

A Study of Health Status Among Pre-School Children

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ABSTRACT

The research was conducted to assess the health status among pre-school children. For this purpose, 250 pre-school children were purposively taken as a research sample from Samastipur district area. The age ranges of research sample were from 3 to 5 years with an average age range of 4 years. Self prepared personal data sheet and questionnaire related to children help status were administered upon research sample. The collected data was analyzed with analytical method. The findings revealed that health status of pre-school children clearly influenced by financial, rural urban inhabitation and academic factors of family. Beside these, nos. of children in the family influence health status of children in minor form.

Key Words: Study, Health, Status, Pre-school, Children

INTRODUCTION :

Health is the most important for human life. Health was earlier said to be the ability of the body functioning well. However, as time evolved. The definition of health also evolved. It cannot be stressed enough that health is the primary thing after which everything else follows. When we maintain good health, everything else falls into place.

Similarly, maintaining good health is dependent on a lot of factors. It ranges from the air we breathe to the type of components that carry equal importance. If even one of them is missing, a person cannot be completely healthy.

The World Health Organization defines health as a state of mental, physical and social well being. Individuals who are healthy in mind are automatically healthy in their bodies. Good health is men's greatest possession. A healthy person is one who can function up to his optimal capacity without any difficulty. Good health facilitates a lot of other body processes. Good health helps us to handle stress and combat with increasing pressure.

The stage of pre-school children is fully dependence on their parents and elders. In this stage children can be healthy on such facilities that can be provided from their parents. Pre-school children are growing rapidly and are active so their energy requirements are high relatives to their body size. Pre-school children need nutritious dense food, providing a good supply of protein, vitamins and minerals to support healthy growth and developments.

The health of the pre-school children is dependent upon several factors like children's personal characteristics and familiar factors mostly. The parents and elders are most facilities for their children. A healthy family approach to diet and lifestyle should be encouraged as food preferences are often established during this early stage of life.

Previous studies have indicated close relation between the health of children and a number of factors. Vella et al. (1995), Pal (1999) found in their study that children's health status was influenced by family income. In this context Vella et al. (1995), Pal, (1999) found in their study that education of mothers, sanitation and immunization influence the children's health status.

Mashal et al.(2008) studied factors associated with the health and nutritional status of children under 5 years and found that family behavioral factors related to women impact the children's health status.

Neligan and Prudham (1976) had studied the family factors affecting child development and found that quality of mother's care, familiar occupation was the most affecting factor for their children's health.

According to Edward and Schol (1995) family is the most central and enduring influence on children. The familiar functions serve and the factors that constrain them will be better able to assist parents in promoting their children's health and well-being.

PURPOSE OF THE STUDY :

The purpose of the study was to assess the health status among pre-school children.

HYPOTHESES:

- (i) The financial status of family would be significant effecter of health problem.
- (ii) The children belonging to rural area would have poor health status than those of children belonging to urban area.
- (iii) There would be significant difference between children belonging to educated and non-educated families in term of their health status.
- (iv) Number of children in the family would be significant effecter of children's health status.

METHOD :

(I) The Sample :

Total 250 pre-school children with age group of 3 to 5 years with an average age of 4 years were randomly selected from Samastipur district area of Bihar state. The participation of parents were taken sample were included for collection of relevant information. Hence, it is clear that data from uneducated parents were collected through interview technique.

(II) The Schedules :

For collecting the data self prepared two different schedules (one related to health status and another related to background information related) were applied upon respondents.

ANALYSIS OF DATA:

The collected data were analyzed with analytical method and prepared result in the current context.

RESULTS:

Table (i)

Findings Based Impact of Financial Factor on
Children's Health Status:

Group	N	Health Status	
		Better	Poor
Childrens' of high economic family	110	83 (75.45%)	27(24.55%)
Childrens' of low economic family	115	31 (26.95%)	84(73.05%)

An observation of above table (i) cleared that 83 (75.45%) of 110 children were found in better health status of high economic families while 84 (73.05 percent) of 115 children belonging to economic families were in poor health status. The reason behind such findings may be that children of high economic families can able to receive better nutrition and health measures than children of low economic families. Thus, this

result confirmed our earlier made hypothesis no. (i) that “the financial status of family would be significant effecter of health problem” by empirical verification.

Table (ii)**Comparison of Health Status of Rural and Urban Children:**

Group	N	Health Status	
		Better	Poor
Urban Children	125	79 (63.20%)	46 (36.80%)
Rural Children	125	51 (40.80%)	74(59.20%)

An observation of above table no. (ii) revealed that in total 125 children 79 (63.20 percent) children belonging to urban areas were found in better health status while in total 125 rural children only 51(40.80 %) children belonging to rural areas were found in better health status. In this context, it can be say that urban children obtained more nutritional facilities than rural children. Thus, this result confirmed our earlier made hypothesis no. (ii) that “the children belonging to rural area would have poor health status than those of children belonging to urban area” by empirical facts.

Table (iii)**Comparison of Health Status between Educated and****Non-educated Families :**

Group	N	Health Status	
		Better	Poor
Children of Educated families	115	79 (68.69%)	36 (31.31%)
Children of Uneducated families	135	54 (40%)	81 (60%)

An observation of above table no. (iii) revealed that, in total 115 children of educated families 79 (68.69 percent) children in total 115 children of educated families

were found in better health status while 81 (60 percent) children in total 135 uneducated families were found in poor health status.

The reason behind such findings may be that children of educated families can receive better nutrition and cared by their parents in better style. Thus, this result confirmed our hypothesis no. (iii) that “there would be significant difference between children belonging to educated and non-educated families in term of their health status.” by empirical facts.

Table (iv)
Comparison of Health Status between Families of two
and more than Two Children :

Group	N	Health Status	
		Better	Poor
Respondents of families of two children	145	79 (54.48 %)	66 (45.52 %)
Respondents of families of more than two children	165	74 (44.48 %)	91 (55.52 %)

The findings that contained in above table no.(iv) revealed that health status of both (families of two children and families of two or more children) groups were found better in minor form. Because of nearby 10 percent difference were obtained in the view of better and poor health status. According to this result it can be say that nos. of children in the family influence health status in minor form. Thus the formulated hypothesis no. iv that “Nos. of children in the family would be significant effecter of children’s health status.” was confirmed by empirical facts.

CONCLUSION :

Based upon the findings of the research, concluded that health status of pre-school children clearly influenced by financial, rural urban inhabitation and academic factors of family. Beside these, nos. of children in the family influence health status of children in minor form.

SUGGESTION :

Health status for pre-school children are most important factor for their all round development. By means of better health status children can able to perceive and accelerate their cognition, mental, as well as all round development. So, hence, it is necessary that research should be conduct in regular way for the enrichment of child development.

REFERENCES :

Mashal, T, Takano, T and Seino, K.(2008) : Factors associated with the health nutritional status of children under 5 years of age in Afganistan. Vol.8 (301).

Vella V, Tamkins A, Nviku J, Marshall T (1995) : Determinants of nutritional status in south - west Uganda, J. Trop Pediatr. 41, 89-98.

Pal, S (1999) : An analysis of childhood malnutrition in rural India : role of gender, income and household characteristics. World Development. 27, 1151-1171.

Handbreak of Children Health (2004) : National Academies Press, Washington (DC).

Neligan, G.A. and Prudham, D. (1976): Family factors affecting child development. Journal of Disease in Childhood. Vol-51 (11), 853-858.

Edward, L & Schol, M.D. (1995) : The influence of families on child health: family behaviours and child outcomes. Vol-42, Issue-1, 89-102.