

A study to assess the health habits among the school children (6-10) yrs of age in selected schools of Kurali District. Ropar, Punjab

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Abstract: Health in the broad sense of the world does not merely mean the absence of disease or provision of diagnostic, curative and preventive services. It also include in the WHO definition, a state of physical, mental and social well being. Many children in western countries, including Denmark, do not meet the World Health Organisation's (WHO) recommendations of a daily intake of at least 400 grams of fruit and vegetables (FV).

Objectives:

- 1) To assess the health habits among the school children (6-10) yrs of age.
- 2) To correlate the health habits of school children (6-10) yrs of age with demographic variables.
- 3) To correlate the health habits among school children (6-10) yrs of age with selected health disorders.

Methodology: Non-experimental research approach was used, Descriptive research design.

Research Setting - Selected schools of Dhianpura, Kurali,

Target population-School children (6-10) yrs of age.

Sampling technique: convenient sampling.

Result: The school children had adequate health habits. There is significant relation between the health habits and age, gender education type of diet.

Introduction

“We are what we repeatedly do. Excellence, then, is not an act, but a habit”.

- Aristotle.

Health in the broad sense of the world does not merely mean the absence of disease or provision of diagnostic, curative and preventive services. It also include in the WHO definition, a state of physical, mental and social well being. The state of positive health implies the notion of, “Perfect Functioning” of the body and mind.

Many children in western countries, including Denmark, do not meet the World Health Organisation's (WHO) recommendations of a daily intake of at least 400 grams of fruit and vegetables (FV). Dental caries is widely recognized as an infectious disease induced by diet. The main factors behind this are sucrose content diet and cryogenic bacteria, improper-lack of tooth brushing. However in young children bacterial flora and host defense system are in the process of being developed thus there may be unique risk factor for dental caries in young children. The children came from low socioeconomic backgrounds examined in daylight using a mouth mirror and probe. Presence of dental caries was recorded by naked eye examination. Teeth cleaning habits of the school children needs to be improved. Systematic Community-oriented oral health promotion programs are needed to improve oral health of school children.

Need of the study-Child grows in positive manner, adopts positive personality and better thinking and learning power. In Indian scenario it is usually observed that health habits are not maintained by the children up to the mark. Health habits stimulate the positive growth of the body. So I felt need to assess the health habit among the school children (6-10) yrs of age. Habits are hard to break. That's why the sooner in life we build good, healthy habits, the easier it is to keep them and stay as healthy as possible. Health habits help to promote good health. Childhood is the best time to learn healthy habits that can last a life time. Healthy eating habits can help the child to feel good, stay healthy and gain healthy weight and length. Healthy eating habits reduce the chances of Protein Energy Malnutrition, anemia, Vitamin A deficiency, other eating disorders.

In order to bring the good health to the children it is important to give awareness regarding the adverse effects of sucrose rich food stuffs on dental health with tooth decay and the importance of dental health. Who lack knowledge regarding the adverse effect of sucrose rich food stuffs and its relation with dental health, and the availability, accessibility and the advantages of health services.

So the researcher felt that there is great need of giving knowledge regarding dental health and resources available for the betterment of health of school children

Problem statement

A study to assess the health habits among the school children (6-10) yrs of age in selected schools of Kurali Distt. Ropar, Punjab.

Objectives-

- 1) To assess the health habits among the school children (6-10) yrs of age.
- 2) To correlate the health habits of school children (6-10) yrs of age with demographic variables.
- 3) To correlate the health habits among school children (6-10) yrs of age with selected health disorders.

Hypothesis-

H₁ -There is no significant relation between the health habits and school children 6-10 years of age.

H₂- There is no significant correlation between the health habits among school children and selected socio-demographic variables.

H₃ – There is no significant correlation between the health habits among school children and health disorder.

Review of literature-Review of literature is a key step in research process. This refers to the activities involved in searching for information on a topic and developing a comprehensive picture of the state of knowledge on that topic.

Retnakumari N, Gibi Cyriac (2012) conducted a study in dental health status of 10-year-old school children to identify oral health behaviours, attitudes and knowledge related to dental caries experience. Dental caries was measured using World Health Organization criteria. The prevalence of dental caries in case of children was 27%. The study indicated that urban living conditions were associated with more dental caries. And sugar content in diet is a risk factor, since urbanization is rapid in India; oral health promotion at the present time would be valuable to prevent increased caries prevalence.

Nilsen WLK. Morken T, Hunskaar et.al (2011) conducted a study to determine the causes of severe visual impairment and blindness in children schools in Maharashtra, More than one third of children (34.5%) were blind from conditions which could have been prevented or treated, 139 of whom were referred for surgery. Low vision devices improved near-acuity in 79 (4.4%) children, and 72 (4%) benefited from refraction.

Jenny MI, et. al (2006) Conducted a study to summaries available data on the prevalence and causes of visual impairment and blindness. Using the mortality in children under the age of 5 as an indicator, the overall prevalence of childhood blindness (in the under age 15 group) for the region was estimated at 0.45/1000, with the majority (67%) living in countries with mortality of children under age 5 above 30/1000 live births.

Methodology:-

Research Approach- Non-experimental research approach was used,

Research Design - Descriptive research design,

Research Setting - Selected schools of Dhianpura, Kurali,

Target population-School children (6-10) yrs of age.

Sampling technique:- convenient sampling was used to select the sample from the accessible population.

Sampling Criteria-

Inclusion criteria:- Children (6-10) years of age studying in the selected schools at Kurali, who were present on the day of data collection.

Exclusion criteria:- Children (6-10) years of age who were absent on the day of data collection.

Tool Development

Tool – I :- socio-demographic variables.

Tool -II :- It consists of the structured Interview schedule.

RESULT-**Distribution of subject according to Socio-demographic variables.**

Sr. No.	Socio-demographic variables	n (Frequency)	%(Percentage)
1.	Age in years:		
	6 year	27	13.5
	7year	36	18.0
	8year	37	18.5
	9year	43	21.5
	10year	57	28.5
2.	Gender:		
	Male	111	55.5
	Female	089	44.5
3.	Education:		
	Ist standard	31	15.5
	2nd Standard	38	19.0
	3rd Standard	40	20.0
	4th Standard	42	21.0
	5th Standard	49	24.5
4.	Religion		
	Hindu	071	35.5
	Sikh	111	55.5
	Muslim	005	02.5
	Christian	006	03.0
	Others	007	03.5
5.	Type of Family:-		
	Nuclear	100	50.0
	Joint	084	42.0
	Extended	016	08.0
6.	Type of diet consumed		
	Vegetarian	161	80.5
	Non-vegetarian	039	19.5
7.	Habitat:		
	Rural	57	28.5
	Urban	57	28.5
	Semi urban	86	43.0

As per age, majority of the subjects 57 (28.5%) were in 10 years of age, 43 (21.5%) in 9 years, 37(18.5%) in 8 years, 36(18.0%) in 7 years and 27(13.5%) in 6 years of age. Majority of the subjects 111(55.5%) were Male and 89(44.5%) Female.49(24.5%) of the subjects were in 5th standard, 42(21.0%) in 4th standard, 40 (20.0%) in 3rd standard, 38(19.0%) in 2nd standard and 31(15.5%) were studying in 1st standard. Nearby half of the subjects 111(55.5%) were Sikh, 71(35.5%) Hindu, 7(3.5%) others, 6(3.05%) Christian and 5 (2.5%) were Muslim.Half of the subjects 100(50.0%) were from nuclear family, 84 (42.0%) from joint family and 16 (8.0%) from extended family.Majority of the subjects 161(80.5%) were vegetarian and 39(19.5%) non-vegetarian.86(43.0%) subjects were living in sub-urban area, 57(28.5%) from rural and urban area.

Item Analysis of Health Habits among the school children (6-10) yrs of age

N=200

Sr. No.	ITEMS	Always (5)	Most of the time (4)	Sometimes (3)	Rarely (2)	Not at all (1)
A.	ORAL HABITS					
1.	I brush my teeth daily.	129	62	09	00	00
2.	I brush my teeth twice in a day.	05	106	87	02	00
3.	I brush my teeth before breakfast	84	89	25	02	00
4.	I brush my teeth after dinner.	00	49	140	06	05
5.	I give 2-3 minutes for tooth brush.	00	55	125	20	00
6.	I do oral wash before & after every meal.	02	60	130	02	06

7.	I get dental caries.	00	00	11	07	182
B.	DRINKING HABITS					
1.	I drink milk.	106	73	21	00	00
2.	I drink milk morning & night time in each day.	19	127	36	18	00
3.	I drink plenty of water in a day.	36	100	64	00	00
4.	I drink soft drinks.	11	98	86	05	00
5.	I drink fruit juices.	00	47	131	22	00
6.	I drink tea.	00	09	159	32	00
7.	I drink coffee.	00	00	20	61	119
C	EATING HABITS					
1.	I eat fruits.	110	76	14	00	00
2.	I eat dairy product.	75	120	05	00	00
3.	I do overeating.	00	00	21	114	65
4.	I eat meals thrice in a day.	177	19	04	00	00
5.	I eat pulses at the dinner time.	16	78	106	00	00
6.	I eat vegetables in morning time.	00	35	148	17	00
7.	I eat junk food items.	00	00	40	133	27
8.	I eat chocolate, candies.	00	28	152	20	00
9.	I have poor appetite.	00	00	30	113	57
10.	I eat outside.	00	128	72	00	00
11.	I take snacks one time in a day.	44	154	02	00	00
12.	I eat snacks at evening time.	14	61	124	01	00
13.	I skip breakfast.	00	00	27	102	71
14.	I skip lunch.	00	00	04	16	180
15.	I skip dinner.	00	00	05	07	188
16.	I consume vegetarian diet.	174	26	00	00	00
17.	I consume non vegetarian diet.	00	00	06	32	162
D.	HEALTH HABITS RELATED TO PHYSICAL HYGIENE.					
1.	I cut my nails once weekly.	85	113	02	00	00
2.	I take bath daily.	121	74	05	00	00
3.	I wear clean clothes daily.	54	139	07	00	00
4.	I comb my hairs properly.	75	97	28	00	00
5.	I wash my hands before & after eating.	98	85	17	00	00
E.	SLEEPING HABITS					
1.	I sleep 8-9 hours in a day.	12	136	52	00	00
2.	I sleep 1 hr. in day time.	14	69	117	00	00
3.	I go to bed before 10 pm.	116	69	15	00	00
4.	I wake up in early morning	54	100	46	00	00
F.	HEALTH HABITS RELATED TO EYE HYGIENE.					
1.	I watch the T.V. one hour in a day.	14	90	96	00	00
2.	I get eye problems frequently.	00	00	00	16	184
3.	I wash my eyes with water.	04	49	138	09	00
G.	HEALTH HABITS RELATED TO PHYSICAL ACTIVITY.					
1.	I do exercise.	00	51	120	29	00
2.	I do exercise morning time.	02	55	131	12	00
3.	I do yoga.	00	00	12	26	162
4.	I do morning walk.	00	16	144	40	00
5.	I do evening walk.	00	21	139	40	00
6.	I play games.	152	48	00	00	00

7.	I play outdoor games.	162	123	15	00	00
8.	I play indoor games.	00	50	145	05	00
9.	I play computer games.	00	01	139	95	65

This table depicts the item analysis of the health habits of the school children. It includes various types of health habits and their preferences. The results revealed that majority of the subjects 129(64.5%) were always brushing their teeth, 106(53%) of the subjects were brushing their teeth most of the time twice a day and 140(70%) some times after dinner. 130(65%) of the subjects were most of the time doing oral wash before and after every meal. Whereas only 11(5.5%) subjects were having dental carries.

Nearly half of the subjects 106(53%) were drinking milk always, 127(63.5%) most of the time drinking milk in morning and night. Whereas sometimes 131(65.5%) of subjects were drinking fruit juices and 159(79.5%) drinking tea. Minority of subjects 61(30.5%) were rarely drinking coffee and 98(49%) drinking soft drinks.

Nearly half of the subjects 110(55%) were always eating fruits, 177 (88.5%) were always eating meals thrice a day, 120(60%) of subjects most of the time eat dairy products, 114(57%) were rarely overeating. 106(53%) of subjects were always eating pulses at the dinner time, 148(74%) were eating vegetables at morning. 133(66.5%) of the subjects most of the time were eating junk food items, 128(64%) were eating outside the home. Only 27(13.5%) of the subjects sometimes skipped breakfast, 4(2%) skipped lunch, 5 (2.5%) skipped dinner and 32(16%) were rarely consume non-vegetarian diet.

More than half of the subjects 113(56.5%) were most of the time cutting their nails weekly, 121(60.5%) always took bath, 139(69.5%) most of the time wear cleaned clothes, 98(49%) washed their hands before and after eating, 75(37.5%) mostly combed their hairs properly.

Majority of the subjects 136(68%) most of the time were sleeping 8-9 hrs in a day, 117(58.5%) sometimes slept one hour in day time, 116(58%) always went to bed before 10pm and half of the subjects (50%) mostly were wake up early in morning.

Majority of the subjects 138(69%) sometimes washed their eyes with water, 96(48%) sometimes watched the television one hour in a day and 16(8%) rarely got eye problems.

Majority of the subjects 152(76%) were always playing games, 120(60%) were sometimes doing exercises, 144(72%) were going for morning walk, 139(69.5%) were going for evening walk and only 6% subjects were doing yoga.

CORRELATION OF THE HEALTH HABITS WITH DEMOGRAPHIC VARIABLES

N=200

Sr. No.	Socio demographic variable	N	Mean Score \pm SD	p Value
1.	Age in years			<0.05
	6 year	27	192.67 \pm 3.51	
	7year	36	194.25 \pm 3.59	
	8year	37	196.46 \pm 2.65	
	9year	43	199.16 \pm 3.73	
	10year	57	200.40 \pm 2.82	
2.	Gender			>0.05
	Male	111	197.32 \pm 4.20	
	Female	089	197.17 \pm 4.46	
3.	Education			<0.05
	Ist standard	31	192.19 \pm 3.64	
	2nd Standard	38	194.92 \pm 3.04	
	3rd Standard	40	196.60 \pm 2.52	
	4th Standard	42	199.88 \pm 3.35	
	5th Standard	49	200.55 \pm 2.91	
4.	Religion			>0.05
	Hindu	071	197.51 \pm 3.89	
	Sikh	111	197.24 \pm 2.23	
	Muslim	005	194.00 \pm 3.60	
	Christian	006	198.17 \pm 3.25	
	Others	007	196.43 \pm 4.31	
5.	Type of Family			>0.05
	Nuclear	100	197.24 \pm 4.09	
	Joint	084	197.32 \pm 4.64	
	Extended	016	197.00 \pm 4.01	

6.	Type of diet consumed			
	Vegetarian	161	196.39±4.44	<0.05
Non-vegetarian	039	198.59±3.43		
7.	Habitat			
	Rural	57	198.00±4.25.	>0.05
	Urban	57	197.07±4.39	
	Semi urban	86	196.88±4.28	

This table depicts the correlation of health habits among the school children (6-10) yrs of age with selected demographic variables like Age, Gender, Educational status, Religion, Type of family, Type of diet consumed, Habitat.

Mean score of subjects was 192.67 in 6 years, 194.25 in 7 years, 196.46 in 8 years, 199.16 in 9 years and 200.40 was in 10 years. Since calculated value 'p' was less than the tabulated value, hence it was concluded that age was significantly correlate with health habits.

Male subjects had 197.32 mean score and Females had 197.17. Since calculated value 'p' was more than the tabulated value, hence it was concluded that Gender was not significantly correlate with the health habits.

Mean score of subjects was 200.55 in 5th standard, 199.88 in 4th standard, 196.60 in 3rd standard, 194.92 in 2nd standard and 192.19 was in 1st standard. Since calculated value 'p' was less than the tabulated value, hence it was concluded that education was significantly correlate with health habits.

Mean score of Hindu subjects was 197.51, followed by Sikh subjects 197.24, Muslim 194.00, Christian 198.17 and other was 196.43. Since calculated value 'p' was more than the tabulated value, hence it was concluded that religion was not significantly correlate with the health habits.

Subjects from nuclear family had 197.24 mean score followed by Joint family 197.32, and extended family had 197.00 mean score. Since calculated value 'p' was more than the tabulated value, hence it was concluded that type of family was not significantly correlate with the health habits.

Vegetarian subjects had 196.39 mean score, Non-vegetarian had 198.59. Since calculated value 'p' was less than the tabulated value, hence it was concluded that type of diet consumed was significantly correlate with the health habits.

Mean score of Rural area subjects was 198.00, 197.07 in urban area and 196.88 in Semi Urban area. Since calculated value 'p' was more than the tabulated value, hence it was concluded that habitat was not significantly correlate with the health habits.

There is significant relationship of health habits with age, educational status, type of diet consumed so H_2 was rejected for but in case of religion, habitat, type of diet family, gender there is no significant relationship with health habits so H_2 was accepted.

CORRELATION OF THE HEALTH HABITS WITH SELECTED HEALTH DISORDER

N=200

Sr. No.	Health disorders	n	Mean Score ± S.D.	p Value
1.	Dental Carries			<0.05
	3.00	011	193.45±4.13	
	4.00	007	196.00±3.10	
	5.00	182	197.53±4.26	
2.	Eye Disorders			>0.05
	4.00	016	196.31±3.15	
	5.00	184	197.34±4.39	

Depicts the correlation of health habits among the school children (6-10) yrs of age with selected health disorder. 182 subjects had 197.53 mean score, 11 subjects had 193.45 and 7 subjects had 196.00 mean score. The calculated value 'p' was less than the tabulated value, hence it was concluded that health disorder (dental carries) was significantly correlate with health habits. 184 subjects had 197.34 mean score, 16 subjects had 196.31 mean score. The calculated value 'p' was more than the tabulated value, hence it was concluded that health disorders (eye disorders) was not significantly correlate with health habits.

There is significant relationship of health habits with health disorders in case of dental carries. So H_3 was rejected but in case of eye disorders there is no significant relationship so H_3 was accepted.

SUMMARY

It deals with brief account of study undertaken including the conclusion drawn from findings, implications of the study, limitations and recommendations for future research. The study was undertaken to assess the health habits among the school children (6-10) yrs of age in selected schools of Kurali distt. Ropar (Punjab).

CONCLUSION

The school children had adequate health habits. There is significant relation between the health habits and school children (6-10) yrs of age so the H_1 was rejected. According to Age, Education, Type of diet consumed was significantly correlate with health habits so H_2 was rejected. According to Religion, Habitat, Type of family, Gender was not significantly correlate with the health habits so H_2 was accepted. According to health disorders like dental carries was significantly correlate so H_3 was rejected and eye disorders was not significantly correlate with health habits so H_3 was accepted.

Implications

The findings of the study were implicated in different areas such as Nursing education, Nursing practice, Nursing administration and Nursing research. The findings of the study have several implications which are discussed in following areas:-

Nursing education

The nursing curriculum should consists of increased depth, content and activities which helps to develop skills of nurses in Health habits. As a nurse educators, there are an abundant opportunities for nursing professionals to educate the school children regarding the healthy habits. The study emphasizes significance of short term in service education programs for nurses and peripheral health workers related to health education, regarding selected aspects of Health habits. Nursing personnel working in different areas should be given in-service education and help them to abreast with recent trends. Health education can be imparted through mass media, i.e. through radio, television, documentary films, pamphlets, leaf lets etc.

Nursing practice

Nurses are the key persons of the health team who play a major role in effective health promotion and maintenance. Nursing care is an art and science in providing quality care. This study implies a basis for developing standards of care in the schools, hospitals, as well as community. Nursing professionals should be able to render services according to need of the society. Pediatric Health nurses are expected to give all essential care to the children residing in the community. Hence they should be tactful to assess the needs of the children. They should conduct various teaching program to increase the knowledge and practices related to health habits.

Nursing administration

The nursing administrator can take part in developing protocols, standing orders related to designing the health education program to update nursing personnel knowledge regarding health habits. Nurse administrator can organize seminars, workshops on prevention from childhood health problems by following proper health habits. The nurse administrator should plan and organize continuing education program for the faculty of nursing schools and colleges to organize the campaigns on the knowledge regarding health habits.

Nursing research

This study helps the nurse researchers to develop appropriate health education tools for educating the school children regarding health habits. Research should be directed towards exploring the healthy habits. Nursing research should be conducted towards the knowledge and practice related to health habits. Nurses should come forward to take up unsolved aspects in the field of health habits, to carryout studies and publish them for the benefit of school children.

Recommendations

On the basis of the findings of the study following recommendations have been made.

- A similar study can be replicated on a large sample to generalize the findings.
- An experimental study can be undertaken with a control group for effective comparison of the results.
- A study can be conducted by including other related additional demographic variables.
- A comparative study can be conducted between rural and urban settings, between rural school children and urban school children.

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