

Public Health

School Health Services in India

by

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The life of the School Health Service in India began exactly 76 years (1909) after the French Government, which for the first time in Europe, passed a law (1833) to make School authorities responsible for the sanitary condition of school buildings, and for the health of children.

The first School Medical Inspection in India was started in Baroda City in the year 1909, 4 years after New York City schools started examining children for physical defects. In the succeeding years, other states in the country particularly Bombay, Bengal, Uttar Pradesh, Madras, Punjab and Delhi introduced some form of the School Health Programme. A close study of the activities in all of these places during the last half century, will show that the type of service and the area covered by it, varied widely from place to place. In some states the service included only provision for prophylactic measures by the Sanitary Inspectors against epidemic diseases, while in others, supervisory personnel at the highest administrative level was set up without provision for qualified field officers. In a few states, actual service of medical inspection of a limited number of children in a limited number of English High Schools was confined to a few big cities only.

From this brief review of the history of the growth and development of the School Health Programme in different parts of India during the last half century, it will be apparent that, in spite of an honest desire to introduce this important service in some form or other, the health and nutrition of the average school child, like all other children, had been neglected. Rural areas were com-

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pletely neglected. The very conception that the "whole" child goes to School—has been and is still lacking; obviously, the lack of co-ordination between the education and health authorities, between the parents, guardians and the teachers, the nurses and the doctors had been conspicuous everywhere. Inadequacy of the following fundamentals of this important programme was prominent, *e.g.*, provision for assuring the child a healthful living, protection from illness, facilities for treatment and correction of defects; and a practical health education programme to make the child and its parents learn and practise the essentials of personal hygiene and environmental sanitation, remain to be fully developed.

Field observations carried out in different parts of the country have amply demonstrated a poor state of nutrition with the consequent impairment of physical and mental growth amongst a high percentage of school children. In fact, most of their defects are but corollaries to defective nutrition and poor resistance of the children. Even today, the standard of environmental sanitation and housing, of most institutions in both urban and rural areas, is extremely low; provision for a pure drinking water supply in rural areas is totally inadequate.

From a survey of the course of events not only in this country, but in many parts of the World, we have ample evidence to say that, without a well-planned programme, success is difficult to

achieve in this important branch of the Health Services. Therefore, before making any suggestion for working out a suitable plan, we must be convinced about the essential requirements of this essential service. Today, it can be stated without any hesitation, that in any organisation, entrusted with the task of assuring "health" to the school child, provision should be made for measures for the maintenance of adequate health protection based on systematic physical examination, correction of defects, prevention of further occurrence of defects, prevention of further occurrence of preventable diseases by means of prophylactic measures, and follow-up work in the homes of the pupils. Arrangements for a school health education programme to enable the pupils and the parents to understand and practise personal hygiene; and the maintenance of an ideal or at least safe standard of environmental sanitation, are essential. Last, but not of least importance, is the need for the maintenance of adequate nutrition and sound mental health with a simultaneous programme of physical education, by provision for routine physical exercise and recreational facilities. It is of fundamental importance that school children should have a safe and hygienic environment, including adequate lighting, clean toilet facilities, good ventilation and pure drinking water. Both the children and their parents should know what good nutrition means and how to choose and utilise the right kind of food. It is needless to emphasize therefore, that the above objectives can not be achieved unless well-concerted efforts are made by the Education and Health authorities. All ventures are likely to prove imperfect and incomplete if healthy co-ordination is not established

between the teachers, parents, doctors and public health nurses. Assistance of the specially trained teachers and social workers in carrying out the systematic follow-up work through practical health education, should be included in the programme. Therefore the importance of team work between the Public Health Nurse, the Teacher, the Social worker and the Doctor on one hand, and the Parents on the other will have to be appreciated if success in such an essential Health Services Programme is desired.

