Summer Training at
Plan My Health, Mumbai

An Assessment of Health Status of Adolescent Tribal Girls residing in Tribal Residential Schools of Madhya Pradesh

By
Nikita Mahendra Sharma

Under the guidance of
Dr. J.P. Singh

MBA Hospital & Health Management
2017-2019

Institute of Health Management Research
The IIHMR University, Jaipur
2018

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that **Nikita Mahendra Sharma** has undergone summer training at Plan My Health, Mumbai from 17th April to 31st may 2018.

The candidate herself completed the project assigned to her during summer training. Her approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management.

I wish her success in all her future endeavors.

Jagajeet Pratap Singh

Dr. J.P Singh
Associate Professor
IIHMR University, Jaipur

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LETTER OF RECOMMENDATION

May 30, 2018

To whomsoever it may concern,

I take this opportunity to evaluate the contribution of **Ms. Nikita Sharma** to my organization **Jainam Wellness (Plan My Health)**. Her work profile here was related to **Public Health**, majorly focusing on **Public Health Research, Making Proposal for Government Projects**. She invariably took the efforts to understand the depth of the project and to come up with new and innovative approaches for the assigned project.

During her internship period of 2 months I found Ms. Nikita Sharma taking efforts to learn everything that was required for the project. She also demonstrates the ability to view learning as a continuous process and to accept constructive feedback and learn from it. Although she learnt a great deal from all her peers, a Professional Working Environment would add to her professional knowledge, and further refine her analytical skills.

Through her dedication, she has proved her potential at Jainam Wellness (Plan My Health) and I'm confident she'll do the same at any Organization where she plans to pursue her Professional Career.

For JAINAM WELLNESS LIMITED

Director

JAINAM WELLNESS LIMITED MUMBAI

Mr. Akshay J Shah

CEO – Plan My Health – Jainam Wellness Limited

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Date : 31/05/2018

Internship Completion Certificate

To whomsoever it may concern,

Hereby we certify that **Ms. Nikita Sharma** was working as a Full time- **Public Health Intern** with Jainam Wellness Ltd (PLAN MY HEALTH) located at Mumbai, Maharashtra, India for the period –**17th April to 31st May 2018.**

We found her professional, dedicated and friendly with her team members. Overall Ms. Nikita Sharma performed her duties and responsibilities with utter most loyalty. We are certain that she would be a great asset to any organization.

On behalf of the company, we take this opportunity to wish Ms. Nikita Sharma for her future career endeavors.

For JAINAM WELLNESS LIMITED

Mr. Akshay J Shah

Director

CEO-Plan My Health-Jainam Wellness Limited

Onsite Wellness (Corporate, Society, School & Families)

JAINAM WELLNESS LIMITED

Acknowledgement

"Vital to every operation is cooperation"–

A wonderful quotation put forth by Mr. Frank Tyger.

The summer training opportunity I had with Plan My Health, Mumbai was an enriching experience, it was a great chance for learning and professional development. It helped me develop an ability to understand healthcare issues from various perspectives.

Bearing in mind the previous, I would like to take this opportunity to express my deepest gratitude and special thanks to my mentor, Dr J.P Singh, IIHMR University, Jaipur, for guiding and keeping me on the correct path throughout the two months of internship.

It is my radiant sentiment to place on record my best regards, deepest sense of gratitude and indebtedness to Mr. Akshay J Shah , CEO, Plan My Health for his immense support and faith and for allowing me to carry out the study with ease at his esteemed organisation during the internship..

Furthermore, I would like to express my deepest thanks to Dr Eshani Saxena, Public Health Dentist and CSR Head, for providing me with her experiences and all the required information that helped me with my study.

I perceive the opportunity as a big milestone in my professional development. I will strive to use the gained skills and acknowledgement on the best possible way, and will continue to work on their improvement, to attain the desired career objectives.

Sincerely,

Nikita Mahendra Sharma.

TABLE OF CONTENTS

ABOUT THE ORGANISATION

Jainam Wellness Limited (JWL) is a pioneer in providing preventive and predictive Wellness & Healthcare services in India.

The promoters of the company have a multi-industry presence across diagnostic centres, infrastructure, power, packaging and manpower recruitments.

JWL focuses on various B2B and B2C segments such as Schools & Colleges, Housing Societies, Home Care, Banks, Corporates, Insurance Companies and Public Health.

Plan My Health is a Digital Wellness initiative of JWL which simplifies and efficiently manages Wellness & Healthcare services through innovative use of technology.

Vision and Mission of the Organization

Vision statement: At Plan my health, we aim to deliver best services performance over the long term by integrating sustainability into our business strategy, leaving a positive imprint on society and the environment. We call this Performance with Purpose To be a leading provider of Wellness & Healthcare services in India by FY18.

Mission statement: To spread wellbeing and happiness leading to improved lives by providing cost effective Wellness & Healthcare services.

Core values of Plan My Health

- Passion
- Innovation
- Customer Centricity
- Service Excellence
- Performance Focus
- Team Work

All the values were ethically practiced and taught at firm.

Healthcare wellness solutions offered by Plan My Health

- School wellness
- Home wellness
- Occupational Health
- Society Health
- Public Health
- Insurance

Amongst the total varied services offered by the organization I was majorly part of the School Health Program.

SCHOOL HEALTH PROGRAM at Plan My Health

"Comprehensive & Annual School Health Plan for student Wellness in India"

The critical need for effective school health programs in India, 180 million young people attend nearly 15,00,000 schools for about 6 hours of classroom time each day for up to 13 of the most formative years of their lives.

More than 95% of young people aged 5-17 years are enrolled in school. Because schools are the only institutions that can reach nearly all youth, they are in a unique position to improve both the education and health of young people throughout the nation. Advances in medications and early detection have largely reduced the illness, disability, and death that common infectious diseases once caused among children.

Certain behaviors' that are often established during youth contribute markedly to today's major causes of death, such as heart disease, cancer, and injuries. Students generally have minor ailments which have wider implications if not prevented at this stage.

The main Health issues found in school going children are rashes, dental problems, speech, hearing, & vision problems. Also, a major undetected issue is psychological health i.e. behavioral issues, hyperactivity, mood swings, learning disorders etc.

General Health check, Dental, Vision, Psychology, Diet, ENT checkup is included in Student Health Program. Apart from this, developmental growth, vital parameters like BMI, Pulse, Respiratory rate etc. is also assessed. Health sessions like parenting, hygiene, brushing techniques, balanced diet, stress management, adolescence etc. is also included in Student Health program.

Medical room management services are provided in school premises which is housed by Nurse, Doctor, Dietitian, Counsellors' etc. The greatest advantage is that care is taken round the clock (school time) and in school premises.

Activities performed during Summer Training

In the entire course duration, I was assigned various tasks which included;

- Empanelling doctors for the Health Check-ups.
- Visiting schools for promotion and explaining them the need for health check up and listing the services offered by the organization
- Assisting in preparing proposal for CSR activity and collecting the relevant information for the same.
- Providing assistance in preparing budgets for the Health check-ups.
- Preparing assessment reports of the health check-ups conducted.
- Majorly part of the Canara Bank initiated CSR activity; conducting a health check-up of Tribal adolescence girls who resided in tribal residential schools of Madhya Pradesh.

PROJECT REPORT

An Assessment of Health Status of Adolescent Tribal Girls residing in Tribal Residential Schools of Madhya Pradesh

Introduction

Adolescent girls form an important vulnerable sector of population that constitute about one tenth of Indian population. Under-nutrition among adolescents is a serious public health problem internationally, especially in developing countries. Early adolescence after the first year of life is the critical period of rapid physical growth and changes in body composition, physiology and endocrine. The Ministry of Women and Child Development is significantly involved in the issues of nutrition and development of children, particularly girl children. The scheduled castes and scheduled tribes have been identified as two most disadvantaged groups of Indian society needing special attention. Empowerment of the tribal residential school Girls is necessary to help them cope with the changes and promote awareness of health particularly nutrition and reproductive health, so as to break the intergenerational life cycle of nutritional and gender disadvantage and provide an enabling and supporting environment for self-development. Social welfare department, with respect to the socioeconomic status of Scheduled Caste population and socio academic profile of the scheduled caste children, has been maintaining hostels as a pro-educational measure. These residential schools serve as homes away from homes at places where schooling facilities are available. The girls stay more than 8 years in these hostels. Health care of these girls in the hostels is of utmost importance because the children in the school age (10-15years) are in a period of growth and development when optimum nutritional and health care is essential. Adolescent girl's health covers nutritional status, reproductive health, dental and vision problems and psychological assessment. (Maiti et al.,2012)

The present study is conducted to check the physical and mental status of tribal Girls residing in tribal residential schools called Balika Chatravas. The Balika Chatravas are residential schools. There is a minimum amount of fee Rs 5-10/ - per month which is affordable for below poverty line people residing in tribal areas. The girls are provided with basic educational facilities, food and accommodation.

The study was conducted by a team of well qualified Doctors including a gynaecologist, dentist, ophthalmologist, paediatrician and a psychologist along with the nursing staff as well as the managing staff empanelled by Plan My Health. The team comprised of female doctors and nursing staff as the camp was organized for Girls only and also to assure that girls feel comfortable with them and willingly share their problem.

OBJECTIVES;

1. To explain the menstrual problems of the adolescent girls;
2. To study dietary intake, dental health and eye healthcare among girls; and
3. To study anxiety, anger and concentration level among the girls.

Methodology;

Description of study area:

S. No	District	Name of School	No. of girls Enrolled	Sample Size
1	Indore	Balika Chatravas, Simrol	100	98
2	Indore	Balika Chatravas, Rajendra Nagar	100	96
3	Khandwa	Balika Chatravas, Chegaon Makkan	100	67
4	Khandwa	Balika Chatravas, Harsood	50	27
5	Khandwa	Balika Chatravas, Omkareshwar	50	45

The study was conducted in five tribal residential schools (Chatravas) in Madhya Pradesh State. Out of these 5 tribal residential schools 100 tribal adolescent girls were enrolled each in Simrol, Rajendra Nagar and Chegaon Chatravas located in Indore and Khandwa districts of Madhya Pradesh State and 50 tribal adolescent girls were enrolled in Harsood and Omkareshwar Chatravas also located in Khandwa district of Madhya Pradesh State.

Out of these 100 tribal adolescent girls 98, 96 and 67 girls were interviewed out the total enrolled girls in the Simrol, Rajendra Nagar, and Chegaon Makkan respectively and out of 50 enrolled girls 27 and 45 girls were interviewed in Harsood and Omkareshwar respectively.

Study Design-

A descriptive cross-sectional study design was used to conduct this study and the duration of data collection was 10 days (22Apr- 2 May, 2018).

Type of data:

Primary data- The girls were examined by the doctors and findings were noted. They were interviewed by team of specialized doctors and their health status was assessed keeping in view their dietary and hygiene practice.

Sample Size-

Out of 400 adolescent girls (9-15 years) who were enrolled with the five tribal residential schools, total 333 girls were examined and interviewed in the study.

Study tool-

Structured Data sheet was used to record the information after doing check-up of the girls. Based on the interaction made by the health team, the Girls were asked about their dietary intake, and problems faced by them during menstruation. The girls were examined for vision and dental problems and general health issues like Haemoglobin levels and iron deficiency were tested in laboratory.

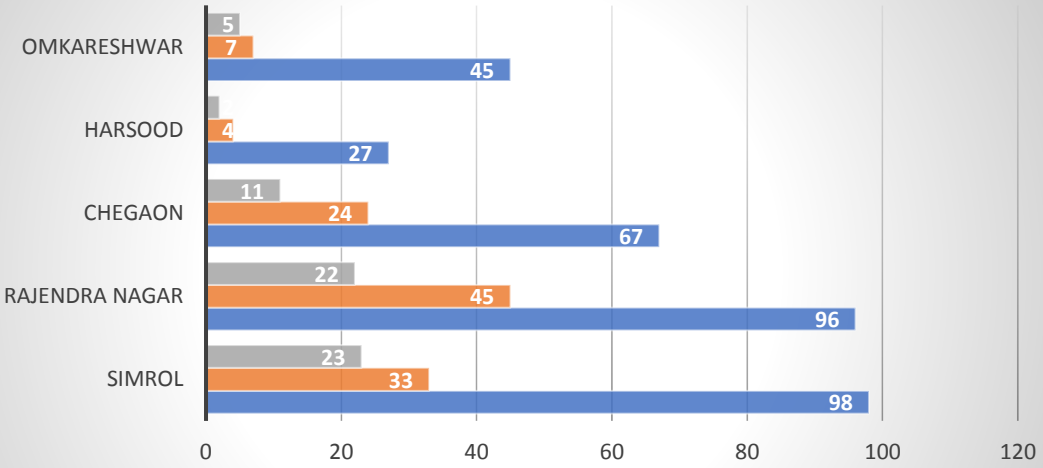
Results;

The results were formulated based on the assessment done by the doctors.

1) **Abnormal Menstruation**:

Check-up was done to understand the prevalence of abnormal menstruation among tribal adolescent girls who had attained menarche and findings were formulated.

Fig1 :Distribution of adolescent girls who had menrache by menstrual problems by schools



	Simrol	Rajendra Nagar	Chegaon	Harsood	Omkareshwar
Abnormal Menstuation	23	22	11	2	5
Attained Menrche	33	45	24	4	7
Total Students present	98	96	67	27	45

Abnormal Menstuation Attained Menrche Total Students present

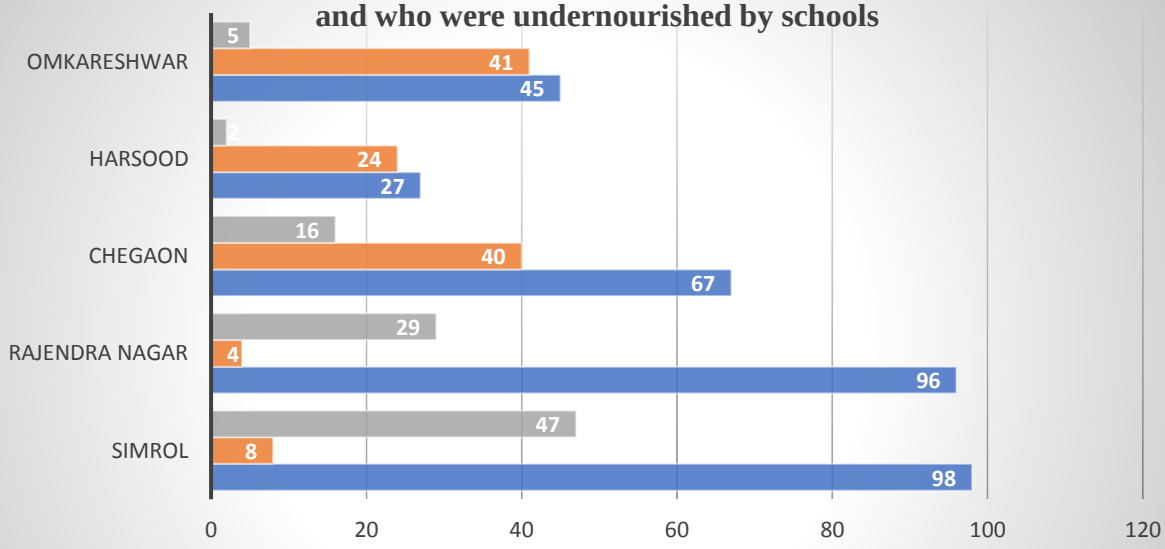
Menstrual problems among adolescent females are common. Out of the total 333 tribal adolescent girls about one-third girls (34%) had attained menarche. Out of which around 56 per cent girls reported abnormal menstruation.

On the basis of the discussion of the doctors with these tribal adolescent girls it is found that abnormal menstruation may be associated with various symptoms occurring before and during menstrual flow. Common menstrual problems include heavy flow and abdominal pain. Although it is a normal physiological process, many tribal adolescent girls have little or no knowledge about the abnormal menstruation and its consequences. There is a lack of current information concerning the knowledge and attitudes of tribal girls regarding menstruation.

2) Low haemoglobin and undernourishment:

Low haemoglobin levels in blood and undernourishment were assessed in the tribal adolescent girls. The physical growth of adolescents has now been identified as one of the key determinants in the lifecycle of undernutrition. The tribal girls are at high risk of undernutrition because of low socio-economic and environmental factors influencing the food intake and health seeking behaviour. (Mohite et al.,2013)

Fig 2: Distribution of adolescent girls who had low haemoglobin levels and who were undernourished by schools



	Simrol	Rajendra Nagar	Chegaon	Harsood	Omkareshwar
Undernourished	47	29	16	2	5
Low Haemoglobin	8	4	40	24	41
Total Students Present	98	96	67	27	45

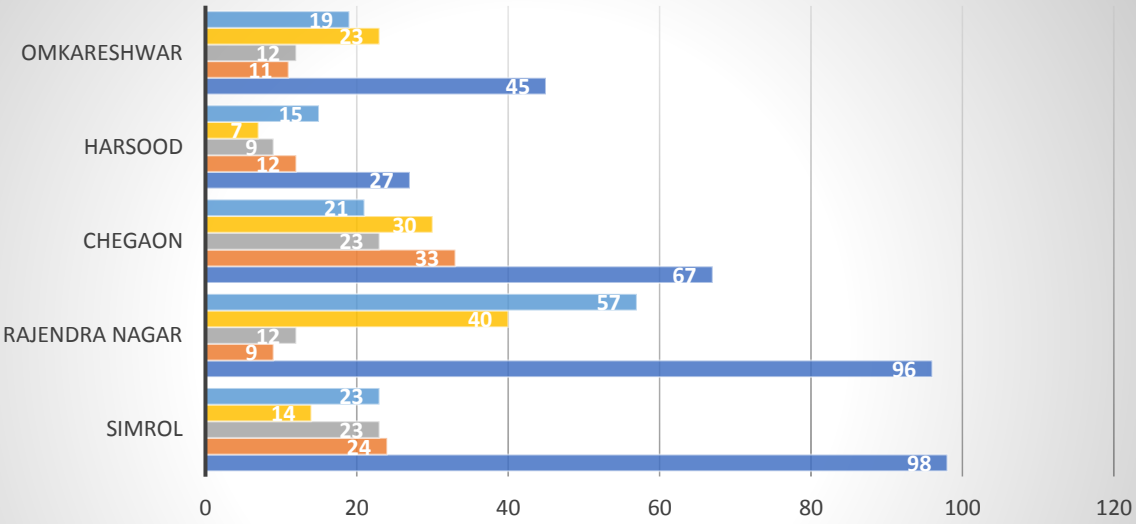
Undernourished Low Haemoglobin Total Students Present

Data on a total of 333 tribal adolescent girls present during the study were checked for low haemoglobin and undernourishment. From the data presented approx. 30 per cent girls were found to be undernourished and 35 per cent girls had low haemoglobin. Simrol and Rajendra Nagar reported the highest per cent of undernourished tribal adolescent girls while low haemoglobin levels were found highest in Harsood and Omkareshwar district.

3) Concentration, anxiety and anger:

The data were also collected on poor memory, low concentration, high anxiety, and anger and presented below.

Fig 3: Distribution of girls who had poor memory and low concentration and also high anxiety and anger by schools



	Simrol	Rajendra Nagar	Chegaon	Harsood	Omkareshwar
Frequent anger	23	57	21	15	19
High Anxiety	14	40	30	7	23
Poor memory and learning	23	12	23	9	12
Poor Attention	24	9	33	12	11
Total Students Present	98	96	67	27	45

Frequent anger High Anxiety Poor memory and learning Poor Attention Total Students Present

Out of the total 333 girls present during the check-up poor attention was reported in 27 per cent of the girls. Likewise, poor memory and learning issues were faced by 23 per cent girls and problems like high anxiety and frequent anger were reported in 34 per cent and 41 per cent girls respectively.

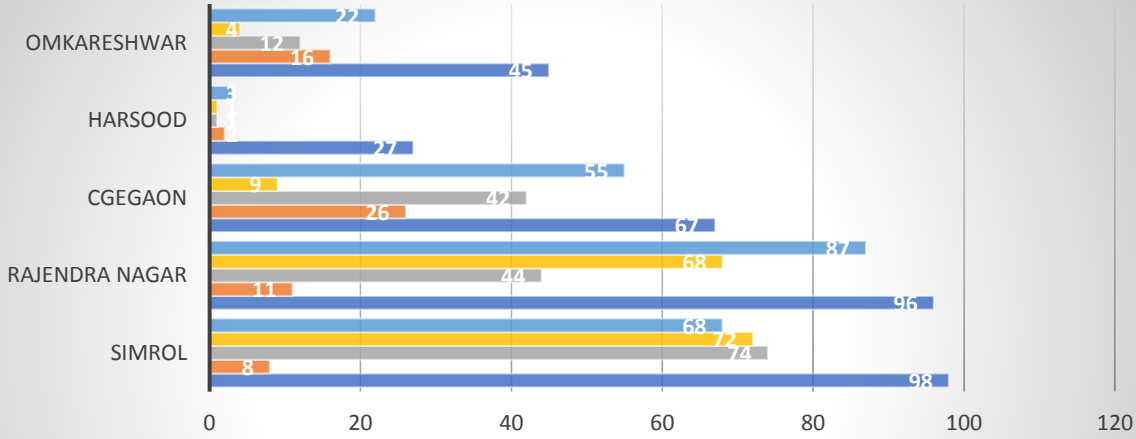
Frequent anger and high anxiety levels was the major psychological problem in the tribal adolescent girls. Anxiety is associated with excessive fear which is influenced by the various activities prevailing to girls in the society.

Poor attention and memory are somehow related to improper nutrition and lack of extra-curricular activities in schools.

4) Decayed teeth, flurosis, gingivitis and stains:

Oral health is an essential and vital component of overall health and is much more than just healthy teeth. Poor oral hygiene and periodontal status was seen among the tribal adolescent girls. The girls were checked for problems like decayed teeth, fluorosis, gingivitis and stains.

Fig 4: Distribution of decayed teeth, flurosis, gingivitis and stains by school



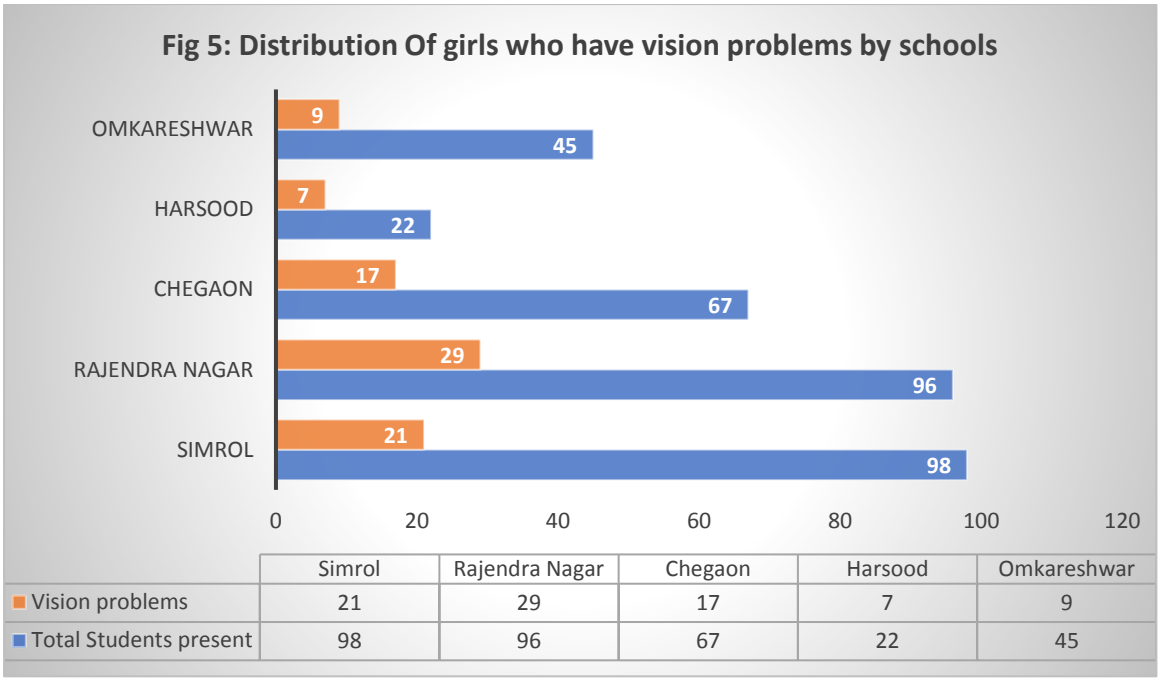
	Simrol	Rajendra Nagar	Cgegaon	Harsood	Omkareshwar
Stains	68	87	55	3	22
Gingivitis	72	68	9	1	4
Flurosis	74	44	42	1	12
Decayed Teeth	8	11	26	2	16
Total students present	98	96	67	27	45

On the basis of data formulated out of total 333 tribal adolescent girls 19 per cent reported decayed teeth, about 52 per cent girls reported fluorosis, 46 per cent and 70 per cent girls had gingivitis and stains respectively.

As advised by the dentist brushing twice daily is the primary preventive method to maintain a good oral health. A high number of girls reported gingivitis and fluorosis because of negligence in maintenance of oral hygiene.

5) Vision Problem:

The below presented data reports the prevalence of poor vision among the tribal adolescent girls.



	Simrol	Rajendra Nagar	Chegaon	Harsood	Omkareshwar
Vision problems	21	29	17	7	9
Total Students present	98	96	67	22	45

Out of the total 333 girls about one-fourth (25%) girls reported vision problems like weak eyesight. Vision problem was not a cause of concern but was found unreported in many cases.

Conclusion;

The study was done to assess the health status of the tribal adolescent's school girl in MP and based on the findings it is concluded that there is high prevalence of abnormal menstruation in tribal adolescent girls. Out of the total tribal adolescent girls studied during the check-up 56 per cent reported abnormal menstruation. It is also found that tribal adolescent girls were anaemic and undernourished. About 35 per cent reported undernourishment and 30 per cent reported low haemoglobin levels. Data revealed that about 34 per cent girls reported high anxiety and 41 per cent reported frequent anger. Some of the girls also reported poor concentration and faced problem of poor memory and learning. About three fourth (71%) tribal adolescent girls had stained teeth and around half (46%) girls suffered from gingivitis. And more than half of the total tribal adolescent girls (56%) had fluorosis and some also had decayed teeth (19%). And ophthalmic test reported 25% weak eyesight cases. The main Health issues found in tribal adolescent school girls are abnormal menstruation, undernourishment and low haemoglobin. Also, a major undetected issue is psychological health i.e. high anger and anxiety and also poor concentration and learning. Gingivitis, flurosis and stained teeth were the most serious dental issues found in majority of the girls. Weak eye sight was also found in some girls.

References:

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