



# IJRASET

International Journal For Research in  
Applied Science and Engineering Technology



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# INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

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**Volume: 7      Issue: X      Month of publication:      October 2019**

**DOI:      <http://doi.org/10.22214/ijraset.2019.10048>**

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# A Study on Acceptance of Student Health Screening Appliances by Schools

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## I. INTRODUCTION

Determining the feasibility of whether a product or service will be acceptable to the consumer requires tests, surveys, pretests and even prototypes. The result of this research is called consumer acceptability. Acceptability of a particular brand depends on price, taste, distribution, advertising effects, availability, performance and customer service. The goal of service provider is to ensure that the brand stands out and becomes the consumers preferred choice. Companies use various strategies to get consumers change the mindsets and makes their products or services the preferred choice.

To be successful in the market, most of the companies will concentrate more on selling their products or services. The success can be determined by creating awareness about the products or services. Consumer acceptance is directly linked to satisfaction. Although acceptance does not guarantee satisfaction, it is a necessary step for there to be any chance of approval and repeat buying.

The degree of consumer acceptance can vary depending on if the product or service in question is a necessity or a want. Consumer acceptance of necessary products is much higher and easier to obtain than acceptance of luxury items. People are more selective with unnecessary purchases, therefore acceptance can be more difficult to obtain.

The strategy of a company often depends on the level of consumer acceptance. If a product is accepted by consumers immediately, it may not require a lot of marketing and may be sold at a higher price. A product which takes longer to be accepted by consumers will require more promotion to convince people of its merits.

### A. Objectives of the Study

- 1) To study the awareness of Health screening in Schools.
- 2) To identify the factors influencing the acceptance of Health care services by Schools.
- 3) To know the expectations of School's from Health screening.
- 4) To know if there is a relationship between type of schools and Health Screening.

Based on the objective 4 the following hypothesis is

- 5) H<sub>0</sub> 1: There is no significant relationship between type of schools and conduction of Health Screening

### B. Need for the Study

The need for the study is to understand the awareness of health screening in schools. Since the technological developments has created the opportunity to be aware of health issues among children in schools, it is to enhance that the schools has to enable the health screening in the academic calendar and take necessary precautionary measures.

### C. Scope of the Study

The study focuses on studying the factors that influence the consumer towards acceptance of health care screening in Schools. Consumers move through a variety of steps as they buy products. The scope of consumer acceptance examines the decisions consumers make and how they make them. The study covers the behavior aspects of School's Management acceptance of Health screening in Hyderabad.

### D. Research Methodology

- 1) *Sources of Information:* The study is based on primary data and secondary data. The secondary data sources adopted from different articles and publications. The primary data is collected from schools using questionnaire.
- 2) *Sample Size:* Sample size has been collected in a questionnaire format from 52 Schools.
- 3) *Statistical Tools:* Chi-square Test, Table format and Graphical Representation.

**E. Limitations of the Study**

- 1) The time period for the study is limited to 45 days.
- 2) The study is limited to the region of Hyderabad.
- 3) The respondents are limited to 52 Schools.
- 4) The study is conducted only in Schools.

**II. REVIEW OF LITERATURE**

Calvin K.L. Or, and Ben-Tzion Karsh (2009), A systematic literature review was performed to identify variables promoting consumer health information technology (CHIT) acceptance among patients. Fifty-two articles met the selection criteria. Among them, 94 different variables were tested for associations with acceptance. Most of those tested (71%) were patient factors, including socio demographic characteristics, health and treatment-related variables, and prior experience or exposure to computer/health technology. Only ten variables were related to human-technology interaction; 16 were organizational factors; and one was related to the environment. In total, 62 (66%) were found to predict acceptance in at least one study. Chakraborty and Majumdar (2011), The paper focused on the measurement of patient satisfaction in the light of service quality provided by hospitals. In this regard, a review of literature on the application of SERVQUAL model has been considered to investigate the relevance of the same in measuring patient satisfaction in health care sector in today’s competitive environment.

Jillian Chown, et al (2019), In this paper they examined the economic implications of a greater use of monopsony power in the United States. They present a model of monopsony power and test its predictions using price differences between the United States and Canada – a country that represents an example of a “Medicare for All” style system. Overall, they found that wage differences for medical providers across the two countries are primarily driven by the broader labor market while price difference for prescription drugs are more directly the result of buyer power.

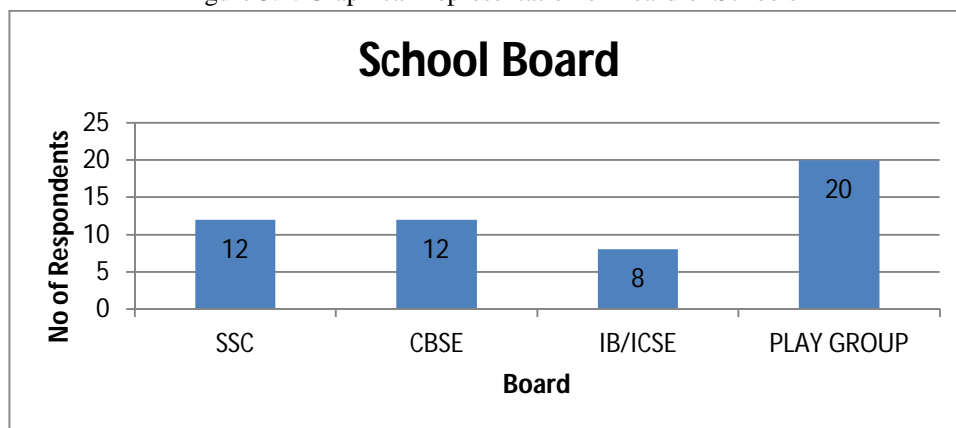
**III. DATA ANALYSIS**

**A. Schools Board/Type of Schools**

Table 3.1: Board of Schools

Board	No of respondents	% of respondents
SSC	12	23
CBSE	12	24
IB/ICSE	8	15
PLAY GROUP	20	38
Total	52	100

Figure 3.1: Graphical Representation of Board of Schools



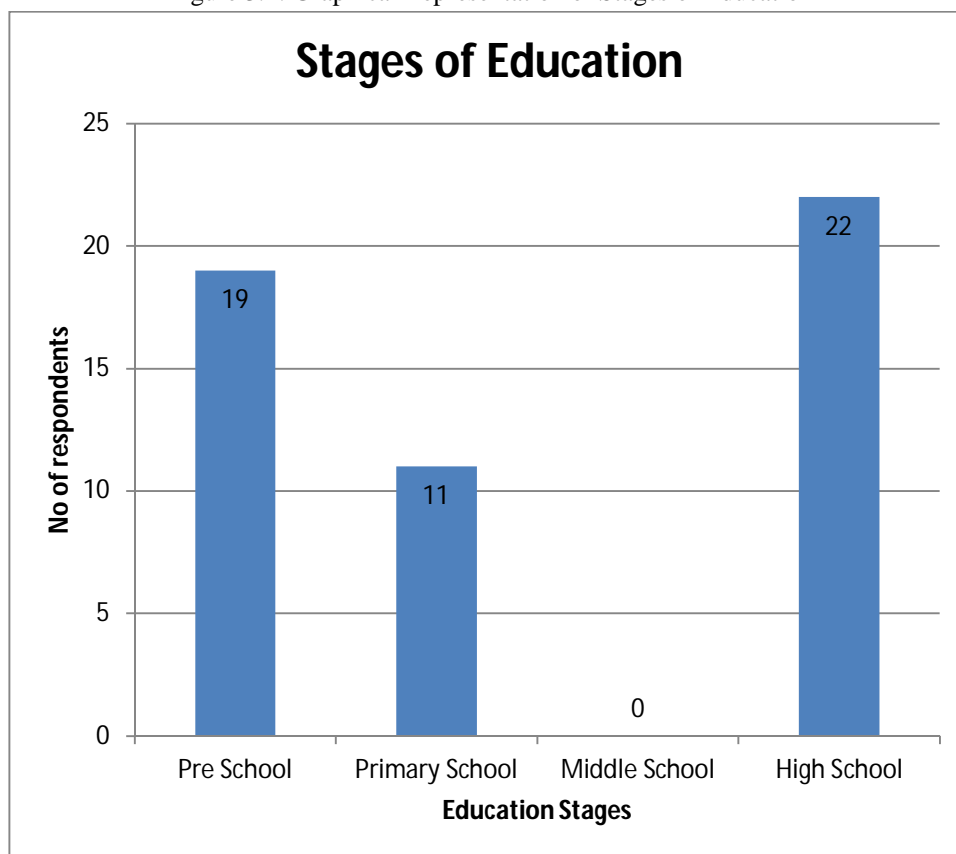
- 1) *Interpretation:* From the table 4.1, we can observe the list of schools of different boards. The number of respondents are 52, out of which SSC are 23%, CBSE are 24%, IB/ICSE are 15% and play schools are 38%. The most number of schools accepted are play schools followed by SSC & CBSE.

**B. Different Stages of Education**

Table 3.2: Education Stages

Education Stage	No of respondents	% of respondents
Pre school	19	36
Primary school	11	21
Middle school	0	0
High school	22	43
Total	52	100

Figure 3.2: Graphical Representation of Stages of Education



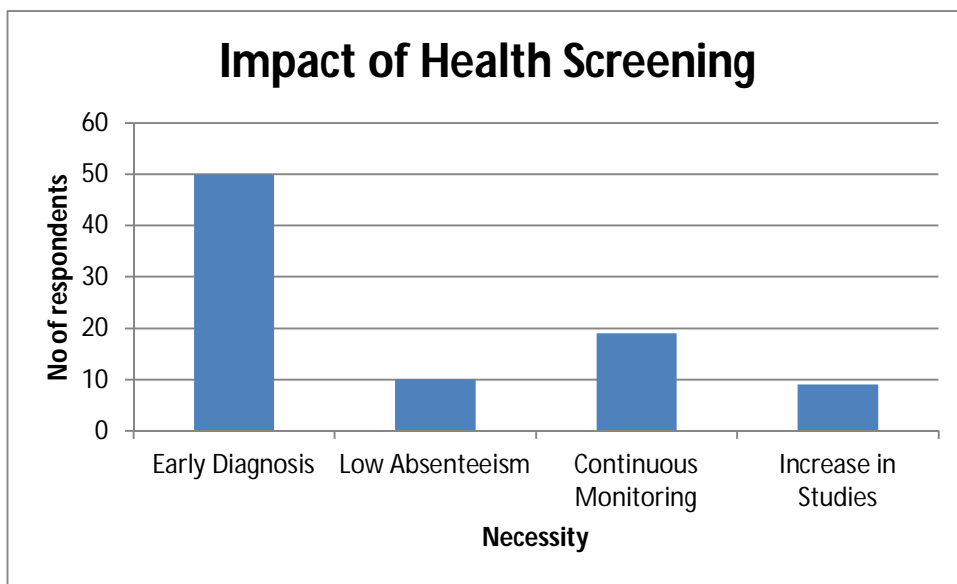
1) *Interpretation:* The above graph describes about the stages of education in various schools. 43% of respondents are from High school, 36% from Pre school and 21% from Primary school.

**C. To know the impact of Health Screening in Schools for Children**

Table 3.3: Perception on impact of Health Screening in Schools

Impact of Health Screening	No or respondents	% of respondents
Early Diagnosis	50	57
Low Absenteeism	10	11
Continuous Monitoring	19	22
Increase in Studies	9	10
Total	88	100

Figure 3.3: Graphical representation on Impact of Health Screening



1) *Interpretation:* The above graph shows the perception on impact of health check-up in schools for children. It is highly observed that 57% of the schools feel that health screening helps in early diagnosis, 22% feel that health screening helps in continuous monitoring.

Table 3.4: Chi-square test for relationship between type of school and health screening

	SSC	CBSE	IB/ICSE	PLAY GROUP	Row Totals
YES	5 (5.15) [0.00]	8 (4.75) [2.22]	4 (3.17) [0.22]	4 (7.92) [1.94]	21
NO	8 (7.85) [0.00]	4 (7.25) [1.45]	4 (4.83) [0.14]	16 (12.08) [1.28]	32
Column Totals	13	12	8	20	53 (Grand Total)

- a) *Null Hypothesis (H0):* There is no significant relationship between type of school and health screening.
  - b) *Alternative Hypothesis (H1):* There is a significant relationship between type of school and health screening.
  - c) *Formula:*  $\chi^2 = \sum (O_i - E_i)^2 / E_i$
  - d) *Result:* The chi-square statistic is 7.2551. The p-value is 0.064195
- 2) *Interpretation:* The above table 4.30 illustrates the chi-square test for the relationship between type of schools and health screening. Since the probability value is not less than 0.05 we accept the null hypothesis i.e., there is no significant relationship between the type of schools and health screening.

#### IV. FINDINGS, SUGGESTIONS AND CONCLUSION

##### A. Findings

- 1) According to survey, it is commenced that several schools won't regulate health check-up.
- 2) 38% of Play group Schools are having the highest acceptance rate of health screening.
- 3) 75% of Schools feel that less than RS 250 is affordable price for health screening.
- 4) Apart from Doctors and Government, there is an increase of 7% Service providers in Healthcare Industry.
- 5) During the survey in Schools, it is established that 88% of schools are aware of health check-ups.
- 6) Many factors like digital reports, comprehensive health check-up, advanced technology appliances influence the schools towards health screening.
- 7) 57% of schools responded that early diagnosis can be compassed through health screening.
- 8) 36% of schools made healthcare check-up for children once in a year as a part of their Academics.
- 9) 19% of Schools encourage free health camp in Schools.





- 10) Though the health check-up is conducted in Schools, only a few check-ups takes place like Vision, Dental and Vitals in most of the schools.
- 11) A complete head to toe check-up is preferred by 84% of schools.
- 12) As per survey, a comprehensive health check-up is not conducted in majority of schools.
- 13) Most of the schools feel that by health screening there is a positive impact that an early diagnosis can be compassed.
- 14) As per hypothesis test, it is found that there is no relationship between type of schools and health screening.
- 15) The frequency of check-ups in schools is limited to once in a year.
- 16) Since government made health check-up mandatory in schools, essentially schools go for any one check-up for free.

*B. Suggestions*

- 1) Availability of a Pediatric and a Psychiatrist on call would be helpful for children in schools.
- 2) Along with the comprehensive health check-up, a blood test also to be conducted.
- 3) Some special classes to be conducted in high schools for girl children regarding menstruation.
- 4) The decline in price is a repetitive suggestion from schools.
- 5) Many schools recommend for free health camp for the first time from the company.
- 6) The Health check-up should also to be moved to semi-urban and rural areas where there is less awareness.

*C. Conclusion*

From this project, it is identified that the acceptance levels of Health Screening in schools is very less, though there is an awareness. As many schools are doing health check-up but there is no complete screening in schools.

As concerned, Health screening should be included in academics calendar in every school and the management of school should make sure that not only education but also the required wellness for children like health, sports, multi-tasking abilities should be made as necessary. Before concluding, I would like to mention about the Service Provider – Healα which is a start-up company takes little more years to increase its market size. As technology advanced and care for health is increasing, within few years the demand for company increases rapidly.

**V. ANNEXURE: QUESTIONNAIRE**

*A. School Name*

A.

*B. Concerned Person Name & Designation*

A.

*C. Mobile No /Mail Id*

A.

*D. Board*

- 1) SSC
- 2) CBSE
- 3) ICSE/IB
- 4) Play School

*E. Classes*

- 1) Pre School
- 2) Primary School
- 3) Middle School
- 4) High School

*F. Are you Currently Doing any Health Check-ups?*

- a) Yes
- b) No



*G. What is the Frequency of Health Check-up*

- 1) Once in a year
- 2) Twice a Year
- 3) Quarter a Year
- 4) Never

*H. Who Does your Children's Check-up?*

- 1) Doctor, Nurse
- 2) Service Provider
- 3) Government
- 4) Charity/NGO/CSR
- 5) Free Health Camps
- 6) Others
- 7) N/A

If others, please specify \_\_\_\_\_

*I. What Things do you Check in your Health Check-UP?*

- 1) Vitals
- 2) Dental
- 3) Vision
- 4) Hearing solutions
- 5) ENT
- 6) Ergonomics
- 7) Physical/Hygiene
- 8) Nutrition
- 9) Other
- 10) N/A

If others, please specify \_\_\_\_\_

*J. Do you Get any Reports Along with Health Check-ups?*

- 1) Digital Health Reports
- 2) Paper Reports
- 3) Mobile app for Child, Parent and School
- 4) Vaccination Alerts
- 5) Health Tips
- 6) N/A

*K. Are you Aware of any health Screening Check –ups?*

- 1) Yes
- 2) No

*L. Will a Complete Head to Toe be useful?*

- 1) Yes
- 2) No
- 3) Maybe
- 4) Other
- 5) N/A

If other, please specify \_\_\_\_\_

M. What would be the Affordable Price as per you?

- 1) <250
- 2) 350-500
- 3) 500-800
- 4) 800 and above

N. Determine the Important check-ups? (Rate below)

Health Check-Ups	Rank
Vitals	
Vision	
Dentals	
ENT	
Hearing	
Ergonomics(Bone, Muscle)	
Physical/Hygiene	
Nutrition	

O. What are the Important Elements which Influence to Accept the Health Screening?

Elements	Influenced	Neither Influenced Nor	Not Influenced
Digital Reports			
Advanced Technology Appliances			
Well trained Staff			
Cost			
Comprehensive Health Check-up			
Time			
Error Free			
Access anywhere in India			
Safe and Secure			

P. Is there any Impact on Health Screening in Schools for children?

- 1) Early Diagnosis
- 2) Low Absenteeism
- 3) Continuous Monitoring
- 4) Increase in Studies

Q. Apart from the above Check-ups would you suggest us any other check-ups or other important things which would help for the children and company?

Suggest if any, \_\_\_\_\_

\_\_\_\_\_





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