CHAPTER -9

STATUS OF SCHOOL HEALTH PROGRAMMES

I) Importance

II) Health Problems of the School Child

III) Objective of School Health Service

IV) Aspects of School Health Service

V) School Health Administration
SCHOOL HEALTH PROGRAMME

"School health is an important branch of community health. According to modern concepts, school health service is an economical and powerful means of raising community health, and more importantly, of future generations. The school health service is a personal health service. It has developed during the past 70 years from the narrower concept of medical examination of children to the present day broader concept of comprehensive care of the health and well-being of children throughout the school years."¹

The beginning of School Health Services in India dates back to 1909, when for the first time medical examination of school children was carried out in Baroda city. The Bhore Committee (1946)² reported that School Health Services were practically non-existent in India, and where they existed, they were in an under developed state. In 1953, the Secondary Education Committee emphasized the need for medical examination of pupils and school feeding programmes. In 1960, the Government of India constituted a School Health Committee to assess the standards of health and nutrition of school children and suggest ways and means to improve them. The Committee submitted its report in 1961, which contains many useful recommendations."³

The teachers at all schools have received medical check-up of themselves. School Health education, an important aspect of the programme, is reflected in teacher’s training. Health education materials are also being supplied to the schools. Parent - teacher associations are being set up. Incorporation of health education in the curriculum for teacher’s training is under progress."⁴

² Govt Of India (1946): Report Of The Health Survey & Development Committee Govt. India Press- Simla, p. 336.
Attention to health is central to the objectives of general education. Children need good health for effective learning. Learning about health during the early growing years influences health attitudes and behaviours and thus enable them to become more responsible parents and productive members of the society. Health education is an important component of health programmes for the school children and promotes physical, emotional intellectual and social development.

Prof. Suchart Samprayoon, in her paper states that school education provides an opportunity of learning about good health for all students so as to promote knowledge, attitude and behavioural changes that will bring good health subsequently. A comprehensive school health programme consist of three major activities viz providing healthful environment in school, providing health services and health education. The author also draws a similar parallel line for primary health care and community health education. School health education and primary health care are both supplementary and complimentary. They differ only in time and place of happening and target population. There is mutual interaction and support. The author then discusses in some depth as to how school education can help to develop primary health care, a national priority.”

Dr. Mrs. Sharma “stresses the urgent need to provide to all children information and practical instruction and access to health care through improved nutrition clean environment, sanitation, prevention of communicable diseases and minor medical care. Health education of the child at home / school cannot be isolation as a discipline per- se, it is part of a total development programme involving multidisciplinary approach”. The author further states, “that the child begins its early life at home and later at school; health practices adopted by the child tends to follow traditional concepts and

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5 Prof. Suchart Somprayoon (1986): Health Education & Primary Health Care Development In Thailand.
culture of the parents and community to which they belong. Health education will therefore have to be provided to the community as well.” She devoted a major part of her paper to suggest ways of promoting health education for parents, community and school children. The various components of school health services, of which health education forms a major part are also described.”

Mr. Bapiraju Sharma, in his paper, outlines the comprehensive school health programme now under implementation in the state of Andhra Pradesh. Some of the highlights of the programme are total coverage of all children up to 11 years of age, examination of each student twice a year by the medical officer of the primary health center, and maintenance of school health card for each student for the 5-year period. During the Five Year Plans, many State Governments have provided for school health, and school feeding programmes. In spite of these efforts to improve school health, it must be stated that in India, as in other developing countries, the school health programme provided are hardly more than a token service because of shortage of resources and insufficient facilities.

As part of achieving the goal of “Health for all” School Health Education is given prime importance. It is easy and useful to instill the desired health behaviour through the syllabus, class lessons, group discussions, education and competition etc. regarding different aspects of health education in the formative age group of 5-15 years.

During the 8th five-year plan, one day orientation training was conducted for schoolteachers at district level. First aid kits, weighing machines and measuring tapes were supplied to selected schools.

Nutrition education and medical checkup camps are conducted in schools to ensure better health of the children and also to teach them basic

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principles of health and nutrition. These camps helped to improve the nutritional awareness and personal hygiene of the children and also environmental sanitation of the schools.

School health programme was made comprehensive in nature and coverage. It covers students from class I to V with services like immunization, health checkup, health education and teachers training. Every year primary school teachers are also trained under this programme.

School health programme was formulated for providing comprehensive physical examination and medical care to the entire school going children.

**Health Problems Of the School Child**

Any discussion of a school health service must be based on the local health problems of the school child, the culture of the community and the available resources in terms of money, material and manpower. While the health problems of school children vary from one place to another, surveys carried out in India indicate that the main emphasis will fall in the following categories: (1) Malnutrition, (2) Infectious diseases (3) Intestinal parasites, (4) Diseases of skin, eye and ear; and (5) Dental caries.

**Objectives Of School Health Service**

"According to C H E B (1965) the objectives of the programme of a school health programme are as follows: (1) The promotion of positive health, (2) The prevention of diseases, (3) Early diagnosis, treatment and follow-up of defects, (4) Awakening health consciousness in children and (5) The provision of healthful environment."^7

**Aspects of School Health Service**

The tasks of a school health service are manifold and vary according to local priorities. Where resources are plentiful special school health services

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(1) Health Appraisal

The health appraisal should, cover not only the students but also the teachers and other school personnel. Health appraisal consists of periodic medical examinations and observation of children by the class teachers

(a) Periodic Medical Examination: The School Health Committee (1961)\(^8\) in India recommended medical examination of children at the time of entry and thereafter every years. In big cities, where facilities for medical examination are available, this could be more frequent. The initial examination should be thorough and unhastened and should include a careful history and physical examination of the child, with tests for vision, hearing and speech. A routine examination of blood and urine should be carried out. Clinical examination for nutritional deficiency and examination of faeces for intestinal parasites are particularly important in India. Tuberculin testing or mass screening should not be withheld. The parents should be persuaded to be present at these examinations The teacher should help in the medical inspection by recording the medical history regularly, (quarterly), recording of height and weight, annual testing of vision, and preparing children for the medical, examination by helping them understand the “how” and “why” of health appraisal. (b) School Personnel: Medical examination should be given

\(^8\) Govt. Of India (1961): Report Of The School Health committee Part -1
to teachers and other school personnel as they form part of the environment to which the child is exposed (c) Daily Morning Inspection: The teacher is in a unique position to carry out the daily inspection”, as he is familiar with the children, and can detect changes in the child’s appearance or behaviour that suggest illness or improper growth and development. The following clues will help the school teacher in suspecting children who need medical attention: (1) Unusually flushed face, (2) Any rash or spot, (3) Symptoms of acute cold, (4) Coughing and sneezing, (5) Sore throat, (6) Rigid neck, (7) Nausea and vomiting, (8) Red or watery eyes, (9) Headache, (10) Chills or fever, (11) Restlessness or sleepiness, (12) Disinclination to play, (13) Diarrhoea, (14) Pains in the body, (15) Skin conditions like scabies and ringworm, (16) Pediculosis. Children, showing any such signs or symptoms should be referred to school medical officer.”  

Teacher’s observation on school children’s health has particular importance in India because of the limited number of trained persons for school health work. For this work, the teachers should be adequately trained during Teacher’s Training Courses and subsequently by short in-service-Training Courses.

(2) Remedial Measures and Follow-up

Medical examinations are not an end in themselves; they should be followed by appropriate treatment and follow-up. Special clinics should be conducted exclusively for school children at the primary health centres in the rural areas and in one of the selected schools or dispensaries for a group of about 5,000 children in the urban area.”

The clinic days and time should be intimated to all the concerned schools. Considering the high prevalence of dental, eye, ear, nose and throat defects in the school children in India, special clinics should be secured or

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provided for the exclusive use of school children for examination and treatment of such defects. In the big cities, the required number of specialists should be employed in the School Health Services. There should be provision for beds in the existing referral hospitals for the children to be admitted for investigation and treatment as and when required.

(3) Prevention of Communicable Diseases

Communicable disease control through immunization is the most emphasized school health service function. A well-planned immunization programme should be drawn up against the common communicable diseases such as tuberculosis, diphtheria, tetanus, measles, and hepatitis A and B.

A record of all immunizations should be maintained as part of the school health records. When the child leaves school the health record should accompany him.

(4) Healthful School Environment. The school building, site and equipment are part of the environment in which the child grows and develops. A healthy school environment is therefore necessary for the best emotional, social and personal health of the pupils. Schools should also serve as demonstration centres of good sanitation to the community. The following minimum standards for sanitation of the school and its environs have been suggested in India.

(I) LOCATION: The school should normally be centrally situated with proper approach roads and at a fair distance from busy places and roads, cinema houses, factories, railway tracks and market places. The school premises should be properly fenced and kept free from all hazards.

(II) SITE: The site should be on suitable, high land and not subject to inundation or dampness and can be properly drained. The School Health

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12 Turner, C E (1957) School Health & Health Education, C V Mosby
13 Govt Of India (1955) Medical Public Health Act, Ministry Of Health New Delhi
Committee (1961) recommends that 5 acres of land be provided for primary schools.

(III) **STRUCTURE:** The building of primary school should be single story as far as possible. Exterior wall’s should have the minimum thickness of ten inches and should be heat resistant.

(IV) **CLASS ROOM:** Verandahs should be attached to classrooms. No classroom to accommodate more than 40 students. Per capita space for students in a classroom should not be less then 10 sq. ft.

(V) **FURNITURE:** Furniture should suit the age group of students. It is desirable to provide single desks and chairs. Chairs should be provided with proper backrests with facilities for deskwork.

(VI) **DOORS AND WINDOWS:** The windows should be broad with the bottom sill at a height of 2’6” from the floor level; combined door and window area should be at least 25 percent of the floor space; windows should be placed on different walls for cross ventilation; the ventilators should not be less than 2 per cent of the floor area:

(VII) **COLOUR:** Inside colour of the classroom should be white and should be periodically whitewashed.

(VIII) **LIGHTING:** Classrooms should have sufficient natural light, preferably from the left and should not be from the front.

(IX) **WATER SUPPLY:** There should be an independent source of safe and potable water supply, which should be continuous, and distributed from the taps.

(X) **EATING FACILITIES:** Vendors other than those approved by the school authorities should not be allowed inside school premises. There should be a separate room provided for mid-day meals.

(XI) **LAVATORY:** Privies and urinals should be provided. One urinal for 60 students and one latrine for 100 students Arrangement should be separately made for boys and girls.
(5) Nutritional Services

A child who is physically weak will be mentally weak and cannot be expected to take full advantage of schooling. The diet of the school child should, therefore receive first attention. The diet should contain all the nutrients in proper proportion adequate for the maintenance of optimum health. Studies in India have shown that nutritional disorders are widely prevalent among school children, particularly deficiencies relating to proteins; Vitamins A, C, Thiamine, Riboflavine, calcium and iron.

MIDDAY SCHOOL MEAL:

"In order to combat malnutrition and improve the health of school children: it is now an accepted procedure in all advanced countries to provide a good nourishing meal to school children. The School Health Committee (1961) recommended that school children should be assured of at least one nourishing meal."\(^{14}\) Those who can afford it may bring their lunch packets from home and during lunch hours take their meals in school. Otherwise, schools should have some arrangement for providing mid-day meals through their own cafeteria on a no profit no loss basis. In view of the limited finances in India it is recommended that the school meal should provide at least one-third of the daily calorie requirement and about half of daily protein requirement of the child.

APPLIED NUTRITION PROGRAMME:

Unicef is assisting in the implementation of the Applied Nutrition Programme in the form of implements seeds, manure and water supply equipment. Wherever land is available, the facilities provided by the Unicef should be utilized in developing school gardens. The produce may be utilized in the school feeding programmes as well as for nutrition education.

\(^{14}\) Govt. of India (1961): Report of The School Health Committee Part-1
C.H.E.B. New Delhi
SPECIFIC NUTRIENTS:

Advances in the knowledge of nutrition have revealed that specific nutrients may be necessary for the prevention of some nutrient disorders. Dental caries, endemic goiter, night blindness, protein deficiency, malnutrition, anemia's and a host of other nutrient disorders are eminently preventable. Use of specific nutrients is indicated where such nutrient disorders are problems in a community.

(6) First Aid and Emergency Care

The responsibility of giving First Aid and Emergency Care to pupils who become sick or injured on school premises rests with the teacher and therefore all teachers should receive adequate training during Teacher's Training Programmes or In-service Training programmes to prepare them to carry out this obligation. The emergencies commonly met with in schools are (a) accidents leading to minor or serious injuries and (b) medical emergencies such as gastroenteritis, colic epileptic fits, fainting, etc. In every school a fully equipped First Aid Post should be provided as per regulations of St. John Ambulance Association of India.

(7) Mental Health

The mental health of the child affects his physical health and the learning process. Juvenile delinquency; maladjustment and drug addiction are becoming problems among school children. The School is the most strategic place for shaping the child's behaviour and promoting mental health. The schoolteacher has both a positive and preventive role - he should be concerned with helping all children attain mental health so that they may develop into mature, responsible and well-adjusted adults. The school routine should be so planned that there is enough relaxation between periods of intense work, and every effort should be made to relieve the tedium of the Classroom. No distinction should be made between race religion caste or community; between the rich and poor and between the clever and the dull. It is now increasingly
realized that there is a great need for vocational counselors and psychologists in schools for guiding the children into careers for which they are suited.

(8) Dental Health

Children frequently suffer from dental diseases and defects. Dental caries and periodontal disease are the two common dental diseases in India. A school health programme should have provision for dental examination at least once a year. In the developed countries, Dental Hygienists are employed in schools to assist the school dentist with the examination of the teeth. They make preliminary inspection of the teeth and do prophylactic cleansing which is of great value in preventing gum troubles and in improving personal appearance. They take part in the teaching of dental hygiene as they work with the children.

(9) Eye Health Services

Schools should be responsible for the early detection of refractive errors, treatment of squint and amblyopic and detection and treatment of eye infections such as trachoma. Administration of vitamin A to children at risk has shown gratifying results. In other words, basic eye health services should be provided in schools.

(10) Health Education

The most important elements of the school health programme are health education. The goal of health education should be to bring about desirable changes in health knowledge in attitudes and in practices, and not merely to teach the children a set of rules of hygiene.

“Health education has been included in the National Curriculum framework by the NCERT to bring out an all round development in children so that they are physically healthy, socially useful, economically productive and personally satisfied citizen of the country. Hence it is imperative that teachers are properly oriented to plan, implement and evaluate an objective based health education curriculum at the primary level.
Through health education the teacher training institution endeavors to provide the future teacher the knowledge, attitudes, practices and skills necessary to –

- Meet his own health needs.
- Provide a safe, sanitary and healthful environment for his students.
- Help students, teachers to meet their physical, social and emotional health needs.
- Insist in the prevention and control of communication and other diseases.
- Assist with planning and implementation of school and community health programmes.
- Impart adequate and basic knowledge of health. 

"Health education is as wide as community health and it is a process which effects changes in the health practices of the people and in the knowledge and attitude related to such changes. It includes imparting knowledge about health, removing superstitious beliefs, building favourable health habits and attitudes and effecting the necessary changes in the health practices."

As health education is an essential tool of the community health, it becomes the responsibility of the Government to assist and guide the health education of the general public. Hence in 1956 in the Central Ministry of Health, a Health Education Bureau was established with the assistance of the Technical Co-operation mission of the United States of America.

"Health education is a complex activity in which different organizations play a part. The organizational divisions are: Administrative division, Media

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16 Health Education For School Age Children –A Frame Work –Central Health Education Bureau &N C E R T New Delhi.
and Publicity division, Editorial wing, Training unit and District health education unit.

Health education competencies to be developed in the following fields:-

• Understanding human body, system and function.
• Understanding and following principles of sanitation.
• Understanding human nutrition, following desirable practices and preventing nutritional deficiency diseases.
• Recognizing the value of prevention and control of common communicable diseases.
• Understanding immunization programmes.
• Understanding and practicing safety education”¹⁷

Health Education in schools should cover the following areas:

(i) **Personal hygiene:**

Health education programme in schools should be lively, practical and based on everyday needs and interests of children. The need for hygiene of skin, hair, teeth and clothing should be impressed upon them. Attention to posture is also important. Children often adopted postures while sitting and standing. Such tendencies should be observed and corrected. It is increasingly recognized that the major degenerative diseases of adults have their origin in poor health habits formed in early age. Cigarette smoking is an example; of a public health problem that should be tackled in schools.

(ii) **Environmental Health:**

To encourage young people to take part in health activities and keep their environment clean is an important function of school health services. Visits to observe community health programme and even better participation in community action programmes (e.g., vaccination, fly control, compost’s,

construction of sanitary wells and latrines) are excellent opportunities for health education.

(iii) **Family life:**

Family life education is being increasingly recognized as a priority in both developed and developing countries. The school health service is concerned not only with the development of healthy lives but also with, healthy attitudes towards human reproduction.

Health education, in schools is a function of the schoolteacher. The health officer and the public health nurse/health worker/health assistant may furnish teaching materials and advice but the teacher is the key person in the presentation of the material to the children. To do this important work, the teacher should be well versed in health education techniques and sincerely interested in the welfare of the pupils. Children take back to their parents the health instruction they receive in schools, and even more important when they become adults they apply this knowledge to their own families. In developing countries where ill health is a major problem every school child is a health worker.”

(11) **Education Of Handicapped Children**

The ultimate goal is to assist the handicapped child and his family so that the child will be able to reach his maximum potential, to lead as normal a life as possible, to become as independent as possible and to become a productive and self-supporting member of the society. The resources for managing handicapped children vary from country to country. It requires the cooperation of health welfare, social and educational agencies.

**Pulse Polio Immunization programme** : This programme had been organized throughout the country, during which children below 3 years and above 3 years where immunized against poliomyelitis. The objective of the programme is to eradicate poliomyelitis. Pulse Polio Immunization campaigns are carried out frequently
Intensive social mobilization campaign and media announcements are unique features in all pulse polio immunization campaigns. Awareness is created through IEC efforts on the benefits of PPI. Teachers perform duties during PPI campaign sincerely.

(12) School Health Records

A cumulative Health Record of each student should be maintained. Such records should contain (a) Identifying data-name, date of birth. Parent’s name and address, etc.(b) past health history (c) record of findings of physical examination and screening tests and record of services provided. The purpose of maintaining school health records is to have cumulative information on the health aspects of school children in order to give continuing intelligent health supervision- These records will also be useful in analyzing and evaluating school health programmes and providing a useful link between the home, school and the community.

School Health Administration

The health of the school child is the responsibility of the parents, teachers, health administrators and the community. The success or efficiency of school health service depends largely on effective coordination between the participating agencies. There is no uniform pattern of school health administration, both here and abroad. In England, school health service is part of the Education service of the country. In India school health service is administered by different departments in different states - these are usually the departments of Health and Education. The School Health Committee set up by the Government of India in 1960 recommended that school health service should be an integral part of the general health services. The general health services in India are administered largely through the primary health centres in the rural areas where the bulk of India’s population lives. School health service is therefore an important function of the primary health centres.
In present study investigator reviewed some important aspect of School Health Programme about which followings enquiries were made whose replies are given in following tables along with statistically analyzed interpretations.

**Table No.9(1)**

**Showing Knowledge of School Health programme**

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>260</td>
<td>86.66</td>
</tr>
<tr>
<td>No</td>
<td>40</td>
<td>13.34</td>
</tr>
<tr>
<td>Total</td>
<td>300</td>
<td>100.00</td>
</tr>
</tbody>
</table>

The above table reveals that a majority of respondents, 260 i.e. 86.66 % are aware of school health programme where as 40 i.e. 13.34% are indifferent.

**Table No. 9 (2)**

**Showing frequency of organization of Health programme**

<table>
<thead>
<tr>
<th>Health programme Organized</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular</td>
<td>98</td>
<td>32.66</td>
</tr>
<tr>
<td>Sometimes</td>
<td>191</td>
<td>63.67</td>
</tr>
<tr>
<td>Seldom</td>
<td>11</td>
<td>3.67</td>
</tr>
<tr>
<td>Total</td>
<td>300</td>
<td>100.00</td>
</tr>
</tbody>
</table>

The above table shows that regarding organization of health programme 191 i.e. 63.67% of respondents tell that they are organized sometimes or occasionally, where as 98 (32.66%) of respondent suggest regularity. Only 11 (3.67%) say that the same are seldom organized.
Table No.9 (3)
Showing how often Health related aids are demonstrated in primary schools

<table>
<thead>
<tr>
<th>Health related aids Demonstrate</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>43</td>
<td>14.33</td>
</tr>
<tr>
<td>Sometimes</td>
<td>222</td>
<td>74.00</td>
</tr>
<tr>
<td>No</td>
<td>35</td>
<td>11.67</td>
</tr>
<tr>
<td>Total</td>
<td>300</td>
<td>100.00</td>
</tr>
</tbody>
</table>

The above table reveals that 222 (74.00%) opined that health related aids are sometime demonstrated in schools followed by 43 (14.33%) and 35 (11.67%) who have positive and negative opinion respectively.

Table No.9 (4)
Showing persons who did health check ups at the schools

<table>
<thead>
<tr>
<th>Persons</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f (%)</td>
<td>f (%)</td>
<td>f (%)</td>
</tr>
<tr>
<td>Medical officer</td>
<td>248 (82.67)</td>
<td>52 (17.33)</td>
<td>300 (100)</td>
</tr>
<tr>
<td>Health inspector</td>
<td>114 (38)</td>
<td>186 (62)</td>
<td>300 (100)</td>
</tr>
<tr>
<td>A.N.M.</td>
<td>128 (42.66)</td>
<td>172 (57.34)</td>
<td>300 (100)</td>
</tr>
<tr>
<td>Social workers</td>
<td>110 (36.66)</td>
<td>190 (63.34)</td>
<td>300 (100)</td>
</tr>
</tbody>
</table>

The above table shows that 248 i.e. 82.67% respondents tell that health check up at the school are conducted by medical officer where as 114 i.e. 38% say health inspectors, 128 i.e. 42.66% say A.N.M. and a mere 110 (36.66%) say they are conducted by social workers.
Table No. 9 (5)

Showing maintenance of Health records

<table>
<thead>
<tr>
<th>Record Maintained</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>85</td>
<td>28.33</td>
</tr>
<tr>
<td>Sometimes</td>
<td>31</td>
<td>10.33</td>
</tr>
<tr>
<td>No</td>
<td>184</td>
<td>61.34</td>
</tr>
<tr>
<td>Total</td>
<td>300</td>
<td>100.00</td>
</tr>
</tbody>
</table>

The above table reveals that majority of respondents 184 (61.34%) tell that health records are not maintained where as 85 (28.33%) tell that the records are maintained. 31 (10.33%) respondents say they are sometimes maintained.

Table No. 9(6)

Showing emphasis given in school health programme

<table>
<thead>
<tr>
<th>Contents</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f (%)</td>
<td>f (%)</td>
<td>f (%)</td>
</tr>
<tr>
<td>Personal hygiene</td>
<td>256 (85.33)</td>
<td>44 (14.67)</td>
<td>300 (100)</td>
</tr>
<tr>
<td>Env. Sanitation</td>
<td>163 (54.33)</td>
<td>137 (45.67)</td>
<td>300 (100)</td>
</tr>
<tr>
<td>Nutritional Education</td>
<td>130 (43.33)</td>
<td>170 (56.67)</td>
<td>300 (100)</td>
</tr>
<tr>
<td>Worm infestation</td>
<td>121 (43.34)</td>
<td>179 (59.66)</td>
<td>300 (100)</td>
</tr>
<tr>
<td>Skin disease</td>
<td>181 (63.34)</td>
<td>119 (39.66)</td>
<td>300 (100)</td>
</tr>
<tr>
<td>Diarohea</td>
<td>226 (75.33)</td>
<td>74 (24.67)</td>
<td>300 (100)</td>
</tr>
<tr>
<td>Eye care</td>
<td>211 (70.33)</td>
<td>89 (29.67)</td>
<td>300 (100)</td>
</tr>
<tr>
<td>Dental hygiene</td>
<td>215 (71.66)</td>
<td>85 (28.34)</td>
<td>300 (100)</td>
</tr>
</tbody>
</table>

The above table reveals that 256 (85.33%) of respondents say that personal hygiene is the most important content of school health programme followed by diarrhoea (75.33%) dental hygiene (71.66%), eye care (70.33%), skin disease (63.34%), Env. Sanitation (54.33%), Nutrition Education (43.33%) and (43.34%) of worm infestation respectively.
Emphasis given in school health programe

- Personal hygiene
- Env. Sanitation
- Nutritional Education
- Warm infestation
- Skin disease
- Diarrhea
- Eye care
- Dental hygiene

Yes
No
Table No. 9(7)

Showing food stuffs given in applied nutrition programme

<table>
<thead>
<tr>
<th>Contents</th>
<th>Yes f.</th>
<th>(%)</th>
<th>No f.</th>
<th>(%)</th>
<th>Total f.</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dalia</td>
<td>251</td>
<td>(83.67)</td>
<td>49</td>
<td>(16.33)</td>
<td>300</td>
<td>(100)</td>
</tr>
<tr>
<td>Biscuits</td>
<td>124</td>
<td>(41.33)</td>
<td>176</td>
<td>(58.67)</td>
<td>300</td>
<td>(100)</td>
</tr>
<tr>
<td>Iron tabs</td>
<td>248</td>
<td>(82.66)</td>
<td>52</td>
<td>(17.34)</td>
<td>300</td>
<td>(100)</td>
</tr>
<tr>
<td>Vit. A.</td>
<td>212</td>
<td>(76.66)</td>
<td>88</td>
<td>(29.34)</td>
<td>300</td>
<td>(100)</td>
</tr>
</tbody>
</table>

The above table reveals that majority of respondents 251 (83.67%) says that Dalia is a most favorite content of applied nutrition programme followed by Iron tablets 82.66%, Vit A. 76.66% and Biscuits 41.33% respectively.

Table No. 9(8)

Showing periodicity of organization of health camps in school

<table>
<thead>
<tr>
<th>Periodicity</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly</td>
<td>10</td>
<td>3.33</td>
</tr>
<tr>
<td>Terminal</td>
<td>35</td>
<td>11.67</td>
</tr>
<tr>
<td>Half yearly</td>
<td>76</td>
<td>25.34</td>
</tr>
<tr>
<td>Annually</td>
<td>179</td>
<td>59.66</td>
</tr>
<tr>
<td>Total</td>
<td>300</td>
<td>100.00</td>
</tr>
</tbody>
</table>

The above table reveal that majority of respondents 179 (59.66%) says that health camp are organised annually, 25.34% says half yearly, 11.67% says terminally and 3.33% says health camps are organized monthly.
### Table No. 9 (9)

**Showing health educational audio-visual aids**

<table>
<thead>
<tr>
<th>A.V. aids</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>(%)</td>
<td>f</td>
</tr>
<tr>
<td>Charts</td>
<td>247</td>
<td>(82.33)</td>
<td>53</td>
</tr>
<tr>
<td>Posters</td>
<td>212</td>
<td>(76.66)</td>
<td>88</td>
</tr>
<tr>
<td>Models</td>
<td>124</td>
<td>(41.33)</td>
<td>176</td>
</tr>
<tr>
<td>Flip cards</td>
<td>35</td>
<td>(11.67)</td>
<td>265</td>
</tr>
<tr>
<td>Folders</td>
<td>29</td>
<td>(9.66)</td>
<td>271</td>
</tr>
</tbody>
</table>

The above table shows that majority of the respondents that is 247 (82.33%) says that charts are the main audio-visual aids used for school health education, followed by poster 76.66%, models 41.33%, flip cards 11.67% and folders 9.66% respectively.

### Table No. 10

**Showing First aids material in school**

<table>
<thead>
<tr>
<th>Material</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>(%)</td>
<td>f</td>
</tr>
<tr>
<td>Merchocrome</td>
<td>115</td>
<td>(38.33)</td>
<td>185</td>
</tr>
<tr>
<td>Bandage</td>
<td>161</td>
<td>(53.67)</td>
<td>139</td>
</tr>
<tr>
<td>Burnol</td>
<td>123</td>
<td>(41)</td>
<td>177</td>
</tr>
<tr>
<td>Dettol</td>
<td>203</td>
<td>(67.67)</td>
<td>97</td>
</tr>
<tr>
<td>Scissors</td>
<td>167</td>
<td>(55.67)</td>
<td>133</td>
</tr>
<tr>
<td>Cotton</td>
<td>290</td>
<td>(96.67)</td>
<td>10</td>
</tr>
<tr>
<td>Johnson Plaster</td>
<td>104</td>
<td>(34.67)</td>
<td>196</td>
</tr>
</tbody>
</table>

The above table shows availability of first aid material in the following numbers as told by respondents: Cotton (96.67%), Dettol (67.67%), Bandage (53.67%), Burnol (41.00%), Merchocrome (38.33%) and Johnson Plaster (34.67%).