# A study to assess the prevalence of health illness among school going childrens during pandemic at selected community area, puducherry.

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## I.    INTRODUCTION
**We are not living in fear ; We are Living in faith - Caring Bridge**

There are more than 2.2 billion children in the world who constitute approximately 28% of the world's population. Those aged between 10 to 19 years make up 16 % of the world's population (UNICEF, 2019). COVID-19 has impacted the lives of people around the world including children and adolescents in an unprecedented manner. Throughout the world, an essential modus of prevention from COVID- 19 infection has been isolation and social distancing strategies to protect from the risk of infection

On these grounds, since January, 2020, various countries started implementing regional and national containment measures or lockdowns. In this backdrop one of the principal measures taken during lockdown has been closure of schools, educational institutes and activity areas. These inexorable circumstances which are beyond normal experience, lead to stress, anxiety and a feeling of helplessness in all. It has been indicated that compared to adults, this pandemic may continue to have increased long term adverse consequences on children and adolescents.

The nature and extent of impact on this age group depend on many vulnerability factors such as the developmental age, current educational status, having special needs, pre-existing mental health condition, being economically under privileged and child/ parent being quarantined due to infection or fear of infection. The following sections discuss about findings of studies on mental-health aspects of children and adolescents impacted by COVID-19 pandemic and lockdowns being implemented at national or regional levels to prevent further spread of infection.

School closures during pandemics raise important concerns for children and adolescents. Our aim is synthesizing available data on the impact of school closure during the corona virus disease 2019 (COVID-19) pandemic on child and adolescent health globally. We conducted a rapid systematic review by searching PubMed, Embase, and Google Scholar for any study published between January and September 2020. We included a total of ten primary studies.

## II.    REVIEW OF LITERATURE:
**Michelle O'Reilly et al.,(2018)** was conducted a study based on Review of mental health promotion interventions in schools: Methods: The authors reviewed the current state of knowledge on school mental health promotion interventions globally. Two major databases, SCOPUS and ERIC were utilised to capture the social science, health, arts and humanities, and education literature.Results: Initial searches identified 25 articles reporting on mental health promotion interventions in schools. When mapped against the inclusion and exclusion criteria, 10 studies were included and explored. Three of these were qualitative and seven were quantitative.

**STATEMENT OF THE PROBLEM:**
A study to assess the prevalence of health illness among school going childrens during pandemic at selected community area, puducherry
**OBJECTIVES:**
* To assess the health illness among school going children during pandemic at selected community area, Puducherry.
* To associate the  prevalence of health illness among school going childrens during pandemic with selected demographic variables
**ASSUMPTIONS:**
* There is signifiicance and improvement of care of school going children  during lockdown period .

- There is signifiicance and association between post intervention test regarding care of school going children during lockdown period with their selected demographic variable.

## III. MATERIALS AND METHODS

This chapter deals with methodology adopted to assess the impact of quality of work life towards organizational commitment among staff nurses: research approach, research design, population, and setting sample, sample size, sampling technique ,selection and development of tool and data collection techniques and plan for data analysis.

- **SECTIONA:** Description of the demographic variables among school going children.
- **SECTION B:** Assessment of the level of prevalence of health illness among school going children during pandemic at selected community area, Puducherry.

**RESEARCH APPROACH:**
A quantitative research approach was selected for the present study.

**RESEARCH DESIGN:**
A descriptive research design was adapted for this study.

**SETTING OF THE STUDY:**
In this study ,the sample comprises of all the school going childrens living in kalitheerthalkuppam, Puducherry

**SAMPLE**:
In this study ,the sample comprises of all the school going childrens living in kalitheerthalkuppam, Puducherry

**SAMPLING TECHNIQUE:**
A convenient sampling technique was adopted for this study.

**SAMPLE SIZE:**
In this study ,the sample size consists of 50 students.

**CRITERIA FOR SAMPLE SELECTION:**
**Inclusion criteria:**

- Student both male and female.
- School children who are willing to participate in data collection.
- Student include all of the school age children.
- School children who are available at a time of data collection

**Exclusion criteria:**

- School going children who are not willing to participate in the study.

## IV. RESULTS:

The findings reveals that Out of the 50 school going children who were interviewed, Majority of the school going children 14(28%) of study population were in the age group are 0-5 years. Majority of theschool going children were female 28(56%). Majority of theschool going children were 1-2 rd standard 16(32%). Majority of theschool going children, Father Occupation were Private sector 22(44%). Majority of theschool going children, Mother Occupation were Private sector 23(46%). Majority of theschool going children, 24(48%) Father income was 15000-20000. Majority of theschool going children, 24(48%) Mother incomes were 5000-10000. Majority of theschool going children were middle class socioeconomic status 39(78%). Majority of theschool going children were Hindu 35(70%). Majority of theschool going children, Birth order were 2 nd children 22(44%). Majority of theschool going children, Classification were pre schooler 30(60%). Majority of theschool going children were small family 30(60%). Majority of theschool going children were urban 44(88%).

**Frequency and percentage wise distribution of demographic variables among geriatric males residing at kalitheerthalkuppam, Puducherry**.

**(N=50)**

| SL. NO | DEMOGRAPHIC VARIABLES | FREQUENCY (N) | PERCENTAGE (%) |
|---|---|---|---|
| 1 | **Age in years** | | |
| | a) 0-5 years | 14 | 28 |
| | b) 5-10 years | 13 | 26 |
| | c) 10-15 years | 10 | 20 |

| 2 | **Gender** | | |
|---|---|---|---|
| | a) Male | 22 | 44 |
| | b) Female | 28 | 56 |
| 3 | **Educational status** | | |
| | a) 1-2 rd standard | 16 | 32 |
| | b) 3-4 th standard | 13 | 26 |
| | c) 5 -9th standard | 10 | 20 |
| | d) 10-12 th standard | 11 | 22 |
| 4 | **Father occupation** | | |
| | a) Private sector | 22 | 44 |
| | b) Government sector | 9 | 18 |
| | c) Business | 11 | 22 |
| | d) Others | 8 | 16 |
| 5 | **Mother occupation** | | |
| | a) Private sector | 23 | 46 |
| | b) Government sector | 9 | 18 |
| | c) Business | 2 | 4 |
| | d) Others | 16 | 32 |
| 6 | **Father income** | | |
| | a) 5000-10000 | 11 | 22 |
| | b) 15000-20000 | 24 | 48 |
| | c) 25000-30000 | 10 | 20 |
| | d) Above 30000 | 5 | 10 |
| 7 | **Mother income** | | |
| | a) 5000-10000 | 24 | 48 |
| | b) 15000-20000 | 21 | 42 |
| | c) 25000-30000 | 4 | 8 |
| | d) Above 30000 | 1 | 2 |
| 8 | **Socioeconomic status** | | |
| | a) Poor socioeconomic status | 5 | 10 |
| | b) Middle class | 39 | 78 |
| | c) Higher class | 6 | 12 |
| 9 | **Religion** | | |
| | a) Hindu | 35 | 70 |
| | b) Christian | 9 | 18 |
| | c) Muslim | 4 | 8 |
| | d) Others | 2 | 4 |
| 10 | **Birth order** | | |
| | a) 1 st child | 20 | 40 |
| | b) 2 nd child | 22 | 44 |
| | c) Above | 8 | 16 |
| 11 | **Classification** | | |
| | a) Infant | 2 | 4 |
| | b) Toddler | 6 | 12 |
| | c) Pre schooler | 30 | 60 |

| | d) above 15 years | 13 | 26 |

| | | | |
|---|---|---|---|
| | d) Schooler | 8 | 16 |
| | e) Adolescent | 4 | 8 |
| 12 | **Type of family** | | |
| | a) Joint family | 13 | 26 |
| | b) Large family | 7 | 14 |
| | c) Small family | 30 | 60 |
| 13 | **Residency** | | |
| | a) Urban | 44 | 88 |
| | b) Rural | 6 | 12 |

**Educational status**
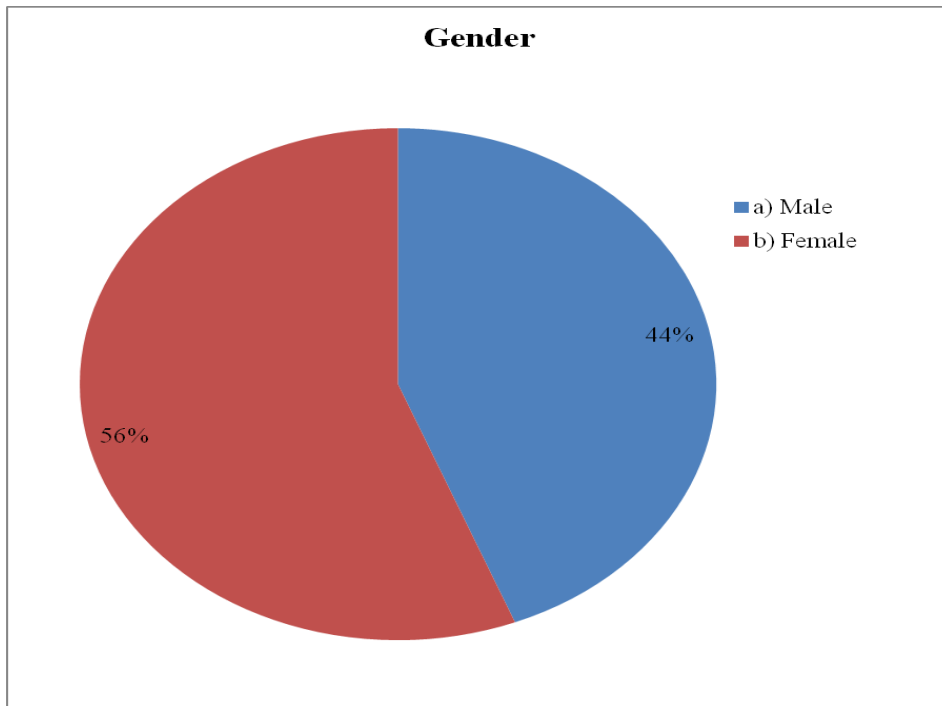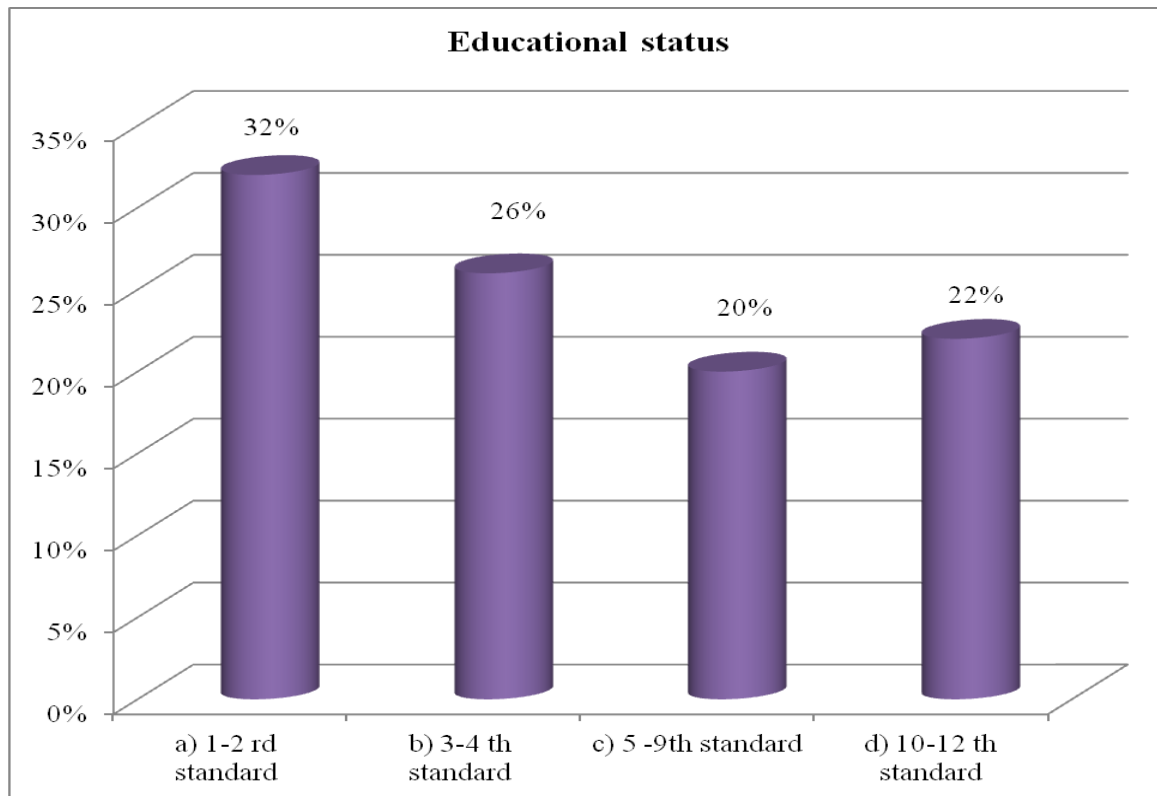
**Frequency and percentage wise distribution oflevel of prevalence of health illness among school going children during pandemic at selected community area, Puducherry.**

| LEVEL OF PREVALENCE OF HEALTH ILLNESS | FREQUENCY (n) | PERCENTAGE (%) |
|---|---|---|
| Low | 21 | 42 |
| Mooderate | 22 | 44 |
| High | 7 | 14 |
| Total | 50 | 100 |
| Mean+Standard deviation | 9.30+4.604 | |

**TABLE 3**: **Association between the level of prevalence of health illness among school going childrens during pandemic with their selected demographic variables.**

(N=50

| SL. NO | DEMOGRAPHIC VARIABLES | LEVEL OF PREVALENCE OF HEALTH ILLNESS | | | | | | Chi-square $X^2$ and P-Value |
|---|---|---|---|---|---|---|---|---|
| | | LOW | | MODERATE | | HIGH | | |
| | | N | % | N | % | N | % | |
| 1 | **Age in years** | | | | | | | $X^2$=3.26 Df=6 p =0.775 NS |
| | a) 0-5 years | 6 | 28.6 | 5 | 22.7 | 3 | 42.9 | |
| | b) 5-10 years | 6 | 28.6 | 5 | 22.7 | 2 | 28.6 | |
| | c) 10-15 years | 5 | 23.8 | 5 | 22.8 | 0 | 0 | |
| | d) above 15 years | 4 | 19 | 7 | 31.8 | 2 | 28.5 | |
| 2 | **Gender** | | | | | | | $X^2$=3.51 Df=2 p =0.173 NS |
| | a) Male | 9 | 42.9 | 12 | 54.5 | 1 | 14.3 | |
| | b) Female | 12 | 57.1 | 10 | 45.5 | 6 | 85.7 | |
| 3 | **Educational status** | | | | | | | $X^2$=5.93 Df=6 |
| | a) 1-2 rd standard | 6 | 28.6 | 6 | 27.3 | 4 | 57.1 | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | b) 3-4 th standard | 7 | 33.3 | 4 | 18.2 | 2 | 28.6 | p =0.430 NS |
| | c) 5 -9th standard | 5 | 23.8 | 5 | 22.7 | 0 | 0 | |
| | d) 10-12 th standard | 3 | 14.3 | 7 | 31.8 | 1 | 14.3 | |
| **4** | **Father occupation** | | | | | | | $X^2$=1.37 Df=6 p =0.967 NS |
| | a) Private sector | 10 | 47.6 | 9 | 40.9 | 3 | 42.9 | |
| | b) Government sector | 4 | 19 | 4 | 18.2 | 1 | 14.3 | |
| | c) Business | 3 | 14.4 | 6 | 27.3 | 2 | 28.6 | |
| | d) Others | 4 | 19 | 3 | 13.6 | 1 | 14.2 | |
| **5** | **Mother occupation** | | | | | | | $X^2$=3.75 Df=6 p =0.709 NS |
| | a) Private sector | 11 | 52.4 | 10 | 45.5 | 2 | 28.6 | |
| | b) Government sector | 4 | 19 | 4 | 18.2 | 1 | 14.3 | |
| | c) Business | 0 | 0 | 1 | 4.5 | 1 | 14.3 | |
| | d) Others | 6 | 28.6 | 7 | 31.8 | 3 | 42.8 | |
| **6** | **Father income** | | | | | | | **$X^2$=11.14 Df=6 p =0.04 *S** |
| | a) 5000-10000 | 2 | 9.5 | 8 | 36.4 | 1 | 14.3 | |
| | b) 15000-20000 | 10 | 47.6 | 8 | 36.4 | 1 | 14.3 | |
| | c) 25000-30000 | 5 | 23.8 | 5 | 22.7 | 0 | 0 | |
| | d) Above 30000 | 4 | 19 | 1 | 4.5 | 0 | 0 | |
| **7** | **Mother income** | | | | | | | $X^2$=4.92 Df=6 p =0.554 NS |
| | a) 5000-10000 | 8 | 38.1 | 11 | 50 | 5 | 71.4 | |
| | b) 15000-20000 | 9 | 42.9 | 10 | 45.5 | 2 | 28.6 | |
| | c) 25000-30000 | 3 | 14.3 | 1 | 4.5 | 0 | 0 | |
| | d) Above 30000 | 1 | 4.8 | 0 | 0 | 0 | 0 | |
| **8** | **Socioeconomic status** | | | | | | | $X^2$=5.29 Df=4 p =0.259 NS |
| | a) Poor socioeconomic status | 2 | 9.5 | 1 | 4.5 | 2 | 28.6 | |
| | b) Middle class | 15 | 71.4 | 19 | 86.4 | 5 | 71.4 | |
| | c) Higher class | 4 | 19 | 2 | 9.1 | 0 | 0 | |
| **9** | **Religion** | | | | | | | $X^2$=6.28 Df=6 p =0.392 NS |
| | a) Hindu | 14 | 66.7 | 17 | 77.3 | 4 | 57.1 | |
| | b) Christian | 4 | 19 | 4 | 18.2 | 1 | 14.3 | |
| | c) Muslim | 3 | 14.3 | 0 | 0 | 1 | 14.3 | |
| | d) Others | 0 | 0 | 1 | 4.5 | 1 | 14.3 | |
| **10** | **Birth order** | | | | | | | $X^2$=3.67 Df=6 p =0.720 NS |
| | a) 1 st child | 9 | 42.9 | 9 | 40.9 | 2 | 28.6 | |
| | b) 2 nd child | 8 | 38.1 | 10 | 45.5 | 4 | 57.1 | |
| | c) Above | 4 | 19 | 3 | 13.6 | 1 | 14.3 | |
| **11** | **Classification** | | | | | | | **$X^2$=14.13 Df=2 p =0.005 *S** |
| | a) Infant | 1 | 4.8 | 1 | 4.5 | 0 | 0 | |
| | b) Toddler | 3 | 14.3 | 3 | 13.6 | 0 | 0 | |
| | c) Pre schooler | 12 | 57.1 | 12 | 54.5 | 6 | 85.7 | |
| | d) Schooler | 4 | 19 | 3 | 12.8 | 1 | 14.3 | |
| | e) Adolescent | 1 | 4.8 | 3 | 13.6 | 0 | 0 | |
| **12** | **Type of family** | | | | | | | $X^2$=1.602 |

| 13 | | | | | | | | Df=4 p =0.808 NS |
|---|---|---|---|---|---|---|---|---|
| | a) Joint family | 6 | 28.6 | 5 | 22.7 | 2 | 28.6 | |
| | b) Large family | 3 | 14.3 | 4 | 18.2 | 0 | 0 | |
| | c) Small family | 12 | 57.1 | 13 | 59.1 | 5 | 71.4 | |
| 13 | **Residency** | | | | | | | $X^2$=5.94 Df=4 p =0.203 NS |
| | a) Urban | 20 | 95.2 | 17 | 77.3 | 7 | 100 | |
| | b) Rural | 1 | 4.8 | 5 | 22.7 | 0 | 0 | |

**The table 3** depicts that the demographic variable, Father income and Classification had shown statistically significant association between the level of prevalence of health illness among school going children's during pandemic with their selected demographic variables. The other demographic variable had not shown statistically significant association between the level of prevalence of health illness among school going children's during pandemic with their selected demographic variables respectively. $p < 0.05$ significant, *-$p < 0.001$ highly significant, NS-Non significant

## V. CONCLUSION AND RECOMMENDATIONS:

A study to assess the prevalence of health illness among school going children's during pandemic period at selected community area, puducherry. The findings of the study revealed that out of 50 samples. Majority of the school going children 22(44%) had moderate level of prevalence of health illness, 21(42%) had low level of prevalence of health illness and 7(14%) had high level of prevalence of health illness.

**NURSING IMPLICATIONS:**
The study had implications for nursing practice, nursing education, nursing administration and nursing research.

**NURSING SERVICES:**
The parents must have adequate knowledge about health illness of school children and take care of them.
**NURSING EDUCATION:**
The nurse educated the parents about the health illness of children during Lockdown period. Provide a necessary health education, provide a activity therapy or routine works etc.,
**NURSING ADMINISTRATION:**
Nurse's administrators can make necessary steps to spread awareness about the health illness of care of children during lockdown period. Nurse's administration can organize awareness program or some participation events about health illness of children during lockdown period.
**NURSING RESEARCH:**
Numbers of studies are being conducted to a study to assess the prevalence of health illness among school going children's during pandemic period at selected community area, puducherry .Parents are mostly inadequate in knowledge .Different studies have to be conducted to evaluate the knowledge of parents.
**RECOMMENDATIONS FOR THE STUDY:**
Based on the findings of the study, following recommendation have been made for future study.
- A similar study can be conducted by large number of sample in future.
- The study was conducted to particular group of people at particular age.
- A prospective study can also be conducted
- Study based on daily life of clients to do their daily task.

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