

**An Exploratory Analysis of School Health Environment and School Health Services
in Primary Schools of Hyderabad**

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Abstract

“A healthy school environment pertains to the physical, emotional, and social climate of the school”. “School health services are a combination of preventive services, education, emergency care, referral, and management of acute and chronic health conditions” (FRESH 2009). “Health education is a planned, sequential curriculum that addresses the physical, mental, emotional and social dimensions of health” (Centers for Disease Control and Prevention, USA). At district and school levels, school health policies should be clearly understood, implemented and supported by all those responsible for the education, health and well being of the children. Multiple, coordinated strategies produce a greater effect than individual strategies, but these strategies need to be selective and targeted with regard to school health (WHO 2004).

Keywords: Environment, School health services, Health policies, Strategies.

Introduction

District Primary Education Program (DPEP) and Sarva Siksha Abhiyaan (SSA) are examples of government programs running well in Hyderabad. Even non-governmental organisations (NGOs) like MVF and Naandi Foundation are doing good work on the primary education front. However, these efforts have also lead to critical thinking about the impact of health & nutrition on the school-going children. The educational impact of ill health among school children has been relatively neglected.

A child’s ability to attain his or her full potential is directly related to the synergistic effects of good health, good nutrition and quality education which are tools to lead productive and satisfying lives. It is desirable to promote health through schools wherein learning experiences shape desirable health habits, attitudes and knowledge.

In many communities however, political, social, health and education leaders, as well as the public at large, lack both sufficient knowledge about the potential impact of school health programs to make them a priority, and information about how to implement such a program efficiently. Studies suggest that health and hygiene education have led to improvement in the health of children. Trained and committed teachers also have an impact on health of their students.

Literature Review on Links between Education and Health

The connection between health & education is intricate and intertwined. School-based nutrition and health interventions can improve academic performance (EFA 2000). Better education leads to improved health (WHO 2004). Poor health and malnutrition are important underlying factors for low school enrolment, absenteeism, poor classroom performance and early school dropout as reflected in World Declaration on Education for all. Yet the evidence suggests that schools around the world have difficulty in meeting critical physical, mental and social health needs of children and youth.

Macro Problems

1. Lack of healthful school environment in most schools in Hyderabad.
2. Irregular & insufficient school health services in a majority of schools in Hyderabad.
3. No emphasis, focus and holistic approach with regard to health education and communication in most schools in Hyderabad.
4. Absence of school health policy at local level.
5. Lack of awareness and insensitive attitude on the part of both teachers and students towards school health aspects.

Rationale for Study

This study shall help in

1. Sensitisation of the concerned authorities to recognise school health as an important component of development (Evolution of an effective school health program).
2. Motivation of the school authorities to take care of the school health environment and fulfil the inadequacies.
3. Sensitisation of the teachers, so that they can make a difference by developing certain habits which lead to healthy life.
4. Formation of health clubs & school health council to record the health problems & problems related to school sanitation etc. & eradicate/find solution to fuse problem.
5. Creation of awareness among primary school children about the importance of health. Develop willingness and concern towards sanitation & hygiene practices & hygiene behaviour.
6. Transformation leading to proper hygiene behaviour in the absence of which more provision of water & toilet facilities or other materials would be of no use & cannot be sustained. The health services also are inadequate. The health checkups are irregular.

Aims

The aims of this study are to prepare a comprehensive framework for school health policy as well as depict a meticulous, multi-stakeholder perspective of the school health environment and school health services in the elementary schools of Hyderabad.

Objectives of the Study

1. To study whether the schools of Hyderabad city have healthful school environment.
2. To examine the school health services in the elementary schools of Hyderabad city.
3. To understand perceptions of teachers about school health environment and school health services.
4. To study the perceptions of students about school health environment and school health services.
5. To evolve necessary recommendations for promoting healthful school environment and provision of adequate school health services.

Null Hypotheses

1. There is no significant difference between government and private primary schools with respect to healthful school environment.
2. There is no significant difference between government and private primary schools with respect to school health services and practices.

Research Design

The study followed a quantitative research approach using an explorative and descriptive design. Two quantitative research tools and three qualitative research tools are adopted in order to explore the school health environment and school health services of the primary schools as well as investigate the beliefs and opinions of the teachers as well as the students. The two quantitative research tools are an observation checklist and a close-ended opionnaire. The three qualitative research tools comprise an open-ended opionnaire, focus group discussions and case studies.

Population

The target population for this study constituted teachers and students in elementary schools within the boundaries of Hyderabad city. The study includes two categories of primary schools based on type of management i.e., government primary schools and private primary schools of Hyderabad city.

Rating scale

A rating scale with four or five alternatives was used to measure opinion, reaction, and attitude in relation to the statement given. The Likert scale was used. A four-point scale was applied to all the 10 items in section A of the observation checklist and all the 22 items in section B of the observation checklist. A five-response alternative scale was used for all the 38 items in the close-ended opionnaire which was set as strongly disagree, disagree, not sure/don't know, agree and strongly agree.

Pilot Study

A pilot study was conducted on a sample of people reasonably representative of those whose responses are to be scored. The pilot study attempted to find out the consistency of their responses to the various items, eliminate poor items to establish the reliability of the tool and establish the validity of the tool. The sample for the pilot study included 60 respondents drawn from the primary schools of Hyderabad city.

Measuring Instruments

The final form of the measuring instruments emerged with an observation checklist containing 32 items, a questionnaire containing 36 close-ended items and 13 open-ended questions after determining the validity and the reliability.

Data Processing

A total of 260 completed three-part schedules were received and coded. Each schedule was scrutinised by the researcher to examine the response pattern and identify abnormalities in the completion of the schedules. The statistical program SPSS was used to analyze the data. Descriptive statistics that include frequencies and percentages were used for analysis of data. For the open-ended questions, data were organized under thematic categories and used in the discussions to support results from the close-ended questions.

Null Hypotheses Testing

The F test was applied as a means of analysis of variance (ANOVA) to test the two null hypotheses. The null hypothesis that there is no significant difference between government and private primary schools with respect to healthful school environment is rejected. The null hypothesis that there is no significant difference between government and private primary schools with respect to school health services and practices is accepted.

Major Findings (Elementary Government Schools)

School Health Environment

Green areas are not available in nearly four-fifths of schools. The location is unhealthy in over three-fifths of schools. The boundary wall, building condition, classroom condition, and drinking water are unhealthy in nearly three-fifths of schools. The premises, water for general use, boys' toilet conditions, drainage system, and garbage collection and disposal are unhealthy in over two-thirds of schools. The lunch place, electric supply, classroom fans, and girls' toilet conditions are unhealthy in nearly two-thirds of schools. The classroom light and ventilation, seating furniture for children, blackboard, and classroom lights are unhealthy in over a half of schools. Playground is unhealthy in over two-fifths of schools

Major Findings (Elementary Private Schools)

School Health Environment

Green areas are not available in over two-thirds of schools. Classroom light and ventilation is partially healthy in nearly two-thirds of schools. Electric supply is healthy in over two-fifths of schools. Location, premises, building condition, classroom condition, lunch place, seating furniture for children, blackboard, water for general use, classroom fans, girls toilet conditions, boys toilet conditions, drainage system, garbage collection and disposal are partially healthy in over two-fifths of schools. Drinking water is unhealthy in over two-fifths of schools. Boundary wall, playground is partially healthy in over one-third of schools.

Essential Findings

The private primary schools are moderately better than the government primary schools with respect to healthful school environment in Hyderabad. There is no significant difference between government and private primary schools with respect to school health services and practices in Hyderabad. School health environment is substantially better than school health services and education in both government and private primary schools at Hyderabad. Not a single school health environment indicator is healthy to a substantial extent in the government primary schools at Hyderabad. Except mid-day meals and games/sports, no school health services and education indicator is fully or partially in place to a substantial extent in the government primary schools at Hyderabad. Except classroom natural ventilation and lighting, no school health environment indicator is healthy or partially healthy to a substantial extent in the private primary schools at Hyderabad. Except games/sports, no school health services and education indicator is fully or partially in place to a substantial extent in the private primary schools at Hyderabad.

Suggestions

1. Every school can ensure that its surroundings and premises are kept neat and clean.
2. Tall, well-built boundary wall enclosing an entrance gate can be constructed on all the four flanks.
3. Whitewashing of the entire building can be done every 3 years
4. Repairs and renovation can be taken up promptly to avoid further damage.
5. Ergonomic desks and benches or tables/ chairs can be procured.
6. Interior classrooms lacking natural light and ventilation can be done away with and instead further floors can be constructed with classrooms enjoying natural light and ventilation.

7. A blackboard with appropriate length and breadth can be set up to facilitate strain – free viewing for all students.
8. A wall-cupboard can be provided in every classroom.
9. Where ever space is available, a small garden can be developed, and in small premises, flower or hanging plants can be placed.
10. A playground has to be maintained free of dust, dirt and debris, in schools.
11. Drinking water can be tested once every month at a water testing lab to ensure that it is free of contamination, regardless of the source.
12. Drinking water containers with a tap or a ladle can be placed at two-foot height to prevent it from being contaminated.
13. Storage facility in sumps or tanks can keep sufficient water for other usages.
14. Safe wiring system can be installed throughout the building to prevent short circuits.
15. Cleaning of premises, classrooms and fans can be cleaned frequently to maintain indoor air quality.
16. Every toilet can be cleaned with sufficient water and effective disinfectants on hourly basis during the school hours.
17. Both a closed sewerage pipeline and a storm water hole can be developed for a healthy environment.
18. The school can establish an arrangement with the GHMC to ensure daily disposal of garbage.
19. IEC material available freely can be procured from government departments and healthcare NGOs and displayed at vantage points in the premises.
20. In the parent-teacher association meet, every available parent can be individually sought to discuss about health complications shown by vulnerable children.
21. The headmaster/headmistress can make it a point to make a personal, thorough check of all nooks and corners in the entire premises to adopt at least small, corrective steps wherever necessary.
22. One games/sports period can be kept for every class as part of the daily class's schedule.
23. One hour of simple physical exercise can be kept mandatory for every class every week.
24. Whenever health complications are shown by students during the health checkups, referrals can be done with appropriate doctors/clinics/hospitals.
25. One support staff member can be trained to handle first aid for all cases in the school.
26. Mid day meals can be provided as part of the fee package in every private school to provide balanced, nutritious food to all the students and also prevent the daily hassles associated with arrangement of a lunch box.
27. One all inclusive health camp can be arranged with the aid of a sponsor once every year in the school.
28. Whenever seasonal infections occur, parents of children suffering from infections can be promptly requested not to send their children to school until normalcy is restored.
29. One thematic health education exhibition/fair can be organised by the school with active involvement of the students once every year.
30. Every school can request for free copies of Telugu and Urdu health education manuals and booklets from the state department of health.

Recommendations

1. Every school must appoint a watchman, a gardener and more than one sweeper which will ensure a healthy school environment.
2. Private schools must limit the admission to 30-35 students per classroom for healthful school environment.
3. Primary schools should be accorded recognition, based on criteria inclusive of school health parameters.
4. A national and a state level school health policy should be formulated by school health experts.
5. Basic guidelines meant for a micro-school health action plan should be incorporated in the macro school health policy.
6. Standardised school health record/student health profile formats should be provided for each school apart from prescribing compulsory annual health check-ups.
7. Every school should prepare and enforce an annual school health budget
8. A health counsellor must be engaged to provide detailed health guidance and counselling for an average of 10 hrs/week.
9. A training program on disaster risk reduction can be held for all school personnel every year in order to equip them with skills to plan for and deal with emergencies.
10. A customised, affordable school specific health insurance package must be offered by a public insurance company.

Learning reflections

These researchers have learnt the essentials of school health components, parameters involved in measurement of school health environment and research tool scale preparation. The researchers have also learnt through trial and error, the techniques to elicit articulated responses from teachers as well as from students, from open-ended data collection. It was an eye-opener to note that a combination of willingness and optimal utilisation of available resources are enough on the part of the school to radically upgrade its health environment.

Research Implications

The same study can be replicated easily in secondary and higher secondary schools at Hyderabad and even in elementary schools based in other cities anywhere in India as it is essentially a situational analysis. Researchers can also carry on from this study by undertaking a thorough comparative analysis of government and private primary schools in Hyderabad. Based on this study, researchers can explore the role of school health environment as a driver or shaper of school health services and school health education, especially the links between variables of school health environment and school health education.

Researchers can also look deeper into the corresponding influence of school health environment, school health services and school health education on education. Researchers can obtain insights from this study regarding perceptions of school teachers and students about school health and probe further the unique motivators and needs that account for differences in perceptions between school teachers and students. As an extension to this study, researchers can develop standardised indicators and sub indicators pertaining to school health environment, school health services and school health education so as to make these applicable to all urban, semi-urban and rural schools and then adopt a grading exercise to assess the school health status of every school in the state or nation. Such a uniform assessment and accreditation system,

exclusively dealing with school health, can be utilised to enhance state funds as well as local bodies' resources for those schools showing progress or potential.

Originality-Cum-Value of Study

A series of case studies on deprived, medium and model government and private elementary schools in Hyderabad has offered a lucid view of the peculiar strengths and weaknesses, opportunities and threats related to school health. As the six schools chosen for the case study were carefully selected after checking the representativeness of several schools, each case study can be generalized to a considerable extent. Above all, this study is well focused and analytical. It principally dwells on the practical scenario with a judicious and balanced mix of qualitative and quantitative approaches. What is missing in the numbers is dug out in detail by a rigorous process of observations and opinion-based questioning of respondents. This study would make a good reading for both the lay-man and the researcher alike. The completely unbiased nature of this study also makes it a credible research exercise.

Limitations of the Study

This study is limited exclusively to the primary schools and does not extend to high schools. This study could not enquire into health status of the students. In-depth research was not done on the health education component though it has a distinct status in the school health triumvirate.

Conclusion

There is more number of children in schools than ever before. It becomes a paramount responsibility on the part of the primary schools, especially the private ones to focus on school health environment and school health services and to invest well on these bearers of the future, keeping in view the role of child development in the overall development of the nation. The Sarva Shiksha Abhiyan (SSA) cannot attain its goal of universalization of primary education, if sufficient attention is not paid to the inextricable and invisible links between school health and education; in the absence of which the huge investments on primary education will be rendered futile. So, efforts from all quarters must be made to ensure that school health occupies a centre-stage in the hierarchy of school education system.

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