

The Present investigation was carried out in Mehsana district of North Gujarat.

5.7.2 Research design

Ex-post facto research design was followed.

5.7.3 Sampling technique

The multi-stage random sampling technique was used for the selection of the schools and respondents. The two different situation viz, Urban and rural area were
selected from the district. Thus, there were total 16 primary schools were selected for
the study. At the final stage, 56 students (in equal proportions of boys and girls) from
each school were randomly selected making 448 students from urban and 448
students form rural area (total 896 students).

5.7.4 Variables

A. Independent Variables

➢ Personal Characteristics
  3. Age of Children
  4. Gender

➢ Socio-Economic Status
  7. Area of Residence
  8. Caste
  9. Education of Parents
 10. Occupation of Father
 11. Work status of Mother
 12. Family Size

➢ Source of Information

➢ Life Style
  6. Health and Nutrition Knowledge of Parents
  7. Life Style of Children
  8. Dietary habits of Children
  9. Percentage of Calorie intake of RDA
 10. Percentage of Protein intake of RDA

B. Dependent Variable

➢ Health Status of Children
  - Clinical measurement- morbidity

➢ Nutritional Status
  - Anthropometry Measurement
  5. Height for Age
  6. Weight for Age
  7. Weight for height and body mass index for age
  8. Comparison of anthropometric data to reference standards

➢ Biochemical Investigation – Level of Hemoglobin Percentage

➢ Dietary Pattern

5.7.5 Operationalization of important variables and their measurement

The personal, socio-economic, communicational, lifestyle and nutritional
characteristics of the respondents were selected as independent variables while
nutritional status was considered as a dependent variable. The nutritional status of
children was assessed by nutritional anthropometry method and clinical examination. Anthropometric measurements, such as height and weight of the subject were and then compared with the cut-off values suggested by WHO/NCHS. The three indices; height for age, weight-for-age and Body Mass Index for age were used to identify three nutritional conditions: underweight, stunting and wasting, respectively.

To know the food consumption pattern and the intake of various foods and nutrients, a diet survey was carried out by using 24 hours dietary recall method. The nutrient intakes were compared with RDA for children.

5.7.6 Tools of study

The well-structured interview schedule and opinionnaire were prepared in light of the study and used as tools for collection of data.

5.7.7 Pre-testing of the schedule

The interview schedule was pre-tested with 10 students of one primary school which were not included in present study.

5.7.8 Collection of data

The secondary data about diagnosis of children's health were collected from the records maintained in the school. The primary data regarding family background and socio-economic attributes were collected through.

5.7.9 Statistical analysis of data

The data collected through interview schedule and opinionair were analyzed and interpreted in order to draw meaningful conclusions in light of objectives of the study. The statistical tools used for analysis of the data were frequency, percentage, arithmetic mean, Standard deviation (SD), ‘t’ test, ‘Z’ score, Pearson’s coefficient of correlation, Multiple regression analysis, Step-wise regression analysis and Path coefficient analysis.
5.8 FINDINGS

5.8.1 Main Findings of the study

The school going children’s health and dietary pattern was the central theme of the research study. The data of selected children of rural and urban area of Mehsana taluka were analysed and interpreted. Sixteen selected personal characteristic of children were taken as independent variables while children’s nutritional status was taken as dependent variable. According to the objectives of the study, the results were discussed in earlier chapter and the salient conclusions were depicted here after.

➢ PERSONAL CHARACTERISTICS

1. The findings related to personal characteristics revealed that the age of selected children were ranged from 6 to 12 years.

2. It was observed that majority children’s father found educated up to higher secondary level and engaged in farming. Whereas majority of children’s mother found educated up to primary and secondary level and are house wife.

3. Majority families of selected children had medium level of socio-economic status and having more than four members.

➢ HEALTH STATUS

1. The prevalence of morbidity was observed more among the children of urban lower group followed by rural and urban higher group respectively. The fever, cough infections and headache was prevalence greater in girls while diarrhea and vomiting was observed higher in boys.

2. It was found that the boys were slightly taller and heavier than girls. Both the boys and girls were shorter and lighter as compared to the NCHS reference data for their ages and sex.

3. The prevalence of stunting, wasting and underweight among girls was significantly higher than boys. BMI values of both boys and girls were far below the NCSH median.

4. Among all the children, about sixty per cent were found anemic and forty per cent children were found non anemic. The prevalence of anemia was significantly higher in girls than in boys.
NUTRITIONAL STATUS

1. Majority of the children were consuming wheat in daily, rice three days and course cereals one day in a week. The children were consuming fruits and leafy vegetables two to four days in a month. Three fourth of the children were consumed vegetables and milk daily.

2. The calorie consumption was found increased with increase in age. The calorie consumption was lower than RDA in all age group of children.

3. Majority of the children were anemic and have deficiency of proper nutrient in the diet of rural and urban children.

4. Health and nutritional status of children in urban higher area is somewhat better than the rural and urban lower areas but overall health and nutritional status was not found satisfactory in relation to anthropometric indices i.e. BMI, height-for-age and weight-for age. These facts pertains that the parents of the children are either care less or they did not coup up with the expenditure for child care.

5. Morbidity pattern showed greater prevalence of cold and cough, fever, vomiting and diarrhea infection etc, was found among the children of urban lower and rural areas. The prevalence of anemia was significantly higher in girls than in boys.

AWARENESS AND OPINION OF PARENTS AND TEACHERS

1. About half of the parents had medium level of knowledge regarding school health check up programme. “The health checkup of the children be done in presence of their parents” was the strong opinion given by parents, ranked first followed by “this programme helps to improve children’s health” was ranked second.

2. Opinion of the teacher revealed that “this programme helps the children to become conscious about their health” followed by “this programme create awareness among the children about health promoting habits” were ranked first and second respectively.

3. On the basis of above results it can be concluded that health status of children in respect to gender, the health status of girls was lower than boys.
4. According to the residence of children the health status of children of urban lower group was found lower than rural and urban higher group.

5. On the basis of above results it can be concluded that health status of children in respect to gender, the health status of girls was lower than boys. According to the residence of children the health status of children of urban lower group was found lower than rural and urban higher group.

5.9 PROBLEMS FACED BY RESEARCHER

1. The researcher found problems by taking permission from school authority, regarding continuous time for data collection to meet class teachers and to allow for parents meeting.

2. The researcher also found problems regarding full presence of the parents during parents meeting organized by researcher. This problem found particularly in search govt. schools of rural area and four govt. schools of Urban area of Mehsana City. This may be happened to law Socio-economic and education status of these parents.

5.10 IMPLICATIONS

1. Health and nutritional status of children in urban higher area is somewhat better than the rural and urban lower area, but overall health and nutritional status were not found satisfactory in relation to anthropometric indices. Hence these findings help government in increasing medical facilities at the door step of the people of rural and urban poor areas.

2. These results may help non government agencies (NGOs) who are working in remote areas.

3. The role of press media and mass media can educate the people in the respect of increasing nutritional knowledge level so they can get aware about neglected nutritional aspects.

4. The parents - teacher associations can be actively associated with the school health check up programme to organize the educational program can serve as a forum for providing nutrition education and food habits to mother.
5.11 SUGGESTIONS FOR FUTURE RESEARCH

On the basis of health status of school going children, its improvement and role of parents, community and government, following suggestions for further research are proposed.

1. The present study was confined to Mehsana city and Mehsana taluka of Mehsana district of North Gujarat. A similar study could be replicated in other parts of the state as generalization out of this result may not be application to remaining areas.

2. The study concentrated on health and nutritional status, dietary pattern, nutrient intake of school going children. Future studies can be done to investigate the socio-economic impact of health and nutritional status and change in dietary pattern that will affect the life of future citizens.

3. The variables other than those included in the present investigation might be influencing on nutritional status of school going children. Such variables could be included in future research study.

4. During the course of the study, it was felt that the school health check up programme needs more efforts to disseminate the knowledge of nutrition, care of common diseases, low cost food items. A training module can be developed to fulfill the educational needs of parents.

5. It was also felt that rural and urban poor people were facing problems of housing, sanitation, low education and poverty. Therefore, a study can be done on impact of housing, sanitation and education on nutritional status of children.

6. Children’s Lifestyles are born of a multitude of causes, hence psychological effect of life styles of children of rural and urban poor families on their health status can be studied.

7. In addition series of workshops, seminars and lectures of eminent workers and scientist may be organized to create awareness among parents, teachers, students and health workers regarding malnutrition, infections, diseases and common life styles of the children.

8. The present study have been conducted on 16 schools of mehsana city and taluka. There for it suggested that this study can be conducted on district level schools or in a comparison of both the area may be taken.
5.12 CONCLUSION

On the basis of above results it can be concluded that health status of children in respect to gender, the health status of girls was lower than boys. According to the residence of children the health status of children of urban lower group was found lower than rural and urban higher group. Hence the efforts should be intensified to address the girls in general and children in urban lower group in specific while implementing school health check up programme. Further, mass campaign should be organized for educating parents especially for mothers of school going children about health care and nutritive diets under this programme. Moreover, the Government and NGOs should take lead to improve the education, housing and sanitary conditions of the rural poor and urban poor so that their children may avail better facilities for education, health and nutrition.