

# A Cross-Sectional Study to Assess the Health Status and Health Education Needs among Primary School Children in Faridkot, Punjab

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DOI: <https://doi.org/10.51244/IJRSI.2025.120700144>

Received: 08 July 2025; Accepted: 17 July 2025; Published: 11 August 2025

## ABSTRACT

**Background:** School health programs play a vital role in maintaining and promoting the health of school children. Preventive and promotive strategies, including health education and periodic health checkups, are critical in identifying early health issues.

**Objective:** To assess the health status of school children and provide appropriate health education.

**Methods:** A cross-sectional school health program was conducted on April 13, 2024, at the Government Primary Smart School, Zila Jail Faridkot-2, by MSc Nursing students. Data was collected through health check-ups, physical examinations, and observation of school infrastructure.

**Results:** Among 133 present students (out of 148), 43% were underweight, 42% had dental caries, and 27% exhibited poor oral hygiene. Minor issues such as cough, cold, and vision problems were also noted. Health education was provided on hygiene, nutrition, and accident prevention.

**Conclusion:** Regular health check-ups and improved school-parent communication are essential for managing student health. Teachers play a key role in promoting health awareness.

**Keywords:** School Health, Child Health, Nutrition, Health Education, Community Nursing, Health Screening

## INTRODUCTION

A school is a primary site for early health interventions due to the captive, concentrated population of children in a learning environment. School health programs aim to protect, promote, and maintain the health of children, reduce morbidity, and enhance their quality of life. The current study was conducted as part of a community health nursing initiative. School age is the active growing phase of childhood. Primary school age is a dynamic period of physical growth as well as of mental development of the child. School health is an important branch of community health. Poor nutritional status of school children is responsible for adverse effects on scholastic performance. Survey carried out in India indicate that major health problems faced by school children in India are anemia, malnutrition, infectious diseases, intestinal parasitosis, dental carries and diseases of skin, ear and eyes.

## METHODOLOGY

A community based descriptive cross-sectional study was under taken amongst the primary school children in government primary school, Zila Jail Faridkot 2 on 13 April, 2024 with the help of Observation checklist, physical health assessment, BMI calculator, structured format for data recording. Statistical analysis used for data analysis. Total participants are 133 students that is 77 are boys and 71 are girls presents on the day of the visit.

### Inclusion criteria:

All children from class LKG to 5th class in the age group of 4-11 years attending school.

### Exclusion criteria:

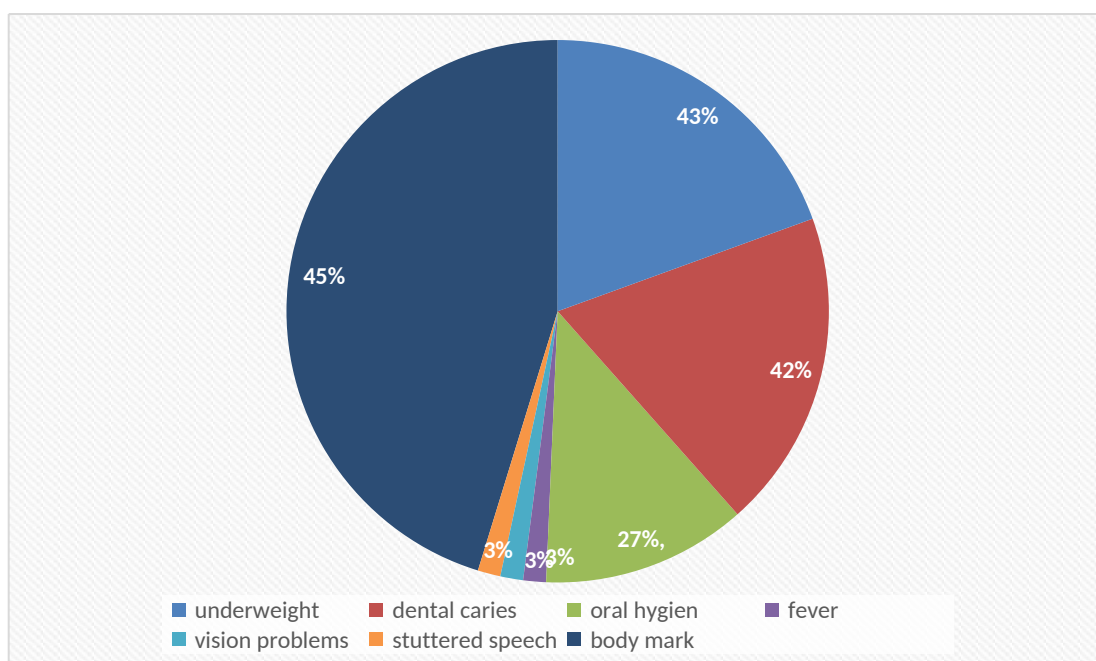
- Children those are absent in the class during the study period.
- Children those having age more than 11 years and less than 4 years

### Activities:

- Health education through posters and demonstrations (hand washing, dental care, personal hygiene)
- Health screening for height by using measuring tape, weight by digital weighing machine, BMI by using, vision using by Snellen chart, oral health

## RESULTS

Health Conditions Identified that 43% Childers are underweight, Dental caries are 42%, Poor oral hygiene is 27%, fever and common cold & vision problems are 3% and stuttered speech have 3 students as well as body marks (burn/bite) only 1 case. No cases of ASOM, pallor, or neck swelling were found. Pediculosis and poor hygiene were also observed among many students.



### Infrastructure Overview

There is total 6 rooms in which 4 fans per room, total toilets are 5 which is 2 for boys, 2 for girls and 1 for staff. RO water is use for prevention of water born disease and other facilities are available such as fully ventilated room with educational displays.

### Nutrition Services

Mid-day meal services are provided regularly with Rs. 5.45 as per student. Deworming every 6 months and IFA tablets are given every Wednesday.

## DISCUSSION

The study revealed a high prevalence of undernutrition and dental issues, common problems in under-resourced school environments. Health education played a vital role in addressing knowledge gaps on hygiene and nutrition. The collaboration with school staff and the involvement of students created a participative environment for health promotion. Lack of regular health screenings, inadequate parent-teacher communication, and insufficient personal hygiene practices were significant concerns. These can be addressed by involving teachers in health education, enhancing mid-day meal programs, and scheduling regular check-

ups. The study revealed a high prevalence of undernutrition and dental issues, common problems in under-resourced school environments. Health education played a vital role in addressing knowledge gaps on hygiene and nutrition. The collaboration with school staff and the involvement of students created a participative environment for health promotion. Lack of regular health screenings, inadequate parent-teacher communication, and insufficient personal hygiene practices were significant concerns. These can be addressed by involving teachers in health education, enhancing mid-day meal programs, and scheduling regular check-ups.

Furthermore, strengthening school-based health initiatives and integrating community support systems can help sustain long-term improvements. Encouraging active parental involvement and fostering peer-led health awareness campaigns may also contribute to better health outcomes. Investing in basic sanitation facilities and providing accessible health resources will further support the overall well-being of school children.

## **CONCLUSION**

The school health program successfully identified common health issues and provided interventions through education and referrals. Regular school health visits and teacher involvement in health promotion are essential. Strengthening school-parent partnerships and upgrading school infrastructure will further improve child health outcomes. The school health program successfully identified common health issues and provided interventions through education and referrals. Regular school health visits and teacher involvement in health promotion are essential. Strengthening school-parent partnerships and upgrading school infrastructure will further improve child health outcomes.

Additionally, implementing age-appropriate health education sessions and promoting healthy lifestyle habits from an early age can lead to lasting behavioral change. Ensuring availability of clean drinking water, proper sanitation, and nutritious meals within schools is crucial for fostering a healthy learning environment. Continuous monitoring, evaluation, and community involvement can help sustain the effectiveness of such programs and bridge existing health disparities among school-aged children.

Capacity building of school staff through periodic training in basic health assessment and first aid can enhance early detection and timely management of health issues. Collaboration with local health authorities and NGOs can help provide technical support and resources. Encouraging student participation in health clubs, awareness rallies, and peer mentoring can also empower children to take ownership of their well-being and promote a culture of health within the school.

## **RECOMMENDATIONS**

- Conduct health checkups every 3 months
- Train teachers in basic health monitoring
- Enhance parent-teacher communication regarding child health
- Improve hygiene education through regular classroom activities

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