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RESEARCH ARTICLE

HEALTH STATUS OF CHILDREN IN LOW INCOME GROUP OF KOTA CITY – A STUDY

***Dr. Deepa Swamy**

Department of Home Science, Government Arts Girls College, Kota, India

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ABSTRACT

Children of low income group are generally neglected in their health status. Thus, they face different problems for health. Motivations are given not by their parents to improve their health and hygiene. Conditions are become worse when both parents go out for work and nobody is there to look after them. There is no well-managed, detailed research study is conducted to find out health status of children in low income group. The small step of research work is done on those children. It will also help in providing direction to government in deciding policies and programmes for low income group in improving health status.

INTRODUCTION

Meaning of low income group is of those families whose monthly income is below 5000 per month. In these families both mother and father moves out for the work from early in the morning to late evening. So, the whole day the child remains alone at the home will sibling and peer group. Nobody is there to take care of them after parents goes to work. Conditions are becoming worse when literacy rate is low of parents and they are also not interested to give education to children for their better future. In spite of high medical facility provided to low income group by the Government of Rajasthan, their health statuses are very low. They are out of reach for many health service given by government due to lack of knowledge. Conditions are even worse when they don't even have proper toilet facilities at home and they don't even try to use public properties. Conditions of health are not in their control because it is negotiable point for them.

Objective of the study

1. To study the health status of children in low income group of Kota city.
2. To suggest some measures of wellbeing for improving health status for low income group.

METHODOLOGY

The study was conducted in educational city (i.e. Kota) of Rajasthan. Study was based on both primary and secondary data.

Sample

Random sampling was done with the age group of 10 to 15 years of children of both sexes. 200 number of sample were taken for study.

RESULTS AND DISCUSSION

The following analysis represents a health status with glimpses of hygiene solution of children in low income group. This study is small step to provide direction to improve policy and program given to low income group.

Table 1. Hygiene practices done by Children of Low income Group

Pattern	No of respondent		Percentage	
	Yes	No	Yes	No
Brushing teeth	180	20	90%	10%
Daily bath	120	80	60%	40%
Hand wash before taking food	80	120	40%	60%
Hand wash after food	140	60	70%	30%
Use of proper toilet facilities	140	60	70%	30%
Hand was after urinal	90	110	45%	55%

Table indicates that 90% of the respondents brush their teeth daily which is a good practice. Whereas 60% children of use to take daily bath. After giving awareness by government only 40% of the samples wash their hands before taking meals. Table also depicts that 45% of the samples wash their hands after urinal.

Table 2. Types of Health Problem among Children of Low income Group

Health problem	Frequency	Percentage
Digestive infection	160	80%
Skin problem	100	50%
Dental Problem	80	40%
Injuries	120	60%
Eye and voice problem	70	35%
Hearing problem	60	30%

As their hygiene habits are very low so they have they have to face different physical health problems. Table clearly shows that samples have multiple problems in which digestive problem is most followed by injuries.

Table 3. Availing Government Medical facility by Children of Low income Group

Availing govt. medical	Frequency	Percentage
Yes	80	40%
No	120	60%

It was very sad to know that only 40% of the samples agree that they avail medical facility given by government because the distance.

Table 4. Types of medical treatment done by children in low income group

Type of treatment	Frequency		Percentage	
	Yes	No	Yes	No
Naturopathy	05	195	2.5%	97.5%
Homeopathy	130	70	65%	35%
Ayurveda	10	190	05%	95%
Allopathic	180	20	90%	10%

Above table indicates that samples depend more on allopathic (90%) than other type of medical treatment because allopathic medicine gives quick relief.

Table 5. Immunization Schedule done by Children in low income group of Kota city

Immunized	Frequency	Percentage
Yes	70	35%
No	130	65%

Immunization schedule was completed by 35% of the samples. Vaccines which are compulsory by the government are only taken. They do not even maintain the record of vaccines.

Table 6. Type of Medicine availed by children in low income group by Kota city

Medicine	Frequency		Percentage	
	YES	No	YES	No
Advice by Medical shop	170	30	85	15
Advice by doctor	70	130	35	65
Advice by jholachan doctor	180	20	90	10
Advice by owner where they work	120	80	60	40
By own	05	195	2.5	97.5

It was very bad to know that 85 % sample use to take the medicines which are given by person having medical shop. Samples (90%) use to move with advice by jholachap doctor which can keep their life in dangerous. 60 % of the samples don't even hesitate to take advice from there owner where they work.

Conclusion

Health is a burning issue for developing country like India and study clearly indicates that health status of low income group of Kota city is very low. Since physical health is not well so, it also affecting emotional and mental health. Income of the family is very low and children are totally neglected from family as well as from society. Extension educational method should be used to educate parents as well as children at low income group. Government should take some hand and harsh steps to improve their education as well as health level. Medical facilities should be provided at the door step with the help of NGO's. Periodically health checkup camp and other camp's which provide knowledge to them should be initiative by the government and NGO's. At risk children should be given priority for education on health issues. Slow but steady learning process should be involved for long duration in low income group families. Importance should also be given for educating the women because it is well said that if we educate a single women that means we are providing education to generation. Recipes with high nutritive value with low cost should be taught to them so that health level can be increased.

REFERENCES

- Asha Rane .study children: a challenge to the social work profession 1994.
 Anrile Challeyea. India: the forgotten children of the cities Unicef 1992.
<http://www.mapsof india.com>, <http://www.ukessays.com>
 Dr. Ajanta Nayak: health status of shut children in bhuvneshwar, capital city of oddisha.- A study.
