

The penders health promotion model health and social care essay



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CHAPTER RESEARCH METHODOLOGY Methodology is the significant part of any research study which enables the researcher to project a blue print of the research undertaking. This chapter describes the methodology followed to assess the physical, nutritional, psychosocial health status of under five children among migrant population at selected setting, Tamil Nadu. This phase of the study included selecting a research approach, research design, research variables, setting, population, sample, with sample size, sample technique, criteria for selection of the sample, development and description of the tool, content validity, pilot study, reliability, procedure for data collection, and plan for data analysis.

RESEARCH APPROACH The research approach utilized in this study was quantitative research approach. RESEARCH DESIGN WAS USED. The research design was adopted non experimental descriptive design.

Variables Research Variables The study variables are physical, nutritional, psychosocial health status of under five children among migrant population.

Demographic Variables Under five children: Age of the child, gender, religion, immunization status, birth order of the child, No. of sibling. Family: Birth history, family size, father's education, mother's education, occupation of father, occupation of mother, family monthly income, type of family, age at marriage of mother, family history of hereditary and communicable diseases, availability of health services, accommodation facility.

Setting of the study The study was conducted at a gypsy settlement, Jaya Nagar, Thirumulaivoyal, Avadi, Chennai. It covers about 445 migrant populations. Health facility is available through Community Health Centre, Primary Health Centre and Sub Centers. They have adequate transport facility.

Population Target population Target population comprised of all under five children of migrant

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population
Accessible population
Accessible population comprised of all under five children of migrant population who were residing in gypsy settlement areas at Jayanagar Thirumulaivoyal, Avadi, Chennai
Sample
The study sample comprised of all under five children, who were residing at selected community and who have fulfilled the
Criteria for Sample selection
The following criteria's were adopted for the selection of respondents
Inclusive Criteria
Under five mothers who were willing to participate in the study
Under five mothers who were willing to assess their
Under five mothers who can speak and understand tamil
Under five mothers who were able to comprehend and respond to the question
Under five children who cooperated for the health status assessment
Exclusive Criteria
Under five mothers who had mental illness
Under five children who had birth disorder or any mental illness
Sample size
The sample size of the study consisted of 60 under five children, who were residing at selected gypsy settlement area
SAMPLING TECHNIQUE
Non probability convenient sampling was used to select the samples for this study
DEVELOPMENT AND DESCRIPTION OF THE TOOL
DEVELOPMENT AND DESCRIPTION
After an extensive review of the literature and discussion with experts in the field of medical and nursing . The tool was developed and used for data collection
3. 10. 1 Section -A: Questionnaire to collect demographic data
This section consisted of demographic variable details such as
Under five children: Age of the child, gender, religion, immunization status, birth order of the child, No. of
Family: Birth history, family size, father's education, mother's education , occupation of father, occupation of mother, family monthly type of family, age at marriage of mother, family history of hereditary and communicable diseases, availability of health services and accommodation facility
Section - B: Observational
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check list to assess the physical health status of under five children amongThis consisted of head to foot assessment. It comprised of 14 components such as skin, posture, gait, hair, scalp, pediculosis, eye, ear, nose, cavity, oral mucosa, respiratory system, cardio vascular system, gastro intestinal systemScoring keyIf abnormalities present the scoring key-'1' markIf abnormalities absent the scoring key-'0' mark

SCORING KEY IN PERCENTAGE LEVEL OF PHYSICAL HEALTH STATUS

> 75% Ill health
50-75% Mild Illness
Optimum health

Section-C: Observational check list to assess the Nutritional status of underfive children among migrant population

This consisted of midarm circumference and calculating degree of malnutrition of under five childrenTo identify the degree of malnutrition (Gomez Classification -The expected weight of the child was calculated by using formula asExpected weight = Age in years xThe degree of mal nutrition was computed by using formula asDegree of malnutrition = Actual weight /Expected weight xThis scores were distributed and interpreted as follows

SCORING KEY IN PERCENTAGE LEVEL OF NUTRITIONAL HEALTH STATUS

Between 90 and 110 % Normal
mild malnutrition Between 60 and 74 %
2nd degree moderate malnutrition Under

Section - D: Rating scale to assess the Psychosocial status of under five children

This sections assess the psychological health status of the children by using Modified children behavior psychological rating

SCORING KEY

Total number of items was 20 and each item score was given like, never0, occasionally1, Negative questionsPositive questions

Total scoring

ITEM	ITEM NO	NEVER	OCCASIONALLY	ALWAYS
Positive	1, 3, 5, 7, 9, 11, 13,	Less than 13	-Moderate	adequate psychosocial health status
Above 26	-	CONTENT VALIDITY		

The content validity of the tool was established on the basis of opinion given by <https://assignbuster.com/the-penders-health-promotion-model-health-and-social-care-essay/>

experts in the field of 3 community health nursingmedical experts in psychiatry, 1 medical experts minor suggestions regarding rearrangement of the suggestion of question were made in the tool experts incorporated in the tool used for the main study hence the tool was finalized

ETHICAL CONSIDERATION Ethics is a system of moral values that is concerned with the degree to which the research procedures adhere to the professional, legal and social obligation to the study participants Polit and

Hungler **Beneficence** This study benefited to the study participants by assess

the health status of under five children study participants were protected

from harm and discomfort, exploitation by getting informed **Respect** from

human dignity Under five children were given full freedom to decide on

participating in the study. Those who were interested only selected for the

study **Justice** The under five children who were willing to participate in this

study with out the discrimination of health status of under five children

among migrant population were selected for the study **PILOT STUDY** Pilot study

was conducted among the migrant mother's of under five children in

Stuartpet, Arakkonam, Vellore district and the study was conducted in first

week of June 2012. After obtaining formal permission from the authorities

concerned in Arakkonam municipality corporation, the researcher selected 6

samples from the main population who fulfilled the inclusive criteria by non

probability convenient sampling. A self and the study was given and informed

consent was obtained from the sample and it took 45 minutes to 1 hour to

collect the data from The confidentiality of the responses was assured to the

study subject **RELIABILITY OF THE TOOL** Reliability of the tool was established

by inter-rater method to assess the reliability of the questionnaire on

physical health, Nutritional health and the split half method was used to

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assess the psychosocial health. The reliability score was $r = 0.9$. The r value indicated the highly positive correlation. Hence the tool was considered highly reliable for proceeding with the main study.

PROCEDURE FOR DATA COLLECTION

The main study was conducted in the gypsy settlement, Jaya Nagar, Thirumulaivoyal, Avadi, Chennai. It was conducted after receiving the formal permission from the Principal, Omayal Achi College of Nursing. The permission was obtained from the ward member of Avadi, and also from head of migrant population of Jaya Nagar where the study was. On the first day the investigator introduced herself to the ward member of Avadi, and also from head of migrant population and explained about the purpose of study. On 2nd day the investigator met the under five children with migrant mothers and briefly explained the purpose of the visit. Privacy and confidentiality regarding the data was assured to the migrant mothers so as to get the co operation in the procedure. After getting the written consent, data collection was carried out. The room was ventilated with natural and artificial ventilation. Women were made to comfortably sit on the floor in a circular order over the mat. The investigator gave the small introduction about health status with the help of head of migrant population and research assistant. The physical, nutritional, psychosocial health status of under five children was assessed. The duration of the assessment was 45 minutes to 1 hour. In the test initially the personal characteristics were collected by using personal sheet and followed by that assessment was done by using observational check list and rating scale. Confidentiality was ensured and their feelings were respected.

PLAN FOR DATA ANALYSIS

The data collected will be analyzed by using descriptive and inferential statistics. The frequency and percentage distribution will be used to analyze the demographic

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variables of under five children. Mean and standard deviation will be used to assess the health status of underfive children among migrant population. Inferential Statistics Chi-square test for assessing the association of health status of underfive children among migrant population with selected demographic variables will be used.

CHAPTER DISCUSSION

This chapter discusses in detail about the findings of the study based on the interpretation from statistical analysis. The findings are discussed in pertinence to the objectives of the study. The findings are supported by the review of literature. The study was to assess the physical, nutritional and psychosocial health status of underfive children among migrant population. The first objective was to assess the physical, nutritional and psychosocial health status of underfive children among migrant population. The analysis of the physical health status showed that majority 53 (88.33%) of underfive children among migrant population had normal physical and 7 (11.67%) had optimum health status and none of them had mild illness or ill. The study findings was found to be consistent with the study conducted by Ferrer . F 2008 states that th review of literature published in the last 20 years. To determine the health of Spanish gypsy community though international midline search and 57 studies were performed in hospital, 20 in PHC and 13 studies in primary care canters and they found community constitutes group due to ethnic. More over them were also strong social inequalities in health. The analysis of the nutritional health of under five children among migrant population by checking midarm circumference and had mild malnutrition and 7 (11.66%) had moderate to severe. The analysis of the nutritional health of under five children among migrant population by determining degree of malnutrition revealed of 42 (70.0%) had

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normal nutritional health status, 4(6. 67%) had 1st degree mild malnutrition, 14(23. 33%) had 2nd degree moderateone had 3rd degree severeThe study findings was found to be consistent with the study conducted by Ngianga-Bakwin Kandala (2011) conducted a study among 8992children in Democratic Republic of Congo using anthropometric and nutritional assessment and results revealed that malnutritionthe boys, (43. 9%) age group ranging from four years, higher in rural areas(48. 4%) children born outside the hospital (49. 8%)and associatedmaternal education in age group , place of birth etcThe analysis of psychosocial health status of under five children among migrant population showed that majority 57(95%) had moderatelypsychosocial health status and 3(5%) had inadequate psychosocial health status and none of them had adequate psychosocial healthThe study findings was found to be consistent with the study conducted by Senaratne BC etal(2011), conducted a cross-sectional comparative surveyamong 253 children aged 0-5 years of women migrant workers in Colombo district using Sinhala translation of child behaviorquestionnaires and found higher rate of mental health problems among the children not having an elder sibling, father not living with the childmother educated up to 5 grade or less, recreational activates at school and change of Principal career leads to abnormalThe second objective was to associate the physical, nutritional and psychosocial health status of underfive children among migrant population withtheir selected demographic variablesThe analysis findings in table 3 showed that the demographic variable, like " mother's education" was found to be statisticallyassociation with the level of physical health status at $p < 0. 05$ levelThe findings in table 4 shows that the demographic variables " age of <https://assignbuster.com/the-penders-health-promotion-model-health-and-social-care-essay/>

the child" and " religion" were found to be statistically significant with the level of nutritional health status at $p < 0.001$ and $p < 0.05$ level respectively. The results in the table 5 shows that the demographic variables " place of birth" and " conducted by whom" were found to have significant association with the level of psychosocial health status at $p < 0.05$ level respectively. The study revealed that there was a significant association between physical, nutritional and psychosocial health status of under five children with selected demographic variables. Hence the research hypothesis RH, stated earlier that " There is a significant association of the level of health status of under five children with selected demographic variables" was accepted for the above variables and rejected for other demographic

variables.

CHAPTER -REVIEW OF LITERATURE

Review of literature is a systematic search of a published work to gain information about a research topic (Politer and Hungler) collecting a review of literature is challenging experience. The literature review was based on an extensive survey of journals, books and international nursing indicates. A review of research of non research literature relevant to the study was under taken which helps the investigator to develop deep insight in to the problem and gain information on what has been done in the past. An extensive review of literature was done by investigator to lay a broad foundation for proceed with the study under the following heading. The literature gathered from exclusive review is depicted under the following headings.

Section A: Studies related to physical health status of under five children among migrant population

Section B: Studies related to Nutritional status of under five children among migrant population

Section C: Studies related to psychosocial health status of

under five children among migrant population

Section A: Studies related to

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physical health status of underfive children among migrant population Ferrer F (2008) conducted a meta analysis study on health status of gypsy community . The main aim is to determine health related matters among communities, ethnic differences and social inequalities in health . The study was conducted at Spanish, 96 related health topics were inferential statistics was used found that the Spanish gypsy community constitutes high risk group of ethnic and genetic factors strong social inequalities in health existing related to mortality. Mortality due to chronic and environment to socio-economic culture factors as well as insufficient assessors to and use of health services Sastre Gussani. E (2006) conducted a retrospective analysis study on health status of gypsies and non gypsies' children, with the aim to health status and to improve the health status of children. The study was conducted among 149 gypsy children and 239 non gypsy children health centre. It was found that majority of samples were having continuation of breast feeding was till 3 month's . Gypsy children were 3. 53 more likely to be admitted in neonatal unit. Incomplete follow up was 5. 24 times more for gypsy

Section B: Studies related to nutritional status of under five children among migrant population Aparna Kuna and Poshadri. A (2012) reported that micronutrient malnutrition deficiencies of vitamins D, zinc, foliate, vitamin c, calcium are the widespread form of malnutrition in the world. More than two billion people in the world suffer from various micronutrient deficiencies that leads to blindness, mental retardation, reduced resistance to infectious disease and even death Ponne S (2012) reported that worldwide malnutrition accounts for 11 percent of all diseases, are caused by long-term poor health According to WHO in developing countries about 40 percent of pre school children are estimated to be anemic and 20 percent of all maternal

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deaths are due to malnutrition. Millennium Development Goals are a set of internationally agreed goals that, countries and institutions have committed to reach between 1990 and 2015. Bilswar Tamoghna et al (2011) conducted a cross sectional, observational community based study on assessment of health, nutrition and status of under five children among migrant population of periurban Kolkata by house to house visit . Clinical examination and anthropometric measurement of children and interview of adult care giver was done. It was found that prevalence of under weight, muscle wasting and stunting among the study population were 64. 9%, 20. 3% and 64. 9% respectively. Proportion of exclusively breast fed children was only 18. 1% and not fully immunized.

Nganga-Bakwin Kandala (2011) conducted a study on Malnutrition among 8, 992 under five children in Democratic Republic of Congo. anthropometric and nutritional assessment were used and result revealed those 50. 8 % were female, and overall prevalence of malnutrition (stunting) was 43. 9 % to girls. Bechir M et al (2010) conducted a cross-sectional study on 653 normal children and 579 sedentary children ranging in age from 17. 9% to 13. 7% ($p = 0. 03$) in normal children and 16. 5% to 10. 6% (p for the logistic regression model). These findings demonstrated the critical state of the nutritional situation in the Sahel and rural areas.

Parikh K, et al (2010) conducted a cross-sectional study in Dominican republic they selected five rural communities age. Children were five years and younger also eligible for routine health care from mobile clinics. Among 175 children in 2005, 52% were female 57% were <5 years of age. Rates of chronic under nutrition decreased from 33% to 18% after the initiation in the food supplementation programme. Bhanderi D, et al (2006) conducted a cross sectional study among malnutrition children at "

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high risk" in the study. Around 300 children of age group 0-5 years were selected by systematic sampling method. The prevalence rate of under and 50. 3%. Children were found to be stunted with their higher prevalence in 2nd and 5th year of their life. The prevalence of wasting was comparatively very low (23. 2%) the nutritional parameters should that the significant association with parental education, socio-economic status, family size, environmental conditions & episodes of commonV. G. Rao (2005) conducted a cross sectional study to asses the nutritional status of pre-school children of gonad community in Madhya Pradeshpreschool children selected by probability sampling, details collected by using structured Performa, anthropometric measurements. Findings shows thatof children suffered from various health problems that is 71% had moderate anaemia. Severe anaemia was observed in 71%stunting, and 27. 8% had wasting (midarmSection C: Studies related to psychosocial health status of under five children among migrantD. Souza Ramani (2012) reported that malnutrition underlies over 50% of all under 5 deaths worldwide. increases their chances of death, but also affects their mental development, and limits their learning abilities . Even if the children getswere not able to do well at school, and because their learning and subsequent learning capacity is limitedSenaratna Bev etal (2011) conducted a cross sectional comparative survey among 253 children (ages 5-10 years) of women migrantColombo district. Age and sex matched control from neighborhood on mental health status and risk factor for mental health problem. translation of child behavior checklist (CBCL-S and questionnaire on socio-demographic /risk factors and school functioning was used. Found mean CBCLS score and proportion of children with mental health problems were significantly higher in the study group. Child not

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communicating principal career and not being permitted to engage in recreational activities at schools were significantly associated with abnormal mental health of children of migrant women Brown KH et al (2005) expressed in a report on international and community nutrition, breastfeeding and complementary practices are fundamental to children's nutritional health status and survival during the first 2 years of life. Pakt Kowski E (2005) conducted a study to assess the relationship among maternal dispositional factors and mother and child behavior among 225 families in Pennsylvania for the study the under-five children were classified in to child behavior check list was used to assess the children's behavioural problem and that as a great influences with development delays which can be rectified by the mother's behaviour and have a greater impact on children at development risk A. Pottinger (2005) conducted a survey regarding the effects of migration on parents and children between 9 to 10 years old. The study in Jamaica inner city communities showing that children's reaction to their parents migration were directly related to poor school performance and psychological difficulties in school Sharma (2005) conducted across sectional study on risk among under-five-children in rural area. 612 under-five children were selected by simple random sampling, data was collected by using Interview schedule and anthropometrical measurement that 65.9% were 'at risk' ill health, 70% were under weight with less than 12.5cm mid-arm circumference, and 100% children had grade II, III of malnutrition has brought about some important epidemiological factors of 'at risk' BACKGROUND OF THE STUDY Health should be seen and believed as development function" Health is important for very individual. Health is a state of wellbeing and absence of disease or infirmity. The WHO recognized <https://assignbuster.com/the-pendens-health-promotion-model-health-and-social-care-essay/>

health as a fundamental human right of an individual, family and community sets a most important social goal of attainment of highest possible level of health by all nations or countries. National Rural Health Mission (2005-2012) stated that health in the process of economic and social development and improving the quality of life of our citizens. Health to determinants of good health viz. of nutrition, sanitation, hygiene and safe drinking water. According to India Alma Ata Declaration USSR (1978) on primary health care to achieve health for all is delivered especially to vulnerable marginalized sectors of population which serves as the backbone of the public health system. Migrant population is someone who moves from place to place with the seasons in one geographic area they travel with their families and children. In general, remote areas do not have access to affordable health care services. Tribal population they have poor nutritional status and low levels of literacy. According to nomadic lifestyle, they live in isolation, living in inaccessible areas and they live in tents and they make their living by begging, hunting, selling beads and collecting waste materials. Their cultural traditional practices, customs and beliefs are quite amazing. They believe in supernatural spirit. In the 21st century, the most of the population Europe countries. Most of the migrant have health problems and them suffering. A report of United Nation development program (UNDP) 2003 warns that migrant population they belong from central and eastern Europe countries. The report says that six gypsies population is in permanent starvation and a gypsy child out of three doesn't graduate the elementary school. Soros John Welly Organization states that Romany populations have social problems and poverty. According to migrant community the death rate and incidence of diseases with extreme poverty and social problems. The <https://assignbuster.com/the-penders-health-promotion-model-health-and-social-care-essay/>

health conditions of Romany people were poverty of discrimination and cultural without easy to access to medical units or hospitalsThe United Nations International Children Emergency Fund (UNICEF 2012) says that more than 127000 children in chand will be affected bymalnutrition. Then done the standardized monitoring and assessment of relief and transitions survey about 21% and 43420children with severe acute malnutrition has been treatedWorld Health Organization (WHO) Report 2010 stated that here are an approximate 214 million international migrants, 740 millionan unknown number of migrants in an irregular situation throughout the globe. One of the four main strategies of WHO to address the vulnerabilitiesand health care needs of the migrants is to assess the trends in migrant's health by country health information system children with high morbidityand mortality are the most vulnerable group migrants and need special careNutritional national surveys (2007) showed that the nutritional status of underfive children from migrant population were 34 percentage malnutrition.

SIGNIFICANCE AND NEED FOR THE STUDYThe health status of Gypsies was very poorer from general population and belongs to very low Scio economic states. Parry et al (2004) in a report entitled the Health Status of Gypsies and Travelers in England, showed that both men and womenchronic ill health, frequently suffering from more than one condition; that career's experience a high level of stress; and that secrecy aboutdepression keeps it hidden and increases the burden on both the individual and the family as they try to manage. Many Gypsies face high levels ofbereavement, which is also a precipitating factor of depression. Poor psychological health is often found in the context of multiple difficultiessuch as discrimination, racism and harassment, as well as frequent evictions and the instability caused by

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this Treise and Shepherd (2006) identified a number of reasons why Gypsies are reluctant to access mainstream services. This reluctance is due in part to practicalities, such as complex procedures for registering and accessing services. Other reasons given include: personal experience, or perhaps a relative's experience, of health care provision (e. g. Receptionists acting as 'gatekeepers' to medical care by being hostile; rude treatment from practitioners) low expectations on the part of health professions; and fear of hostility or prejudice. The Department of Health National Standards (DHNS), health and social standards of planning of work done in 2005/06-b) and National health standards (NHS) Improvement plan (DH, 2004c) highlight the need for health care organizations to provide leadership and, in partnership with educational agencies, to act to reduce inequalities in health. This includes access to, and outcomes of, health and social care and in-patient experience. Intrinsic to the shift in policy focus from 'sickness' to 'health and well-being' is the prioritization of public health. There are also measures to tackle the underlying determinants of poor health, including primary and secondary prevention and a reduction in inequalities. Although health policies can create solid foundations for change in health inequalities, they are not sufficient on their own. Implementation and action are key. There is a real need for government to support 'bottom-up' initiatives, which in turn enable community engagement and community development. It is essential that Gypsies are involved and supported to be involved in all aspects of work around health and social care. Van Cleemput et al (2007) reported that the gypsies find it difficult to access health services due to nomadism. It is caused in part by a relationship of multiple issues to do with discrimination, marginalization, lack of trust and low expectations on the part

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of other agencies Parry et al (2007) reported that gypsies have poorer health than that of general population and they have poor health expectations and make use of health care provision. The investigator with her personal interest to know the health status of gypsies wanted to assess the physical, nutritional and psychosocial health status of under five children among migrant population in their areas where the children do not have adequate personal hygiene, malnutrition, housing facilities, availability of health services and children behavior etc. Hence the researcher selected the study aim to assess the physical, nutritional and psychosocial health status of under five children among migrant population.

STATEMENT OF the problem A descriptive study to assess the physical, nutritional, psychosocial health status of under five children among migrant population.

setting, Tamilnadu

Objectives To assess the physical, nutritional, psychosocial health status of under five children among migrant population. To associate the physical, nutritional, psychosocial health status of under five children with selected demographic variables.

Operational DEFINITION

Physical Health Status It refers to the state of physical well being in which under five child is fit to perform daily activities, which was assessed using the observational check list devised by investigator in dimensions of head to foot assessment.

Nutritional Status It refers to the state of nourishment of under five children which was assessed by anthropometric measurement. This consisted of weight, mid arm circumference and calculating degree of malnutrition of under five children by using Gomez Classification.

Psychosocial Health Status It refers to children's behavior and functional capacity in the community which was assessed by psychosocial children behavior rating scale.

Under Five Children In this study it refers to Children under five year of

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age of migrant mother's that is gypsies between the age of 1 to Nagar, Thirumulaivoyal, Avadi, Chennai Migrant Population It refers to gypsies population who are living in the temporary settlement areas at Jaya Nagar, Thirumulaivoyal, ASSUMPTION Under five children of migrant population may have poor physical, nutritional, psychosocial health RESEARCH HYPOTHESIS RH : There is a significant association of the level of health status of under five children with selected demographic variables at DELIMITATION The study was limited to the period of 4 CONCEPTUAL FRAMEWORK Conceptual framework or model refers to concepts of the structure or offers a framework of preposition for conducting research. The conceptual refers to concepts, idea or mental images of phenomena framed in mind on response to learning something new. It guides the investigator in schematic representations of the study systematically. It communicates clearly the relationship of various concepts The Pender's Health Promotion model (1984) was adopted in this study. This model seeks to increase the individual level of wellbeing. The model focuses on aspects of individual modifying factors, perceptual factors and likelihood factors of participation in health promotion behavior As the investigator aims to assess the health status of physical, nutritional, psychosocial health status of under five children among migrant population, the Pender's Health Promotion model was found suitable Modifying factors The investigator identified the children through the data collection. The information collected regarding demographic children were immunization status, number of children, birth order of the child, number of sibling, birth history, family size, father's education mother's education, occupation of father, occupation of mother, family monthly income, type of family, age at marriage of mother, family

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history of hereditary and communicable diseases, availability of health services, accommodation facility

Perceptual factors It refers to the health of underfive children among migrant population by doing assessment on physical health status that includes head assessment, nutritional health status which includes weight, midarm circumference, degree of malnutrition, and psychosocial health status using modified children behavior

Likelihood of action The likelihood of action of this study was the outcome of the forces of modifying factors and perceptual factors result in the health outcome in terms of optimum health status and impaired health status

The underfive children who had inadequate physical, nutritional and psychosocial health status will result in poor likelihood which was added to impaired health status of the child. At this juncture, the nurse provides incidental health talk and counseling given to mothers and referral healthcare services as needed

perform ongoing assessment and evaluation

The investigator incorporates the nursing measures like incidental health talk to those who have impaired health status, to improve the health of the child in future. Reinforcement was given for those children who have optimum health status, so that they will maintain adequate physical, nutritional and psychosocial health status of underfive children among migrant population

OUTLINE OF THE

REPORT

CHAPTER I : Deals with the back ground of the study, need for the study, statement of the problem, objectives, operational definitions, null hypotheses, assumptions, delimitations and conceptual framework

CHAPTER II : Focuses on review of literature related to the present study

CHAPTER III : Enumerates the methodology of the study

CHAPTER IV : Presents the data analysis and data interpretation

CHAPTER V : Deals with the discussion of the study

CHAPTER VI : Gives the summary, conclusion,

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implications, recommendations and limitations of the studyThe study report ends with selected Bibliography and Appendices