

ASSESSMENT OF HEALTH STATUS AMONG SCHOOL CHILDREN IN SELECTED SCHOOL OF TRIPURA, INDIA.

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Abstract:

Between the ages of 5 and 19, there is a significant need for high-quality medical care all over the world; yet, access to such treatment is restricted, and the quality of care that is provided varies substantially. With the ability to deliver high-quality health care to a large number of children and young people, schools are in a position that is truly unique.

In the present investigation, a descriptive cross-sectional design was utilized, and the research was carried out in a government school situated in the Sadar neighborhood of West Tripura. It was during the month of June 2023 that the research was conducted, and it focused on 98 children who were enrolled in the sixth standard in government schools. The purpose of the study was to assess the state of health during the era of existence known as adolescence.

The individuals in the sample had a mean age of 12 years old, with a standard deviation of 1.46. Out of the total 46 (46.9%) were beneath the weight range of 41 to 50 kilograms. There are 43.4, 43.5, and 8.7 as the mean, median, and standard deviation of the body weight, respectively. Most of the participants in the research, 48 (or 49%), were under 141 to 150 centimetres in height. 64 (65.3%) of the people who participated in the survey never experienced hunger in the previous thirty days, followed by 21 (21.4%) who had it sometimes and 13 (13.3%) who experienced it occasionally. However, eleven (11.2%) of the individuals experienced hunger on occasion because they did not have sufficient time to consume food. The participants washed their hands with soap on occasion before eating, with 66 (67.3%) of them doing so, and 41 (41.8%) of them doing so after using the loo sometimes. In the last year, 25 people (25.5%) have had feelings of loneliness only infrequently, whereas 14 people (14.3%) have experienced feelings of loneliness on occasion. The vast majority As a result of mental instability, 73

(54.5%) of the participants never have sleep disturbances at night, 22 (22.4%) of them occasionally, and 3 (3%) of them seldom do so. There were 41 participants, or 41.8%, who were 15 to 20 days, 5 participants, or 5.1%, who were 20 to 30 days, and 2 participants, or 2.0%. Within the past 15 days, two (2.0%) Twenty percent (20.4%), nineteen percent (19.4%), six percent (6.1%), and three percent (three percent) of the population did not engage in physical activity during the previous forty days. Additionally, the median body mass index (BMI) is 19.4, and the standard deviation (SD) is 3.5. In terms of the relationship between physical activity and body mass index (BMI), there exists a noteworthy correlation (Chi-square=19.2339, p-value.000245, significant at $p<.05$).

Conclusion: In order to increase awareness regarding the health of kids, the present study is being conducted. In order to assist adolescents with the evaluation, treatment, and referral of afflicted adolescents, a school health program is required. This program teaches adolescents the skills necessary to deal with stress and other difficulties that they encounter in their daily lives.

Key-Words: Health Status, School Children, Dietary pattern, Physiological Parameter, Mental Health Status, Health Hygiene.

Introduction:

Back ground of the study:

In 1995, the World Health Organisation (WHO) initiated the Global School Health Initiative with the purpose of enhancing the methods that are utilised for the promotion of health in educational settings. One of these strategies is putting children in contact with health services, which has a significant role [1]. [2] This policy defines school health services (SHS) as services that are offered by health professionals to students who are enrolled in primary or secondary school, and these services can be delivered either on the premises of the school or in a health facility that is located off campus. Between the ages of 5 and 19, there is a significant need for high-quality medical care all over the world; yet, access to such treatment is restricted, and the quality of care that is provided varies substantially. There are a great number of children and young adults who may benefit from receiving high-quality medical care, and schools are in a position to do so [3]. It is more probable that they will be exposed to health hazards, that they will have less access to healthcare, that they will have worse health outcomes, and that they will experience greater social repercussions thanks to their poor health. 89% and 66%, respectively, are the global adjusted net enrolment rates for elementary and secondary schools [4].

Need for the study:

Intentional injuries, interpersonal violence, sex and reproductive system disorders, communicable and noncommunicable diseases, mental health disorders, and risky behaviours related to these conditions are among the serious health issues that children and adolescents continue to face across all WHO regions [5]. When broken down by subgroup, the leading causes of mortality for school-aged children are lower respiratory infections (LRIs) and diarrhoeal disorders, with road accidents topping the list across all age groups and sexes [6]. For other subpopulations, the top five killers include things like drowning for boys and young men aged 5–19, malaria for girls and boys aged 5–9 and for girls aged 10–14, HIV/AIDS for girls aged 10–14 and for males aged 10–19, self-harm for girls and boys aged 15–19, and interpersonal violence for girls and boys aged 15–19. [7].

More than two and a half billion children worldwide spend one-third of their waking hours in classrooms, where they have the opportunity to learn valuable life lessons and form good habits. Health promotion, preventive, and health care services are much needed by school-aged children and adolescents, according to worldwide estimates of mortality and morbidity. [8].

The average number of hours spent in elementary and lower secondary education by children and teens in OECD nations is 7,590 during the course of 8–10 years. [9]. For many school-aged children and teens, school health services may be the main way to get their healthcare needs fulfilled on a regular and massive basis. [10].

The evidence examined while creating the guideline indicates that effectively implementing comprehensive school health services will lead to them being well-received and bringing significant advantages for students [11].

The study aimed to evaluate the health status during adolescent period of life.

Methodology:

The present research was carried out in a public school in the Sadar region of West Tripura using a descriptive cross-sectional design. Participants were sixth graders from public schools throughout the month of June 2023. Out of more than fifty public schools, one was chosen at random for the study, and 98 pupils volunteered to take part.

All sixth-grade students who were present on the days of the assessments met the inclusion criteria for this study.

Students who are not interested in the study and who are absent on the day of data collection are the exclusion criteria.