

Rural School Health Programme—

A Tool for Better Health

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"A child of to-day is the citizen of tomorrow" is the saying; hence maintenance of good health standards in school children is an urgent need in India. "School health is that phase of community and family health service that promotes the well-being of the child and his education for healthful living."¹ "A School Health Programme refers to all the activities that contribute to the promotion and maintenance of the health of school children and it is a continuation of the Infant and Pre-school Health Programmes. The school aims towards the development of a healthy, happy adult with the capacity to produce and contribute towards the maintenance of a desirable community in which he lives.

Objectives of a School Health Programme

The concept of a school health programme was put into practice about 50 years ago in Baroda, India, and subsequently in 1929 in Madras State. Ideally any school health programme would have as its main objectives the following:

- (a) the correction of physical defects,
- (b) the control of communicable disease,
- (c) the development of health knowledge, maintenance of desirable health habits and healthful school living,
- (d) health education through a meaningful interpretation of the school health programme to home and to the community,
- (e) the development of desirable mental attitudes towards health, health practices, and life situations.

The recommendations suggested by the Bhore Committee for an effective school "health programme in any primary health centre are: medical inspection; provision of medical care—curative and preventive, including domiciliary and institutional service; improvement of environmental hygiene, physical education and health education of the children."²

It is needless to say how important it is to have school health programmes to establish a high standard of health, to lower the incidence of sickness and consequently to bring down the mortality rate amongst the younger generation.

This paper describes some of the observations made during the school health programme in one of the rural schools of the primary health unit area, served by the Department of Preventive and Social Medicine, Christian Medical College, Vellore.

Material and Methods

The school where the health programme was carried out is located in Kaniambadi village, which is 6 miles south of the Christian Medical College. There are 3 schools in this particular village, one a Catholic school, another a Harijan school and the third being the District Board Higher Elementary School. The last one was selected for the purposes of establishing a school health programme. This school, accommodates approximately 600 children of both sexes and of all religions and communities, studying in the classes 1st—8th.

This service, being one of the multi-phased programme of the Rural Health Centre, and also due to limitation of staff, was begun only in a modest way in 1956. Initially, the staff of the Department of Preventive and Social Medicine of the Christian Medical College, Vellore, gave first aid classes to the teachers at their request. As their interest grew they expressed their desire to have health teaching for 6th, 7th and 8th standards, during class hours, once a week. These early services of ours stimulated their interest and they wanted us to continue our services in the form of complete physical examination of the school children. But this was not easy, as certain barriers had to be overcome before carrying out such an extensive programme, including the obtaining of permission from the Government authorities concerned. This was one of the first steps which we ascended in attempting to start the school health programme. Later a lot of time was spent in preliminary discussion with the school teachers and in working out a planned programme. With their great co-operation, Thursday afternoon was fixed for our staff to go and conduct the physical examination for children, class by class, for 1—2 hours. A team consisting of Medical Officer (Dr. V. Benjamin M.B.B.S., M.P.H., F.R.F.P.S., M.R.C.P.E.), 2-3 interns, 2 Public Health Nurses went out on these fixed days to carry out the necessary examinations. A complete physical examination, including the record of weights, heights, and eye-testing was carried out. Stools and urine were also obtained from the students and were examined at the Rural Health Centre. Any serious abnormalities detected were referred to the specialty departments of the C.M. Hospital. A Public Health Nurse has been entrusted with the responsibility of carrying out the school health programme and she supervised all the necessary follow-up work of deficiencies detected. She also has the function of helping the teachers in health education of the school children. The health education programme deals

principally with problems of primary importance in a rural community, that is sanitation, nutrition, common diseases, personal hygiene, and mental health. She was allowed to conduct regular health classes for the children on Friday morning. It was quite encouraging to have the teachers co-operation and help in promoting these activities in the school in order to make this a success, and also in coming forward to have physical examinations for themselves. During the period under review, an anti-scabies campaign was conducted in the school and also a preventive inoculation programme was carried out. An attempt was made to publish the idea and value of health examination of school children by organising a 'Parents' Day in the school'; but unfortunately, it was observed more as a school day, than as a day on which things could be explained to the parents. Perhaps this must have been due to lack of understanding.

Results

Out of a total number of 598 pupils, 449 were examined during the programme by means of a rapid clinical assessment.

Abnormalities detected

Deficiencies of nutritional nature were most common, as shown in the tables below:

TABLE 1

	No.	Percent
Vitamin A Deficiency	118	26.2
Vitamin B (Mainly Riboflavin)	40	8.9
Vitamin C (Clinically detectable)	9	2.0
Anaemia	51	11.3

Next to deficiencies of malnutrition, skin infections were very prevalent and we present the findings in Table 2.

TABLE 2

Scabies & Impetigo	82	37.6 %
Pediculosis	73	
Ring worm	12	
Tubercloid leprosy	2	

The other abnormalities discovered are set out in Table 3.

TABLE 3

Other Abnormalities	No.	Percent
Enlarged tonsils	84	18.7
Chronic otitis media	5	1.1
Refractive errors	3	0.7
Conjunctivitis	9	2.0
Palpable lymph nodes	125	27.8
Rheumatic heart disease	4	0.9
Congenital heart disease	1	0.2
Lungs clinical abnormalities detected	7	1.6

	No.	Percent
Abdomen—Enlarged liver	13	2.9
Enlarged spleen	1	0.2
Genitalia—hydrocele	1	0.2

About one-third of the children examined had their stool specimens tested. Findings are as follows:—

TABLE 4—STOOL EXAMINATION

Total Specimens: 149

	No.	Percent
Hook worm ova present	38	25.5
Round worm ova present	2	1.3
Homonoploysis nana	103	69.2

Apart from the pupils, the teachers and *peons* were also examined; 12 male teachers, 1 female teacher and 3 *peons* participated in the study. 1 case of pulmonary tuberculosis, 1 dental caries, 1 refractive error and 2 cases of intestinal parasitism, were detected and given the appropriate treatment.

Discussion

"The progress of civilization, the welfare of the individual, the general good of the society are contingent upon the efficiency of the education imparted to the children in the school." Because of this, the School Health Programme has to be an important activity in the health programme of any country. Unfortunately, school hygiene is very much neglected in India. But within recent years, Public Health Departments have taken measures slowly but steadily in providing help and guidance for better health services in schools.

For a school health programme to be effective, certain factors are essential in any setting, such as sound understanding of the programme by the teachers, good teacher-parent relationship, better relationship between the health workers, teachers and parents, adequate socio-economic conditions, suitable facilities for travel and follow-up of the children whenever necessary, etc. The importance of these factors are more emphasized in a rural setting particularly, and the study at Kaniambadi has brought to light some of these above-mentioned factors more forcibly, and helped to see clearly the more practical difficulties in carrying out an ideal School Health Programme.

The findings of the physical examination clearly show that quite a high percentage of children suffer from nutritional deficiencies. To treat these deficiencies, initially some vitamins and milk powder were necessary. Apart from the problem of getting these supplies though the UNICEF or other agencies, we had the problem of finding the necessary funds for the preparation of milk each day. We overcome this difficulty partly through the generosity of the Village Panchayat Board President. The problem of illiteracy is high among the rural population and this presents a serious drawback to any Public Health

Programme. One of the objectives of the School Health Programme is to educate the parents through the children. This could be achieved by a stimulation of the child's interest towards proper appreciation of health. Though the Parents' Day at Kaniambadi had not turned out according to our expectation, it has immense possibilities for improving better understanding of the programme among the parents.

It seems more and more difficult to depend on other countries for food supplies; the major deficiencies observed are those due to lack of vitamins, A.B.C., iron, and, possibly, protein. These defects should be easily corrected by a proper choice of certain food-stuffs which are easily available at low cost. Adequate knowledge of those foodstuffs through proper nutrition education is very essential, as also a practical demonstration by the encouragement of kitchen gardens at home and school.

We have only begun to tackle the programme of School Health and we have yet a long way to go. The School Health Programme should have a team approach in which the Public Health Nurse is the key person in every aspect. She has a vital role to play as a co-ordinator and a consultant, between the physician, school, home and community. Unless the obstacles discussed previously are tackled efficiently, the School Health Programme cannot turn out effectively to fulfil all the objectives as stated by the Bhore Committee. With leadership, vision and a will to do, the Public Health Nurse can help to make a solid beginning towards improving school environment. She can act as a "catalyst" to change some of the cultural beliefs and habits of rural population, to help people to accept new ideas, and to guide the teachers toward participation in the School Health Programme by imparting to them better knowledge about health. The greater competency, the greater the nurse's contribution. Her concepts and attitudes toward School Health affect her relationship with parents, teachers and related professional workers. Our experience with this scheme has widened our concept of the School Health Programme. Just as any other programme in the field of public health, the School Health Programme might face certain failures, but experience from our study at Kaniambadi shows that no situation is hopeless. At moments of disappointment or discouragement, the nurse or the school can do nothing more but only hope that, with the passage of time, more fruitful results would be obtained.

This has been a bird-eye view of our experience with the School Health Programme, appraising you of what we are trying to accomplish in the rural school at Kaniambadi, and the important role a Public Health Nurse has to play in it.

In conclusion, we would like to join with Miss Swanson and state that the "uniqueness of the services of a Public Health Nurse in, and for, the school lies not in what she does, but how she does it."

The Nurse's skill in human relations and her competence in leadership are of major importance in a School Health Programme, and her continuous interest, effort and ability should be maintained throughout the programme.

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