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Research Article

## SCHOOL HEALTH SERVICES STATUS AND AWARENESS IN SCHOOL TEACHERS IN GOVERNMENT AND PRIVATE PRIMARY SCHOOLS

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**Abstract:**

**Objectives:**

1. To assess the awareness of school health services amongst the primary school teachers of Government and Private sector schools in Rawalpindi.
2. To assess the level of school health services being provided in the primary schools in both government and private sectors

**Methods:** The present cross-sectional study was carried out in 2 government schools and 2 private schools in Rawalpindi. Relevant data was collected from a total of 88 different teachers through a questionnaire. Compilation and analysis of the data was done. Results were compared with similar studies in the literature and a conclusion was drawn. The data after collection and assembling is analyzed by SPSS 16.0. The result and discussion were made on this analysis.

**Result:** In this study, from the data that was collected, it showed that 5.7% of government school teachers and 38.6% of private school teachers were aware of the term school health services. Majority of the government school teacher's professional qualifications were only up to Secondary school (11.4%). On the other hand, majority of the private school teachers had done their Post graduate in their respective fields (52.3%). School dispensary was not available in both government and private schools. Inspection of personal hygiene was done regularly (98.9%) in the schools. Over all, the private schools were providing better school health services than government schools.

**Conclusion:** Overall, only 44.3% of teachers were aware of the term school health services. Both government and private schools lacked some basic facilities and other facilities that they

had were satisfactory. Yet, private schools were better in all aspects as compared to government schools. The reason for this could be because the private schools' teachers were more educated and there was more awareness amongst them.

**Key words:** School health services, Health education, School Health Policies and Programs (SHIPPS).

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**INTRODUCTION:**

School health service is a branch of preventive medicine which deals with the curative, preventive and promotive aspects of health in school setting. These services have been developed in different ways around the globe but the fundamentals are constant. The fundamental aim is prevention, early detection and correction of disease. The School Health Policies and Programs Study (SHPPS) have described school health services as “coordinates system that ensures a continuum of care from school to home to community health care provider and back”.<sup>1</sup>

The most important element of school health services is Health Education. Health education is any combination of learning experiences designed to help individuals and communities to improve their health, by increasing their knowledge or influencing their attitudes. Health education builds students' knowledge, skills, and positive attitudes about health. Health education teaches about physical, mental, emotional and social health. It motivates students to improve and maintain their health, prevent disease, and reduce risky behaviours.<sup>2</sup> Health education in schools is the task of a school teacher. The use of teachers in school health education holds many advantages like continuity in instructions being given, integration of general health with other activities, as well as low costs associated with programs which are using school teachers as their voice.<sup>3</sup>

Our research aims at assessing the knowledge, of the public and private school teachers' in Rawalpindi, related to the school health services. This research will give us an idea about the overall status of the school health services on factual grounds. Moreover, it will help us compare and contrast the two different systems of schools functional in Pakistan in terms of efficiency with which they are implementing the school health services. Furthermore hopefully, we will be able to present some logical solutions for the deficiencies which we experience are prevailing in this arena. Major objectives of school health services can be summarized as follow<sup>4</sup>

1. Promotion of positive health.
2. Prevention of diseases especially communicable & vaccine preventable.
3. Early diagnosis, treatment and follow-up of illnesses.<sup>5</sup>
4. Awakening health consciousness in children.
5. Provision of a healthy environment.<sup>6</sup>

The components of a school health service are manifold. They vary with the local circumstances and importantly the financial and economic status of the country. However, the key components of any school

health services program revolve around the following components

1. Health appraisal of school children and school personnel.
2. Medical Inspection of children with a view to find out any defects and their follow up.
3. Detection of defects through hospitals and institutions including nutritional, visual defects etc.
4. Remedial measures and follow up.<sup>3</sup>
5. Treatment of minor ailments like common cold, sore eyes, earache, minor injuries etc.
6. Control of communicable diseases by periodical immunization.<sup>7</sup>
7. Education of handicapped children
8. Parent-Teacher's meeting are well organized associations and should be held frequently to promote close relation between the school authorities and the parents.
9. Training of teachers is also an important factor in a programme of school health service. School teacher is an important person to be associated with the education of the pupils and also an active participant in School health service.<sup>8</sup>
10. First Aid Emergency care
11. Proper maintenance and use of school health records

The School Health services in Pakistan may be said to be of recent origin. They are still very much in the developmental phase. Many schools especially the public schools located in the backward areas are not even familiar with this term. For them it is an alien concept. In contrast in some areas school health services are being provided at their highest possible level. but unfortunately, there is a dearth of such institutions.<sup>9,10</sup> In Pakistan, School Health Services was a part of the government health infrastructure since 1952 but in actuality it is still non-existent. The Sindh government rolled back its school health programme in 2006 because it was not achieving its objectives due to the presence of ghost doctors. UNICEF funded school health services with full time school clinics were also started in all the provinces. Each School Medical Officer was placed in charge of 3,000 to 5,000 school children and was provided with a school clinic in one of the schools. Several other programmes in collaboration with UNESCO and Melinda and Bill Gates foundation has been initiated but their full impact is yet to be seen.<sup>11</sup>

School Health Services in the private sector has evolved in the last two decades. Non-governmental Organizations have played a key role in implementing this programme in private schools. Schools which opt for these services understand the importance of school health.<sup>9</sup> The information shared by the non-

governmental organizations are an eye opener and if properly utilized can pave the way for a number of interventions related to Public Health . It is unfortunate that the strategic role of school health services in promoting and protecting health not only for the children but for the community as a whole is still to be recognized in Pakistan.<sup>10</sup>

The most important element of school health services is Health Education.<sup>11-13</sup> Health education is any combination of learning experiences designed to help individuals and communities to improve their health, by increasing their knowledge or influencing their attitudes. Health education in schools is the task of a school teacher.<sup>14,15</sup>

By WHO's definition health is understood not merely as freedom from disease, but as a state of complete physical, mental, and social well-being . This gives us the concept that just like an environment, the health is created by people themselves, There is likewise a need to create an environment in the educational institutions where students can learn to live a healthy and productive life .<sup>16-17</sup> For the creation of a proper healthy environment in which the students can learn the basics about their own health , the role of teachers is undoubtedly very important.<sup>17</sup>

The better a teacher is trained in and understands about the various components of School Health Services, the better he/she will be enabled to performed his/her role.

### MATERIALS AND METHODS:

**Study design:** Descriptive cross-sectional study.

**Settings:** Private primary schools and government primary schools , Rawalpindi.

**Study population:** Private and government primary school teachers in Rawalpindi.  
from 10-10-2018 to 11-12-2018.

**Sampling technique:** Non-probability convenient sampling.

**Sample size:** 88.

**Data collection tool:** A structured questionnaire was developed including all the independent and dependant variables of interest . The questionnaire was pre-tested twice before adopting a final version. Data was collected using a questionnaire along with a checklist.

Informed consent was taken from all the subjects.

### Data analysis:

- 1) The complete questionnaire was entered into the computer using SPSS version 16.0
- 2) Data was described in terms of frequencies and percentages for categorical variables
- 3) Continuous variables were described in terms of mean  $\pm$ SD

### RESULTS:

Table no :1 shows the professional qualification of the teachers of both government and private schools. Majority of the teachers of government school (10 out of 27 teachers) have secondary level of education while majority of the teachers of private sector have post graduate level of qualification (46 out of 61) . Overall , the teachers of private sector have a much higher level of professional qualification than the teachers of government schools.

**Table no : 1 Professional qualification of teachers**

			Category of school		Total
			government	private	
Professional qualification	Secondary	Count	10	0	10
		% of Total	11.4%	.0%	11.4%
	Higher secondary	Count	5	1	6
		% of Total	5.7%	1.1%	6.8%
	Graduate	Count	7	14	21
		% of Total	8.0%	15.9%	23.9%
	Post graduate	Count	5	46	51
		% of Total	5.7%	52.3%	58.0%
Total	Count	27	61	88	
	% of Total	30.7%	69.3%	100.0%	

Table :2 shows the awareness of the teachers of both government and private schools about the term School Health Services . It was found that 5 out of 27 teachers of Government schools were aware of this term , In contrast 34 out of 61 teachers of the private schools were aware of this term. Overall , awareness about the term school health services is much higher in the private school teachers .

**Table no: 2 Awareness of the term school health services**

			Category of school		Total
			government	private	
Are you aware of the term school health services	yes	Count	5	34	39
		% of Total	5.7%	38.6%	44.3%
	no	Count	22	27	49
		% of Total	25.0%	30.7%	55.7%
Total	Count	27	61	88	
	% of Total	30.7%	69.3%	100.0%	

Table no.3 shows the sanitation level of washrooms in the government and private schools .23 out of 27 washrooms had a poor level of sanitation in the government schools . All the washrooms in the private schools had a uniform satisfactory level of sanitation. Overall , the sanitation level was much better in the private schools as compared to the Government schools .

**Table no : 3 Sanitation level of washrooms**

			Category of school		Total
			government	private	
Sanitation level of washrooms	Not available	Count	4	0	4
		% of Total	4.5%	.0%	4.5%
	Satisfactory	Count	0	61	61
		% of Total	.0%	69.3%	69.3%
	Poor	Count	23	0	23
		% of Total	26.1%	.0%	26.1%
Total	Count	27	61	88	
	% of Total	30.7%	69.3%	100.0%	

Table no. 6 shows the sanitation level of canteens in both Government and Private schools. For all of the Government schools, this category was not applicable because they did not have the availability of a canteen. Private schools on the other hand did have canteens but the sanitation level for all of them was satisfactory.

**Table No 6: Sanitation Level of Canteens**

			Category of school		Total
			government	private	
sanitation level of canteen	Satisfactory	Count	0	61	61
		% of Total	.0%	69.3%	69.3%
	Not applicable	Count	27	0	27
		% of Total	30.7%	.0%	30.7%
Total		Count	27	61	88
		% of Total	30.7%	69.3%	100.0%

Table no. 4 shows that  $\frac{3}{4}$ th of the schools included in our study did not have an available school dispensary. This included All of the Government schools which were included in our study. Only one of the schools studied had a self run dispensary which was a private school. These figures seem alarming but can be attributed to the fact that most of these schools studied were in close vicinity of either a primary or tertiary health care facility.

**Table no: 4 Availability of School Dispensary**

			Category of school		Total
			government	private	
school dispensary?	not available	Count	27	41	68
		% of Total	30.7%	46.6%	77.3%
	Private	Count	0	20	20
		% of Total	.0%	22.7%	22.7%
Total		Count	27	61	88
		% of Total	30.7%	69.3%	100.0%

Table no. 5 shows that almost all the teachers (98.9%) of both the Government and private schools confirm the fact that the children are inspected after their morning assemblies for personal hygiene. Both the government and private schools perform this practice regularly and equally.

**Table no: 5 Inspection of children for personal hygiene schools after morning assembly**

			Category of school		Total
			government	Private	
Are the children inspected for personal hygiene in your school after morning assembly?	yes	Count	27	60	87
		% of Total	30.7%	68.2%	98.9%
	no	Count	0	1	1
		% of Total	.0%	1.1%	1.1%
Total		Count	27	61	88
		% of Total	30.7%	69.3%	100.0%

This figure shows type of school government or private in which the teachers involved in our study are rendering their services.

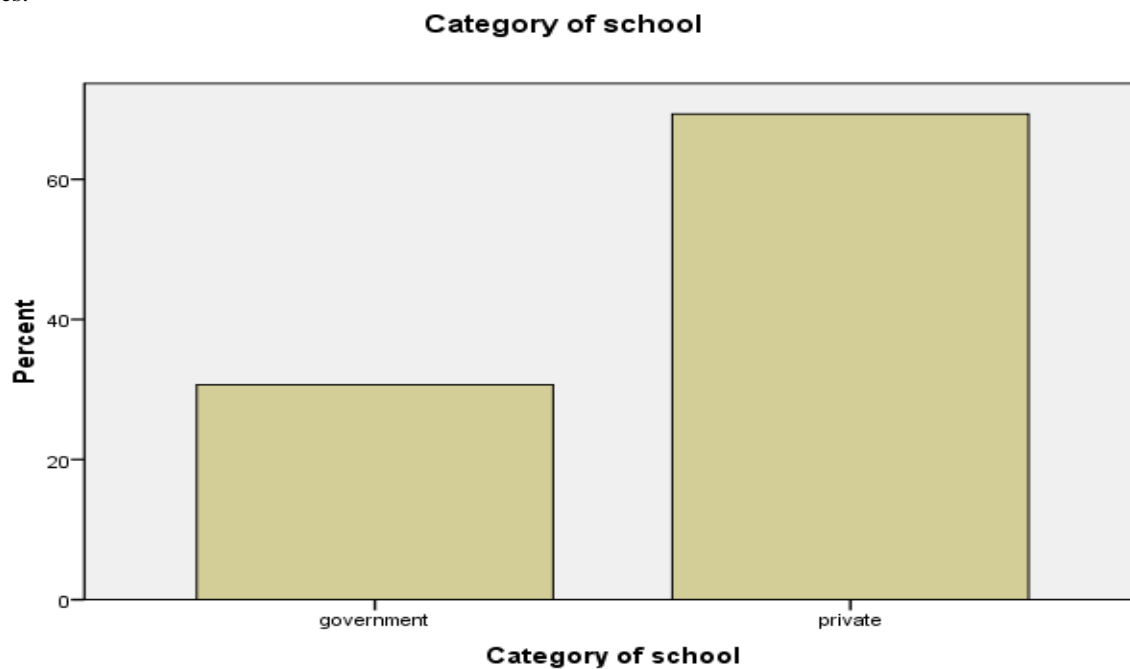


Figure no: 1 Category of School

This figure shows the ventilation of classrooms in both Private and Government schools. About 25 % of the classrooms have good ventilation and 6 % class rooms have poor ventilation. But majority of the classrooms (about 69 %) have adequate ventilation.

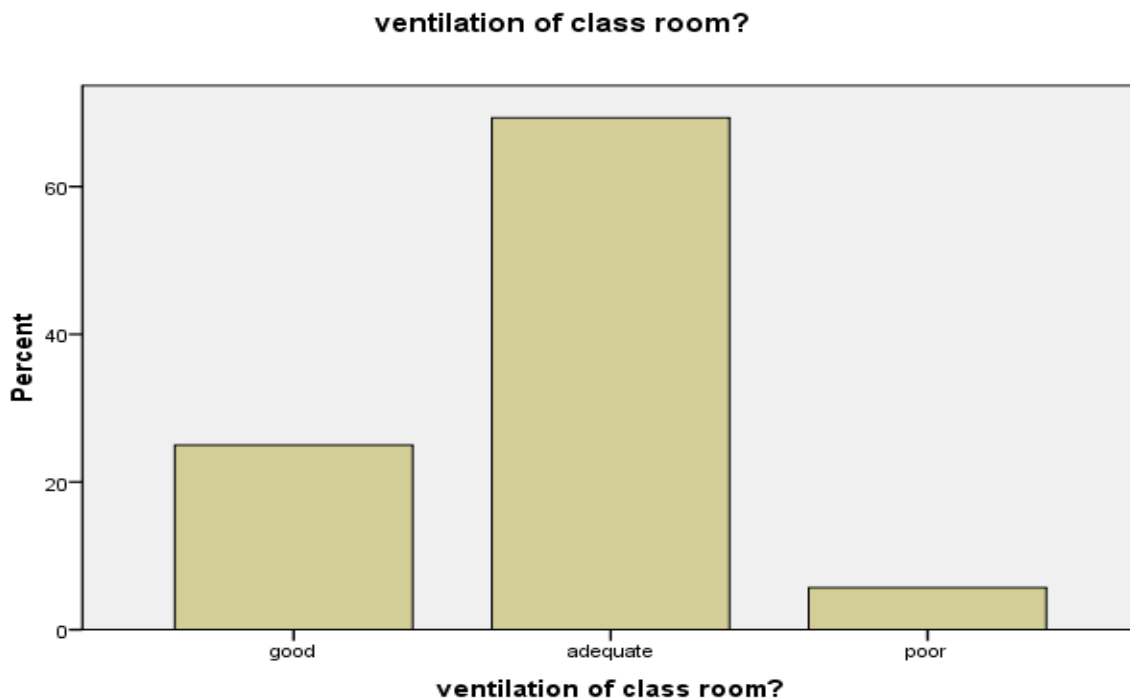
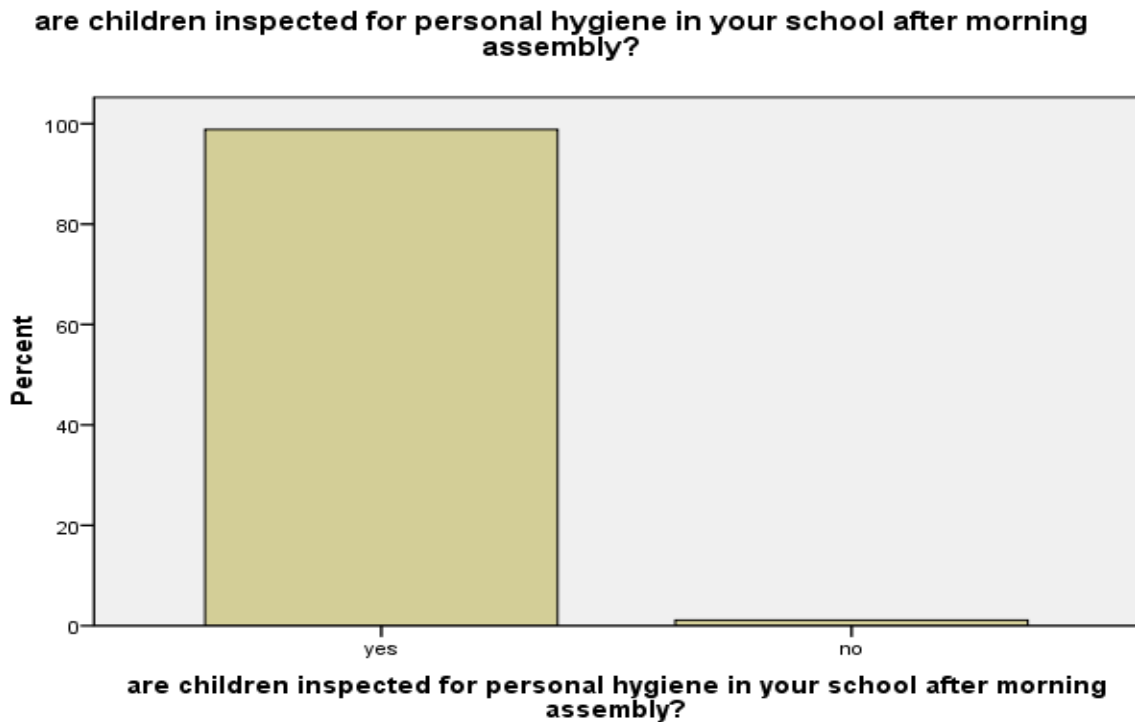


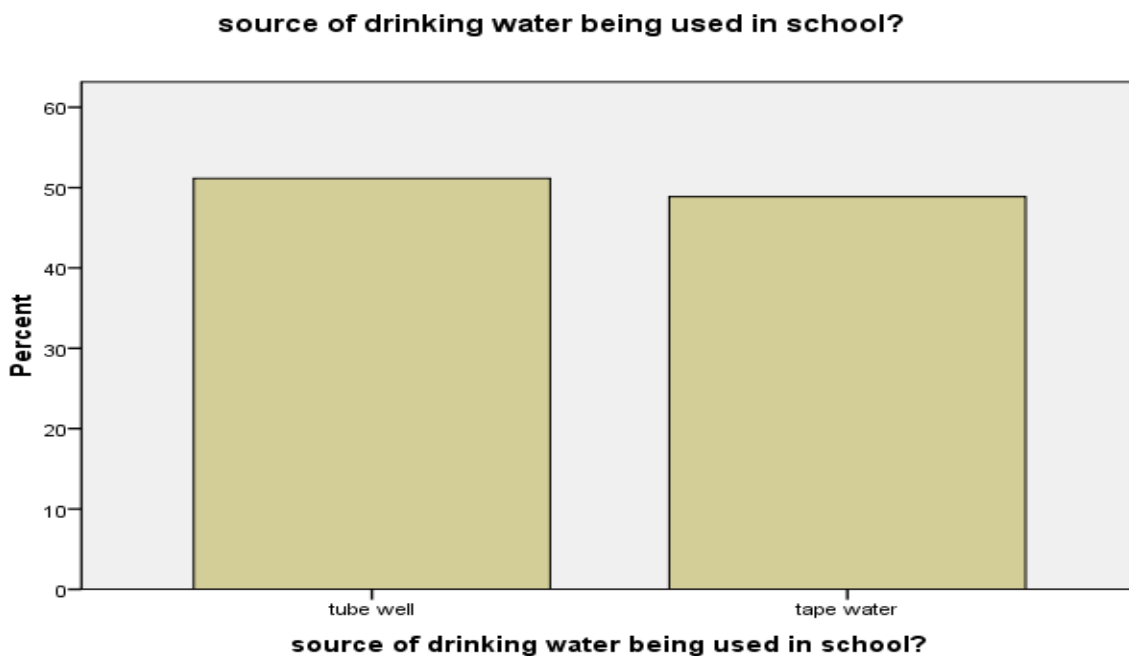
Figure no : 2 Ventilation of Classrooms

This figure shows whether children are inspected for personal hygiene after the morning assembly in both Private and Government schools. About 98% of staff members said yes, they do assess for personal hygiene and 2% said they do not.



**Figure no 3: Inspection of personal hygiene after morning assembly**

The figure shows that about 50% of the teachers in the study answered that in their schools water from a Tube well was used for drinking purposes. While an approximately equal percentage said that normal Tap water was used as the drinking supply. This figure contains both the government and private schools.



**Figure no : 5 Source of drinking water****DISCUSSION:**

In order to assess the level of school health services being provided in the government and private schools and the awareness about these services amongst teachers at the primary school level, we conducted a study in both government and private schools in Rawalpindi. Data was collected from a sample of 88 teachers from 2 government and 2 private schools. When asked by the teachers if they were aware of the term school health services, 5.7% of Government school teachers said they were aware of the term. On the other hand, 38.6% of Private school teachers said they were aware. Our study showed that in the schools we visited, the total no of washrooms and their sanitary conditions varied dramatically. The washrooms in the private sector schools was comparatively well maintained, in contrast the washrooms in the government schools were either not present or had a poor level of sanitation. Similarly, there was a definite source of drinking water in all the schools but the nature and degree of cleanliness of the water were unknown to the teachers. A similar research was done by the Ministry of education (curricular wing) along with UNESCO showed that 56% of schools in Pakistan were without latrines and 61% without water.<sup>19</sup> This goes to show that emphasis needs to be placed on these issues so that good washroom facilities as well as a clean source of healthy drinking water can be provided to each and every school going child across Pakistan.

We faced a lot of problems in our study for many reasons. Firstly, there was no other such related study about the school health services of government and private sectors. Therefore, we couldn't compare and contrast our study to the fullest. Additionally, limitation was that our study was done on a small scale which could have possibly led to a source of bias. Overall, from our study and the other studies that we have reviewed, the results show that major action needs to be implemented by the appropriate authorities in order to improve the level of awareness and degree of health care services provided in primary schools in both private and government sectors.

**CONCLUSIONS:**

Our research objective was to find out the level of awareness about school health services amongst primary school teachers of both government and private sectors in Rawalpindi and to assess the level of school health services being provided in the respective schools. The overall level of awareness about school health services was about 44.3%. After compiling all the data we came to the conclusion that the awareness of teachers and the level of school health services

provided were better in the private schools as compared to the government schools. Having stated this, we admit that even the private schools (although better than government schools) failed to meet the international standards. Children being the future of the nation must be given their due share of health care services so they can contribute towards a healthy and prosperous nation. The concerned health authorities in Pakistan have to make substantial efforts related to the provision of school health services to bring improvement in the otherwise demoralizing state of the health care services in the primary schools.

**RECOMMENDATIONS**

- Government in collaboration with the local health authorities should carry out regular surveys for assessing the school health services.
- Special days should be organized to encourage healthy habits amongst the young students.
- Campaigns and programs aiming at health education of students by joint collaboration of government, school organizations and teachers should be held at regular intervals in the schools for effective implementation of school health services.

**REFERENCES:**

1. Park JE, Park K. Textbook of preventive and social medicine. 21st ed. Premnagar: Bhanot; 2013.
2. Pommier J, Jourdan D, Berger D, Vandoorne C, Pioecka B, De Carvalho GS. School health promotion: organisation of services and roles of healthcare professional in seven European countries. *Eur J Public Health* 2009;20:182–8.
3. Floyd WF, Ward JS. Anatomical and physiological principles in chair and table design *Ergonomics*. 22nd ed. 2012
4. Ilyas M. Public Health and Community Medicine. 7<sup>th</sup> ed. Karachi: Time Medical Division: 2008
5. Inman DD, Bakergem KM, LaRosa AC, Garr DR. Evidence based health promotion programs for schools and communities. *Am J Prev Med* 2011;40:207–19
6. Nayar S, Singh D, Rao N. Primary School teacher as a primary health worker. *Indian J Pediatr* 2010;77:87-90
7. Bendix T. Seated trunk posture at various seat inclinations, seat heights and table heights *Human Factors*. 26th ed. 2010



8. Michaud P. Prevention and health promotion in school and community settings: a commentary on the international perspective. *J Adolesc Health* 2003;33:219–25
9. Pakistan Institute of Development Economics: Healthcare services and government spending in Pakistan. Islamabad: [online] [cited 2015 April 25 ]. Available from: [http://www.pide.org.pk/pdf/Working\\_Paper/WorkingPaper-32.pdf](http://www.pide.org.pk/pdf/Working_Paper/WorkingPaper-32.pdf)
10. Ronis KA, Nishtar S. Community health promotion in Pakistan: a policy development perspective. *Promotion and Education* 2007;14(2):98–9.
11. Ahmad F, Danish SH. School health services – a neglected sphere of influence in Pakistan. *J Pak Med Assoc* 2013 ; 63 : 948-52.
12. Lear JG, Gleicher HB, St. Germaine A, Porter PJ. Reorganizing Health Care for Adolescents: The Experience of the School-based Adolescent Health Care Program, *J Adolesc Health* 2011;32:450-8
13. Stones S , Anyon Y , Shields J . The relationship between use of school health centres and student reported school assets. *J Adolesc Health* 2013;4:526-32
14. McCormick LK, Steckler AB, McLorey KR. Diffusion of innovation in schools: A study of adoption and implementation of school based prevention curricula. *Am J Health Promot* 2010;24:210-9
15. Michaud P. Prevention and health promotion in school and community settings: a commentary on the international perspective. *J Adolesc Health* 2003;33:219–25
16. Pommier J, Jourdan D, Berger D, Vandoorne C, Pioecka B, De Carvalho GS. School health promotion: organisation of services and roles of healthcare professional in seven European countries. *Eur J Public Health* 2009;20:182–8
17. John ML. A dictionary of epidemiology. *Prev Med* 2001;4:161-3.
18. Lear JG. Building a Health/Education Partnership: The role of school-based health center. *Pediatric Nurs* 1992; 18(2):172-3.
19. Juszczak L, Fisher M, Lear J, Friedman S. Back to School: Training Opportunities in School-Based Health Centers, *Dev and Behavioral Pediatrics* 1995; 16(2): 101-4.