School Health Service and The role of Community Health Nurse

Sr. Daisy Francis

India is committed to attaining the goal of "Health For All by The Year 2000 AD" through the universal provision of comprehensive Primary Health Care services. In this context, the important role of School Health Programmes becomes obvious. "Health is a state of complete physical, mental and social wellbeing and not merely an absence of disease or infirmity" (W.H.O). Thus, the problems of mental health and ability to adjust to social and psychological stresses in the school children should be understood and considered. The organization of School Health Service is to see that the child is fit enough to learn and feel happy at school. For this, the child needs a happy home, sound nutrition, proper clothing and shoes, good sight, hearing, speech, freedom from fatigue, handicaps and infections. Other needs of the school child include a good environment with pure and safe water, clean buildings and good facilities for disposal of excreta. School curriculum should include health as a subject and a realistic health education. School age is the period during which the child enters society's training system from which he would emerge as a contributing member of the community according to his capabilities.

Aims of School Health

1. To promote growth and development of school children through health supervision, health care and nutrition programmes.

Sr. Daisy Frances, St. Ann's Hospital, Vijaywada (A.P.)

2. To prevent and control communicable diseases.

3. To promote healthy school living so that children may develop favourable attitudes towards health.

School Health Service is an important dimension of community health. The school children form a sizable portion of the population in any country. During this part of their lives, children are subject to rapid physical, mental and emotional changes. They need health supervision and guidance. School can provide an opportunity for the early detection of communicable as well as other diseases. School life is the first experience of group living outside the home. It is a controlled population, i.e., they belong to a certain age group. School is the best forum for imparting health education, and for moulding the attitudes and practices of children.

From School to Community

Usually, what the children learn or not learn in the school reflects the value system of the communities in which they live. It is in this direction that a child-to-child programme was designed for the developing countries. It teaches and encourages children of school age to concern themselves with the health and general development of their younger brothers and sisters and of other younger children in their community. With this objective in view, simple preventive and curative activities as well as games, plays and role playing should be taught to the children in schools so that they may pass on the ideas in the family or community. It is common in our tradition that the older child is considered responsible for his or her younger siblings during out-of-school hours. The poorer the community, the more common is the practice, and the earlier is the age at which children accept this responsibility.

The Role of Community Health Nurse in School Health Programme

A School Health Programme should be carefully planned. The success of such a programme depends largely on the Community Health Nurse, her depth of knowledge, understanding and leadership qualities. The School Health Nurse should possess knowledge of child psychology, health education and sociology in order to fit her for the tasks involved. These are:

(a) The major role of the Community Health Nurse is to serve as a liaison between the school, the home and the community.

(b) She is the co-ordinator and organizer of the School Health Programme. She organizes the school health clinic and meetings of the parent-teacher association.

(c) She acts as a counsellor and educator of health.

Apart from the above, the Community Health Nurse provides the following services:

Health appraisal: The Community Health Nurse undertakes preliminary health check-up. This includes measurement of height, weight and arm circumference etc., and identification of children 'at risk' for a more complete examination by the Medical Officer. The children 'at risk' are to be referred to the Medical Officer for proper diagnosis and treatment. All the procedures done by the nurse are to be recorded along with other general information.

Treatment and Follow-up: School medical supervision is of no use unless the children detected with diseases or disabilities are given appropriate treatment and follow-up. For this purpose, special clinics should be conducted exclusively for school children, wherever possible. School health is an important function of the primary health centres in India. The school health clinics should be linked up with the primary health centres and higher levels of health care.

Immunizations: The school offers excellent opportunities for immunization of children against the local endemic diseases, including tuberculosis and tetanus.

School sanitation: According to WHO, about 80 per cent of all illnesses and diseases are linked to poor sanitation and unsafe water. A healthy environment is necessary for a proper emotional, social and personal health of pupils. The school should be a model of good sanitation. There should be adequate safe drinking water facilities. Urinals and privies should be provided. Vendors other than those approved by the school health authority should not be allowed inside school premises.

Nutritional services: The community health nurse may be required to administer nutrition programmes like midday meal and Vitamin A prophylaxis programme. Health surveys in school children have revealed that most day scholars leave their homes with an inadequate breakfast. By providing adequate nutrition at school, a school meal service ensures that children will have enough vigour and vitality to participate in school activities and derive full benefits of schooling. A large dose of Vit. A (200,000 I.U.) orally can be administered to the children every 6 months upto the age of 6 years or so.

First Aid: In every school, a fully equipped first aid box should be at hand. The emergencies commonly met within schools are accidents, injuries, medical emergencies like abdominal pains, epileptic fits and fainting etc.

Health education: Participation of children in community health programmes should be encouraged whenever possible. The hygiene of skin, hair, teeth and clothing, the importance of exercise, sleep, nutrition and good habits; the need for immunization, safe water, control of flies and other insects, are some of the topics on which health education may be profitably imparted.

School health records: The Health Record of each student should be properly maintained. The record should contain identification data, past health history, record of findings of physical examination and screening, and record of services provided. Records should be cumulative. These records serve as useful link between the home, school and community.

School Health Surveys: School health surveys are often undertaken under the guidance of the Medical Officer and they have two main purposes. (a) To find out problems that affect the school age children so that preventive measures can be taken, and (b) To have an early detection of children who need treatment and rehabilitation.

A need of the school children which is often forgotten is the need for a stable home which provides support for the child when under stress and which gives a sense of security. It has repeatedly been observed that children do not do well in school and miss days not so much because they are sick but because their home life is disturbed. By visiting such homes, the Community Health Nurse can help to find the true causes of the child's poor school results.

After the annual examination, the Health Officer concerned should also make an inspection of the school. A written report should then be made to the Medical Officer in-charge of the District who maintains a file on each school in the District. All health problems encountered during inspection or the annual examination should be dealt with promptly.

Conclusion

Children are often ignorant of their needs for good health and the Community Health Nurse can make a real contribution by participating in this programme. In order to ensure that all the various objectives of school health service are realized, the teachers should have adequate knowledge of health and nutrition. If the children do not maintain adequate health, the benefits of education will be lost on account of absenteeism. Thus, the services of a nurse are very important in promoting health of the school children. Even in the absence of a school health service, there is much that the Community

Health Nurse can do to meet the needs of the school children in her area. Thus, she can contribute for early detection of diseases and promotion of health to the school children and help in achieving the objective of Health For All by 2000 A.D.

Bibliography

1. Monica Byre and F J Bennett. Community Nursing in Developing Countries, 1976, 88-94.

2. J E Park and K Park. Essentials of Community Health Nursing, 1989, First Edition, 340-43.

3. G J Ebrahim. Practical Mother and Child Health in Developing Countries, 1978, 97-100.

4. School Health Mirror, Bulletin 1.

(Continued from page 285)

Upgrading Nursing Performance By Upgrading Nursing Education

They will gain confidence in themselves. The profession as a whole will progress in the quality of performance skills and knowledge.

Conclusion

The educational system should provide opportunities to develop professional and individual abilities and skills in the context of manpower needs and resources for the country. Upgrading nursing education through university programmes at all the medical college hospitals will enhance and upgrade performance. The drive towards upgrading and having two to three levels of education, including university education, will enable the profession to standardize skill and performance. The Faculty of Nursing as envisaged by the Indian Nursing Council, will be able to prepare professional nurses for the health care system.

With this above goal, the Indian Nursing Council has integrated community care in all its educational programs to prepare graduates with a variety of experiences in the health field. They are being prepared as Community Health Nurses and also to be the professional nurses.

FROM FAR AND NEAR

Poverty Likely to Decline in Year 2000: Says World Bank Report

A new "World Development Report", the first major study of the world's poor in a decade, issued on 16 July by the World Bank, states that poverty is likely to decline in the year 2000, except in sub-Saharan Africa.

The World Bank, the largest provider of aid to developing countries, says in the Report that 1.1 billion people - one fifth of the world's population - still live with annual incomes of less than $ 370 a year. The world's poverty is concentrated in South Asia and sub-Saharan Africa, where around 50 per cent of population is poor.

Presenting key conclusions to the press at United Nations Headquarters recently, Lyn Squire, Staff Director of the World Bank's 1990 Development Report, said it was especially significant because it was about the "ultimate objective of development - the eradication of poverty".

He said that in the coming decade, the Bank would concentrate more consistently on ridding the world of poverty by following a comprehensive two-part strategy: generating better income-earning opportunities for labour, and disseminating new technologies in order to increase the capacity of the poor to respond to those opportunities.

Where both parts of the strategy had been implemented, the poor had not only benefited from economic growth, they had contributed to it, he said. On that basis the Report was able to conclude that stimulating growth and helping the poor were mutually reinforcing objectives.

The study found that there had been some progress against poverty in developing countries that had taken part in the overall economic growth which had occurred since the 1960's. Indonesia, for instance, had reduced the share of its population in poverty from almost 60 per cent to less than 20 per cent, Mr Squire said.

The Report called for increased flow of aid to the poor countries but only where countries were seriously committed to the reduction of poverty. Mr Squire pointed out that cutting military expenditure in the industrialized countries by just 10 per cent could pay for a doubling of aid.

Source: UN Newsletter

Herbal Cure Hopes For Arthiritis

Joint research being carried out at Sunderland Polytechnic in north-east England and India's University of Poona is seeking to establish whether traditional Indian medicines could provide a herbal cure for arthritis.

The project involves the use of ayurvedic medicines, which have been used for thousands of years in India but are still largely unknown in the West. Ayurvedic medicine, using herbs, dates back to 5000 BC and is still widely used as an alternative to modern techniques, particularly among poorer people.

Professor Malcolm Hooper, who heads the Polytechnic team, believes the Western world has a lot to learn from ayurvedic medicine. He explained: "It is safe to say that so far the attempts to find a cure for such ailments as arthritis have failed to find a solution. Ayurvedic medicine is just one possible remedy and although herbs have been used in India for a long time there has been no way of monitoring just how effective they can be. We want to examine them more closely with the ultimate aim of providing a relatively cheap and accessible form of treatment.

The research has the backing of medical consultants in Britain, and clinical trials are planned for India. Prof. Hooper continued: "It is very much early days and more a question of hope than anything else at the moment. But the point of research is to find out what is possible. It will be several years before anything is proved".

Scientists from Poona University are currently in Britain to help with the research. In return, staff and students from Sunderland will visit India.

Source: British Information Service