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A STUDY ON HEALTH PROFILE OF SCHOOL DROPOUT CHILDREN IN A SLUM AREA OF JAIPUR RAJASTHAN

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ABSTRACT

Introduction: School drop outs are very common in children, especially in developing countries, and may occur due to many causes. Though the school health services cater to health needs to an extent, the children who drop out of schools lose on this count. These children never derive the attention for the reason of school dropouts nor are they covered under any major health programs pertaining to their health problems.
Objective: To assess health profile of school dropout children aged 6-14 years in an urban slum setting.
Materials and Methods: This community-based descriptive observational study was conducted in a Kacchi Basti with a total of 180 school dropout children. Data was collected using a pre-designed, Semi-structured proforma.
Results: Findings revealed that 57.8% were boys and 42.2% girls, with the majority aged 13-14 years. 8.9% study subjects were having skin infections, 39.4% were anemic, 2.8% were having ear impairment, 3.9% were having eye problems, and 1.7% was having stammering of speech.
Conclusion: Anaemia, skin infections, eye and ear problem were major health problems noted in the school dropped out children. Interventions to improve school retention must address financial barriers, enhance parental awareness, and integrate health services targeting this vulnerable group.

Keywords:*School dropout children, Health profile, Community-based study, Slum area, Kacchi Basti.*

INTRODUCTION

School dropout not only represents a violation of children's fundamental right to education but also leads to substantial wastage of educational resources and perpetuates intergenerational cycles of poverty and social exclusion. Several authors have examined the multifactorial reasons for school dropout among children. These reasons broadly include socio-economic constraints such as poverty, child labour, and parental illiteracy; school-related factors like poor infrastructure, inadequate teaching quality, and lack of supportive learning environments; as well as individual and family-level factors including poor academic performance, health issues, gender bias, early marriage, and lack of parental motivation. The relative contribution of these factors varies across regions and populations, highlighting the need for context-specific interventions to improve school retention.[1-6]

The scheme of school health services is an economical and powerful means of raising the community health and more importantly the health of the future generations.[7]Though the school health services cater to health needs to an extent, the children who drop out of schools lose on this count. These children never derive the attention for the reason of school dropouts nor are they covered under any health programs pertaining to their health problem.[8]The primary school age is a dynamic period of physical growth and development. Health measures taken during this period of growth will have beneficial effect life-long. One of the major impacts of education is on one's health, that's why School Health services are an integral part of health care services in countries like India. These services are also the agents through which the

message of health related knowledge; practices etc. are taken back to the family and in turn to the community. All these advantages are lost once the child drops out of the school. School dropouts should be seen as a public health issue.

OBJECTIVE

To assess health profile of school dropout children aged 6-14 years in an urban slum setting.

MATERIALS AND METHODS

Study Area: JhalanaKacchibasti of Jaipur city.
Study Design: A community based Descriptive type of observational study.
Study Period: 1 April 2013 to 31 March 2014.
Sample Size: 25% of households residing in Jhalana Kacchi Basti of Jaipur city, were surveyed for school dropouts; to achieve this every 4th household was surveyed by Systematic Random Sampling technique.
Selection Criteria: Children aged 6-14 years, who dropped out from schools for more than one year; and whose family had stayed in the study area for more than one year were included in the study; while seriously ill/hospitalized children were excluded from the study.
Method of Data Collection: Data was collected using a pre-designed, Semi-structured proforma.

RESULTS

A total of 180 school dropout children were surveyed. Out of 180 children, 57.8% were boys and 42.2% girls, with a mean age of 12.41 years. Majority (88.9%) were Hindu. Most parents were illiterate (60.6% fathers, 75.6% mothers), with fathers mainly engaged in manual labor and mothers primarily homemakers. Over half of the children belonged to large families (>5 members) and nuclear family structures predominated (73.9%).

Among the 180 children studied, 42 (23.3%) children had one or the other health related problem.8.9% study subjects were having skin infections, 39.4% were anemic, 2.8% were having ear impairment, 3.9% were having eye problems, and 1.7% was having stammering of speech.among the 180 children studied, majority, i.e. 109 (60.6%) had normal haemoglobin percentage value. Among those who had anaemia, majority, 44 (24.4%) had early anaemia while 27 (15.0%) had marked anaemia.

Table 1: Distribution of the school dropout children according to the presence of health problems in various organ systems

Health status	Girls		Boys		Total	
	Number	%	Number	%	Number	%
Hair	2	2.6	0	0	2	1.1
Skin	6	7.9	10	9.6	16	8.9
Eyes	5	6.6	2	1.9	7	3.9
Ears	3	3.9	2	1.9	5	2.8
Stammering	0	0	3	2.9	3	1.7
CVS	0	0	2	1.9	2	1.1
Respiratory system	3	3.9	4	3.8	7	3.9

Table No. 2: Distribution of the school dropout children according to the anaemia grade based on their haemoglobin level

Haemoglobin	Girls		Boys		Total	
	Number	%	Number	%	Number	%
Early anaemia	20	26.3	24	23.1	44	24.4
Marked anaemia	13	17.1	14	13.5	27	15.0
Normal	43	56.6	66	63.5	109	60.6
Total	76	100.00	104	100.00	180	100.00

Normal: Hb>12g/dl; Early anaemia: Hb 10-11g/dl; Marked anaemia: Hb<10g/dl

DISCUSSION

It was observed in the present study that majority, 104 (57.8%) children were boys and 76 (42.2%) were girls. This observation is similar to that in the study by Khokhar et al.[2], in which boys constituted 54.23% of the study population and girls 45.77%.It was observed that out of 180 school dropout children, majority, i.e., 50 (27.78%) were 14years old, followed by 48 (26.67%) aged 13 years, 39 (21.67%) aged 12 years followed by 20 (11.11%) aged 11 years, 14 (7.78%) aged 10 years and 9(5.00%) aged 9 years. This observation matches with that of the Executive Summary published by the SarvaShikshaAbhiyan[9] in which also it was observed that school dropout rate increases with the age group.

In this study also the number of school dropout children observed to be increasing with the age of the children.In majority, i.e., among 102 (56.7%) children both the parents were illiterate. Only in cases of 37 (20.6%) children neither

parent is illiterate. In rest of the children, either of the parents is illiterate, showing the association between the illiteracy status of the parents and their children dropping out of school.This observation matches the Public Report on Basic Education (PROBE) 1996.[10] This report observed that parent's attitudes towards education have a major effect on the education of their children. It seems that when either of the parents is literate or especially when women are literate, they are more willing to send their children, especially girls, to the school.

Among the 180 children studied, 7(3.9%) had eye problems. Conjunctivitis was commonest, in 4 children out of these 7 children (57.1%). Among overall children in the study, conjunctivitis was seen in 2.2% of children. This was followed by myopia in 3 (1.7%) children.These observations match with that of study by Dwivedi MP[11] in which also the eye problems were observed in 4.89% of children with problem of distant vision being the commonest.

Among the 180 children studied, 5 (2.8%) had ear problems. All these had chronic suppurative otitis media. It was more frequent among girls in whom 3 (3.9%) were affected compared boy 2(1.9%) affected. These observations match the study by P K Gupta[12] where the ear discharge was seen in 2.94% of children studies.

Among the 180 children studied, 16 (8.9%) had skin problems. The most common skin problem was scabies infestation with 11 (6.1%) children being affected. This was followed in frequency by tinea in 3 (1.7%) andpyoderma in 2 (1.1%) children. It differs from a study done by Negi KS et al[13] where it was observed that majority (50.6%) of children were affected by skin problem. This is likely to be due to locally different situations and conditions.

Among the 180 children studied, majority, i.e. 109 (60.6%) had normal haemoglobin percentage value. Among those who had anaemia, majority, 44 (24.4%) had early anaemia while 27 (15.0%) had marked anaemia. Among anaemic girls, majority, 20 (26.3%) had early anaemia while 13 (17.1%) had marked anaemia. Among anaemic boys, majority 24 (23.1%) had early anaemia while 14 (13.5%) had marked anaemia. In their study, SahaSudip Kumar et al[14], observed that anaemia was present more (90.7%) in of school dropout girls.

Limitations: The study's findings are limited to one urban slum and may not be generalizable.

CONCLUSION

Anaemia, skin infections, eye and ear problem were major health problems noted in theschool dropped out children.Interventions to improve school retention must address financial barriers, enhance parental awareness, and integrate health services targeting this vulnerable group.

Declaration:
Conflicts of interests: The authors declare no conflicts of interest.
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