

Evaluation on Quality of Life Among Children towards Social and Health Perspectives with Special Reference to Cooch Behar District, West Bengal

Tanmoy Saha¹, Dr. Hukam Singh Choudhary²
^{1,2} Department of Geography, Mansarovar Global University, Sehore, MP

Abstract: Quality of life (QoL) among children is a multidimensional concept encompassing physical health, psychological well-being and social relationships. Children's quality of life is significantly shaped by socio-economic status, parental awareness, community support and availability of health and educational services. Social determinants such as family stability, safe living conditions and inclusive social environments play a crucial role in promoting positive health behaviors and reducing vulnerability to physical and mental health issues. The present evaluation explored the quality of life of children from social, health perspectives with emphasis to social conditions influence health outcomes and overall well-being. In this article; quality of life among children towards social and health perspectives with special reference to Cooch Behar District, West Bengal have been evaluated.

Keywords: Quality, Life, Children, Social, Health, Cooch Behar District.

I. Introduction

Children's quality of life is a multidimensional concept that integrates health, nutrition, education, social security, and overall well-being within their environment (Raj, M. et al., 2017). Assessing quality of life among children requires attention to social determinants such as family socio-economic status, education opportunities, community support, access to health services, and protection from vulnerabilities like child labour, early marriage, and neglect. (Germain, N. et al., 2019). Children face persistent challenges related to malnutrition, anaemia, limited early learning access, and uneven health services, despite improvements in some indicators over time (Ghosh, P., 2018). For instance, stunting and wasting among children under five remain significant concerns, and breastfeeding practices and anaemia prevalence are still areas needing intervention (Jain, A. et al., 2021). There are also disparities in basic services between rural and urban areas and among different social groups (Liou, L. et al., 2020). Cooch Behar is a district in the northern part of West Bengal with a predominantly rural character, where a large proportion of the population lives in rural areas and children form a significant segment of the demographic profile. Children's quality of life is also influenced by broader social factors such as education quality, family socio-economic status, gender norms, and social support networks. The objective of the study was to evaluate quality of life among children towards social and health perspectives with special reference to Cooch Behar district, West Bengal.

II. Research Methodology

Research methodology refers to the systematic and theoretical examination of the methods employed in a certain field.

Study Area: Cooch Behar District, West Bengal.

Variables:

Dependent Variables: Age, Gender, Family type, Monthly income, Religion.

Independent Variables: Children, Quality of Life.

Research Design: In this research, quantitative research design has been used.

Primary Data: In this research, primary data has been used.

Sampling Plan: In this research, simple random sampling plan has been used.

Sample Size: 600.

Methodology: The respondents were selected from the Cooch Behar district, West Bengal. The questionnaire sheets were distributed in favor of the respondents after clearing the research objectives. The age of the respondents were 9 to 12 years as they were highly capable to fill up the questionnaire sheet. Sufficient time was given in favor of the respondents. After completion of their sheet, the sheet was collected for data analysis and interpretation.

Research Tools: In this research, structured questionnaires (5 Point Likert Scale sheet) were used. Abbreviations Used: Strongly Agree (SA-5 points), Agree (A-4 points), Neutral (N-3 points), Disagree (D-2 points), Strongly Disagree (SD-1 point). Tools Used:

- Quality of Life among Children towards Social Perspectives Scale
- Quality of Life among Children towards Health Perspectives Scale

Data Analysis and Interpretation: In this research, pie charts were used.

III. Data Analysis, Interpretation, Results And Discussion:

a) Personal Profile:

Table 1. Gender:

Options	Respondents	%
Boys	300	50
Girls	300	50
Total	600	100

(Source: Primary Data, Survey)

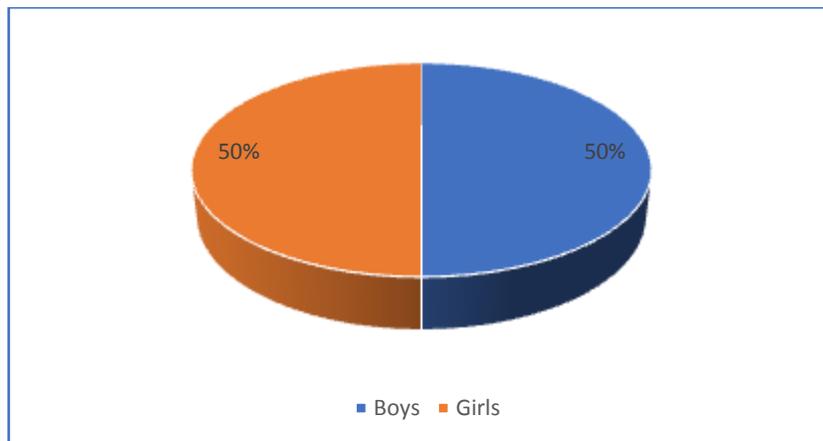


Figure 1. Gender (%)

From the above table & figure, it was found that the percentage of Boys: 50% and Girls: 50%.

Table 2. Age (in years):

Age (in years)	Respondents	%
9	150	25
10	150	25
11	150	25
12	150	25
Total	600	100

(Source: Primary Data, Survey)

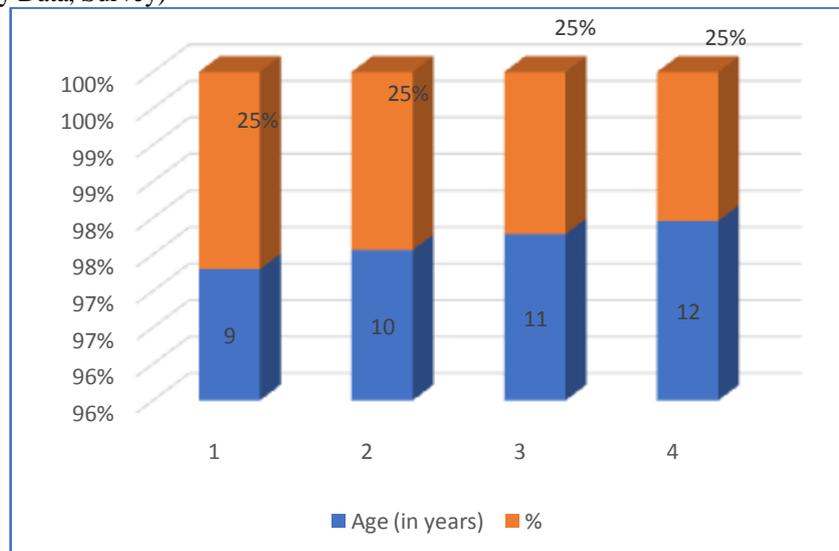


Figure 2. Age (%)

From the above table & figure, it was found that the percentage of age (in years) were 9 years: 25%, 10 years: 25%, 11 years: 25%, 12 years: 25%.

Table 3. Family Type:

Options	Respondents	%
Nuclear family	420	70
Joint family	180	30
Total	600	100

(Source: Primary Data, Survey)

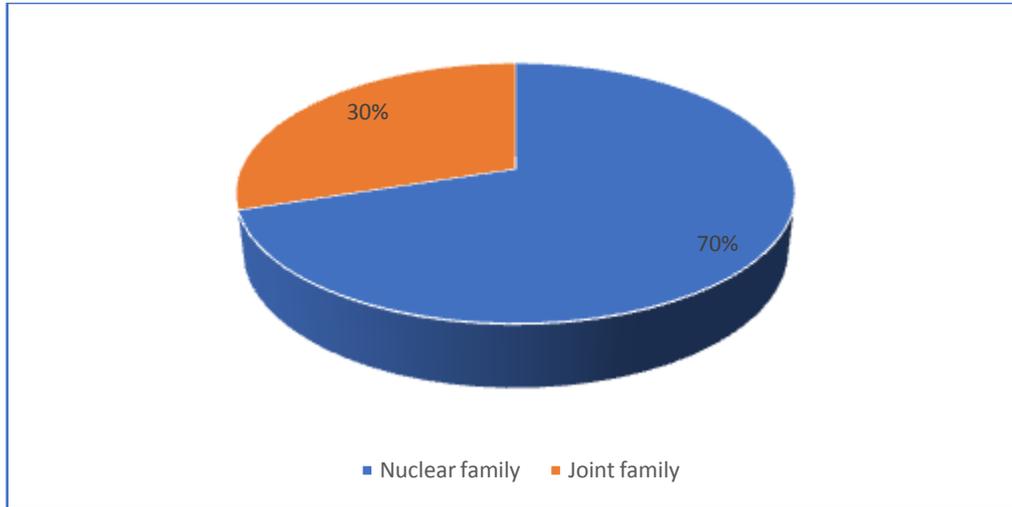


Figure 3. Family Type (%)

From the above table & figure, it was found that the percentage of family type were Nuclear family: 70% and Joint family: 30%.

b) Quality of Life among children towards Social Perspectives:

Table 4. Takes milk and milk products:

Options	Respondents	%
SA	209	34.83
A	110	18.33
N	31	5.17
D	188	31.33
SD	62	10.34
Total	600	100

(Source: Primary Data, Survey)

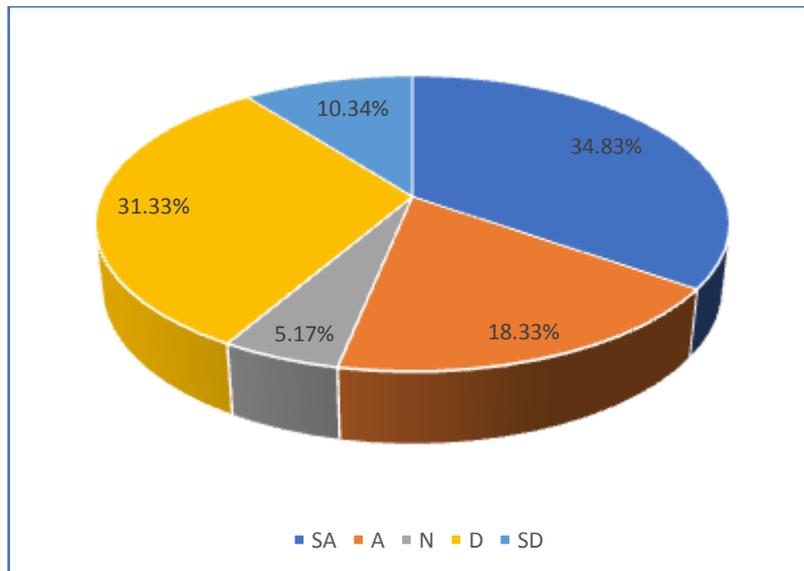


Figure 4. Takes milk and milk products (%)

From the above table & figure, it was found that the percentage of SA: 34.83%, A: 18.33%, N: 5.17%, D: 31.33% & SD: 10.34%.

Table 5. Eats fruits and vegetables:

Options	Respondents	%
SA	133	22.17
A	98	16.33
N	29	4.83
D	180	30
SD	160	26.67
Total	600	100

(Source: Primary Data, Survey)

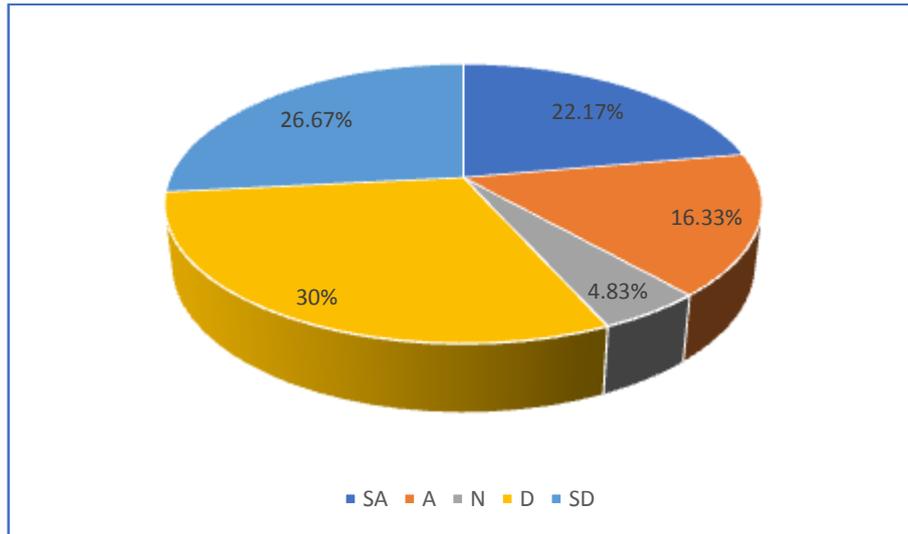


Figure 5. Eats fruits and vegetables (%)

From the above table & figure, it was found that the percentage of SA: 22.17%, A: 16.33%, N: 4.83%, D: 30% & SD: 26.67%.

Table 6. Cleans hands before and after meals:

Options	Respondents	%
SA	175	29.17
A	211	35.17
N	26	4.33
D	109	18.17
SD	79	13.16
Total	600	100

(Source: Primary Data, Survey)

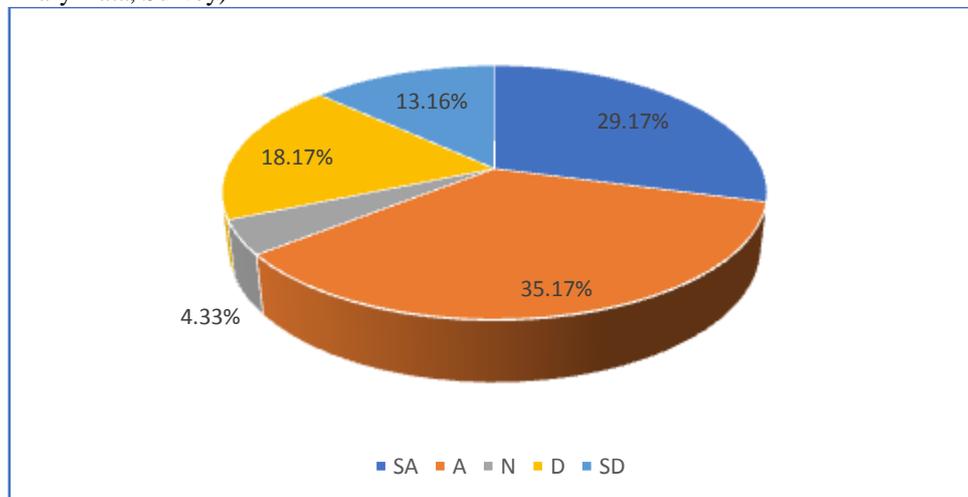


Figure 6. Cleans hands before and after meals (%)

From the above table & figure, it was found that the percentage of SA: 29.17%, A: 35.17%, N: 4.33%, D: 18.17% & SD: 13.16%.

Table 7. Takes recommended multivitamins:

Options	Respondents	%
SA	165	27.5
A	177	29.5
N	31	5.17
D	127	21.17
SD	100	16.66
Total	600	100

(Source: Primary Data, Survey)

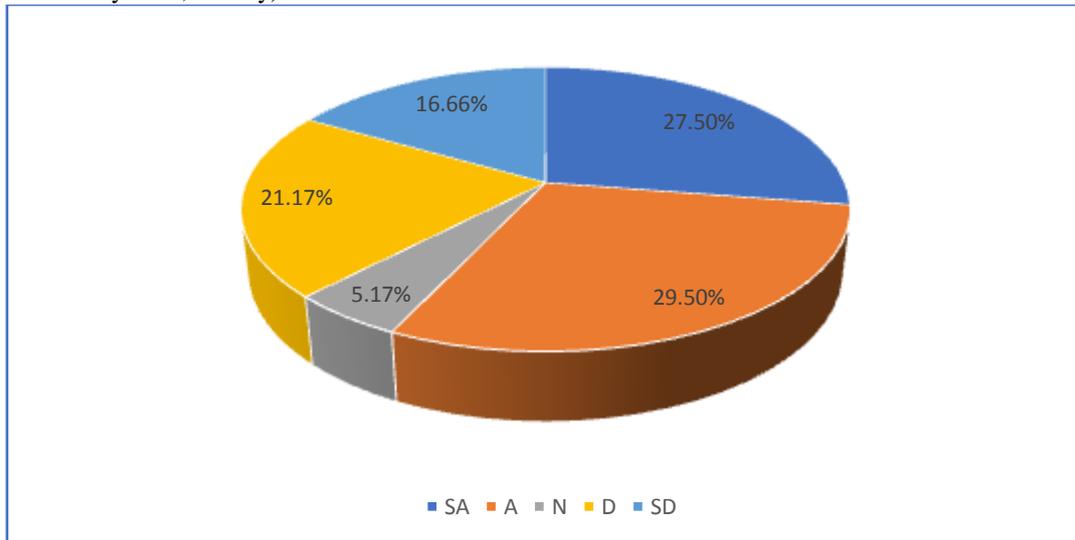


Figure 7. Takes recommended multivitamins (%)

From the above table & figure, it was found that the percentage of SA: 27.5%, A: 29.5%, N: 5.17%, D: 21.17% & SD: 16.66%.

Table 8. Goes to the doctor for regular checkups:

Options	Respondents	%
SA	116	19.33
A	297	49.5
N	25	4.17
D	93	15.5
SD	69	11.5
Total	600	100

(Source: Primary Data, Survey)

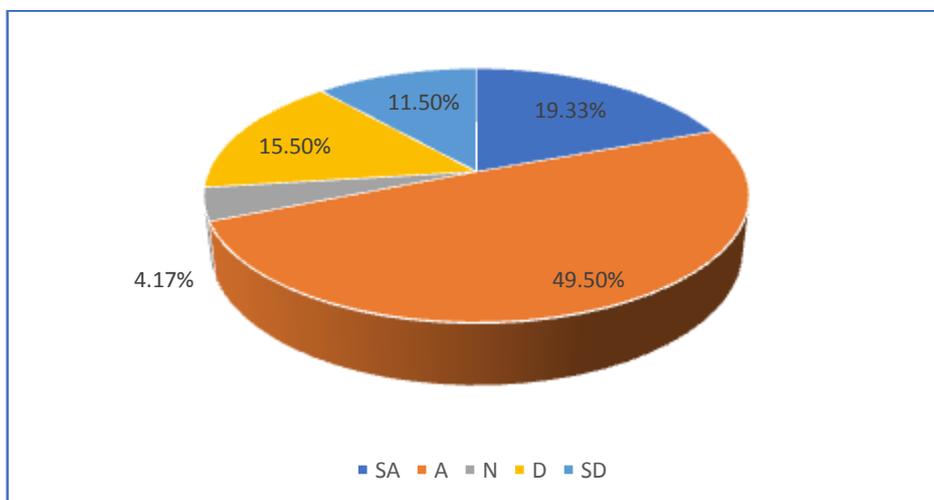


Figure 8. Goes to the doctor for regular check-ups (%)

From the above table & figure, it was found that the percentage of SA: 19.33%, A: 49.5%, N: 4.17%, D: 15.5% & SD: 11.5%.

Table 9. Trusts parents for regular day to day help:

Options	Respondents	%
SA	173	28.83
A	324	54
N	37	6.17
D	40	6.67
SD	26	4.33
Total	600	100

(Source: Primary Data, Survey)

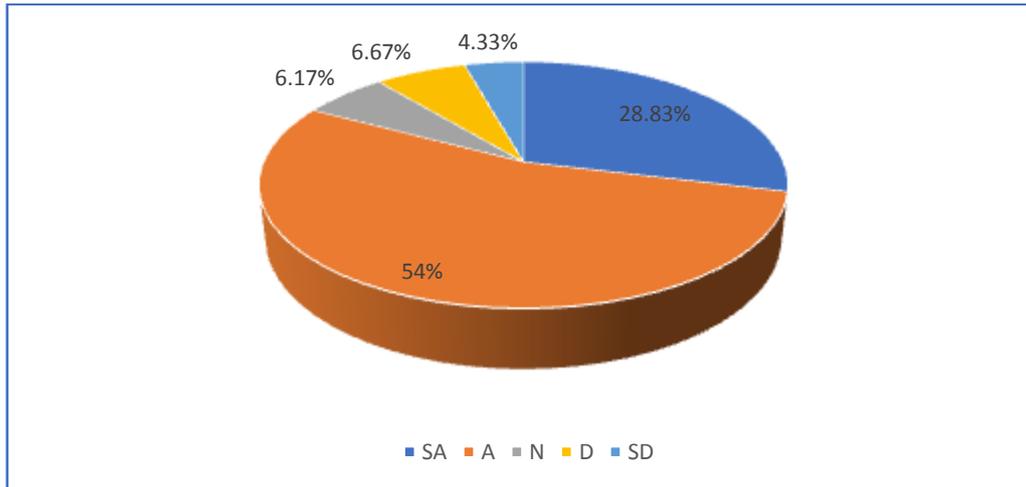


Figure 9. Trusts parents for regular day to day help (%)

From the above table & figure, it was found that the percentage of SA: 28.83%, A: 54%, N: 6.17%, D: 6.67% & SD: 4.33%.

c) Quality of life among children towards Health Perspectives:

Table 10. I get enough sleep every night:

Options	Respondents	%
SA	196	32.67
A	202	33.67
N	24	4
D	107	17.83
SD	71	11.83
Total	600	100

(Source: Primary Data, Survey)

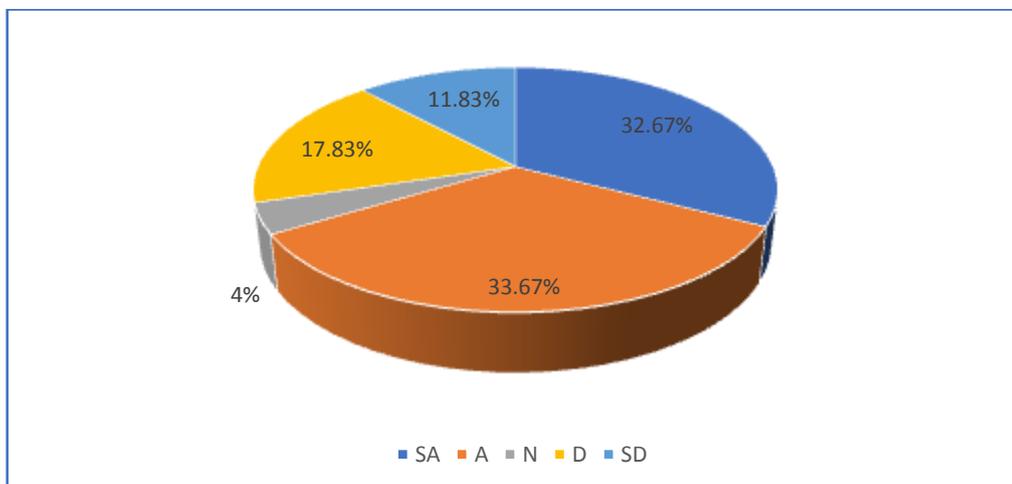


Figure 10. I get enough sleep every night (%)

From the above table & figure, it was found that the percentage of SA: 32.67%, A: 33.67%, N: 4%, D: 17.83% & SD: 11.83%.

Table 11. I feel active and energetic during the day:

Options	Respondents	%
SA	155	25.83
A	168	28
N	31	5.17
D	148	24.67
SD	98	16.33
Total	600	100

(Source: Primary Data, Survey)

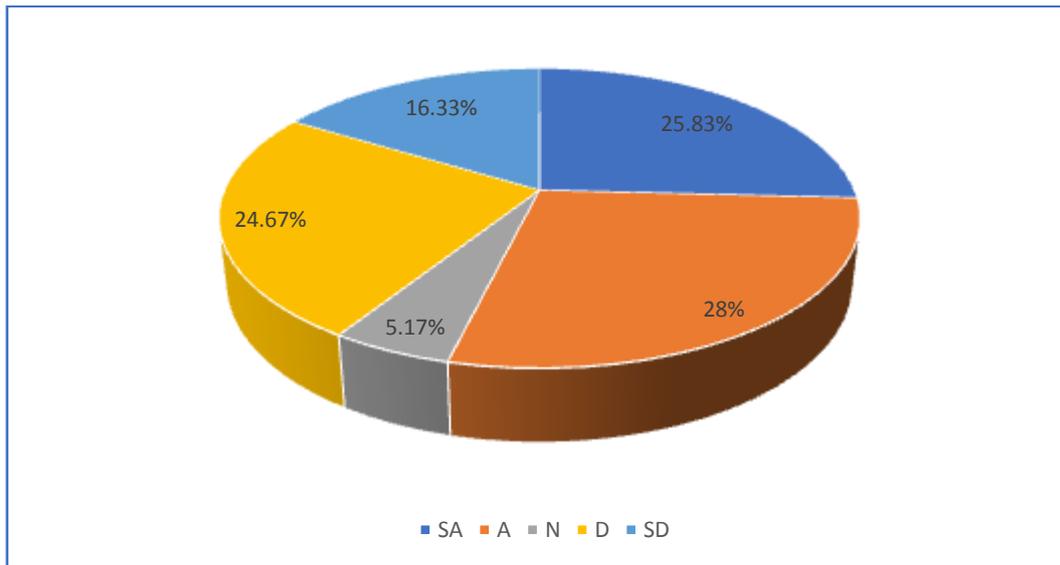


Figure 11. I feel active and energetic during the day (%)

From the above table & figure, it was found that the percentage of SA: 25.83%, A: 28%, N: 5.17%, D: 24.67% & SD: 16.33%.

Table 12. I can play or do physical activities without feeling tired quickly:

Options	Respondents	%
SA	170	28.33
A	181	30.17
N	39	6.5
D	142	23.67
SD	68	11.33
Total	600	100

(Source: Primary Data, Survey)

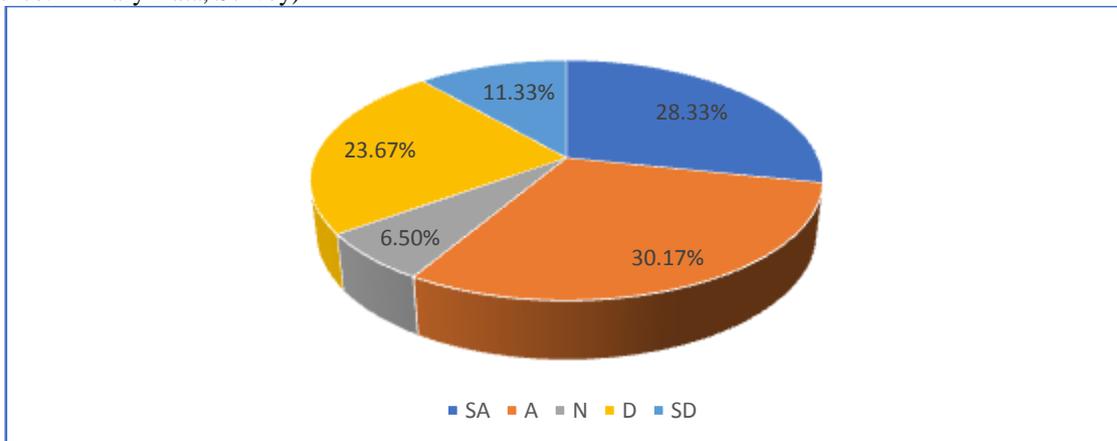


Figure 12. I can play or do physical activities without feeling tired quickly (%)

From the above table & figure, it was found that the percentage of SA: 28.33%, A: 30.17%, N: 6.5%, D: 23.67% & SD: 11.33%.

Table 13. I follow good hygiene practices:

Options	Respondents	%
SA	141	23.5
A	152	25.33
N	30	5
D	155	25.83
SD	122	20.34
Total	600	100

(Source: Primary Data, Survey)

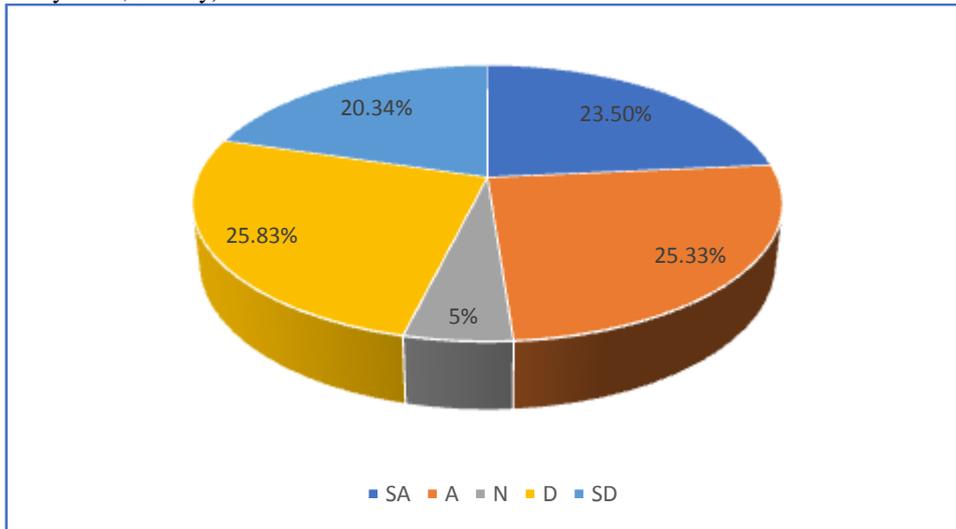


Figure 13. I can play or do physical activities without feeling tired quickly (%)

From the above table & figure, it was found that the percentage of SA: 23.5%, A: 25.33%, N: 5%, D: 25.83% & SD: 20.34%.

Table 14. I drink clean water every day:

Options	Respondents	%
SA	130	21.67
A	211	35.17
N	24	4
D	147	24.5
SD	88	14.67
Total	600	100

(Source: Primary Data, Survey)

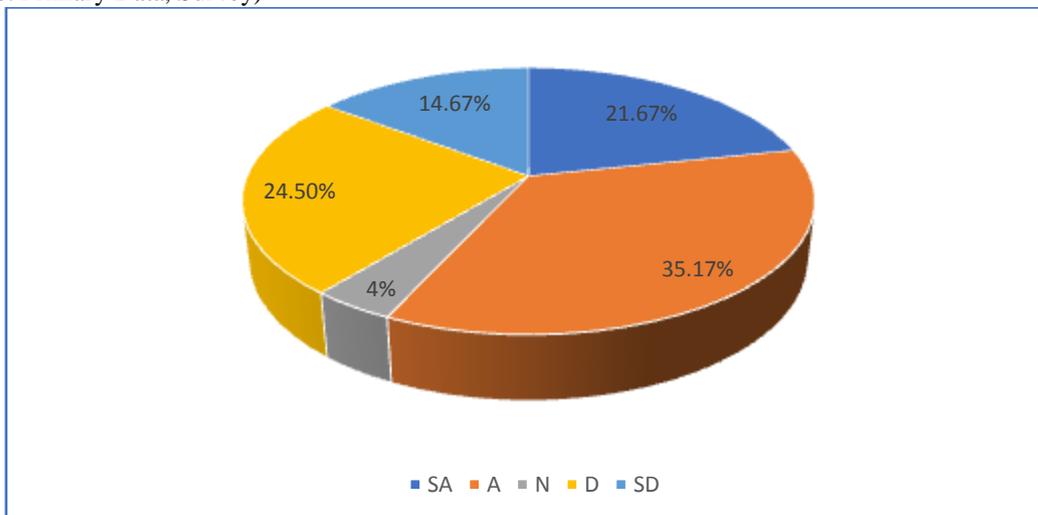


Figure 14. I drink clean water every day (%)

From the above table & figure, it was found that the percentage of SA: 21.67%, A: 35.17%, N: 4%, D: 24.5% & SD: 14.67%.

Table 15. I feel happy most of the time:

Options	Respondents	%
SA	165	27.5
A	179	29.83
N	31	5.17
D	148	24.67
SD	77	12.83
Total	600	100

(Source: Primary Data, Survey)

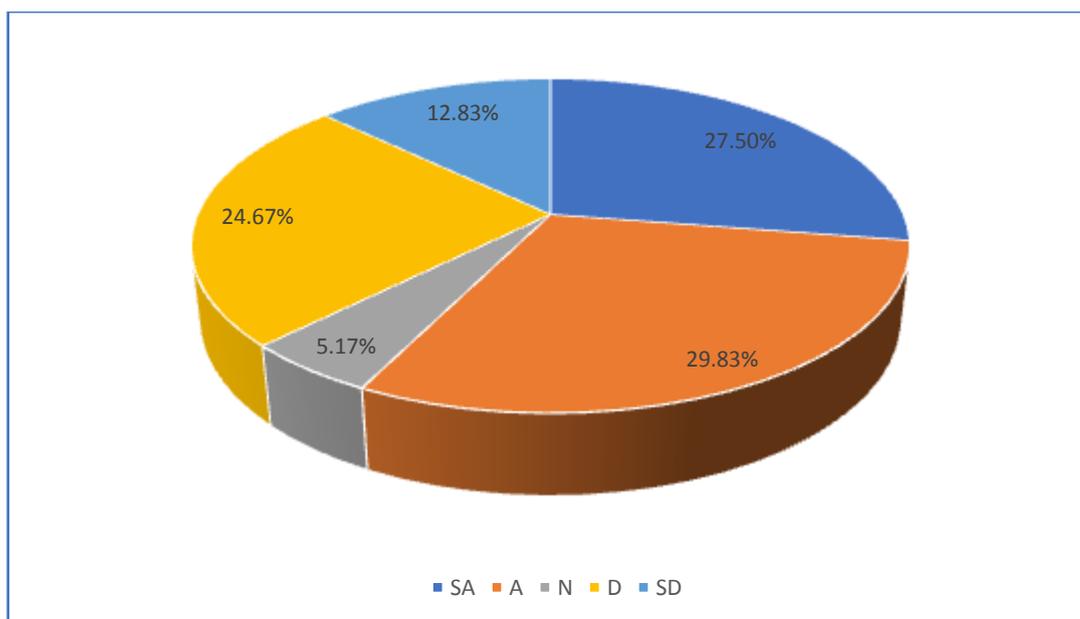


Figure 15. I feel happy most of the time (%)

From the above table & figure, it was found that the percentage of SA: 27.5%, A: 29.83%, N: 5.17%, D: 24.67% & SD: 12.83%.

IV. Conclusion

The geographical assessment of children's quality of life in the Cooch Behar district, West Bengal, uncovers notable inequalities shaped by socio-economic determinants and health outcomes. The district demonstrates significant spatial disparities in educational advancement. This variety is ascribed to disparities in infrastructure, educational access and socio-economic conditions. Cooch Behar exhibits comparatively favorable outcomes in child nutrition compared to other districts in West Bengal. Nonetheless, obstacles persist in tackling undernutrition and stunting in children. The quality of life for children is intricately associated with parental education and socioeconomic position. Insufficient parental support and unfavourable socio-economic circumstances negatively impact children's academic performance (Prakash, K. & Jegankumar, R., 2021). A study on the quality of life for children in Cooch Behar District showed that children in rural regions encounter higher difficulties in accessing basic services such as excellent healthcare and education compared to their urban peers. These disparities are associated with variations in infrastructure, transportation, and resource availability, resulting in unequal human development throughout the district. Specific actions are required to rectify these regional disparities and enhance the quality of life for all children in Cooch Behar. Rural regions in Cooch Behar experience inadequate health infrastructure, characterized by insufficiently connected health clinics and a deficiency of key medical personnel and equipment. Disparities in education Access to decent education, especially at the upper primary level, is inequitable, with rural residents sometimes encountering greater travel distances to schools. A substantial disparity exists in the advancement of transportation and communication infrastructure in rural Cooch Behar, affecting the accessibility of services and resources. Factors such as poverty, the presence of particular demographic groups, and insufficient access to essential utilities contribute to diminished living standards and adversely impact children's quality of life. Disparities in health and education result in inequitable access to essential resources necessary for children's healthy growth. Children in underprivileged regions are more vulnerable to adverse long-term consequences due to persistent deficiencies in

social and physical infrastructure. Substandard health and education can sustain a cycle of poverty, further obstructing a child's capacity to attain a satisfactory standard of living. Equitable development fosters balanced urbanization and infrastructural advancement in peripheral rural regions to mitigate imbalances and enhance the quality of life for children. The targeted health interventions aim to enhance rural healthcare infrastructure, guarantee sufficient staffing, and augment the accessibility of vital medications and equipment. Socioeconomic factors, such as parental education and employment, profoundly influence children's quality of life. Research demonstrates that children from households with elevated socioeconomic positions generally achieve superior educational performance and enhanced overall well-being. The availability of quality education and healthcare services differs throughout the district. Urban regions, such as the Cooch Behar municipality, possess superior infrastructure, whereas rural areas encounter difficulties, including insufficient transportation and restricted access to services.

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