COMMUNITY MEDICINE / RESEARCH ARTICLE

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Abstract

Objective: To study the existing infrastructure provided for public as well as private school health services in Rawalpindi cantonment.
Design: A descriptive study.
Place and Duration of Study: The study was carried out in Rawalpindi cantonment from Aug 2008 to Feb 2009.
Material and Methods: The study was carried out in two different categories of schools comprising public and private schools.
Results: The results of the study did not depict an encouraging picture and 100% of schools, whether public or private, had no medical officer / school nurse employed.
Conclusion: School health system assessment and a comparison of public and private sector schools showed that no organized services are available for the students and most of the schools lacked fully available services of a medical officer and the concept of annual or periodic examination required still more concrete efforts.

Keywords : School health services, School health programmes, School nurse.

Article

INTRODUCTION

School health service is a branch of preventive medicine which deals with medical inspection of school children and their health protection primarily in the environment of the school. School health service is an economical and powerful means of raising community health, and more important, in future generations. It is a personal health service which provides comprehensive care of the health and well being of children throughout the school years1,2.
School health services and curricula have be supported or hosted by the educational establishment only to the extent that the health outcomes were believed to have enhanced the educational mission of the schools3.
School health services in Pakistan are of recent origin and are still in the process of development. There are, however, some schools where these programme have started functioning with the help of UNICEF. Each school medical officer has been placed in charge of 3000 to 5000 school children.
School health programme can play a unique and important role in the lives of youth by helping improve their health related knowledge, attitudes and skills; healthy behaviours4 and heath out comes; education outcomes and social outcomes5.
Indeed the school nurse plays many roles, including health promoter, health educator, collaborator and researcher7,8 as well as manager of health care, deliverer of health services, health counselor and advocate6. The school nurse supports student success by providing health care assessment, intervention and follow up for all children within the school setting9. The importance of providing health services to students at school is widely recognized, but the specific services provided to students vary across districts and schools10.
Keeping in view the above, a cross sectional study was carried out to assess the current system and practices prevalent in schools, public as well as private, of Rawalpindi Cantonment to evaluate health services provided to the students.

MATERIALS AND METHODS

This descriptive study was carried out in Rawalpindi cantonment from Aug 2008 to Feb 2009.
The study was carried out in 16 schools of two different categories.
1. Public Schools: 8
2. Private Schools: 8

Students of schools within the limits of 10 kilometers of the Armed Forces Postgraduate Medical Institute, Rawalpindi Cantonments were included. An assessment of the existing infrastructure provided for school health services was done and a structured questionnaire was used to determine the situation regarding provision of health services in schools. Sixteen interviews of Principles/ Administrators were conducted.

Data was analyzed using SPSS version 15. Descriptive statistics were used to describe the data.

RESULTS

Four (50%) of private schools have the concept of school health services as to provide first aid /emergency care, good sanitation and healthy environment to the children, 4 (50%) understood school health services to provide medicines to the sick children. Six (75%) of public schools had the concept of school health services as to give medicines to the children and 2 (25%) did not know about it.

All schools, 100% whether public or private, had no medical officer/ school nurse employed. Five (62.5%) of private schools carried out health promotion programme as part of social studies and 3 (37.5%) did not carry out any health promotion programme in the schools. All (100%) public schools did not carry out any health promotion programme in the schools.

All schools, (100%) whether public or private, had arrangements to provide first aid/emergency care to the children. Both sectors had no trained staff in first aid/emergency care. The most common health problems observed among school children were eye, skin, ear, nose and throat problems as well as dental caries and allergies.

QUESTIONNAIRE REGARDING SCHOOL HEALTH SERVICES

S/No	Questions	Answers
1.	Do you know what school health services are?	Yes/No
2.	Do you have any medical officer/ school nurse employed in your school?	Yes/No
3.	Do you have any health promotion programme in your school? If yes, how frequently?	Yes/No
4.	Is there any arrangement for first aid/emergency care in your school?	Yes/No
5.	Do you have any staff member trained in first aid treatment?	Yes/No
6.	Which types of health problems are most commonly observed in your school children?	1. Eye problems 2. Ear, nose and throat problems 3. skin problems 4. Dental caries 5. Others
7.	Is there any referral system for the children having major ailments?	Yes/No
8.	Is there any referral system for the children having minor ailments?	Yes/No
9.	Do you have any follow up system for referred children?	Yes/No
10.	Is there any canteen held in your school?	Yes/No
11.	What is the system of medical examination of the canteen staff?	
12.	Do you conduct Health Education programme in your school? If yes, how frequently?	Yes/No
13.	Do you arrange parent teacher meeting in your school? If yes, how often?	Yes/No
14.	Do you discuss health problems of children with parents?	Yes/No

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All schools (100%), whether public or private, had no referral system for children having major as well as minor ailments and also schools of both sectors had no follow up system for referred

admitted children.
All public schools (100%) had a canteen whereas 5 (62.5%) private schools and 3 (37.5%) did not have any canteen. Schools had 100% no system of medical examination of the canteen staff.
All private schools (100%) arranged parent teacher meeting. Six (75 %) of them arranged it twice in a year and 2 (25%) of them arranged 3 times in a year. All public schools (100%) did not arrange any parent teacher meeting. Four (50%) private schools discussed health problems of the children with their parents as needed and 4 (50%) did not discuss. All of public schools (100%) did not discuss health problems of the children with their parents.

DISCUSSION

The results of the study depicted are not an encouraging picture in schools of Rawalpindi cantonment. The schools including public as well as private do not have the true concept of school health services.
A study carried out by Saleem Gulzar, a columnist of Dawn News and also part of the nursing faculty at a private university hospital in Karachi, revealed that there are few schools having the services of nurses and doctors12. According to the 2007 NASN (National Association of School Nurses) School Nurse study, 44% of US public schools employ a full time school nurse where as in our study 100% (16) of all schools, whether public or private, had no medical officer/ school nurse employed.
All the schools of both sectors had neither any referral system nor follow up system. No school health services can be satisfactory without having a machinery of follow up particularly through a home visiting programme which can be effectively carried by the school health nurse. Provision of school health nurse is therefore an essential part of school health services. The role of school medical officer is very important in the provision of health services to the children. He is an advisor to school authorities not only on the health matters of the children but also the school building, environment and education of the teachers on health matters1.
Health promotion programmes like tobacco use prevention, violence prevention and accident prevention etc. are required for health promoting schools on regular basis. Neither we educate our children on health issues nor do we prioritize to keep health promotion in our educational institutions. There are many ways to bring about a change. It should not, however, be an issue of scarcity of resources that may put restrictions in initiating a change12.
All schools of both sectors had no trained staff in first aid/emergency care. A school teacher should be considered as a key person in school health service programme. As the teacher is more close to children and spends most of time with them, he / she can observe the change in children. By providing a reasonable amount of training, school teacher can treat minor ailments. Teacher training programmes are essential to have trained staff in the schools and all teachers should receive adequate training during teacher training programme or in-service training programme13.
All schools of both sectors had no system of medical examination of canteen staff. Medical examination of the canteen staff should be carried out on regular basis even if the canteen is operated by the students.
Health education is an important element of school health promoting system. School staff - teachers, nurses, administrators or counselors can work together to develop an ongoing approach to help students build health related knowledge and skills in the school. The goal of health education is to bring about changes in health knowledge, attitudes and practice and not merely to teach the children a set of rules of hygiene. One of the major benefits of coordinated school health can be a closer working relationship between parents and schools. Working with parents and other community groups, schools can form powerful coalitions to address the health needs of students4.
A study carried out by Ann D. Stoltz, Sheri Coburn, and Amkrickelbein revealed that coordinated school health programmes (CSHPs) provide an organizational framework for school health practice by combining health education, health promotion, disease prevention and access to health services in an integrated, systematic manner14.
According to the American Academy of pediatrics (AAP), at a minimum, schools should provide the following 3 types of services.

* State mandated services, including health screenings, verification of immunization status, and infectious disease reporting.

* Assessment of minor health complaints, medication administration, and care for students with special health care needs.
* Capability to handle emergencies and other urgent situations 10.

CONCLUSION

School health system assessment and comparison of public and private sector schools showed that no organized services are available for the students and most of the schools lacked fully available services of a medical officer and the concept of annual or periodic examination required still more concrete efforts. There is a dire need to provide awareness amongst all the stake holders especially the education department to monitor such services and ensure the availability of all elements of school health services in the schools under their jurisdiction.

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