INTRODUCTION
INTRODUCTION

Modern civilisation demands education on a wide scale and primary education is compulsory in most countries. It is therefore, obligatory for the society to ensure that students are in fit condition of body and mind to receive the education and benefit by it. International declaration of right of the child states, “the child must be given the means requisite for the normal development, materially and morally”.

The school age is a formative period, physically as well as mentally, transforming the school child into promising adult. There are two special needs in school years.

i) health guidance – children are continuously undergoing change-physical, mental, emotional and social. In absence of such guidance, their growth and development may be affected.

ii) Education in group living –the child plays, travels & learns things with others. He has to adjust and adopts to school environment which is quite different from that at home.

School children form an ideal group to work with. It is captive and a responsive group. About one third of population in every country is of school going children. It is best time to inculcate in them the good habits of healthful living - School children are exposed to the stress, strain and hazards of group life in a school with children coming from different social strata of the community and having different health & community status.
The children must remain healthy to receive the education. Deficiencies in vision, hearing and other handicaps can make learning difficult or may lead to changes in personality and behaviour. The present positions with regard to the health and nutritional status of children in our country is very unsatisfactory. Extensive survey has been carried out in different part of the country and the findings show that sickness, morbidity and mortality rates of children in India are among the highest in the world (Yaima et al, 1981). Sound nutrition is closely related to progress in education, the poorer the nutrition, the more difficult it is for the child to learn & cope with school life. These defects should therefore, be corrected so that the children may receive their education in normal channel.

The childhood diseases like poliomyelitis, diphtheria, tuberculosis and rheumatism are both killing & crippling diseases and they need to be prevented. Besides congenital defects or abnormalities which may become apparent, other physical or mental method defect should also be detected & corrective measures taken early.

School going children constitute about 21 percent of populations and number of children attending primary school has vastly increased from 2.73 million is 1951 to 14.82 million in 1992. Although about 80 percent of school going children get enrolled but about 49 percent of them drop without completing primary education. However, while 98 percent of boys get enrolled and only 62 percent of girls are enrolled in primary school.

By virtue of their large number, they are entitled to a large share of health care. Nutritional status of children particularly in relation to the possible risk of morbidity and mortality, has been recognised as a field of
major concern. Age group 5-11 years is full of health hazards e.g. diarrhoea, disease malnutrition and infectious disease. A high prevalence of diseases of skin, eye, ear, dental caries and intestinal parasites in this age group is well known.

The school age is one of the crucial period of life as about 40 percent of physical growth and 80 percent of mental growth is believed to take place during this period. School age is a time for acquisition of skills that permits independence in eating and development of likes and dislikes of foods. Individual variation in children becomes more noticeable in the rate of growth, nutrient requirement, personality development and food intake. Development of good food habits and nutritional practice in early childhood establish the foundation for adult health.

It is accepted fact that the school age is a dynamic period of physical growth and development. When the children undergo mental, emotional and social change, the need for health guidance should therefore be maximum during this period. Moreover, the beginning of school life is one of the important phase in the changing environment of a child when he or she leaves home and neighbour hood and exposes himself or herself to a varied intellectual and emotional environment.

The parents are responsible for health of school going children but the school should also assist the parents in building-up and maintaining the highest possible level of health in each child and in developing the necessary competence in each child to deal with health problem in life. The important role of the school is to supplement the efforts of the parents in furthering child health.
The number of destitute children in our country is on the rise due to various social and economic factors. The burden of caring for them falls mainly on the state and organised social sectors. Lack of parental care and denial of a secure family life coupled with living in congested and often unhygienic conditions affects the children adversely. Nutrition and vitamins deficiencies are widespread public health problems among young children of socio-economically backward families is many parts of world, often leading to increase incidence of morbidity.

The school age children by and large constituted, what may be regarded as disciplined population easily accessible for health appraisal and health restoration under an organised health service. An essential pre-requisite for such a services is an authentic information on the existing health and disease status of school going children which can serve as a foundation on which the edifice of a comprehensive school health can be laid.

School health is an important branch of community health. According to modern concepts, school health services is an economical and powerful means of raising community health and more important, in future generations. Although man’s attempt to promote health is of ancient vintage, only in recent times has the school been incorporated into the general programme of health promotion. A well-organised school health programme can do a lot in protection and promotion of physical social and mental health of child.
The school health service is a personal health service. It has developed during the past seventy years from the narrow concept of medical examination of children to the present broader concept of comprehensive care of health and well being of children throughout the school years.

Health of school going children can be preserved and improved because most of the defects and diseases that are seen among the school children are preventable. But it can be possible only when the diseases and defects are detected early by well-organised school health programme.

The Bhore Committee (1946) reported that school health services were practically non-existent in India and where they existed, they were in an under developed state. During the five year plans many state Govt have provided for school feeding programme. In spite of these efforts to improve school health, it must be stated that in India, as in other developing countries, the school health services provided are hardly more than a token services because of shortage of resources and insufficient facilities.

School health services have not gained much popularity in this country, probably because of peculiar rural condition, economic reasons, non availability of medical personnel and even a growing number of schools and children without a corresponding increase in a accommodation, transport and health staff. Medical supervision of school children even where it exists is very rudimentary. Progressive municipalities in big cities like Mumbai, Calcutta and Delhi have organised school health services albeit meagre when compared with developed countries.
A child who is physically weak will be mentally weak and can not expected to take full advantage of schooling. Every child has the privilege of the right to develop to the maximum limits of his capacity. It is our responsibility to see that the child is given the best opportunity to do so. School health surveys offer an excellent opportunity to screen a large size of paediatric population with minimum resources. With the above facts in view, a need was felt to carry out a survey of health status of primary school children in various schools of Jhansi city. Based on the health status of primary school children, the present study has been undertaken with the following objectives :-

1- To study the magnitude of morbidity pattern of primary school children in urban area.

2- To find out their nutritional status including anthropometric assessment.

3- To find out immunisation status of primary school children.

4- To observe the status of personal hygiene including dental health.

5- To study the school environment, and.

6- To study school health programme including health record, mid-day meal, periodic medical examination, health education, health services, first-aid and emergency care.