CONCLUSION
AND
RECOMMENDATIONS
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The present study was conducted with the objectives of assessing the health status of urban primary schools of Jhansi city. In addition an attempt was also made to study the school environment and school health programme. Following conclusions can be drawn from the present study.

Primary school of urban Jhansi was chosen as a study area. In each of four schools children aged 5-11 years were surveyed. All the information about the children and school environment were recorded on pretested individual schedules and school environment schedules respectively.

Out of 840 students, 453 students were examined from municipal schools and 387 children from convent schools. Out of total children surveyed 52.98 percent were male and rest of 47.02 percent were female. Children belonging to scheduled caste were 10.0 percent, backward caste 33.0 percent and others 56.90 percent. 80.36 percent of children in convent school belonged to other class as compared to 36.87 percent in municipal schools. Hindu children formed a majority (70.90 percent), rest of them belonged to muslim (21.92 percent) and other religion (7.14 percent). In municipal schools 38.85 percent children were muslim as compared to 2.06 percent in convent schools.

While observing literacy status of parents, 3.33 percent of fathers and 33.69 percent of mothers were illiterate. 60.92 percent of mothers and 5.51 percent of fathers in municipal schools were illiterate as compared to 1.80 percent mother and 0.78 percent fathers in convent schools.
Fathers of 48.09 percent children were in service/business, 22.02 percent were in agriculture and 28.93 percent were labourer/skilled worker. In convent school, 78.03 percent had fathers who were in service and 21.96 percent had fathers in business.

In the present study, 39.29 percent children were from social class I, 5.83 percent from social class II, 27.78 percent from social class III, 25.83 percent from social class IV and 7.26 percent children form social class V. Majority of the children in convent schools belonged to social class I (82.27 percent) whereas children studying in municipal schools belonged to social class III and IV (86.63 percent).

36.07 percent children had good personal hygiene, 29.97 percent had fair and 35.95 percent had poor personal hygiene. Personal hygiene was found to be very poor in children of municipal schools (66.66 percent) whereas children of convent school had good personal hygiene (78.29 percent).

Most of the children (61.90 percent) having vegetarian diet as compared to non-vegetarian diet (38.09 percent). This difference was found to be statistically significant.

75.23 percent had B.C.G. scar, 74.28 percent had immunized against Polio and D.P.T., 57.26 percent against measles,, 0.24 percent against measles, mumps & rubella and 0.71 percent against Hepatitis B. Immunization status of children from municipal schools was unsatisfactory as compared to convent schools children.

The nutritional status of children from municipal schools was comparatively poor. The value of all anthropometric measurements – weight, height and mid-arm circumference were found to be lower in
municipal school children as compared to convent school children. Boys showed higher values than girls for same age in both types of schools. The mean values of weight, height and mid-arm circumference were higher than ICMR standards in both types of schools.

In municipal school children, signs of nutritional deficiencies showed a higher prevalence than convent school children and the difference was found to be statistically significant. Signs of vitamin A deficiency was observed in 4.62 percent of municipal schools children and 0.25 percent of convent school children. Clinical anemia was seen in 20.97 percent of municipal schools children and 14.99 percent of convent schools children. Total prevalence of vitamin C deficiency in the present study was 7.73 percent. Prevalence of vitamin C deficiency was 11.25 percent and 6.2 percent in municipal and convent school children respectively. Similarly signs of vitamin D deficiency were more in municipal schools children.

Morbidity pattern as observed clinically in the present study, it was seen that skin diseases were the commonest disorder (37.97 percent) followed by dental disorder (23.57 percent). There was higher prevalence of skin disease, diarrhoea, worm infestation, respiratory diseases, eye diseases in municipal school children as compared to children from convent schools. Speech and hearing defects were significantly more in municipal schools children.

Prevalence of behaviour problems was more in municipal school children (25.58 percent) as compared to convent school (14.7 percent). Nail biting in 10.81 percent, thumb sucking 4.85 percent and enuresis in 1.98 percent children of municipal school while prevalence of nail biting in 8.78 percent, thumb sucking in 1.80 percent and enuresis in 1.80 percent children of convent schools.
IQ for both boys and girls from municipal schools was lower than the children from convent schools. A significant association was established between IQ levels and education of parents, socio-economic status of children and their degree of malnutrition. Children with higher IQ performed better in schools.

Regarding school environment, municipal schools were located in over-crowded areas and were in poor state of maintenance with no adequate furniture and ill-ventilated rooms. The number of class rooms were insufficient. There were no proper lavatories and no provision for safe drinking water. There were no recreational facilities provided for children. No provision was made for first-aid and no classes held on health education. On the other hand, convent schools were well maintained with enough class rooms and lavatories. Furniture, ventilation and lighting was adequate recreational facilities were provided. There were first-aid facilities available in convent schools and they held classes on health education periodically.

RECOMMENDATIONS

Following recommendations are made in present study :-

1. Health examination of every child should be done before entering school and at a regular intervals.

2. Routine, special medical examination and referral by family or school physicians should be done.

3. Many screening procedures should be done at regular intervals because screening procedure can indicate, to some extend, the pupil’s visual and hearing difficulties, heart diseases, posture conditions, nutritional deficiencies and speech problem.
4. Hearing and vision of schools children should be tested by teachers under their supervision.

5. Non-formal education for primary school children on personal hygiene, basic care and functions of their body should be carried out regularly.

6. A daily inspection of the child by the teachers for his personal hygiene and for any indication of communicable disease is required.

7. Teachers should interact with parents regularly on issues regarding health of their child.

8. Control of communicable diseases, safety promotion, first-aid and emergency care should be available in school.

9. Mid day meals should be provided in schools.

10. There should be provision of safe and wholesome water at a convenient place in schools.

11. Garbage and waste should be disposed off regularly at a proper place.

12. Class rooms should be of adequate size and properly ventilated.

13. Class room furniture should be of proper size and adequate in number.

14. There should be adequate quality of lighting and level of illumination in the class room.

15. There should be a proper and clean lavatories for boys and girls separately.