

Original Article

A COMPARATIVE STUDY OF BASIC HEALTH SERVICES PROVIDED IN GOVERNMENT AND PRIVATE SCHOOLS OF BHOPAL CITY

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ABSTRACT

Background & Objectives: School health services play an important role to address the health needs of children. It ensures good current and future health and improves educational outcomes by increasing enrolment. But these are one of the most neglected services due to lack of awareness. A comparative study of basic health services provided in schools was conducted to find out the attitude of teachers in providing these services and imparting health education.

Material and methods: A cross sectional observational study was carried out in 5 government schools and 5 private schools in Bhopal city.

Results: None of the schools had a medical officer. Health of children was assessed at the time of admission in only 20% of the schools. Periodic health checkups were done in 80% government schools and 100% of private schools. Health record was maintained in 60% government and 40% private schools. Deficiencies were also noted in availability of nutritious food in school premises, per capita classroom space, student teacher ratio, lavatories and safe drinking water. Health education as a subject was included in only 1 private school.

Conclusion: Most of the schools are lacking in services related to health of children and there is dire need to improve the condition in both government and private sector.

Keywords: school health service, government, private, teachers.

INTRODUCTION

The health status of children is an indicator of health status of population of a country. The School health programme is the only public sector programme specifically focused on school age children. It increases the efficacy of other investments in child development, ensures good health, better educational outcomes and is provided in a cost effective manner¹.

School health programmes consist of school health services, school environment and health education. The school health services comprise immunization, screening, counselling, etc. The school environment includes the school building and its environs, class rooms, lighting, etc. The most important component, as a measure for health promotion in the truest sense is school health education².

Due to limited resources it is important to utilize all available resources for implementation of school health programmes in a cost-effective manner best being school teachers³. Though these services have been provided since long, the level of care provided varies

widely among schools, especially a different perspective being taken by public and private schools.

The present study was undertaken to find out basic health services provided in schools with comparison between public and private schools and also tries to find out the attitude of teachers in providing these services and imparting health education.

MATERIAL AND METHODS

A cross sectional observational study with comparison of services among public and private sector schools was done.

The study was carried out in 5 government schools and 5 private schools in Bhopal city. Five teachers each from five private and five government schools were selected making a total of 50 teachers.

A ward-wise list of private and government high schools of Bhopal was made and five private and five government schools were randomly selected. From each of these schools 5 teachers were randomly se-

lected. Purposive samples were taken for study i.e.; 25 teachers each from government and private schools.

The study was carried out by direct observation of healthful school environment, by interviewing the school principal and through pre-formatted, pre-tested questionnaire given to teachers.

Permission was obtained from school principals after explaining the objectives of the study. The principals were interviewed about health services provided in the schools such as health officer, health examination of staff and students, first aid facility, referral service, vaccination, nutritional facilities and health record maintenance. Healthful school environment was observed under the following headings - location, site and structure, playground, per capita class room space, student- teacher ratio, ventilation and lighting, water supply and sanitation. Five randomly selected teachers were interviewed after gaining their confidence through the pre-tested questionnaire. The data was organized and results tabulated using MS excel. The Chi square test was used to see significance of difference between teachers of government and private schools wherever necessary. The Fisher's exact test was used for this purpose where any of the table values were less than 5.

RESULTS

None of the schools had a medical officer. All the government schools take a medical fitness certificate from teachers, while no such provision in private schools.

Health of children was assessed at the time of admission in only 20% of the schools. Periodic health checkups were done in 80% government schools and 100% of private schools. Sick room was maintained in 40% government schools and 60% of private schools. Arrangements for priority based treatment of students in hospitals were done by 40% government and 60% private schools. Immunization status of children is confirmed by 40% government and 20% of private schools. Only one government school and all private schools have held immunization camps for hepatitis B. Proper health records of students are maintained by 60% government and 40% private schools (Table 1).

Table 1: Basic health services provided in government and private schools

Health service	Government schools(n=5)	Private schools(n=5)
Medical Officer	0 (0)	0 (0)
Health examination of staff	5 (100)	0 (0)
Health examination at admission	1 (20)	1 (20)
Periodic health checkup	4 (80)	5 (100)
Sick room present	2 (40)	3 (60)
Hospitalization facility	2 (40)	1 (20)
Checking vaccination	2 (40)	1 (20)
Hepatitis B vaccination	1 (20)	5 (100)
Health record maintenance	3 (60)	2 (40)

Figures in parenthesis indicate percentage

Table 2: Healthful school environment in government and private schools

Environmental factors	Government schools (n=5)	Private schools (n=5)
Adequate Location and site	2 (40)	3 (60)
Playground	3 (60)	4 (80)
Per capita classroom space	2 (40)	2 (40)
Student-teacher ratio	2 (40)	4 (80)
Ventilation	2 (40)	2 (40)
Light	4 (80)	2 (40)
Water	3 (60)	4 (80)
Lavatories	1 (20)	2 (40)
Provision of sports, etc.	5 (100)	2 (40)
Health education as subject	0 (0)	1 (20)

Figures in parenthesis indicate percentage

Schools located at appropriate site include 40% government and 60% private schools. Playground is present in 60% government and 80% private schools. Only 40% of government and 40% of private schools have sufficient per capita space in the class. Appropriate student-teacher ratio was found in 40% government and 40% private schools. Adequate cross ventilation is present in 40% government and 40% private schools. Adequate natural lighting in classrooms was found in 80% government but only 40% private schools.

Facility of safe drinking water is present in 80% of both government and private schools. Only 20% of government and 40% of private schools have sufficient lavatories as per norms. All the government schools and only 40% of private schools have adequate provision for sports and co-curricular activities. Health education as a separate subject is imparted in only one private and none of the government schools (Table 2).

On the study of knowledge and attitude of teachers and the personal attention they give to students physical and mental health, it was found that only 43.6 % of the teachers were aware of their responsibilities in government schools. The picture was better in private schools with 58.4 % of teachers showing requisite aptitude for student's health. Majority of the teachers in government schools (84%) and private schools (68%) have not received any health training. In government school 88% teachers and in private schools 92% teachers have the skill to provide first aid in injuries, whereas 52% of the private and 16% of government school teachers can provide first aid in stomach ache for which the difference was found to be statistically significant (Chi square test) (Table 3).

Among government school teachers 72% and among private school teachers 92% pay attention to clean dress of students. Nails and hair of students are checked by 56 % and 40% teachers in government and 80% for both by private school teachers respectively of which the observed statistical difference was significant for observation of hair.(Table 4).

Table 3: Ability of teachers of government and private schools to provide first aid in common ailments

Aspect covered	No. of teachers (%)		P value*
	Government Schools	Private schools	
Injuries	22 (88)	23 (92)	0.637
Diarrhoea	7 (28)	6 (24)	0.747
Stomach ache	4 (16)	13 (52)	0.016†
Fainting	6 (24)	9 (36)	0.354
Seizures	0 (0)	2 (8)	0.489†

* Significant at 5% (p < 0.05) level using Chi square test
 † Significant at 5% (p < 0.05) level using Fisher's exact test

Table 4: Common personal hygiene indicators routinely observed by teachers in government and private schools

Aspect covered	No. of teachers (%)		p value*
	Government Schools	Private schools	
Nails	14 (56)	20 (80)	0.257
Hair	10 (40)	20 (80)	0.004
Clean dress	18 (72)	23 (92)	0.066
Posture	5 (20)	10 (40)	0.123

* Significant at 5% (p < 0.05) level using Chi square test

Table 5: Attention given to common adolescent problems by teachers of government and private schools

Aspect covered	No. of teachers (%)		P value*
	Government Schools	Private schools	
Academic difficulties	17 (68)	14 (56)	0.382
Peer pressure	2 (8)	11 (44)	0.008†
Family atmosphere	13 (52)	15 (60)	0.568
Rebellious nature	2 (8)	14 (56)	0.0006†
Economic inferiority	4 (16)	4 (16)	1.000†
Sexuality	4 (16)	3 (12)	1.000†

* Significant at 5% (p < 0.05) level using Chi square test
 † Significant at 5% (p < 0.05) level using Fisher's exact test

Health education classes are held by 28 % government and 40% private school teachers. Booklets and pamphlets are distributed in 12% government and 24% private schools teachers. Health talks (44% in government and 72% in private schools) are the major mode of imparting health education as compared to lectures (32% government and 20% private). The topics covered under health education include healthy habits (government 56% and private 68%), personal hygiene (government 36% and private 72%), environmental sanitation (government 40% and private 48%), posture (government 4% and private 16%) and nutrition (government 32% and private 44%).

Academic difficulties are given importance by 68% government and 56% private school teachers (Table 5). This is followed by family atmosphere related troubles. Rebellious nature receives attention from 56% private school teachers and only 4% government school teachers and the difference is statistically significant. Peer pressure, economic inferiority and sexuali-

ty received comparatively less attention in all the schools.

DISCUSSION

This study has brought forth certain facts which have justified existing beliefs about private and government schools. However certain ideas can be labeled as mere myths.

The most striking fact emerging is the universal absence of medical officer in all the schools. This has been stated as a major requirement by the school health committee. A most remarkable difference was seen in the attitude of government and private school managements regarding the health status of children. Periodic examination is done in almost all schools but examination at time of admission is practically unheard of and practiced in only one each of the government and private schools. In a study by V. Bhatia et al in Chandigarh city it was noticed that 65% of schools were having facility for referring sick children to Govt. health centers and 16% to private clinics and 65% of teacher in charge were not sure of taking appropriate action or decision ⁴.

Presence of sick rooms or hospitalization facility was found to be one of the victims of sheer neglect in majority of the schools. Also there seems to be an absolute lack of attention pertaining to the immunization status of the children. Every private school has conducted mass immunization campaign for hepatitis B. Only one government school had done so. The lagging behind of other government schools can be attributed to the lower socioeconomic strata to which most students of government schools belong. Though health records maintenance is done there is deplorably casual approach to the same in majority of the schools. Another feature to catch attention is the lack of concern regarding availability of nutritious food for growing age group, to be consistent throughout the study group.

Location, site and structure are something which is one of the most basic requirements for a healthy environment in this field. In this field the government schools were lagging behind. Although playground space was adequate in most schools, the classrooms were generally found to be overcrowded without adequate per capita space but private schools have a much better student-teacher ratio. A proper concern was not given during construction phase to ensure adequate ventilation and light. This problem is more so prevalent in private schools in a bid to have greater number of classes in less area. As far as availability of safe water supply was concerned, it was provided in all private schools. With no need to emphasize the need for sufficient and clean lavatories, one can still find the schools to be in a highly dissatisfactory state as far as this issue is concerned, falling below the recommended standards.

As regards the relaxation from the school study routine, provision for co-curricular activities, games and sports is present in all government schools while private schools were found to focus mainly on studies with frequent encroachment on this time.

Apart from these aspects there was found to be a significant difference between the teachers of the same school regarding knowledge of school health services. In a similar study by Dhanamma R. in Raichur city it was seen that the knowledge regarding health problems among the sample of teachers more than half had poor knowledge (51%) and more than one third of the sample had average knowledge (34%) and only 15% had high knowledge⁵. It clearly points that school health services is a field that needs due attention and improvement and has been sadly ignored. In a study among school teachers in Mysore city by Sunil Kumar D. et al it was found that out of 262 school teachers, 255 (97.3%) had ever heard of a terminology first aid. Among those who had heard of first aid 201 (78.8%) had replied that first aid has to be given in case of wounds whereas only 77 (30.2%) were aware that even fainting needs first aid care⁶.

The poor state in these terms is a matter of utmost concern and paying attention when most needed is most likely to take the problem from the root cause and eliminating the 'nutrient media' where poor health strives to find a home. In a morbidity survey in school children by Kakkar R. et al in Dehradun city it was found and recommended that school dropout, high morbidities, low awareness about personal hygiene were the key areas of concern which could be tackled by active involvement of school teachers, bringing about improvement in personal hygiene of school children and reduction in related morbidities⁷.

Health education in schools is lacking as found in this study and there is need to standardize the topics covered and methods of teaching used to impart this to the students. In a health education intervention study done by Padhyegurjar Mansi S et al in Mumbai regarding knowledge of reproductive health it was seen that base line knowledge regarding all the aspects of reproductive health was lower than the knowledge that was tested immediately after the intervention. This raise of knowledge was maintained throughout the year ($p < 0.01$). Health education sessions are very ef-

fective in increasing knowledge⁸. Thus health education may play an important role as part of school health services if properly implemented.

CONCLUSION

School health services foster the growth, health, development and education of students by promoting their health and well-being. The final shape that a student takes under the supervision and guidance of the school as well as parents is very important. Such an important duty was observed and majority of the schools failed miserably as far as this was concerned. It is of utmost importance to improve the health services in school, for which surely a lot of scope exists. It can be attained by combined efforts of community, school and parents relentlessly over a period of time.

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