

Health & Nutrition in Primary Schools of Hajin Town of District Bandipora in J & K (A Study)

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ABSTRACT

ABSTRACT: The present research paper is concerned with the health & nutrition in primary school, and throws light on some aspect related with the primary school going students and their health and nutrition's. The main purpose of this working is to describe the major issues of Health & Nutrition in primary schools and to identify some important challenges for Health & Nutrition in primary institutions in Hajin town of district Bandipora of J & K. The findings of this study show that Health & Nutrition in primary schools of Hajin town continue to remain overwhelmed by ample problems, which affect their performance in the efficient discharge of their growth and qualities which is inimical to their academic achievements. The increased problem of ailments/infections among school children due to poor personal hygiene practices and malnutrition conditions remains a concern on the public health agenda in Kashmir. Health is a key factor in school entry. School is the place where health education regarding important aspects of hygiene, environment and nutrition, as well as social customs, is being instructed. The teacher is the guardian as well as Spiritual parent of the child in school and plays a crucial role in the whole process of primordial prevention. Poor knowledge and practice of and attitudes towards personal hygiene and nutrition plays a major roles in the high occurrence of stagnation on development and growth, therefore has negative consequences for a child's long term overall development School Achievements as well.

KEYWORDS: Health, Nutrition, primary schools, Hajin town & academic achievements.

1. INTRODUCTION

In an educational world filled with failing schools and indifferent students, state boards of education have searched for answers on how to increase test scores and create school systems where all students receive the best education possible. Amongst the plethora of possible solutions, perhaps they should look first at the nutritional substance of what our school-aged children are eating each day as they struggle through a day of learning. There is an association between nutrition and cognition as well as psychosocial behaviour; this link has been highly under-researched, but there exists many studies that look at the nutritional benefits of many proteins, vitamins, and food stuffs as they affect learning and brain function. Our schools have the potential to play a vigorous role in preparing and nourishing our students' potential learning capabilities and benefitting their social behaviours by bringing up nutritious breakfasts and lunches during school timing in school days. Providing the nation's low-income youth with nutritious food has been a concern for over a hundred years. To see that food insufficient students were adequately fed, school lunch programs began during the Great Depression of the 1930's. From the beginning the program had two goals: to make use of surplus agricultural commodities owned by the government as a result of price-support agreement with the farmers and to help prevent nutritional deficiencies among low-income school children by feeding them nutritious meals. On June 4, 1946 President Truman signed an act known as the National School Lunch Program (NSLP). This was in response to claims that had been made that many American men were rejected from WWII military service due to diet-related health problems. The federally assisted meal

program was created to safeguard the health and well-being of the nation's children and to encourage the consumption of American-grown commodities. The federal government would reimburse schools for student who qualified for free or reduced meals. Students who didn't qualify were able to purchase lunch, and their money was used to off-set the costs of building new facilities for the expanding program. The program started to expand because of the increasing number of women working outside the home during the war (Winchell, 2009).

Knowledge and Practice of Personal Hygiene among Primary School Students:

The increased burden of communicable diseases among school children due to poor personal hygiene practices and inadequate sanitary conditions remains a concern on the public health agenda in developing countries (Murray CJL, Lopez AD. , 1996). School children are particularly vulnerable to neglect of basic personal hygiene due lack of knowledge and practice (Vivas A, 2010). Poor knowledge, practice of and attitudes to personal hygiene such as hand washing play major roles in the high incidence of communicable diseases and therefore has negative consequences for a child's long term overall development (M., 2013). Improved awareness and hand hygiene practices especially among children have effectively reduced gastrointestinal and respiratory tract infections by up to 50% the two leading causes of childhood morbidity and mortality around the world (Luby SP, 2005). In addition, studies have also shown that school children with better knowledge and practices of personal hygiene have fewer sick days and absenteeism in school and achieve higher grades (Water and Sanitation Program Can hygiene be cool and fun: Insights from School Children in Senegal.). School is the place where health education regarding important aspects of hygiene, environment and sanitation, as well as social customs is being imparted (Dongre AR, 2007). Health is a key factor in school entry, as well as continued participation and attainment in school. The teacher is the guardian of the child in school and plays a pivotal role in the whole process of primordial prevention (Deb S, Dutta S,etal, 2010). Bearing in mind that school children have been consistently implicated in the spread of communicable diseases and that the school has been recognized as a vital setting for health promotion (R.B., 2008.), this study was planned to assess personal hygiene in primary school children in Sharjah, United Arab Emirates. The aim of this study was to investigate existing knowledge and practices related to personal hygiene among primary school children between grade 1 and 5. The results from the study will help to understand the factors influencing the personal hygiene behaviours in primary school children and to overcome barriers in acquisition of proper knowledge and practices.

Personal Hygiene Perception among School Students:

Children's wellbeing is important in its own right (United Nations, 1989). It can affect the physical health of the children and determines how well they do at school (Zullig et al, 2005) and correspondingly their future. Hygiene which means cleanliness is defined by World Health Organisation as " conditions and practices that helps to maintain health and prevent the spread of diseases" (Nations, 2014). Also, it refers to the science that deals with the promotion and preservation of health (medical dictionary). Hygiene is a set of forms practiced and performed to preserve human health. Personal Hygiene defined as keeping the body, clothing and the surrounding (whether inside or outside home) clean and away from microbes to maintain health and cease the spread of diseases (Rasool, 2012). Hence, personal hygiene serves two main objectives. First; it keeps the person healthy and prevents catching or spreading the diseases via him. Second; it helps in keeping good mentality, by feeling good in concern to self and body. The talk about keeping good hygiene thoroughly and on regular basis should include also the home and the surrounding as a whole not only the body. It is an overall cleanliness. The child's health belongs mainly to his body and his environment and this will decide if he is safe or vulnerable to get diseases and correspondingly damaged health. Personal hygiene perception and practice varies from country to another. This depends mainly upon habits, cultures, resources, genders, standard of living and level of education. And at the same time all agree at the main purpose of personal hygiene is to keep bacteria, viruses and fungus away from human bodies. Being dirty, body, clothes and surrounding will make the person under the attack of microorganisms and be unacceptable and suffer from discrimination which leads to physical, mental and social problems and eventually death. There are specific sets of norms of hygiene applicable in every country. The Problem of the human body and its capability of providing good places for disease-causing microorganisms to grow and multiply. These places are represented by skin of the whole body and in and around the openings of the body. Important aspect of self-care is proper hygiene practices. Although techniques are basic, there are still many people who do not practice it properly. Usually, school age child (6-12 years) is in close contact with floor (Feigelman, 2011). His hands are in touch with everything surrounds him. Caregiver (body and clothes), toys and also peers in the

class room with whom he shares things without thinking of the importance of hygiene are main sources of getting dirt and germs. Moreover, relationships with peers and the physical environment of school are also associated with students' life satisfaction^(Lindberg L, Swanberg I, 2006). He doesn't have the understanding of how the infectious diseases spread and how can be decreased by practicing certain norms of hygiene and how to make self-esteem high. The later comes from being clean and tidy.

Nutritional status and related factors:

The health well-being of children is a fundamental issue in education. Indeed, active promotion of health is now seen as a priority for school. The level of concern is illustrated by the fact that WHO has set up a global school health initiative. In countries around the world, the issue is being addressed through school health services, health education and school meals programmersⁱ.

Good nutrition is of prime important in the attainment of normal growth and development and in the maintenance of health throughout life. Especially in their early life, the children need adequate and appropriate quality of food to meet the nutrient requirement for their physical and mental growth and development.

Malnutrition is widespread problem and affects large number of people in developing countries. Vulnerable population like school children are susceptible to health problems associated with micronutrient deficiencies. Malnutrition has deleterious effects on the brain structure of the children. Malnourished children have smaller brain size and fewer cells than nourished oneⁱⁱ and malnutrition lowers the children's resistance to disease: resulting in high morbidity and mortality among young children. Malnutrition lowered vitality of the people leading to lowered productivity and reduced life expectancy.

The middle childhood, 6 to 12 years old, is a period of steady physical growth. The average gain in weight during this period is about 3 to 3.5 kg per year and in height approximately 6cm added each yearⁱⁱⁱ. This age is also the period of major cognitive development. Their brain reaches nearly adult size by the end of primary- school age during this period, life pattern and habits are established and it will become the ground where the quality of life it going to be ground. A school child is one of the vulnerable groups to malnutrition and health problems related with nutrient deficiencies. Improving the health of school children become a policy priority in international health school feeding program is one of the way because if they have malnutrition its can be influence in concentration of study and decrease of ability in success of study^{iv}.

School-based programs can play an important role in promoting lifelong healthy eating. Because dietary factors "contribute substantially to the burden of preventable illness and premature death in the United States," the national health promotion and disease prevention objectives encourage schools to provide nutrition education from preschool through 12th grade^v. The U.S. Department of Agriculture's (USDA) Nutrition Education and Training (NET) Program urges "nutrition education {to} be a major educational component of all child nutrition programs and offered in all schools, child care facilities, and summer sites" by the year 2000^{vi}. Because diet influences the potential for learning as well as health, an objective of the first national education goal is that children "receive the nutrition and health care needed to arrive at school with healthy minds and bodies^{vii}".

Significance:

School children are particularly vulnerable to neglect of basic personal hygiene. Healthy eating patterns in childhood and adolescence promote optimal childhood health, growth, and intellectual development; prevent immediate health problems, such as iron deficiency anaemia, obesity, eating disorders, and dental caries; and may prevent long-term health problems, such as coronary heart disease, cancer, and stroke. School health programs can help children and adolescents attain full educational potential and good health by providing them with the skills, social support, and environmental reinforcement they need to adopt long-term, healthy eating behaviours.

Research Question:

What is nutritional status and related factors among elementary school children in Hajin town of Bandipora District of Kashmir valley?

Hypotheses:

H₀: There is significant relationship between health and nutrition with academic potential and mental growth.

H₁: Elementary Schooling plays a vital role in good health habits and nutritional food.

Objectives:

The general objectives of the study were to identify health & nutritional status & also related factor among elementary school in educational zone of district Bandipora of Kashmir valley

Specific Objectives:

1. To assess the nutritional status among elementary school children.
2. To describe the predisposing factors (Socio demographic factor included Grade of class, Gender, Age, Birth order, towards the health nutrition and attitude towards nutrition)

Operational Definition:

1. **Elementary school children:** refers to student age ≤ 8 to 14 years old who attend grade 3rd to 8th in public elementary school at educational Zone Bandipora, district Bandipora of Kashmir valley.
2. **Health:** refers to a state of complete physical, mental and social well-being.
3. **Nutritional status:** refers to the physical of child in weight and height.

Area of study and research methodology:

AREA OF STUDY Jammu & Kashmir is northern-most Indian Administered state (IAK), lying between six mountain ranges and covering an area of 2, 22,236 sq. kilometers. It is located between 32°17' and 36°58' North latitude, and between 37°26' and 80°30' East longitude^{viii}. It is average height of about 6,000 feet above the sea; it is approximately eight-four miles in length, and twenty to twenty-five mile in breath^(Lawrence, 1895). The region commonly known as Kashmir is bounded on the north by Afghanistan and China, on the east by China, on the south by the state of Himachal Pradesh and the state of Punjab in India, and on the west by the North-West Frontier Province and the Punjab Province of Pakistan. Jammu and Kashmir actually comprises of three regions: the foothill plains of Jammu; the lakes and valleys of Kashmir with high altitude plains and mountains of Ladakh which lies beyond narrow passes^{ix}.

Map: 1-Hajin Town



Historical Background of Town Hajin:

In the North – West of Kashmir, with a population of 12000, a low-lying bowl shaped town exists in the left basin of river Jhelum at a distance of 37 Kms from Srinagar.

Hajin is an alternative Tehsil in Bandipora District; it is newly carved Tehsil from erstwhile Sonawari Tehsil. In its east the town of Sumbal at a distance of 8 Kms, in the North – West the lake of Wular and in the South town Sopore at a distance of 15 Kms make a dummy border. The town with a rural look is surrounded by dimensions and dense plain forests containing Popular and Willow trees besides huge grasslands usually called Rakhs.

Materials & Methodology:

As the approach followed in most social science research, present study is based on the both primary as well as secondary source of the data collection.

Methodology:

Design of study:

This study was descriptive cross sectional study to study nutritional status among elementary school children in district Bandipora.

Population:

The target population of this study was elementary schools students' age between 6 to 14 year's old group (level 4, 5, 6, 7 & 8 standards) elementary school children in district Bandipora of Kashmir valley.

Sample:

A descriptive study was conducted in district Bandipora of Kashmir valley. It is carried out on the sixth to forth-teen year students, for genders, males and females, at elementary schools to assess the perception of personal hygiene and nutritious food among them. Zone one of education was chosen randomly in Bandipora. Ten schools were chosen by clusters sampling from this zone. Five elementary schools for males and another five for females were taken. Ten students from each school were chosen randomly, so the total sample were (100) students. The total of (50) males and (50) females were the subjects of this study.

Table Frequency distribution of respondents Socio Demography Factors:

Socio Demography factor	n=100
Grade of class	
Grade 3-4	26
Grade 5-6	33
Grade 7-8	41
Total	100
Gender	
Male	50
Female	50
Total	100
Age	
<10	21
11	22
12	47
>12	10
Total	100
Order by Birth	
1st Birth	26
2nd Birth	30
>2nd Birth	44
Total	100
Snacking Habit (DAILY)	
1st time	39
Twice Bandipora	35
More than Thrice	26
Total	100

Money for snacking (DAILY in rupees)	
Ten to Twenty	7
twenty to Forty	78
> Forty	15
Total	100

The above table represents that majority of the respondents (41%) were Grade 7-8, following by Grade 5 – 6 and Grade 3 – 4. The proportions of male and female respondents were equal (50 each). Most of the respondents are belong to age group of twelve years (47%), and the mean average of age bar was 8.78 years old with SD of 0.1.551. Majority of the respondents 44% was more than second child of their family, only 26% was the first child and rest 30% was the second born child.

Most of the respondent (39%) took snacking 1 time per day. 35% take 2 times daily and rest 26% spent money for snacks more than three times per day. The most of the respondent spent between 20-40 rupees per day for buying snack. The mean of money for buying snacking per day was 31.2 and SD was 10.721.

Table-1: Distribution of the respondents/children according to the demographical data.

Demography Characteristic of the child	Groups	Frequencies	Percentage
Age in Years	10- 12	12	12
	<11-12	52	52
	<12-13	4	4
	<13-14		
N=100		100	100
Gender	Male	50	50
	Female	50	50
N=100		100	100
Child's level of education	3rd to 5th	50	50
	6th to 8th	50	50
N=100		100	100
	Illiterate	4	4
	Read & Write	31	31
	Intermediate	16	16

Father's level of education	High School	23	23
	College or More	26	26
N=100		100	100
Mother's level of education	Illiterate	5	5
	Read & Write	23	23
	Intermediate	34	34
	High School	19	19
	College or More	19	19
N=100		100	100
Number of children in family	1-3	45	45
	4-6	43	43
	<8	12	12
N=100		100	100
Child order in family	<2nd	12	12
	3rd to 5th	45	45
	6th to 8th	43	43
N=100		100	100
Family Income	Adequate	59	59
	Relatively Adequate	36	36
	Inadequate	5	5
N=100		100	100

The table number 1, shows that the age of children is ranging between age <11-12 (52%) and the age <12-13 (32%).The cumulative percentage is (84%). For the gender and year of study, the researcher chooses them identically. Only (4%) of fathers are illiterate and (5%) of mothers are also, while the fathers and mothers who can read and write comprise (31%) and (23%) from the sample's parents respectively. The majority of mothers are intermediate level graduates (34%), while the college's graduates comprise the higher ratio for the fathers (26%). As seen in the table, most of the families have from 1-3 children (55%) and comes second (31%) the families who have 4-6 children. Also (34%) of the families, their children

whom taken in the study are the 1st born. A total of (59%) of the income reviewed as adequate (<500 000 - 1000 000 ID).

Analysis:

This study was conducted in one of the educational zone of district Bandipora in Kashmir valley. One hundred (100) students which 6 to 14 years old who attended to the class 3rd to 8th at elementary school, Bandipora Municipal council were collected. The respondents were interviewed by interview schedule.

Table-2 Frequency distribution of students' Knowledge Level about the health & nutrition at children:

Knowledge Level	Male (n=50)		Female (n=50)		Total (n=100)	
	n	%	n	%	n	%
Good (>80%)	17	8.5	18	9	35	35
Fair (60% to 80%)	23	11.5	20	10	43	43
Poor (<60%)	10	5	12	6	22	22
Mean=72.76, SD=14.83, Min=10 & max=98						

The knowledge on health and nutrition was categorized into three groups, good (>80%), fair (60-80%) and poor (<60%). The percentage of score was range from minimum 0 to maximum 18. The above table shows the level of knowledge was found among 35% of respondents, fair level 43% and poor level 22.% the mean scores was 72.76 with SD of 14.83 with minimum score 10 and maximum score 98 among total respondents.

Table-3 Frequency distributions of students' correct answer of Knowledge Level about the health & nutrition by item analysis:

	Frequency distribution Of attitude towards nutrition An item analysis	Correct
S.No.	knowledge items	
1	Reflection of health? N=100	
1.1	Has appropriate weight for age.	76
1.2	Gain weight every month.	67
1.3	Active & do supports.	97
1.4	Had good appetite.	99

1.5	Rarely ill.	98
2	Meaning of nutritious food?	
2.1	Contain vitamins	89
2.2	healthy food 5 excellent	88
2.3	healthy & clean foods	82
2.4	Fruits & Vegetable	89
3	The main nutrient in rice is carbohydrate	72
4	Food contain protein resource	72
5	food contain vitamin resource	15
6	The main nutrient in oil is fat	79
7	Eating a wide variety of vegetables regularly	67
8	Fast food like fried chicken have high cholesterol	59
9	Main nutrient in biscuits is carbohydrate	87
10	Main nutrient in milk	74
11	Main nutrient in green vegetable	66

Frequency distribution of knowledge by question items showed that nearly 90% of respondents knew the meaning nutrition food. Most of the respondent (87% round-up) knew that main nutrient in biscuits is carbohydrate. The low rate 10% (round-up) of correct answer was found in the statement that food contain vitamin resource.

Table-4Frequency distribution of attitude towards nutrition by item an analysis:

Frequency distribution of attitude towards nutrition by item an analysis. (N=100)						
S. No.	Attitude Statement	SD	D	UN	A	SA
1	Fast food like fried chicken is good to eat every day	24	36	22	10	7
2	I usually consider nutrition when I choose food	3	7	20	33	37
3	Important for my good health to enjoy eating	2	12	23	24	39

	variety of food					
4	I am willing to cut down on foods that are not good for me	10	12	9	25	44
5	I am conscious effort to try drinking milk	14	7	9	30	52
6	it is important for my good health to eat 2 meals	2	4	17	41	36
7	I like homemade foods better than food in restaurants	83	7	19	32	41
8	Eat health is just another fashion	24	35	24	11	7
9	I do not need make changes to my diet	3	5	25	32	35
10	it is important to eat adequate amount of rice	6	3	20	38	33
11	I eat more when I am bored or unhappy	28	31	28	10	3
12	I like to reward myself with food	36	29	19	7	5
13	I think thin is beautiful	41	24	18	12	9
14	I like trying new and unusual foods	41	15	21	12	12
15	We can eat Instant noodle every day & can make health	38	18	12	17	15

Note: SD=strongly disagree, D= disagree, UN= undecided, A= Agree, SA= strongly disagree

Frequency distribution of attitude by item showed in (table number -4) 41% of the respondents agree with the sentence that is important for my food health to eat 2 meals a day without skipping particularly, trying to make conscious effort to try drinking milk gained the highest the strongly agree at 52%, while 24% strongly disagree with the fast food like fried chicken is good to eat every day and 36% disagree with this statement. And also 24 strongly disagree with the eating health is just another fashion.

Table-5 Frequency distribution of students' Attitude Level

Attitude Level	Male		Female		Total	
	(n=50)		(n=50)		(n=100)	
Attitude about health Nutrition	n	%	n	%	n	%
Good (>80%)	19	19	19	19	38	38
Fair (60% to 80%)	29	29	19	19	48	48
Poor (<60%)	2	2	12	12	14	14

Mean=74.80, SD= 13.59, Min=50 & max=96

The above table revealed the level of attitude. Good level of attitude was found among 38% of the respondents, fair level and poor level were 48% and 14% respectively. The mean score was 74.80, while standard deviation of 13.59 and the minimum score was 50 and maximum score was 96 among the total of respondents.

Description of Nutritional Status:

Nutritional status of students was determined by measuring weight for height (kg/m²). According to weight for height it will ordering with Body Mass Index for children Percentile and it was categorize by Underweight (≤ 5 percentiles curve from chart), Healthy weight / Normal (>5 to 85 percentiles curve from growth chart), at risk overweight (>85 to 95 percentiles curve from growth chart), and Over weights (>95 percentiles curve from growth chart).^x

Table-6 Frequency distribution of nutrition status between Male & Female:

Nutritional Status	Male		Female		Total
	n=50	%	n=50	%	n=100
Underweight	12	12	11	11	23
Health weight	30	30	31	31	61
At risk overweight	6	6	6	6	12
Overweight	2	2	1	1	3
Mean=35.99, SD=15.882					

Regarding the classification of nutritional status, most of respondent (61%0 had health weight. This applied to both male and female 30% and 31% respectively. Some of them underweight (23%) and overweight at risk (6%) while others overweight (2% &1%) respectively.

Conclusion:

This study was conduct to determine nutritional status among elementary school children in educational zone of Bandipora district, Kashmir region in state of Jammu & Kashmir, a cross sectional study was conduct. The main purposes of research were to identify nutritional status and related factor among elementary school of Hajin educational zone. The data collection was achieved by interview schedule.

Research progressively supports the significant relation between nutrition and academic achievement. Healthy eating is essential for students to achieve their full academic potential, mental growth, and lifelong health and well-being. When children are not receiving proper nutrition they are impotent to reach their full potential. Schools must need to educate parents and children on how to live a healthy life that includes proper nutrition. Schools can help school-aged children develop healthy eating habits by emitting a consistent health message by ensuring that healthy food choices are offered at school. School administrators need to provide opportunities for staffs to receive education on good nutrition and health in the school environment.

A school is an institution of education and research supports the role nutrition plays in education. This relationship supports the idea that schools have a vital role in providing students Nourishment and Educational Performance with healthy eating opportunities and the tools to make healthy choices no matter where they are. Intense pressure has been placed on schools to have students demonstrate high performance on state instructed test and nutrition plays a vital role in this success.

The variable of the study were predisposing factor (socio demographic factor included Grade of class, Gender, Age, Birth order, Knowledge and attitude towards the health nutrition and attitude towards nutrition)

It is observe that among the student in elementary school, the problem of underweight %. This applies to both male and female 2% and 1% respectively, and overweight 3%, this problem should not be overlooked and counter measure an expected to be developed.

It is also observed that concerning about association between n nutritional status and independent variable. We have also found some of the variables have significant association with nutritional status.

Suggestions: for program implication;

- ✓ To avoid students snacking in the school time, it is better to let them bring the food from home.
- ✓ Periodical nursing and evaluation of nutritional status of the students should focus on underweight students.
- ✓ Supplementary care from school is still need of the hour.
- ✓ School nourishing programs should combine learning and teaching activities.
- ✓ At last but not least; Health and nutrition should be done using teaching materials such promote by TV with interesting educational content, mass media and other devices that could help the student to easily understand the stuff.

Test of hypothesis:

H₀: There is significant relationship between health and nutrition with academic potential and mental growth.

Result: Supported.

H₀: Elementary Schooling plays a vital role in good health habits and nutritional food.

Result: Supported.

ⁱWHO, (1997) "Primary School Physical Environment & Health," WHO Global School Health Initiative. Who Information series on school health. Document Two. WHO, SIDA,

ⁱⁱ <http://kidshealth.org/en/parents/overweight-obesity.html>

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