Editorial

SCHOOL HEALTH : A NEED OF THE HOUR

Col AL SHARMA^{*}, SM, Lt Col RAJVIR BHALWAR⁺

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KEY WORDS :

In our country, more than quarter of the population is in the age group 5 to 14 years, conventionally termed as the "school age group". This group, by itself, represents a tremendous human resource, a group whose health must be looked after, so that they develop into strong and prosperous citizens of tomorrow. This group also provides a unique opportunity to reach the young children and mould their behaviour in the desired way. School age children are more enthusiastic to be assigned new responsibilities. In addition, they would act as agents for spreading the health awareness to their family members, thus facilitating the task of promoting primary health care.

Health, nutrition and education are the pillars on which socioeconomic development of nation rests. Considering the challenge of education, the Govt of India enunciated a national policy on education in 1986, which gave priority to universalisation of elementary education. It emphasised universal enrolment and retention of children up to 14 years of age in the school system [1].

There have been quantitative improvements in the provision of school education in our country. The number of recognised primary schools has increased from 2.1 lakhs in 1950-51 to 5.44 lakhs in 1987-88. Facilities for primary education are now available for almost 95% children within the habitation, or within one-kilometre [1]. The enrolment at schools has also increased. In 1950-51 children enrolled in classes I to V, expressed as a percentage of total population in the age group 6 to 11 years, was 43%, which had increased to 98% by 1987-88. Similarly, the children enrolled in Classes VI to VIII, out of the total population in the age group 11 to 14 yrs. which was just 13% in 1950-51 increased to 55% in 1987-88 [2].

However it is note worthy that there are wide variations in the enrolment ratios, between rural and urban

areas, between boys and girls, between states and so on. Secondly, enrolment by itself is of little importance if children do not continue education. In this regards, several studies have shown that retention rates for classes I to V have been just about 40% [1].

The need to have efficient school health services for supporting the general school education was amply recognised by the Govt of India. In 1960, the school health committee was set up under the chairmanship of Smt Renuka Ray. The committee recommended that school health services should be a part and parcel of general health services. The functions of these services should be promotive, preventive and curative, with special emphasis on medical examinations and health education of school children. The committee also recommended that health education should be included as a part of the general education in primary, middle and secondary schools and that the states should take immediate steps to publish text books on health education and to have health lessons included in other appropriate text books [3]. Later, a seminar on school health services reiterated these recommendations [4]. An intensive school health education project was launched in 1989 by the Central Health Education Bureau to help in improving the health and nutritional awareness of school children in rural areas [5].

Despite the agreement on its importance, as reflected by a number of committees, seminars and projects on school health, the actual progress on ground implementation has been rather slow. The general health care system, overburdened with the care of patients, implementation of vertical and horizontal preventive programmes, and administrative load, seems to be left with little time and energy to address the issue of health examination, treatment and referral of school children. Similarly, much remains to be done as regards development and introduction of a formal health education curriculum in the schools. Hardly any

^{*}Prof & Head, ⁺Reader & Classified Epidemiologist, Dept of PSM, Armed Forces Medical College, Pune-411040

targets seem to have been developed for monitoring the school health services. Interestingly, in 1981 the Govt of India constituted a high powered working group on health for all by 2000 A.D. While this group developed a number of indicators and targets for various areas of health care, as a minimal list as well as a list of additional indicators, not a single indicator was included which could be of avail in direct monitoring of school health services [6]. Possibly, an alternative strategy needs to be developed. In this regards, the joint study group set up to develop an alternative strategy for health for all by 2000 A.D. suggested that school health need not be specific responsibility of maternal and child health programme; rather school teachers should undergo health training and screen and treat children under care, including referral if required. The group also recommended that health education should be an integral part of general elementary education, which, in turn, should be universal [7].

Against the above background of the national scenario, it would be in place to have an overview of the state of affairs as regards school health in our own cantonments. It is apparent that major components of school health services are, firstly, health monitoring to detect and treat any morbid condition at an early stage and secondly, health education of school children. In this issue of MJAFI, we have two large sample sized epidemiological studies which have focused on each of these aspects. Thus, Kunwar et al have examined the nutritional status of school children and observed that the mean weights in different age groups are markedly lower as compared to the NCHS standards. The impact of malnutrition was even more noteworthy in respect of female children. In the second study, Tilak et al have clearly brought out that the awareness of even the secondary level school children is far from satisfactory, with as much as half of the population not having adequate knowledge about a disease as common (as well as serious) as HIV infection. In addition the authors developed a Health Education Package (HEP) for school children and proved its effectiveness through a randomised field trial.

These studies become even more pertinent for us, given the fact that they have been conducted on school children in cantonment area, thus making the results generalisable to our settings of health care. The need to strengthen school health services has been amply highlighted in these studies.

A soldier, sailor or airman would be able to perform his duties creditably if he is sure that, back home, his

family would be looked after well. Ensuring good school health services apparently becomes a part of such consideration. A three directional approach in this regards is suggested :-

Firstly, there is need to reach a policy decision at the higher levels, between commanders and medical functionaries, that maternal and child health programme, including school health, need to be pursued vigorously in the Armed Forces.

Secondly, at the station level, a well co-ordinated team work is required between the commanders and senior medical administrators, and between specialists in PSM, Paediatrics and Obstetrics and Gynaecology. Isolated efforts by Station Health Organisation (SHOs) would continue to give mediocre results, as brought out by above mentioned studies.

Thirdly, the departments of PSM, Medicine, Paediatrics and Obstetrics and Gynaecology at AFMC may coordinate the development of prototype health educational material to be used in the schools in cantonments. In addition, the progress of maternal & child health programme, including school health, may be monitored at the Armed Forces Central Epidemiological Surveillance Centre at AFMC.

Indeed, as an organisation, we have the will power, the expertise and the facilities. What is required is to accept that school health is a need of the hour, and to start our action, now.

REFERENCES

- 1 Sharma A, Sood M. Approach and strategies of child development in India : A Review. National Institute of Public Cooperation and Child Development, New Delhi, 1989 : 30-49.
- 2 Govt of India, Ministry of Human Resources Development, Department of Education. Selected Educational Indices : 1982-88; New Delhi, 1989.
3. Government of India, Ministry of Health. Report of the School Health committee (Part I). New Delhi, 1961: 1-93.
4. Central Health Education Bureau, Report on seminar on school health services. New Delhi, 1965 : 1-71.
5. Central Health Education Bureau, Director General of Health services, Govt of India. Intensive health education for primary school children. Guidelines for implementation. New Delhi, 1989 : 1-25.
6. Government of India, Ministry of Health and Family Welfare. Report of the working group on health for all by 2000 A.D. Reprinted by National Institute of Health and Family Welfare, New Delhi 1981; 20;58-62.
7. Health for all : An alternative strategy. Report of the joint study group set up by the Indian Council of Social Science Research and Indian Council of Medical Research. Published by Institute of Education, Pune, 1981: 137;217.