

## Chapter 4

# Quantitative and qualitative data analysis of school health conditions

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## 4.0 Introduction

This chapter presents an analysis of the data obtained from observation checklist consisting of Part-A i.e. School Health Environment and Part-B i.e. School Health Services. The opinions of the teachers collected through open-ended and close-ended questions regarding school health environment and school health services are also analyzed. Further, this chapter reflects the opinions of students as obtained from focus group discussions. The analyzed data is supplemented with few case studies of primary schools.

### 4.1 Detailed analysis of Observation Checklist

In what follows is the observations collected through checklist are presented.

### 4.2 School Health Environment

School environment is one of the primary determinants of children's health. Contaminated water can result in diaheria disease; air pollution can cause acute respiratory infections and asthma. Recognizing that children spend much of their day within school environment during critical development stages and that the school environment has a strong influence on their health, an attempt has been made to enumerate indicators which are as follows.

#### 1. Location & Premises

- a) Location of the School
- b) Premises
- c) Boundary wall

## 2. School Building

- a) Condition of the building
- b) Condition of the classroom
- c) Light & Ventilation in the classroom
- d) Lunch place

## 3. Furniture/Classroom Equipment

- a) Seating arrangement for children
- b) Tables/chairs for teachers
- c) Blackboard
- d) Almirahs/cupboards

## 4. School Garden or Green Areas Playground Water Facility

- e) Drinking water
- f) Water for other usage

## 5. Electric facility

- g) Electric supply
- h) Fans in classrooms
- i) Fans in staffroom
- j) Fans in HMs room
- k) Lights in classrooms
- l) Lights in staffroom
- m) Lights in HMs room

## 6. Toilets

- n) Cleanliness of girl's toilets
- o) Cleanliness of boy's toilets
- p) Cleanliness of staff toilets
- q) Use of disinfectants

## 7. Drainage System

## 8. Garbage Collection and Disposal Facility

During the fieldwork, the researcher spent substantial amount of time in school and critically observed the prevailing conditions. And the observations are mapped on the 4-point scale in the designed observation checklist. The data thus obtained from the Part –A of observation checklist is analysed and presented as below:

### 4.3 Location of the school

The most important aspect of a school is its location. Schools are often built on least desirable land e.g. on a site of an old waste dump. It is often located on busy roads increasing the risk of accidents. A safe and clean location is precursor to a healthy school environment. In this study, the location of the school is judged as healthy on the basis of four parameters, namely Pollution free areas

- a) Noise free area
- b) Green area
- c) Clean surroundings.

If none or any one of the parameters is present, the location of the school is marked as unhealthy, and presence of any two parameters would be a partially healthy location.

**Table 4.1.1.1:** School Health Environment - Location of the school

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
Location of the School	Healthy/ Adequate	7	10.6	13	19.7	20	15.2
	Partially Healthy	18	27.3	29	43.9	47	35.6
	/Moderate Unhealthy/ Inadequate	41	62.1	24	36.4	65	49.2
	Not Available	0	0.0	0	0.0	0	0.0
		66	100.0	66	100.0	132	100.0
<b>Total</b>							

Most of the government schools, in fact 62% of the sample are in unhealthy locations. Over 27% of them are partially healthy, meeting two of the four aforementioned parameters. Private schools which need to showcase healthy location parameters in order to attract more students and higher fees are surprisingly not much better-off with only 20% schools reporting healthy location in the complete sense. The above table clearly indicates that location aspects exhibit a woeful picture in both government and private schools. A healthy location is the one of the most fundamental requirements of a school as it largely determines the overall school health environment. Location quality can be substantially enhanced by the school management in a matter of time, but this table reflects that price, availability and even contiguity of land are the criteria that determine the quality of location. Many research studies indicate that the unhealthy school location exposes the

students, teachers and other staff to noise and air pollution, causing health complications. For example, according to WHO information series on school health document 2 (2002), schools located near transportation corridors, bus depots, industrial sites, abandoned lots, landfills, military bases, utility plants, and construction sites may present health problems to the students and staff occupying the school. WHO also regrets in this research document that new schools are difficult and expensive to site and are often constructed on undesirable lands. The schools on main roads are a major source of injuries due to accidents. This study corroborates the above findings.

#### 4.4 The Premises of the School

The premises of the school reflects the overall school health environment at a glance. The premises of the school in this study is construed in terms of as healthy, partially healthy and unhealthy based on the parameters namely

1. Tidy
2. Free from construction material or unsafe structure
3. Greenery and
4. Even or smooth surface

Presence of all the above mentioned parameters will make a healthy premise. If none or any one of the parameters is present, the premises of the school is marked as unhealthy, and presence of any two parameters would be a partially healthy premises. The condition of premises of the government as well as private schools is presented below:

**Table 4.1.1.2:** School Health Environment: The Premises

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
Premises the School	Healthy/Adequate	4	6.1	17	25.8	21	15.9
	Partially Healthy /Moderate	16	24.2	27	40.9	43	32.6
	Unhealthy /Inadequate	46	69.7	22	33.3	68	51.5
	Not Available	0	0.0	0	0.0	0	0.0
	Total	66	100.0	66	100.0	132	100.0

From the above table, it can be inferred that in more than 90% of government schools and above 70% private schools, the premises are either partially healthy or

unhealthy. It is surprising to know that a substantial number of private schools (74%) possess unhealthy or partially healthy premises. The table clearly reflects that premises of most of the government schools (70%) are unhealthy, whereas 24.2% of them are partially healthy. Over ¼ of private schools possess healthy premises. In this context it is important to note the following: Higgins et al (2005) found clear evidence that extremely poor premises have negative effects on students and teachers, and that improving these has significant benefits in their review of the literature. However, the authors state that once school premises are raised to minimum standards, the evidence of effect is less clear. A major reason behind the stark reality of poor premises appears to be lack of permanent or contract sweepers in government schools. Lack of enough space to place dust-bins in the premises, and also the multi-dimensional duties entrusted to a limited team of class IV workers, are seen to be major causes that can be ascribed to such a condition. Generally in private schools, the class IV workers spend more time on duties, that are given high priority by the management or teachers, compared to core duty of sweeping. Just like face is seen as the index of the mind, similarly premises also reflects well on the overall school health environment. A well kept premise enhances health and the learning ambience. On the contrary, an unhealthy premise can belittle other healthy aspects of infrastructure and facilities.

#### **4.5 The Boundary Wall**

A tall and strong boundary wall safeguards the building, premises, and also offers security to the occupants of the school. It prevents dust, dirt and stray dogs from entering the premises.

The parameters adopted for description of the boundary wall as healthy or unhealthy are:

5. Sufficient height
6. Well built and strong
7. Enclosed with an entrance gate
8. Free from moss and fungus.

Presence of all the above mentioned parameters will make a healthy boundary wall. If none or any one of the parameters is present, the boundary wall of the school is marked as unhealthy, and presence of any two parameters would indicate a partially healthy boundary wall. Of the schools which possess boundary wall, nearly 59% government schools have an unhealthy boundary wall, where as 24% of private schools fall under this category, as reflected in the above table. About 10% government schools and 20% private schools lack a boundary wall. This clearly shows that 15.2% of the sample schools are totally unhealthy marked by complete absence of a boundary wall.

Nearly 35% private schools and 21.2% possess a partially healthy boundary wall. Very old boundary walls are often found to be broken and they have not been reconstructed in most of the government schools. The private schools, 13% of them, are located in the commercial area and are conspicuous by the absence of a boundary wall. Boundary walls which are broken or showing huge cracks or partially demolished or not enclosed with a gate allow, dust, litter and stray dogs/cattle inside the premises, pose health hazards to students and teachers alike.

**Table 4.1.1.3: School Health Environment: The Boundary Wall**

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%	N	%
Boundary Wall	Healthy Adequate	6	9.1	14	21.2	20	15.2
	Partially Healthy /Moderate	14	21.2	23	34.8	37	28
	Unhealthy/Inadequate	39	59.1	16	24.2	55	41.7
	Not Available	7	10.6	13	19.7	20	15.2
<b>Total</b>		66	100.0	66	100.0	132	100.0

A boundary wall with a gate protects the school building and premises in many ways. It ensures safety of children as lack of boundary wall or a gate permits children to run towards the road, leading to injuries. The boundary wall is referred to as one of the student-friendly conditions in a healthy school by Berry (2002).

#### 4.6 The School Building

A strong and neat school building creates a positive learning ambience. The structure of a school building is also intended to enhance health and well-being of students and staff. The proper maintenance of a building is important as well as challenging. This is affirmed by the American Medical Association (1969) in its document on healthful school living which agrees that the task of keeping school buildings, classrooms, and supporting areas in a usable condition from the standpoints of both maintenance and day-to-day operation is a challenging responsibility affecting the health, safety, comfort, and well-being of all people who occupy or use school facilities, for whatever purpose.

The parameters reflecting the condition of the building as healthy are apparently: 1.Strong structure; 2. Spacious; 3.Neat and tidy and 4.Leak proof ceilings and walls. Presence of all the above mentioned parameters will make a healthy school building. If none or any one of the parameters is present, the building of the school

is marked as unhealthy, and presence of any two parameters would be a partially healthy school building.

**Table 4.1.1.4:** School Health Environment: Condition of the building

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
Condition of the Building	Healthy/Adequate	7	10.6	18	27.3	25	18.9
	Partially Healthy /Moderate	21	31.8	27	40.9	48	36.4
	Unhealthy/Inadequate	38	57.6	21	31.8	59	44.7
	Not Available	0	0.0	0	0.0	0	0.0
	Total	66	100.0	66	100.0	132	100.0

As can be seen from the above table, in a majority of government schools the condition of school building is found to be unhealthy and over 21% of them are partially healthy. About 40.9% of private schools have partially healthy buildings. About 27% of private schools possess a healthy building compared to government schools which form about 11% of the sample. Lack of maintenance, lack of human and financial resources and priority accorded to this issue by the concerned officials may be some of the significant causes of the deplorable condition of the government school buildings. It is found that in private schools, the cost of investment and maintenance of school building is much higher compared to the fee collection reflecting the condition of school building.

#### 4.7 Classroom condition

Children spend most of their time in the classroom during the school hours, and hence the classroom condition has a profound effect on their health as well as learning. The parameters which describe the condition of the classroom as healthy are:

1. Neatness and tidiness
2. Well plastered and whitewashed walls
3. Spacious and
4. Moist free ceilings and walls.

Presence of all the above mentioned parameters indicates healthy classroom conditions. If none or any one of the parameters is present, the classroom condition is marked as unhealthy, and presence of any two parameters makes the classroom conditions as partially healthy.

**Table 4.1.1.5:** School Health Environment: Condition of the Classroom

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
Condition of the Building	Healthy/Adequate	7	10.6	18	27.3	25	18.9
	Partially Healthy /Moderate	21	31.8	27	40.9	48	36.4
	Unhealthy/Inadequate	38	57.6	21	31.8	59	44.7
	Not Available	0	0.0	0	0.0	0	0.0
	<b>Total</b>	66	100.0	66	100.0	132	100.0

As shown in the above table, about 60% of classrooms in the government schools are unhealthy. Nearly one-half of the class rooms in government schools are as healthy as that of private school classrooms. Dust from peeling-off walls of classrooms, fungal spores from moist ceiling and walls cause a variety of health-complications, particularly respiratory problems.

Ramshackle classrooms in most of the old government schools tend to be intimidating on their own by their very condition. In private schools, congested classrooms and lack of cleanliness are some of the factors contributing to their unhealthy condition. This is buttressed by American Medical Association (1969) which refers to the classroom condition as a factor that significantly influences both learning and health and which fluctuates from day to day and from hour to hour. It varies with changes in temperature and lighting and a multitude of other factors.

#### 4.8 Light and Ventilation in the classrooms

A high quality of lighting and an adequate level of illumination are necessary for efficient visual task. Adequate air movement and fresh air keeps away students and teachers from classroom odours and fatigue signs and creates a feeling of comfort and well-being in them. The parameters identified to define light and ventilation in classroom are as follows:

1. Clear visibility of blackboard from the farthest bench.



2. Adequate distribution of daylight to all parts of the classroom
3. Provision open air through well positioned windows and
4. Access/ distribution of fresh air in the classroom

Presence of all the above mentioned parameters indicates healthy conditions with respect to light and ventilation in the classrooms. If none or any one one of the parameters is present, conditions are unhealthy, whereas presence of any two parameters makes up partially healthy conditions with respect to light and ventilation.

**Table 4.1.1.6:** School Health Environment -Light & ventilation in the classroom

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%	N	%
Light and Ventilation in the Classroom	Healthy/Adequate	7	10.6	18	27.3	25	18.9
	Partially Healthy /Moderate	23	34.8	26	39.4	49	37.1
	Unhealthy/Inadequate	36	54.5	22	33.3	58	43.9
	Not Available	0	0.0	0	0.0	0	0.0
<b>Total</b>		66	100.0	66	100.0	132	100.0

The above table indicates that over 54% of government schools are unhealthy with inadequate light and ventilation, over 34% of government schools and 39% private schools are categorized as partially healthy. Inadequate lighting and ventilation may be primarily because of lack of awareness about classroom design, building architecture and atmospheric basics. In many other cases, the expansions of city in the form of many residential flats or large commercial buildings that have come up around the schools do create light and ventilation complications. In few other schools, too much of sunlight or brightness and lack of window panes is also a constraint.

Bad lighting and poor ventilation can affect the efficiency and well being of both students and teachers. Inadequate ventilation creates suffocation and nauseating odours in the classroom making the students and teachers feel sick. Eyestrain is a frequent complaint in classrooms and other teaching places where light levels are

lower and where the glare is excessive. The Canadian School Health Education Network (2007) offers further advice in this regard that lighting in classrooms must focus on the front of the classroom and over the student's desks. Glare from hard surfaces is distracting and should be avoided wherever possible. The effective lighting of schools has been related to high performance test scores time and again too by CSHEN. The Canadian School Health Education Network (2007), in its extensive literature review too, emphasises that classroom lighting plays a particularly critical role in student performance (Phillips 1997). Obviously, students cannot study unless lighting is adequate, and there have been many studies reporting optimal lighting levels (see Mayron et al. 1974, Dunn et al. 1985, 866). Jago and Tanner's review (1999) cites results of seventeen studies from the mid-1930s to 1997. The consensus of these studies is that appropriate lighting improves test scores, reduces off-task behaviour, and plays a significant role in students' achievement.

#### **4.9 Lunch Place:**

An exclusive and well-furnished lunch place not only influences health environment but also instils healthy eating habits among children. In the same vein, Mark Schneider (2000) reports that school facilities including lunch place affect learning. Spatial configurations, noise, heat, cold, light, and air quality of such facilities obviously bear on students' and teachers'

The lunch place is judged healthy or partially healthy or unhealthy on the basis of four parameters, namely:

1. An exclusive lunch place
2. Neat and tidy
3. Access to drinking water
4. Hand washing facilities.

Presence of all the above mentioned parameters makes the lunch place healthy. If none or any one of the parameters is present, the lunch place of the school is marked as unhealthy, and presence of any two parameters would be a partially healthy lunch place.

**Table 4.1.1.7: School Health Environment: Lunch Place**

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
Lunch Place	Healthy/Adequate	2	3.0	14	21.2	16	12.1
	Partially Healthy /Moderate	21	31.8	29	43.9	50	37.9
	Unhealthy/Inadequate	43	65.2	23	34.8	66	50.0
	Not Available	0	0.0	0	0.0	0	0.0
<b>Total</b>		66	100.0	66	100.0	132	100.0

The lunch place is judged healthy or partially healthy or unhealthy on the basis of four parameters, namely:

1. An exclusive lunch place
2. Neat and tidy
3. Access to drinking water
4. Hand washing facilities.

Presence of all the above mentioned parameters makes the lunch place healthy. If none or any one of the parameters is present, the lunch place of the school is marked as unhealthy, and presence of any two parameters would be a partially healthy lunch place.

Table 4.1.1.7 clearly shows that over 65% of government schools and 34% of private schools have lunch place that are unhealthy. Very few government schools i.e. about 30% are healthy as far as lunch place is considered. It has been observed in this study that in most of the government schools and in some of the private schools students have to eat in corridors or premises where the food is exposed to lot of dust. Many a times, students have their lunch in classrooms, spreading food over benches and floor, which is not, cleaned immediately causing stale odour in the classroom. Most often students sit for having lunch in the areas which are not clean, unaware of the risk to their health. A separate lunch place would help in limiting the food left-over to that place while the cleanliness and freshness of air in the classrooms can be maintained.

#### 4.10 Seating Furniture for Children

Comfortable seating furniture and posture enables children to sit and learn during classroom-teaching, and prevents them from backache, other posture related problems and general hygiene problems. Derek G Shendell and Claire Barnett (2004) inform us that surfaces like desks, which occupants come into frequent contact with, need to be frequently washed to maintain good general hygiene. Based on the following four parameters, the seating furniture has been categorized as healthy.

5. Wooden desks and benches
6. Sufficient desks-cum-bench space for each child
7. Reasonably ergonomic seating
8. Surfaces of benches and desks are clean and well finished.

Presence of all the above mentioned parameters make the seating furniture healthy .If none or any one of the parameters are present, the seating furniture in the classroom is marked as unhealthy, and presence of any two parameters would be a partially healthy seating furniture for students.

**Table 4.1.1.8:** School Health Environment: Seating Furniture for Children

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
Seating Furniture for Children	Healthy/Adequate	6	9.1	13	19.7	19	14.4
	Partially Healthy /Moderate	18	27.3	29	43.9	47	35.6
	Unhealthy/Inadequate	35	53	24	36.4	59	47.7
	Not Available	7	10.6	0	0.0	7	5.3
Total		66	100.0	66	100.0	132	100.0

The table above reflects unhealthy seating furniture in more than 59% government schools and 34% private schools. In about 10% government schools, furniture is not available.Lack of furniture may be ascribed to insufficient budgetary allocation for infrastructural development. On the whole, there is no streamlined classroom purchase system operating with the State Department of School Education.A majority of schools (47.7%) show inadequate seating furniture for children, primarily because of the lack of planning based on available strength of students. Many desks and benches are worn-out but not replaced. Fresh orders for more desks and benches are not made by the Headmaster in most government schools because of procedural hurdles. A majority of the private school managements prefer

replenishment of existing facilities than procuring new furniture. Increasing enrolment in private schools without corresponding increase in seating furniture, is leading to congested sitting and writing space.

In many government and private schools, benches are available but are devoid of back rest. Sitting long hours in the same constricted sitting posture without any scope for reclamation possibly leads to spinal cord related problems. The WHO information series document 2 (2002) lamented that with a widespread shortage of furniture in primary schools, many children spend much of their school day seated on possibly damp or contaminated mud floors or cold concrete floors. This can lead to infections from hookworm, urinary tract infections and problems with joints. The larger issue in this scenario is that students in most of the schools are forced to lead sedentary routine in cloistered spaces, which poses several health hazards some of which are even incomprehensible.

#### **4.11 Tables and chairs for teachers**

Well finished tables and chairs in a classroom provide comfort to teachers, the lack of which may affect the efficiency of teachers. The following parameters have been demarcated to classify the furniture for teachers as healthy.

1. A Wooden table and a chair
2. Surfaces of tables and chairs are smooth and well finished
3. The tables and chairs are kept clean
4. Ergonomically constructed chair.

Presence of all the above mentioned parameters make the furniture for teachers healthy .If none or any one of the parameters are present, the furniture for teachers in the classroom is marked as unhealthy, and presence of any two parameters would be a partially healthy furniture for teachers.

**Table 4.1.1.9:** School Health Environment - Tables / Chairs for Teachers

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%	N	%
Tables / Chairs for Teachers	Healthy/Adequate	6	9.1	15	22.7	21	15.9
	Partially Healthy /Moderate	24	36.4	28	42.4	52	39.4
	Unhealthy/Inadequate	36	54.5	23	34.8	59	44.7
	Not Available	0	0.0	0	0.0	0	0.0
	<b>Total</b>	66	100.0	66	100.0	132	100.0

From the above table it can be inferred that though tables/chairs are available in more than 54% of the government-schools, they are unhealthy. Almost same number of government and private schools possess partially healthy furniture for teachers.

It is a common norm in both government and private primary schools that depreciation of existing furniture is not taken into account until and unless the furniture becomes totally unfit for use. A natural consequence of this approach is that decrepit tables and chairs for teachers are also not replaced. Also in most of the private schools, the management perceives that the tables and chairs for the teachers are of nominal use, since, according to them a teacher is supposed to either write on the blackboard or move around in the classroom.

#### 4.12 Blackboard

Blackboard is one of the basic teaching aids for the primary school aged. It enables reading– writing part of learning and a large, clean and well finished blackboard not only offers clear visibility of the written matter but also prevents neck and eye-strain among students. American Medical Association (1969) advises that “blackboards are valuable teaching aids only if material written on them can be seen without glare or distortion from all parts of the room. Clean surfaces ensure greater visibility of such written material. Washing is one way to clean these surfaces, but only if boards are made of materials that withstand water. Manufacturer’s recommendations should be followed to prevent damage to board surfaces. The frequency with which chalkboards are cleaned, whatever the method, will depend on the type of chalk used, extent of use, and day-to-day accorded to them, but under average conditions, weekly washing should be sufficient”.

The parameters which distinguish a blackboard as healthy are mentioned below:

1. Surface is smooth and even
2. Size in consonance with classroom size
3. Suitably positioned
4. Well finished

Presence of all the above mentioned parameters makes the blackboard healthy. If none or any one of the parameters are present, the blackboard in the classroom is marked as unhealthy, and presence of any two parameters would be a partially healthy blackboard. In as many as 52% government schools, the blackboards are unhealthy. Partially healthy, blackboards are available in more than 36% and 42% government and private schools respectively. Only 9% and 23% of government and private schools respectively have healthy blackboards as shown in the above table.

The blackboard is either unhealthy or partially healthy in most government schools (89%) as well as private schools (71%) because of a variety of reasons ranging from over smoothness of surface to deeply cracked and abrasive surface. The blackboard size often does not correspond with the classroom size. Even the height of the blackboard could be offering a disadvantageous view to the front as well as backbenchers. The blackboard is also a common source of dust and impure particles generated by over frequent use of chalk pieces and dusting leading to respiratory problems in children and teachers. Also, the eyesight of the students is subjected to consistent strains due to constant viewing of the blackboard, especially while writing notes.

#### **4.13 Almirahs /Cupboards**

Almirahs/cupboards are required in the classroom or staffrooms to keep the books and other belongings safely and dust-free. In the absence of an almirah, books and things may be kept lying in a disorganized manner or even if arranged properly may occupy some of the available classroom/staffroom space. Loss/theft of books/belongings also happens.

**Table 4.1.1.10:** School Health Environment: Blackboard

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
Blackboard	Healthy/Adequate	7	10.6	19	28.8	26	19.7
	Partially Healthy /Moderate	25	37.9	32	48.5	57	43.2
	Unhealthy/Inadequate	34	51.5	15	22.7	49	37.1
	Not Available	0	0.0	0	0.0	0	0.0
<b>Total</b>		66	100.0	66	100.0	132	100.0

Following are the parameters which classify the almirahs as healthy:

1. Almirahs and cupboards are fitted with doors and lock facility
2. Sufficient space for each student/teacher
3. Neat and tidy
4. Well-finished.

Presence of all the above mentioned parameters make the Almirahs/cupboards healthy .If none or any one of the parameters are present, the Almirahs/cupboards in the school is marked as unhealthy, and presence of any two parameters would be a partially healthy Almirahs/cupboards.

**Table 4.1.1.11:** School Health Environment: Almirahs / Cupboards

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
Almirahs / Cupboards	Healthy/Adequate	3	4.5	16	24.2	19	14.4
	Partially Healthy /Moderate	19	28.8	26	39.4	45	34.1
	Unhealthy/Inadequate	39	59.1	20	30.3	59	44.7
	Not Available	5	7.6	4	6.1	9	6.8
<b>Total</b>		66	100.0	66	100.0	132	100.0

Almirahs were not available in more than 6% of government and private schools. Almirahs in over 59.1% government schools have been found to be unhealthy. Almirahs/ Cupboards are unhealthy in a majority of government schools simply



because of lack of regular maintenance, non-replacement of unfit units and non-existence of the practice of dusting or tidying up the interiors. Partially broken panes, doors, racks seem to be the prevailing norm, due to which these are not properly used. Open shelves constructed as part of classroom walls in many government and private schools tend to be dusty throughout, thereby discouraging both teachers and students from using the same.

#### **4.14 School Garden or Green Areas**

A garden or a green area reflects serenity and also helps in regulating temperature. It adds to the aesthetic appeal and develops environment-awareness among students in the long term. Rayanna, D (2001) emphasises that a well maintained school garden will enhance the school health environment. The school must present a good appearance. This is desirable because beauty in surroundings is a must for growing individuals. There should be cleanliness campaigns periodically. As part of environmental protection, every school must take up plantation of trees, develop a simple garden. The waste water can be effectively used for the garden and the trees (Rayanna 2001).

The following are the parameters which distinguish school garden or green areas as healthy.

1. An exclusive school garden
2. Sufficiently positioned in accordance with the nature of premises
3. Well-watered
4. Sufficient number of trees/saplings/flower pots.

Presences of all the above mentioned parameters make the school garden/green areas healthy. If none or any one of the parameters are present, the school garden/green areas in the school is marked as unhealthy, and presence of any two parameters would be a partially healthy school garden/green areas. The table shows that a very important aspect of school environment i.e. a school garden or green areas remain grossly neglected. More than 72% private school and 77% government schools do not show green area or a garden in the premises. Greenery is not available in most of the government as well as private schools (75% of sample schools) because of a few notable reasons. Firstly, government schools do not have sanctioned post of a gardener. Secondly, the open place or playgrounds in most government schools are also used as thoroughfares, due to which saplings cannot be conveniently planted. Since space is a major constraint in most private schools, there is no incentive to set up any kind of plantation. Where ever space is available, higher priority is accorded to the use of the same as a playground. In many schools unhealthy conditions exist in available green areas because students tend to frequently pluck leaves, flowers and grass, etc.

**Table 4.1.1.12:** School Health Environment: School garden or green areas

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
School Garden or Green Areas	Healthy/Adequate	2	3.0	4	6.1	6	4.5
	Partially Healthy /Moderate	4	6.1	3	4.5	7	5.3
	Unhealthy/Inadequate	9	13.6	11	16.7	20	15.2
	Not Available	51	77.3	48	72.7	99	75.0
	<b>Total</b>	66	100.0	66	100.0	132	100.0

#### 4.15 Playground

A well kept playground reflects the school objective of all round development of the child and ensures that play and fun supplement classroom learning.

A healthy playground should satisfy the following parameters:

1. Large enough in accordance with the school strength.
2. Neat and tidy
3. Safe and free from harmful structures.
4. Properly surfaced and fenced.

Presence of all the above mentioned parameters make the playground healthy .If none or any one of the parameters are present, the playground in the school is marked as unhealthy, and presence of any two parameters would make the playground partially healthy

**Table 4.1.1.13:** School Health Environment - Playground

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
Playground	Healthy/Adequate	2	3.0	3	4.5	5	3.8
	Partially Healthy /Moderate	16	24.2	24	36.4	40	30.3
	Unhealthy/Inadequate	29	43.9	21	31.8	50	37.9
	Not Available	19	28.8	18	27.3	37	28.0
	<b>Total</b>	66	100.0	66	100.0	132	100.0

The table above indicates the condition of playgrounds in schools. Most of the government as well as private schools are kept unhealthy. Very few schools (3-4%) show healthy playgrounds. The playground is quite unhealthy in a good number of government schools as well as private schools because these are utilized for several purposes other than games and sports.

In government schools, the playground is also a dumping place for unused or to be used construction material. It is also observed that most of the playgrounds are not levelled properly and are filled with embedded stores and pebbles.

Ill-maintained playgrounds raise a lot of dust and dirt, stoking respiratory ailments as well as skin allergies in teachers, students and entire staff. WHO (2002) report that falls and other accidents within the school grounds can occur as a result of poor construction and poor maintenance. The unhealthy location of the school itself lays the playground exposed to noise and air pollution from traffic. Schools offer a unique setting to promote and provide opportunities for physical activity as recreation and sport. Regular and appropriate physical activity is an essential stimulus for children to reach their potential of growth and development. While a healthy school environment is a recognized component of coordinated school health programs (Canadian Institute for Health Information, 2006), school grounds are seldom directly mentioned within strategies intended to influence children's eating or activity behaviors. This is despite the significant amount of time that children spend there on a daily basis. It is necessary for optimal health and functional capacity.. Dymment Janet and Anne C. Bell (2007) are sure that when one considers that children attend school about 200 days per year, school grounds represent an environment worthy of attention in school-based health-promotion initiatives.

#### **4.16 Drinking Water**

Safe drinking water is vital to good health. Contamination of water due to different reasons leads to diseases like diarrhoea, malaria, cholera, etc. Water is a crucial factor in school children attendance. In fact, Water for Schools (2006) concludes that children are not attending schools due to the lack of safe drinking water and toilets in their school and those children get ill because there is no clean water in their school. Drinking water must possess following parameters to be considered as healthy.

9. Potable and treated drinking water
10. Supply of drinking water throughout the school hours
11. Water-storage container is clean and covered
12. A tap connection or a ladle is available.

Presence of all the above mentioned parameters make the drinking water healthy .If none or any one of the parameters are present, the drinking water in the school

is marked as unhealthy, and presence of any two parameters make the drinking water partially healthy. Though a basic requirement, it is found in most of the government schools (59%) and private schools (42%), drinking water is unhealthy. Few schools do not provide drinking water at all as can be observed from the table above.

Drinking water is unhealthy in a high number of government as well as private schools largely because it is not potable. The risks of unsafe drinking water are too high to be ignored. UNICEF/IRC (2005) state that water, sanitation and hygiene are the primary causes of diarrhea, which annually kills between 1.6 million and 2.5 million children under five – more than any other illness or disease. Improving water, sanitation and hygiene is the only way to reduce the burden of chronic diarrhea morbidity in young children.

**Table 4.1.1.14:** School Health Environment: Drinking Water

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%	N	%
Drinking Water	Healthy/Adequate	4	6.1	12	18.2	16	12.1
	Partially Healthy /Moderate	19	28.8	23	34.8	42	31.8
	Unhealthy/Inadequate	39	59.1	28	42.4	67	50.8
	Not Available	4	6.1	3	4.5	7	5.3
	<b>Total</b>	66	100.0	66	100.0	132	100.0

Most government schools obtain drinking water from municipal tankers and store them in open or unclean concrete and plastic tanks, in small steel or plastic containers and rarely in earthen pots. Absence of a tap or ladle lead to unhealthy ways of drawing water from the aforementioned stored water sources further contaminating the untreated drinking water. Both drinking water and other water aren't perceived to be separate by most students in both government and private schools as a consequence of which many children drink water from any available source or nearby tap.

#### 4.17 Water for Other Usage:

UNICEF/IRC (2005) has released a report that informs us that poor water, sanitation and hygiene cause at least 5.7 per cent of the total global disease burden. Diseases related to water, sanitation and hygiene include diarrhea, helminthes infections, schistosomiasis, dracunculiasis, filariasis, trachoma, fluorosis,

arsenicosis, HIV/ AIDS, and malaria. So it is amply clear that water for other usage such as hand washing /toilets etc. is essential to ensure minimum sanitation and hygiene among students and also in the toilets. Water for the other usage is considered healthy with the following parameters.

1. Provision of water for hand washing, etc.
2. Provision for water storage ( overhead tanks/tanks/sumps)
3. Free from atmospheric impurities and algae
4. Availability of enough taps and pumps

Presence of all the above mentioned parameters make water for the other usage healthy .If none or any one of the parameters are present, the school Water for the other usage in the school is marked as unhealthy, and presence of any two parameters makes the water for other usage partially healthy.

**Table 4.1.1.15:** School Health Environment - Water for other usage

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
Water for other usage	Healthy/Adequate	3	4.5	9	13.6	12	9.1
	Partially Healthy /Moderate	14	21.2	30	45.5	44	33.3
	Unhealthy/Inadequate	44	66.7	24	36.4	68	51.5
	Not Available	5	7.6	3	4.5	8	6.1
<b>Total</b>		66	100.0	66	100.0	132	100.0

The above table shows that as many as in 67% of government schools and 36.4% of private schools the water for other usage is unhealthy. In over 5% schools, the water for other usage is not available.

The water for other usages is unhealthy in majority of the sample schools (51.5%), simply because the water storage container or tanks are open and not cleaned frequently. One can observe algae, dust and mud in the water. The water is not supplied regularly and is often inadequate.

Adequate water for other usages is very essential to maintain hygiene. Ample availability of such water is basic to clean and odourless toilets. Dirty hands, resulting from play or after using toilet is a major reason for infectious diseases like Hepatitis A, amoebiasis, diarrhoea which spread via faeco-oral route (Huttley.S et al 1997). A child born in the developed world consumes thirty to fifty times as much water resources as one in the developing world (UNESCO 2000). This indicates the poor use of water by a school child in India.

#### 4.18 Electric Supply

Electricity is one of the fundamental requirements that ensure proper day to day working of the school machinery. Electricity is manifested through running fans and glowing bulbs and beaming tube lights. In the absence of natural light and ventilation, it is electricity that compensates. Electricity supply in sample schools is rated healthy on the basis of the following four parameters:

1. Availability in all rooms
2. Uninterrupted power supply
3. Availability throughout the academic year
4. Stabilized voltage

Presence of all the above mentioned parameters make up healthy conditions, presence of any one or none of the parameters indicates unhealthy conditions whereas presence of any two parameters makes up partially healthy conditions with respect to electric supply in the school.

**Table 4.1.1.16:** School Health Environment - Electric Supply

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
Electric Supply	Healthy/Adequate	7	10.6	31	47.0	38	28.8
	Partially Healthy /Moderate	17	25.8	30	45.5	47	35.6
	Unhealthy/Inadequate	38	57.6	5	7.6	43	32.6
	Not Available	4	6.1	0	0.0	4	3.0
	Total	66	100.0	66	100.0	132	100.0

A majority of the government schools have inadequate electric supply. Often this occurs due to accidental power-cuts which is not restored promptly. Also in many government schools, non payment of electricity bills is also a reason behind long power-cuts. Few government schools (6%) do not possess an electric connection. It is found that in all the private schools of the sample electric supply is available. However, partially healthy and unhealthy private schools are more than 50% of the sample with respect to electric supply.

Lack of electric supply during rainy season or cloudy days may lead to vision problems among children. Suffering due to hot weather is further aggravated by absence of interrupted electric supply. Electric hazards represent another dimension of electric supply from the school health viewpoint. American Medical Association (1969) cautions that perhaps the greatest hazard in schools accountable to electricity is fire especially in older buildings. Demand for better illumination in

older buildings imposes current loads too great for their wiring to handle. Another danger from substandard electrical wiring is electric shock, or under certain conditions, electrocution.

#### 4.19 Condition of Fans

Fan is an essential infrastructural aid in typical Indian weather conditions, especially to ensure uninterrupted and comfortable learning as well as teaching. A fan aids in balanced and healthy circulation of air in the entire classroom, due to which the normal body temperature of students is more or less maintained. Myhrvold et al.(1996) found that increased carbon dioxide levels in classrooms owing to poor ventilation decreased student performance on concentration tests and increased students' complaints of health problems as compared to classes with lower carbon dioxide levels. The study was conducted at eight different European schools on more than 800 students with results that achieved statistical significance. This result underscores the need for ample supply of air from fans in the classrooms. Fans are classified as healthy, if all the four parameters that are mentioned below are satisfied.

- At least one fan each for students and teacher at vantage points
- Ergonomic and functional fan
- Functional regulator
- Well maintained or devoid of soot and grin.

Presence of all the above mentioned parameters make up healthy conditions,if none or any one of the parameters are present, indicates unhealthy conditions whereas presence of any two parameters makes up partially healthy conditions with respect to the condition of fans in the school.

It can be noted from the above table that in over 56% of the government schools, the fans are unhealthy in classrooms/staffrooms and HM rooms. In above 3% of schools, fans are not available.

The unhealthy condition of the fans in most of the government and private schools of the sample may be ascribed to lack of maintenance and servicing. The fans not promptly attended to many a times. And a non-functional regulator may be another cause. The partially healthy fans in most of the private schools are due to inadequate number of fans in the classroom/staffrooms and HM rooms. Also in majority of government as well as private schools, the fans are not totally free from soot or grin. The partially or unhealthy fans cause discomfort and dust allergy among student and teachers.

**Table 4.1.1.17: School Health Environment- Fans**

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
Fans in class room	Healthy/Adequate	6	9.1	21	31.8	27	20.5
	Partially						
	Healthy/Moderate	18	27.3	29	43.9	47	35.6
	Unhealthy/Inadequate	37	56.1	16	24.2	53	40.2
	Not Available	5	7.6	0	0.0	5	3.8
	<b>Total</b>	66	100.0	66	100.0	132	100.0
Fans in staff room	Healthy/Adequate	6	9.1	21	31.8	27	20.5
	Partially						
	Healthy/Moderate	17	25.8	30	45.5	47	35.6
	Unhealthy/Inadequate	39	59.1	15	22.7	54	40.9
	Not Available	4	6.1	0	0.0	4	3.0
	<b>Total</b>	66	100.0	66	100.0	132	100.0
Fans in HMs room	Healthy/Adequate	7	10.6	20	30.3	27	20.5
	Partially						
	Healthy/Moderate	19	28.8	34	51.5	53	40.2
	Unhealthy/Inadequate	37	56.1	12	18.2	49	37.1
	Not Available	3	4.5	0	0.0	3	2.3
	<b>Total</b>	66	100.0	66	100.0	132	100.0

#### 4.20 Lights

Artificial light is a pre-requisite during cloudy days and in dark interior rooms for clear visibility of blackboard, but dim or overly bright lighting do cause eye-strain. The American Medical Association (1969), in an authoritative document on healthful school living, suggests that electric lighting must supply all the illumination necessary for evening use of schools and on dark days. In most rooms electric light is needed to supplement daylight for at least

part of the average day, especially for the seats farthest from the windows. Rows of fixtures are sometimes provided with individual switches for flexibility in this respect (American Medical Association 1969). The following parameters have been identified to classify lighting in classroom/staffroom/HM rooms as healthy:

1. At least two tube lights in the room at vantage points



2. Well connected and intact switches
3. Functional tube light /bulbs
4. Adequate wattage.

**Table 4.1.1.18: School Health Environment - Lights**

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
Lights In class room	Healthy/Adequate	6	9.1	17	25.8	23	17.4
	Partially Healthy/Moderate	20	30.3	33	50.0	53	40.2
	Unhealthy/Inadequate	35	53.0	11	16.7	46	34.8
	Not Available	5	7.6	5	7.6	10	7.6
	Total	66	100.0	66	100.0	132	100.0
Lights in staff room	Healthy/Adequate	7	10.6	21	31.8	28	21.2
	Partially Healthy/Moderate	23	34.8	32	48.5	55	41.7
	Unhealthy/Inadequate	32	48.5	13	19.7	45	34.1
	Not Available	4	6.1	0	0.0	4	3.0
	Total	66	100.0	66	100.0	132	100.0
Lights in HMs room	Healthy/Adequate	9	13.6	21	31.8	30	22.7
	Partially Healthy/Moderate	21	31.8	33	50.0	54	40.9
	Unhealthy/Inadequate	34	51.5	12	18.2	46	34.8
	Not Available	2	3.0	0	0.0	2	1.5
	Total	66	100.0	66	100.0	132	100.0

Presence of all the above mentioned parameters make up healthy conditions, if none or any one of the parameters are present, it indicates unhealthy conditions whereas presence of any two parameters makes up partially healthy conditions with respect to lights in the school. Lighting in rooms, as observed in the above tables, is unhealthy in majority of the government schools and partially healthy in nearly 50% of private schools. The unhealthy condition of rooms with respect to lights in the government schools and some private schools is possibly due to tardy replacement of damaged bulbs or tube-lights, procedural delays in procurement of fresh bulbs/tube lights, poor financial capacity and low willingness on the part of school management to adopt quick corrective steps. Poor artificial lighting affects the visibility and eye-health of the students.

#### 4.21 Toilets

Toilet is a dire necessity in order to keep proper body hygiene and also promote healthy surroundings. The following four parameters have been framed in order to designate the condition of toilet as healthy.

1. Well-built toilets with intact doors
2. Regular and sufficient water supply
3. Regular cleaning /free of foul smell
4. Use of disinfectants

Presence of all the above mentioned parameters make up healthy toilets, presence of any one or none of the parameters indicates unhealthy toilets whereas presence of any two parameters makes up partially healthy toilets in the school.

The girls and boys toilets are unhealthy in 64% and 68% government schools respectively. The staff toilets are unhealthy in 57.6% of government schools and 33.3% private schools.

Toilets are not found healthy in any of the government schools as gleaned from the above table. Unhealthy toilets in most of the schools exist because of a host of reasons, a few of them being inadequate water supply, unavailability or shortage of toilet cleanliness, lack of use of disinfectants. The partially healthy condition of toilets in many schools mainly exists due to irregular cleaning, and partially damaged doors. Non-availability of toilets for girls in few schools may affect their well-being and learning. IRC (2004) refers to PHAST or Participatory Hygiene and Sanitation Transformation as an innovative approach to promoting hygiene, sanitation and community management of water and sanitation facilities which emphasises on personal hygiene when it comes to toilets and includes building a latrine, children washing hands after visiting the toilet, safe disposal of children's excreta into toilets or by burying in the absence of toilets. Such an approach will aid in proper maintenance of available toilets.

Inadequate toilets with respect to the strength of the school, may lead to over use,

further deteriorating the condition of the toilets. In such schools the foul smell emanating from the toilets not only discourage the staff and students from using them, but also have a deleterious effect on the air quality.

#### 4.22 Drainage

A closed and well maintained drainage is a crucial determinant of healthy surroundings. A proper drainage system enables waste water from toilets and other places of the school to flow into the manholes, prevents stagnation of water and thus contributes in keeping the school environment and school occupants healthy.

**Table 4.1.1.19:** School Health Environment –Toilets

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
Cleanliness of Girls' Toilets	Healthy/Adequate	0	0.0	12	18.2	12	9.1
	Partially Healthy	21	31.8	29	43.9	50	37.9
	/Moderate						
	Unhealthy/Inadequate	42	63.6	24	36.4	66	50.0
	Not Available	3	4.5	1	1.5	4	3.0
	<b>Total</b>	66	100.0	66	100.0	132	100.0
Cleanliness of Boys' toilets	Healthy/Adequate	0	0.0	12	18.2	12	9.1
	Partially Healthy	20	30.3	30	45.5	50	37.9
	/Moderate						
	Unhealthy/Inadequate	46	69.7	24	36.4	70	53.0
	Not Available	0	0.0	0	0.0	0	0.0
	<b>Total</b>	66	100.0	66	100.0	132	100.0
Cleanliness of Staff Toilets	Healthy/Adequate	4	6.1	15	22.7	19	14.4
	Partially Healthy	24	36.4	29	43.9	53	40.2
	/Moderate						
	Unhealthy/Inadequate	38	57.6	22	33.3	60	45.5
	Not Available	0	0.0	0	0.0	0	0.0
	<b>Total</b>	66	100.0	66	100.0	132	100.0

A well set-up drainage system is termed healthy on the basis of following four parameters:

1. Well capacitated and well maintained sewerage
2. Leak-proof or non-leaking pipelines
3. Distanced from water supply pipeline
4. Storm water outlet

**Table 4.1.1.20:** School Health Environment: Drainage system

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
Drainage system	Healthy/Adequate	2	3.0	8	12.1	10	7.6
	Partially	14	21.2	28	42.4	42	31.8
	Healthy/Moderate	41	62.1	26	39.4	67	50.8
	Unhealthy/Inadequate	9	13.6	4	6.1	13	9.8
	Not Available	66	100.0	66	100.0	132	100.0

Presence of all the above mentioned parameters make up healthy drainage system, presence of any one or none of the parameters indicates unhealthy drainage system whereas presence of any two parameters makes up partially healthy drainage system in the school. The above table reflects the condition of drainage system in the primary schools. The drainage system in as many as 62% government schools and 39% private schools is unhealthy. In 14% government schools and 6% private schools, the drainage system is not available. In some of the schools under study non-availability of a proper drainage system or a rudimentary drainage system adversely affects the overall hygiene and sanitation of the school premises and environment.

The unhealthy drainage system in most of the schools may be due to the fact that school managements accord a low priority to this issue and also perhaps are ignorant of the health-consequences due to an ill-maintained drainage system. In the absence of a proper drainage system in majority of schools, waste water resulting from hand washing and toilets tend to stagnate, generate stinking smell and also may become a breeding ground for mosquitoes. In such prevailing conditions, all endeavours to promote personal hygiene and environmental cleanliness might be ineffective without a comprehensive drainage system. A strong message is issued by UNICEF (1998) which reports that stagnant water due to poor drainage, blocked sewers, and overflowing septic tanks or soak away may create adverse health effects. UNICEF suggests that closed-drains can best be avoided, open drains should be cleaned and maintained regularly and that water

should not remain stagnant in the drains to avoid health hazards.

### 4.23 Garbage Collection and Disposal

Effective and regular garbage clearance is a huge necessity to protect and promote school health environment and physical health of school denizens. Garbage clearance is also needed to ensure a neat and tidy look which on its own is outwardly appealing even with bare minimum infrastructure. The following are the parameters of a healthy garbage disposal facility.

Adequate dust-bins

- Suitably placed dust-bins
- Frequent emptying of dustbins.
- Dumping refuse /waste from school in a municipal waste bin or garbage dumping yard.

Presence of all the above mentioned parameters make up the garbage disposal healthy, presence of any one or none of the parameters indicates unhealthy way of garbage disposal whereas presence of any two parameters makes up the garbage disposal partially healthy .

**Table 4.1.1.21:** School Health Environment - Garbage Collection and Disposal

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%	N	%
Garbage Collection	Healthy/Adequate	3	4.5	14	21.2	17	12.9
	Partially Healthy	21	31.8	30	45.5	51	38.6
And Disposal	/Moderate Unhealthy/Inadequate	42	63.6	22	33.3	64	48.5
	Not Available	0	0.0	0	0.0	0	0.0
<b>Total</b>		66	100.0	66	100.0	132	100.0

It can be inferred from the above table that most of the government schools (63.6%) and over 1/3rd of private schools are unhealthy with respect to the garbage collection and disposal aspects. About 31.8% government schools and 45.5% private schools are categorized as partially healthy with respect to garbage disposal facility. Inadequate garbage infrastructure including dustbins, broomsticks and shortage of sweepers apart from the very daunting nature of this task are huge

dissuaders in creating a safe garbage clearance system.

The unlearned garbage spoils the natural air freshness as it generates foul or stinking smell. It also serves as breeding place of flies and other vectors. Dorland WA Newman (1947) cautions that improper disposal of garbage which includes the waste animal and vegetable material from kitchens becomes a breeding place for flies and other insects and feeds rats and stray animals. So he advises daily collection of garbage from a school building accompanied by wrapping of some types of garbage.

#### **4.24 School Health Services and Practices**

School health services help to treat health problems and to prevent, reduce and monitor them. In a health-promoting school, health services work in partnership with and are provided for students, school personnel, families and community members. School health services should be coordinated with members of the school and community to recognize and treat health problems resulting from exposure to environmental threats. (WHO information series on school health, document 2).The indicators of identified to measure school health services are given below:

1. School Health Policy
2. School Health Club
3. School Health Committee
4. Student Health Profile/Record
5. School Health Record
6. School Health Action Plan
7. Health Promotion Program for
  - a) Teachers
  - b) Students
  - c) Parents
  
8. Health Education Budget
9. Health Education
  - a) Books
  - b) CDs
  - c) VCDs
  
10. IEC Material (posters/models/charts)
11. Health Guidance & Counseling cell
12. Health Camps

13. Health Day/Events
14. Health Education Exhibitions/Fairs
15. Discussion Of Childs Health With Parents
16. Supervision of Health Environment, Facilities & Services
17. Co-curricular Events
  - a) Games/sports
  - b) Exercises
  - c) Yoga
  
18. Medical Checkup and Referral for
  - a) Eye
  - b) ENT
  - c) Dental
  - d) Worm Infestations
  - e) Diarrhea
  - f) Nutritional Deficiency
  
19. First Aid Facilities
20. Mid-Day Meals
21. Emergency Services For Fire/Accidents
22. Student Health Insurance

The data analysis and interpretation of part-B of observation checklist, related to the aspect of school health services and practices are presented below:

#### **4.25 School Health Policy**

Any learning institution for its effective functioning has to formulate comprehensive health policy for well-being of all its members. Since school is a learning organisation, it has to evolve its own health policy to ensure overall school health including the well-being of teachers students and other stakeholders.

Health policies in schools, including skills-based health education and the provision of some health services, can help promote the overall health, hygiene and nutrition of children (World Education Forum 2000). But good school health policies should go beyond this to ensure a safe and secure physical environment and a positive psychosocial environment as recommended by the FRESH framework (2000) for school health. Unfortunately such a vital aspect of health protection and promotion has been grossly neglected by our system of education. It is found that all the 132 serviced government and private elementary schools do not formulate their own school health policy and also do not comply with any

macro school health policy at district level or state level. This research has ascertained that absence of school health policy also means absence of discussions between school management, government officials and teachers leading to formulation of a school health policy. Here, government officials include education department and health department officials.

The micro-school health policy is normally based on the macro-school health policy. The absence of a macro-school health policy at district, state and central levels has turned out to be a strong disincentive to primary schools for them to formulate their own respective school health policies.

Even if the schools are willing to collect school health guidelines from any other comprehensive policy documents, the aspect of overall school health is sorely missing even by way of cursory mention though certain components of school health have received minimal attention.

**Table 4.1.2.1:** School Health Services and Practices: School Health Policy

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%	N	%
School Health Policy	Fully in place	0	0.0	0	0.0	0	0.0
	Partially in place	0	0.0	0	0.0	0	0.0
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	66	100.0	66	100.0	132	100.0
	Total	66	100.0	66	100.0	132	100.0

The absence of a school health policy has a tremendous impact on the school health environment, school health services and school health education. It means that there is no consistent, coordinated and comprehensive approach towards holistic school health. Normally, lack of policy leads to non-provision of budget. Also, whatever school health initiatives are pursued by management or teachers or even students on their own tend to lose direction and focus. The absence of a school health policy means that there is no set framework on guidelines at all to be followed on a day-to-day basis, indeed foisting a huge dampener on attention to school health aspects. The key tasks entrusted to school health policy-makers with regard to school health policy development as enunciated by the California Department of Education, Sacramento (2003) are as follows:

“Develop a framework for determining the desirable and feasible health outcomes,



including mental, emotional, and social health, of comprehensive school health programs.

- Examine the relationship between health outcomes and education outcomes.
- Consider which factors are necessary in the school setting in order to optimize those outcomes.
- Appraise existing data on effectiveness, including cost effectiveness, of comprehensive school health programs and identify possible additional strategies for evaluating the effectiveness of those programs.
- Recommend mechanisms for wider implementation of health programs that have proven to be effective. “

#### 4.26 School Health Club

School health clubs can offer a systematic learning opportunity to the young minds. Such clubs possibly evoke responsibility towards their environment and develop healthy habits among the school-aged.

**Table 4.1.2.2:** School Health Services and Practices: School Health Club

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%	N	%
School Health Club	Fully in place	0	0.0	0	0.0	0	0.0
	Partially in place	0	0.0	0	0.0	0	0.0
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	66	100.0	66	100.0	132	100.0
	Total	66	100.0	66	100.0	132	100.0

All the 132 surveyed government and private elementary schools do not run a school health club. Contemporary school education has incorporated the concept of thematic clubs like elocution club or yoga club or adventure club. But school health club does not seem to be even aware of as a concept in government and private primary schools alike. It appears that club is learning– oriented and practice– focused. But due to the absence of healthy infrastructure and facilities in most primary schools, lack of motivation to discuss, ideate and promote healthy

behaviour is discernible in teachers who in turn do not mobilise children to sit together and learn together about basic healthy practices under the auspices of a health club.

School health club, being totally absent in terms of both concept and existence, can be a huge energizer. Its absence means that there is no forum to even discuss and share ideas and thoughts about school health matters for teachers and students alike. Elementary school children are impressionable by nature and can also learn at a faster rate. The formation of health club can accelerate promotion of healthy behaviour and habits in such children. UNICEF Waterfront (2002) cites a successful school health project in Chennai wherein all the primary schools have established their own health clubs. The club members monitor the personal hygiene of their peers as well as conditions in the schools and classrooms. The project was launched with an objective of promoting hygiene and health practices among school children. So, the absence of a school health club represents a huge loss of opportunity in terms of boost to school health education and sensitization.

#### **4.27 School Health Committee:**

School health committee, with teachers, parents and community leaders as members can help in effective planning and implementation of certain school health programs and thus contribute to promotion of school health. It is also known as the school health council. Jesse Helen Haag (1965) has outlined the school health council's operating procedures as follows: Discovers pertinent school health problems having direct relation to community health; Compiles all data concerning the school conditions that create these health problems; Plans a course of action to solve the pertinent problems and improve the health of all school personnel and students; Suggests to the school superintendent the course of action or, with the superintendent's approval, carries out the course of action; Evaluates and revises plans of action so that other problems, appearing in the future, can be easily handled; Makes recommendations for long-term planning that include both school and community health. A wide set of members suggested by Jesse (1965) as part of the school health council are the principal, the school health educator/coordinator, a physician and a dentist interested in the school's health problems, a school nurse, three teachers, students representing various grade levels, the school counsellor, the school lunch manager, custodian, a representative from the Parent-Teacher Association, two members of community voluntary health agencies, and a member of the local health department.

**Table 4.1.2.3:** School Health Services and Practices: School Health Committee

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
School Health Committee	Fully in place	0	0.0	0	0.0	1	0.8
	Partially in place	21	31.8	0	0.0	21	15.9
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	45	68.2	66	100.0	110	83.3
	<b>Total</b>	66	100.0	66	100.0	132	100.0
							0

It is noted that around two-thirds of the surveyed government elementary schools do not run a school health committee. The surveyed private schools have fared much worse, with not even a single school running a school health committee. Nearly 32% government schools do run the committee but it is largely dysfunctional.

The school health committee does not exist at all in private schools but to a moderate extent in government schools. This difference is accounted for by the presence of the district educational machinery which tends to apply more pressure on the government schools in certain matters. Also, the private school promotions tend to discourage formation of any kind of committee as it is seen to be a threat to their decision-making power. Some Government schools do show a semblance of a school health committee as presence of a democratic structure is normally encouraged in government setups. But immature democratic dynamics do tend to take over in a typical government set up, which largely explains the noteworthy presence of partially in-place school health committees in government schools.

The absence of a school health committee entails negligence of both critical and minor school health issues as this forum is meant to address such issues. This committee presents an opportunity to both management and teachers to debate and prioritise on health concerns in the school. So, even a partially functioning school health committee can serve to address at least the urgent school health issues. Highly reactive responses to major school health concerns characterize school health committees which are actually about sensible decision – making and proactive responses to pressing school health matters.

#### 4.28 Student Health Profile / School Health Record

Health records enable the schools to document results of medical examinations, doctor’s report on significant findings of the medical examination, students’ health history, teacher observations and follow-up. The data thus generated will be useful to identify and prioritize health issues in the school and plan for relevant interventions. Writing about the content of school health records, Haag (1965) suggests seven sections as follows: Pupil identification and teacher observations; pupil health history; medical examination; physician’s report to the school on significant findings of the medical examination; follow-through and nutritional, hearing, and vision screening; dental examination with recommendations for further dental care; posture screening and summary of health data to be used by the teacher in the instructional program.

**Table 4.1.2.4:** School Health Services and Practices: Health Profile/ Records

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
School Health Profile	Fully in place	0	0.0	0	0.0	0	0.0
	Partially in place	0	0.0	0	0.0	0	0.0
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	66	100.0	66	100.0	132	100.0
	Total	66	100.0	66	100.0	132	100.0
School Health Record	Fully in place	0	0.0	0	0.0	0	0.0
	Partially in place	0	0.0	0	0.0	0	0.0
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	66	100.0	66	100.0	132	100.0
	Total	66	100.0	66	100.0	132	100.0

Student health profile / record is not seen to be in place in all the 132 surveyed government and private schools. Even the school health record is not in place in all the surveyed schools.

One can clearly surmise from the complete absence of student health profile / record and school health record that the school does not see itself as a stakeholder in the maintenance of day-to-day student health. This is probably because the school is not sensitized to the attendant spin – off benefits and perils related to maintenance of student-cum-school health records. A major reason why the schools are indifferent towards day-to-day student health is because it does not see the visible benefits arising from insistence on practices like maintenance of school

health record / student health record.

The complete absence of health records represents the abandonment of a golden chance for the school to show to parents and students alike that it genuinely cares for the day-to-day health of the student. Lack of such records mean that declining student health will not be tracked, leading to deleterious impact on student performance in academics and games. Hidden diseases are also kept undetected. Health consciousness in student is also linked to awareness about changing health profile. So, lack of health records means poor or no health consciousness in the mind of each student.

#### 4.29 School Health Action Plan

It is a compilation of several initiatives and measures meant to address major school health concerns. It also sets a framework for thorough execution of major decisions.

**Table 4.1.2.5:** School Health Services and Practices: School Health Action Plan

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%	N	%
School Health Action Plan	Fully in place	0	0.0	0	0.0	0	0.0
	Partially in place	0	0.0	0	0.0	0	0.0
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	66	100.0	66	100.0	132	100.0
	Total	66	100.0	66	100.0	132	100.0

All the 132 surveyed government and private schools do not formulate the school health action plan in any form and at any level.

Since the school teachers and students are found grappling with the rigorous academics, it is felt that there is hardly any time to execute a school health action plan which will demand commitment on the part of management, teachers, students, parents and non-teaching staff. Also, a school health action plan envisages some additional expenditure which is loathed by the school management. Consensus – making exercise is an integral part and parcel of a school health action plan. Such an exercise tends to act as a powerful hindrance in the way, considering that it generates heated debates and clashes of vested interests between the different school stake- holders.

The lack of a school health action plan means absence of a problem-solving endeavour that is interwoven into such a plan. If health-related problems are not identified, then obviously nothing is done about problem-solving. Primary education is sought to be universalized in India. Health is seen as a critical determinant of student retention. It is the school health action plan which brings renewed focus on school health services, the absence of which can severely hurt its willingness and capacity to render health services to students.

### 4.30 School Health Promotion

School health promotion involves activities which are meant to create sustainable healthy behaviours with the aid of health education, health assessments, and health-related fitness activities. Health promotion is not in place in all the 132 surveyed schools, be it for teachers or staff or parents as reflected in the above table.

**Table 4.1.2.6:** School Health Services and Practices: Health Promotion

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%	N	%
Health Promotion- Teachers	Fully in Place	0	0.0	0	0.0	0	0.0
	Partially in place	0	0.0	0	0.0	0	0.0
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	66	100.0	66	100.0	132	100.0
	Total	66	100.0	66	100.0	132	100.0
Health Promotion- Students	Fully in Place	0	0.0	0	0.0	0	0.0
	Partially in place	0	0.0	0	0.0	0	0.0
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	66	100.0	66	100.0	132	100.0
	Total	66	100.0	66	100.0	132	100.0
Health Promotion- Parents	Fully in Place	0	0.0	0	0.0	0	0.0
	Partially in place	0	0.0	0	0.0	0	0.0
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	66	100.0	66	100.0	132	100.0
	Total	66	100.0	66	100.0	132	100.0

Health promotion is first of all not understood as a concept by all the major stakeholders, namely students, teachers, management, non-teaching staff and parents. Also, the absence of school health action plan, school health committee, school health club, school health records, etc. make the possibility of health promotion a remote one. It is the aforementioned components which generate a conducive ambience for health promotion to be done well. Health promotion cannot be pursued in a state of vacuum. Whitman et al (2000), while tracking the global progress made on school health promotion, refer to the 1994 regional WHO workshop on school health promotion which identified the key areas for intervention as school health education, school health services, and school health environment. They also refer to the WHO/WPRO reports which state that progress has been hindered by a lack of understanding within governments about the need for inter sectoral involvement and deal with the key issues that impinge on the effective implementation of healthy settings, namely limited resources, lack of ownership, over reliance on a small number of people, lack of action orientation or insufficient results achieved, insufficient management capabilities among public health professionals, and insufficient engagement with other health programs and with other sectors. The above issues suggest that strategic timing and engagement of appropriate people is a primary issue in effective implementation of health promotion (Lin, 1999). Zero health promotion for teachers, students and parents connote lack of preventive and promotive healthcare not only in the school premises but also at home.

#### **4.31 School Health Budget**

Budget is a pre-requisite to take up any initiative or execute a plan. A budget, meant for school health, will cater to the health needs of the school. So deliberate efforts to improve school health by the management will be encouraged. All the 132 primary schools do not keep a school health budget. This researcher has also ascertained that no government or private primary school even plans to formulate a school health budget.

Government schools are allocated a lean annual budget which is pulled apart by conflicting priorities. School health is not treated as a priority and hence has no role in the budget scheme of things. Regarding private schools, their profit-orientation and low school health awareness among parents ensure that school health does not find its way into the annual budget.

**Table 4.1.2.7: School Health Services and Practices: School Health Budget**

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
Health	Fully in Place	0	0.0	0	0.0	0	0.0
Education	Partially in place	0	0.0	0	0.0	0	0.0
Budget	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	66	100.0	66	100.0	132	100.0
	Total	66	100.0	66	100.0	132	100.0

Lack of a school health budget makes it very, very difficult for any school health initiative to be kick started simply because no fund will be available for such. Even a moderate school health budget can remarkably boost the overall school health environment.

#### 4.32 Health Education

Health education, among primary school children, continues the parental instruction of desirable health and safety practices, and it promotes the beneficial health and safety practices not taught by parents. It encourages the child to accept some of his/her responsibilities for a healthful and safe living. Health education aims not only to improve pupils' interest in health, their ability to relate what they learn to their own lives, and their understanding of basic ideas about health, but also to apply what they learn to the lives of their families and friends. To do so, health learning must emphasise skills development over simple information sharing, and provide opportunities for students to practice healthy behaviours or to address the conditions that promote health both personally and collectively (A.-M. Hoffmann-Barthes, 2000).

Health education is not at all imparted through books, CDs and VCDs. Not even one health education textbook on CD or VCD was seen in any library by this researcher. It has been noted that most management reps and teachers are not even vaguely aware about a subject such as health education. So no wonder they have not even searched for any health education book / CD / VCD to read or view. Also, the discipline of health education is yet to develop into a full-fledged subject. School health-related textbooks, CDs, VCDs are mostly the western ones. It is very difficult to obtain indigenous reading resources on school health.

Lack of learning resources in health education is a large dampener to the already half-hearted endeavours to raise awareness about school health on the part of



relevant authorities.

**Table 4.1.2.8:** School Health Services and Practices: Health Education

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%	N	%
Health Education -Books	Fully in place	0	0.0	0	0.0	0	0.0
	Partially in place	0	0.0	0	0.0	0	0.0
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	66	100.0	66	100.0	132	100.0
	Total	66	100.0	66	100.0	132	100.0
Health Education -CDs	Fully in place	0	0.0	0	0.0	0	0.0
	Partially in place	0	0.0	0	0.0	0	0.0
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	66	100.0	66	100.0	132	100.0
	Total	66	100.0	66	100.0	132	100.0
Health Education -VCDs	Fully in place	0	0.0	0	0.0	0	0.0
	Partially in place	0	0.0	0	0.0	0	0.0
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	66	100.0	66	100.0	132	100.0
	Total	66	100.0	66	100.0	132	100.0

### 4.33 IEC Material

The IEC material is more useful for primary school children than oral instructions

to generate awareness or inform them about health-related matters.

**Table 4.1.2.9:** School health services and practices: IEC material

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
IEC	Fully in place	0	0.0	0	0.0	0	0.0
Material	Partially in place	19	28.8	27	40.9	46	34.8
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	47	71.2	39	59.1	86	65.2
	Total	66	100.0	66	100.0	132	100.0

Over 71% of government primary schools do not keep and utilize IEC material. Over 59% of private primary schools also do not show IEC materials. A sizable 41% of private primary schools and nearly 29% of government primary schools do partially use IEC material. The partial use of IEC material could be as limited as hanging of a few IEC charts from walls. These IEC charts could be dwelling on only a few diseases.

IEC material is hardly distributed in both government and private primary schools by healthcare NGOs and state and central government departments of health and family welfare. Only APSACS has distributed some IEC material in the form of charts and posters to some government schools. When even healthcare organizations are not interested to contribute IEC material in a large way to schools, it is natural that schools do not have the time to search far and purchase customized IEC material.

When it comes to IEC material, it has the best possible impact on the impressionable minds of these primary school children. IEC material, through its simple, rich pictures and earthy messages, conveys key info on preventive healthcare, promotional healthcare and curative healthcare. In a nutshell, IEC material can make an effective headstand in awareness generation, the lack of which can blunt any dissemination exercise. Anu Gupta et al (2008) found that IEC

material like flannelographs, picture stories (Chitra-Katha), posters, notes, models, and flash cards were quite successfully deployed by teachers in a School Health Education Project (SHEP) that was adopted in rural schools of Shahapur block of Thane district and urban schools in suburban Mumbai. Such IEC-based school health education projects need to be replicated in Hyderabad.

#### 4.34 Health Guidance and Counselling

Health counselling by teachers or health educators includes the task of informing, interpreting, explaining, encouraging and motivating parents and children to seek remedy for their health problems. Haag (1965) refers to the six aims of health counselling as listed by the American Medical Association. Firstly, the pupil must be informed of his health status after a careful appraisal of his mental and physical health has been made. Second, the pupil's health problems must be interpreted to the parents, who must be encouraged to seek correction of the problems. Third, the pupil must be motivated to desire assistance in the correction of his health problem. Fourth, depending on his maturity, the pupil should be encouraged to assume responsibility for his own health. Fifth, information on pupils' health problems must be given to both parents and pupils in individual conferences. Sixth, pupil's health needs and interests must be understood (Haag 1965).

**Table 4.1.2.10:** School Health Services and Practices: Health Guidance and Counselling

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%	N	%
Health Guidance and Counselling	Fully in place	0	0.0	0	0.0	0	0.0
	Partially in place	0	0.0	0	0.0	0	0.0
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	66	100.0	66	100.0	132	100.0
	Total	66	100.0	66	100.0	132	100.0

This is completely absent in all the 132 government and private primary schools. Not a single school has a part-time or a full-time health counsellor on health education.

Some schools do have a career guide-cum-counsellor but at the higher secondary level. Even such schools do not appoint a health guide-cum-counsellor. So it can

be easily imagine that primary schools do not perceive the need for a health guide-cum-counsellor. Also, India does not have schools or training centres to generate trained school health guides-cum-counsellors. Consequently, even if a primary school does perceive such a need, it may not be able to find a suitable candidate for the profile of a health guide-cum-counsellor.

Lack of health guidance and counselling from an exclusive full-timer or part-timer marks a handicap in the progress of student health as well as school health. Primary school children cannot learn about health on their own. They desperately need some teacher to enquire about their individual health, pass on some health tips and inform them about what part of their daily behaviour is healthy and what isn't. Even if healthy behaviour is taught in fits and bursts, it cannot be sustained in the absence of health guidance and counselling.

#### 4.35 School Health Camps

Health camps in a cluster of schools in an area can control many communicable and non-communicable diseases common among primary school children. Health camps are not in place in 71% of government schools and 91% of private schools. Health camps are partially in place in 29% of government schools and 90% of private schools. What is surprising is that private schools which are expected to spend more on students are less in favour of health camps compared to government schools.

**Table 4.1.2.11:** School Health Services and Practices: Health Camps

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
Health Camps	Fully in Place	0	0.0	0	0.0	0	0.0
	Partially in place	19	28.8	6	9.1	25	18.9
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	47	71.2	60	90.9	107	81.1
<b>Total</b>		66	100.0	66	100.0	132	100.0

Health camps form a regular feature of government health services in villages and towns. Hence, this feature has been partially imbibed in government schools. Whereas private schools see health check-up and referral as a duty meant for parents who normally afford to take their children to clinics. Health camp is also treated as an event management challenge by both government and private schools.

Treating all students of the school in a single health camp with the aid of a limited team of doctors and Para-medical personnel could even become a nightmare for the school management. Health camp, if absent, could create a school scenario wherein the health complications build up fast and unobserved in the school children and gradually affects their studies. Health camp is the best means of individual monitoring of student health profile, the absence of which leads to students and parents who are largely uninformed and thereby indifferent towards health effects.

#### 4.36 Health Day / Events

Celebration of health days in schools will remind the school personnel and children about the significance of these days/events, motivating them to adopt few healthy habits and behaviour. These are not observed in 76% of government schools and 83% of private schools. Nearly one-fourth of government schools do partially observe health days / events while 17% of private schools do the same.

Firstly, awareness about major health days / events is very low in the general public and the same is applicable to the school management and teachers. Unless government and non- profit healthcare organizations make it a point to popularize the major health days / events like World Health Day, the schools will not budge from their humdrum routine. Private schools are less interested than government schools because of their unrelenting focus on educational matters. Even most parents are not appreciative about the intense values embedded in celebration of major health days / events.

**Table 4.1.2.12:** School Health Services and Practices: Health Days / Events

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%	N	%
Health Day	Fully in Place	0	0.0	0	0.0	0	0.0
/ Events	Partially in place	16	24.2	11	16.7	27	20.5
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	50	75.8	55	83.3	105	79.5
	Total	66	100.0	66	100.0	132	100.0

Health Days/ Events if left unobserved will keep the overall health consciousness of the school at a low level. Health Day/ Event is an opportunity to not just celebrate but also introspect, thereby energizing and inspiring teachers and students to be alert, dutiful and positive in health matters.

#### 4.37 Health Exhibitions

Health exhibitions enable the teachers, students, parents, and community members to actively participate and promote school health.

**Table 4.1.2.13:** School Health Services and Practices: Health Exhibitions

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%	N	%
Health Exhibitions	Fully in place	0	0.0	0	0.0	0	0.0
	Partially in place	0	0.0	0	0.0	0	0.0
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	66	100.0	66	100.0	132	100.0
	<b>Total</b>	66	100.0	66	100.0	132	100.0

It is totally absent in all the 132 private and government primary schools. Not even a health education stall is kept in even the general exhibitions held in these schools, if any.

Health education is yet to entrench itself as a concept in schools. Hence, the health education exhibition is not to be seen anywhere. Even the concept of exhibition caters primarily to those occasions when special dignitaries visit the school, so that the school progress/ achievements can be showcased well. This researcher has been told by some teachers that science exhibitions are held occasionally while exhibits related to health have never been noticed.

Health education exhibition has a fine demonstrative effect. The latent spirit of participation will be left unkindled in health education if no such exhibition is held.

It can be one of the most cost-effective interventions to promote health. A sure-fire means to sensitize oneself on health matters is lost if this innovative concept is not adopted.

#### 4.38 Discussion about Child’s Health with Parents

Schools should create space for constructive discussions about child’s health among various stakeholders can promote the overall well-being of the child; especially the discussion between teachers and parents would help to take necessary steps to protect children from various health problems.

Regular discussion about child’s health can ensure that parents are meticulously informed about the day-to-day health condition of their wards by which they can make suitable adjustments in lifestyle or diet back at home. Even the child will feel protected and cared for if parent and teacher are found discussing about his / her health apart from studies.

**Table 4.1.2.14:** School Health Services and Practices: Discussion About Child’s Health

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
Discussion of Child’s Health	Fully in place	0	0.0	0	0.0	0	0.0
	Partially in place	12	18.2	15	22.7	27	20.5
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	54	81.8	51	77.3	105	79.5
	<b>Total</b>	66	100.0	66	100.0	132	100.0

Child’s health is not discussed in 82% of government schools and 77% of private schools. Private schools are slightly better as 23% of such schools do partially discuss about child’s health whereas it is only 18% in government schools.

Such a sorry state of affairs exists mainly because of the high presence of students

versus teachers in government and private schools. This does not leave with enough time for discussion about child's studies between teacher and child or between teacher and parent. Obviously, discussion about child's health is a casualty. Limited school hours in primary schools also act as a dampener to the consultative spirit of teachers. Even parents do not spend enough time with teachers to enquire in detail about the child's health while at school. American Medical Association (1969) reports that many teachers in USA arrange a series of appointments so that one or both parents of a pupil may take part in an individual discussion dealing with the progress the pupil is making in his schoolwork. These discussions supplement information provided by report cards. Before the discussion the teacher reviews the record of each pupil and assembles samples of his work. The teacher's study of a pupil's needs often begins with a review of his cumulative record of school progress and cumulative health record. In many instances, study of these records reveals that a pupil having difficulty in schoolwork or in relationships with others has health problems as well.

#### **4.39 Supervision of Health Environment**

Efforts related to supervision or monitoring of the school environment, besides providing the basic facilities is crucial in sustaining healthy environment.

#### **4.40 Discussion about Child's Health with Parents**

Schools should create space for constructive discussions about child's health among various stakeholders can promote the overall well-being of the child; especially the discussion between teachers and parents would help to take necessary steps to protect children from various health problems.

Regular discussion about child's health can ensure that parents are meticulously informed about the day-to-day health condition of their wards by which they can make suitable adjustments in lifestyle or diet back at home. Even the child will feel protected and cared for if parent and teacher are found discussing about his / her health apart from studies.



**Table 4.1.2.14:** School Health Services and Practices: Discussion About Child’s Health

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
Discussion of Child’s Health	Fully in place	0	0.0	0	0.0	0	0.0
	Partially in place	12	18.2	15	22.7	27	20.5
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	54	81.8	51	77.3	105	79.5
	<b>Total</b>	66	100.0	66	100.0	132	100.0

Child’s health is not discussed in 82% of government schools and 77% of private schools. Private schools are slightly better as 23% of such schools do partially discuss about child’s health whereas it is only 18% in government schools.

Such a sorry state of affairs exists mainly because of the high presence of students versus teachers in government and private schools. This does not leave with enough time for discussion about child’s studies between teacher and child or between teacher and parent. Obviously, discussion about child’s health is a casualty. Limited school hours in primary schools also act as a dampener to the consultative spirit of teachers. Even parents do not spend enough time with teachers to enquire in detail about the child’s health while at school. American Medical Association (1969) reports that many teachers in USA arrange a series of appointments so that one or both parents of a pupil may take part in an individual discussion dealing with the progress the pupil is making in his schoolwork. These discussions supplement information provided by report cards. Before the discussion the teacher reviews the record of each pupil and assembles samples of his work. The teacher’s study of a pupil’s needs often begins with a review of his cumulative record of school progress and cumulative health record. In many instances, study of these records reveals that a pupil having difficulty in schoolwork or in relationships with others has health problems as well.

#### 4.41 Supervision of Health Environment

Efforts related to supervision or monitoring of the school environment, besides providing the basic facilities is crucial in sustaining healthy environment.

**Table 4.1.2.15:** School Health Services and Practices: Supervision Of Health Environment

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
Supervision of Health Environment	Fully in place	0	0.0	0	0.0	0	0.0
	Partially in place	8	12.1	17	25.8	25	18.9
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	58	87.9	49	74.2	107	81.1
	Total	66	100.0	66	100.0	132	100.0

As much as 88% of government schools and 74% of private schools do not supervise their health environment. Private schools appear to be more alert, with over one-fourth of them partially supervising the health environment and only 12% government schools doing so.

Normally management does supervision if it believes that it is in its best interests or if it is coerced into doing the same by higher authorities. Neither is applicable for most government and private schools as far as school health environment are concerned. The school management representatives either do not have an idea of the integral aspects of school health or tend to neglect it in view of limited resources and time. So, awareness needs to be generated about the role and importance of health environment and also the impact of its supervision among managements and teachers.

Regular supervision of health environment is needed to see to it that the support staff is doing its duty in preservation and promotion of the health environment. Supervision does not envisage just observation but even guidance and control. Lack of such supervision will contribute to further degradation of the already neglected school health environment.

#### 4.42 Co-Curricular Events - Games/Sports/Exercises/Yoga

Positive health behaviour can be inculcated among the primary school children through various co-curricular events besides regular classroom teaching. Haag (1969) defines physical education as education through physical activities. He clarifies that physical education has a very definite place in the curriculum of the

elementary and secondary schools with the objectives, course content, methods and materials of instruction, and the activities themselves differing considerably from health education.

**Table 4.1.2.16:** School Health Services and Practices: Co-Curricular Events

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
Co- curricular events – game /sports	Fully in Place	2	3.0	24	36.4	26	19.7
	Partially in place	64	97.0	42	63.6	106	80.3
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	0	0.0	0	0.0	0	0.0
	Total		66	100.0	66	100.0	132
Co- curricular events – Exercises	Fully in Place	0	0.0	0	0.0	0	0.0
	Partially in place	10	15.2	11	16.7	21	15.9
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	56	84.8	55	83.3	111	84.1
	Total		66	100.0	66	100.0	132
Co- curricular events – Yoga	Fully in place	0	0.0	0	0.0	0	0.0
	Partially in place	0	0.0	0	0.0	0	0.0
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	66	100.0	66	100.0	132	100.0
	Total		66	100.0	66	100.0	132

A huge 97% of government schools and 64% of private schools do arrange games/sports to some extent, while it is 85% for government schools and 83% for private schools with regard to exercises. Not a single government or private school offers yoga to its students.

The need for yoga is not felt much for the primary children especially when there is a provision for physical activity like games and exercises and is hence not offered in any primary school. Further, finding and appointing an exclusive yoga teacher is difficult. A good majority of schools do offer both games and sports and exercises to some extent as these have been treated as desirable co-curricular engagements. Another facilitator is the availability of physical education teacher in most schools whose core duty is to conduct exercises and games/sports. Co-curricular events do not form a costly proposition but has a deep positive impact on the physical health of the students. Further, primary students like playing and thus enjoy twin benefits of physical activity and fun /frolic. As an old saying goes, “all work and no play makes Jack a dull boy”.

#### 4.43 Health Check-Ups

Regular health check-ups in schools will protect the children from many diseases by facilitating early diagnosis and treatment.

**Table 4.1.2.17:** School Health Services and Practices: Check-ups

Indicator	Scale	Management				Total	
		<i>Government</i>		<i>Private</i>		<i>N</i>	<i>%</i>
		<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Eye – Check-up	Fully in Place	0	0.0	0	0.0	0	0.0
	Partially in place	17	25.8	21	31.8	38	28.8
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	49	74.2	45	68.2	94	71.2
	Total	66	100.0	66	100.0	132	100.0
ENT – Check-up	Fully in Place	0	0.0	0	0.0	0	0.0
	Partially in place	17	25.8	21	31.8	38	28.8
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	49	74.2	45	68.2	94	71.2
	Total	66	100.0	66	100.0	132	100.0
Dental – Check-up	Fully in Place	0	0.0	0	0.0	0	0.0
	Partially in place	2	3.0	9	13.6	11	8.3
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	6	97.0	57	86.4	121	91.7

	Total	66	100.0	66	100.0	132	100.0
Worm infestations - Check-up	Fully in Place	0	0.0	0	0.0	0	0.0
	Partially in place	17	25.8	21	31.8	38	28.8
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	49	74.2	45	68.2	94	71.2
	Total	66	100.0	66	100.0	132	100.0
Diarrhoea – Check-up	Fully in place	0	0.0	0	0.0	0	0.0
	Partially in place	17	25.8	21	31.8	38	28.8
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	49	74.2	45	68.2	94	71.2
	Total	66	100.0	66	100.0	132	100.0
Nutritional – Check-up	Fully in Place	0	0.0	0	0.0	0	0.0
	Partially in place	17	25.8	21	31.8	38	28.8
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	49	74.2	45	68.2	94	71.2
	Total	66	100.0	66	100.0	132	100.0

Checkups are held for eye, ENT, dental worm infestations, diarrhoea and nutritional disorders in 74% of government schools and 68% of private schools. For dental checkups, it is 97% in government schools and 86% in private schools in private schools which do not hold the same.

Routine medical examinations are hardly conducted in most of the government and private schools which do not consider it as part of school functions. Such check-ups are treated as the duty of parents. Medical check-ups also pose a logistic nightmare to the managements and teachers. Also, as felt by Haag (1965), medical examinations that are completed by school physicians or by physicians of the local health department are limited in scope because the pupil examined is unknown to the physician. Haag recommends that the elementary pupil should be weighed and measured at the beginning and close of the second year since measurements of height and weight can indicate factors relative to the pupil's nutritional status. Lack of regular and periodic medical check-ups ensure undetected health complications of students. Such check-ups help to create a feeling of safety and security in the minds of the parents. In certain Government schools, NGOs such as Naandi Foundation and Lions Club do conduct routine check-ups, but this can be extended

to all the government schools and also to most private schools by sustained efforts from the individual schools benefiting most of the underprivileged students.

### First Aid Facilities

First-aid kits are essential in primary schools as small children are susceptible to injuries often while playing or climbing stairs. In fact, Turner et al (1961) advises that every school, regardless of size, should be adequately equipped to give first aid for the major or minor accidents which occur on school premises. The larger schools are built with a health office or suite as a part of the administrative unit. The first-aid facility is usually equipped with a medicine cabinet, hot and cold running water, a heating unit, a counter or dressing table, a cot, a stretcher, and two blankets. (Turner et al 1961).

**Table 4.1.2.18:** School Health Services and Practices: First Aid Facilities

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
First Aid Facilities	Fully in place	2	3.0	8	12.1	10	7.6
	Partially in place	18	27.3	23	34.8	41	31.1
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	46	69.7	35	53.0	81	61.4
Total		66	100.0	66	100.0	132	100.0

It is not in place in 70% of government schools and 53% of private schools. It is partially in place in 27% of government and 35% of the private schools. The occurrence of small injuries frequently makes the management complacent. The critical role of prompt first aid for students is ignored. The school management needs to be convinced about possessing a complete first aid kit. Training in first-aid needs to be imparted to teachers and support staff in the first place. This will surely

boost the first-aid facilities in the school. Adequate first-aid facilities ensure that any trivial injury to the child would be taken care of in the school itself. Even a life-saving attempt in case of an emergency or serious injury starts with a first-aid.

### Mid-Day Meals

Nutritious mid-day meals contribute immensely in reducing nutrition-related disorders.

**Table 4.1.2.19:** School Health Services and Practices: Mid-Day Meals

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
Mid-Day Meals	Fully in place	66	100.0	0	0.0	66	50.0
	Partially in place	0	0.0	3	4.5	3	2.3
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	0	0.0	63	95.5	63	47.7
	Total	66	100.0	66	100.0	132	100.0

It is completely absent in private schools while it is fully in place in government schools. Mid-day meals are an initiative by the state government for the government school children who mostly belong to the poor families. It is one of the many initiatives taken by the government to provide access to education to the socially underprivileged. There is no such facility available in private schools and so children bring their own lunch boxes.

Mid-day meals have been identified as a major reason behind the fine retention rate of students in government schools. It is also an excellent source of daily nutrition requirements and also indirectly promotes student health as well as learning. A corroboration of this view comes from Reetika Khera (2008) who affirms that mid-day meals can play an important facilitating role in the universalisation of elementary education by enhancing enrolment, attendance and retention. Mid-day meals can also contribute to better educational achievements by improving the nutritional status of children, or at least eliminating classroom hunger. Further, some states have used the MDM scheme as an opportunity to overcome common micronutrient deficiencies (for example, iron, iodine and Vitamin A) and to facilitate related health interventions such as mass de-worming. But private schools do not find mid-day meals as an issue under their purview.

## Emergency Services For Fire/Accidents

Provision of emergency services in schools can save lives of school personnel and children in case of fire or serious injuries.

**Table 4.1.2.20:** School Health Services and Practices: Emergency Services For Fire/Accidents

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
Emergency Services for fire/accidents	Fully in place	0	0.0	0	0.0	0	0.0
	Partially in place	0	0.0	6	9.1	6	4.5
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	66	100.0	60	90.9	126	95.5
Total		66	100.0	66	100.0	132	100.0

It is not in place in all the 66 government schools while it is partly in place in 6 private schools. Fire and accidents are treated as rare mishaps which can be tackled with the help of fire-services or hospitals. Hence, the school management does not feel the responsibility to even think of planning for such services; forget about arranging for the same. A very few private schools do have fire-extinguishers placed at different points, but the knowledge of its use among teachers or other staff in case of a fire is doubtful. The ambulance, an ubiquitous symbol of emergency services is seen to be an ultra-luxury. Further, the schools treat it as responsibility of parents alone and find it risky to take up any initiative in this regard, thereby keeping itself away from allegations and controversies.

Lack of emergency services could spell disaster for a school in just a matter of a day in the case of any major eventuality. Even planning for emergency would suffice to ensure timely aid from outsiders and save lives of school occupants. Certain useful general policies have been suggested by Turner et al (1961) as follows- immediate and adequate first-aid care should be given; contact the parent and have the parent take charge as soon as possible; send for ambulance or take the child to the nearest public facility or receiving hospital.



## Student Health Insurance

Introducing low-premium insurance scheme for school children will surely be an innovative approach towards achieving some of the school health objectives.

**Table 4.1.2.21:** School Health Services and Practices: Student Health Insurance

Indicator	Scale	Management				Total	
		Government		Private		N	%
		N	%	N	%		
Student Health Insurance	Fully in place	0	0.0	0	0.0	0	0.0
	Partially in place	0	0.0	0	0.0	0	0.0
	Under-development	0	0.0	0	0.0	0	0.0
	Not in place	66	100.0	66	100.0	132	100.0
	Total	66	100.0	66	100.0	132	100.0

It is not in place in all the 132 surveyed government and private primary schools. In a country where health insurance has not penetrated even 10% of the population, student health insurance is seen as a costly privilege that need not to be served to primary school aged. This researcher heard some private school personnel questioning the very need of such a service apart from nursing a feeling that it suits the west-based schools.

During the informal discussion the government school teachers, it was found that the teachers felt that it is not their responsibility but is a prerogative of the government. Personalized, affordable student health insurance can be a huge blessing for students and teachers. A customized student health package can in fact comprehensively address the health needs of every student.

### Hypothesis testing

#### School Health Environment: Government schools Vs Private Schools

In order to study the difference between government and private schools with respect to school health environment, the following hypothesis has been formulated “There is a significant difference between government and private primary schools

with respect to school health environment.”

In order to test the above hypothesis, the same was translated into null form.  $H_0$  : There is no significant difference between government and private schools with respect to school health environment. For the purpose of testing the above null hypothesis, the F-parametric test has been adopted. The statistical measures calculated are furnished below.

**Table 4.1.3.1.School Health Environment**

1	The Calculated F value	101.435
2	The Standard table value	254.32
3	Degrees of freedom	1,131
4	Level of Significance	0.05

As seen from the above table, the calculated F-value is less than the standard table value, indicating that the difference between the two groups is not significant. Hence the null hypothesis that “there is no significant difference between the government primary schools and private primary schools with respect to school health environment” is accepted.

In order to study the difference between government and private schools with respect to school health services, the following hypothesis has been formulated “There is a significant difference between government and private primary schools with respect to school health services.”

In order to test the above hypothesis, the same was translated into null form.  $H_0$  : There is no significant difference between government and private schools with respect to school health environment.

For the purpose of testing the above null hypothesis, the F-parametric test has been adopted. The statistical measures calculated are furnished below.

**Table 4.1.3.2: School Health Services**

1	The Calculated F value	1.995
2	The Standard table value	254.32
3	Degrees of freedom	1,131
4	Level of Significance	0.05

As seen from the above table, the calculated F value is less than the standard table

value, indicating that the difference between the two groups is not significant. Hence the null hypothesis that “there is no significant difference between the government primary schools and private primary schools with respect to school health services” is accepted.

### 4.3.0 Detailed analysis of the close-ended questionnaire

In order to understand the teachers’ opinion about the school health environment, school health services and school health education, a questionnaire with 36 statements was administered to the teachers of both government and primary school teachers. Following is the analysis of their responses tabulated for each statement.

#### 4.3.1 School Health Environment

The responses of teachers regarding School Health Environment are analysed and presented below:

##### 4.3.1.1 Students should not be permitted to purchase snack foods and beverages from hawkers outside the school premises

The following is the table of teachers’ responses on the statement.

**Table-4.3.1.1:** Responses of teachers on statement- Students should not be permitted to purchase snack foods and beverages from hawkers outside the school premises

Teacher Type	Strongly Disagree	Disagree	Not sure/Don’t know	Agree	Strongly Agree	Total
Govt. Teachers	6 (4.5)	4 (3.0)	6 (4.5)	64 (48.5)	52 (39.4)	132
Private Teachers	0 (0.0)	0 (0.0)	0 (0.0)	64 (48.5)	68 (51.5)	132
Total	6 (2.3)	4 (1.5)	6 (2.3)	128 (48.5)	120 (45.5)	264

Figures in the bracket indicate percentages.

A huge 94% of teachers either strongly agree or agree that students should not be permitted to purchase snacks foods and beverages from hawkers outside the school premises.

Teachers are aware that street food is not advisable for children. Street food distracts the attention of students who are tempted to consume the same during intervals, especially lunch time. If permission is extended to students, their safety is also put to risk as it is not easy to monitor their movements out of the school premises. Street food is normally unhygienic though it may be very tasty and well presented. So, it upsets the stomach health of primary school children, if made available to them daily. Street food also generates disinterest in the homely food or mid-day meals that are served. Street food is mostly junk food, low in calories.

**4.3.1.2 Green, clean, peaceful and centrally located surroundings do positively influence the school health environment.**

The table below presents the responses obtained on the questionnaire. This is followed by an analysis and interpretation of these responses.

**Table-4.3.1.2:** Responses of teachers on statement-Green, clean, peaceful and centrally located surroundings do positively influence the school health environment.

<b>Teacher Type</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Not sure/Don't know</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Total</b>
Govt. Teachers	4 (3.0)	4 (3.0)	0 (0.0)	60 (45.5)	64 (48.5)	132
Private Teachers	0 (0.0)	0 (0.0)	0 (0.0)	58 (44.0)	74 (56.0)	132
<b>Total</b>	<b>4 (1.5)</b>	<b>4 (1.5)</b>	<b>0 (0.0)</b>	<b>118 (44.7)</b>	<b>138 (52.3)</b>	<b>264</b>

A very large chunk at 97% of respondents strongly agree or agree that green, clean, peaceful and centrally located surroundings do positively influence the school health environment.

The aforementioned parameters are always desired for by adults at both their workplaces and homes as these are strongly associated with healthy environment. It is little wonder then that teachers are in favour of these variables. In fact, the presence of these elements motivates teachers to work efficiently in the school.

Greenery, cleanliness, peacefulness and central location mean a lot to the physical health and mental health of the students, support staff and teachers. Greenery has a soothing effect on the nerves. Cleanliness ensures absence of risks to health caused by dust, dirt and rubble.

### 4.3.1.3.A separate lunch room is a major contributor to overall hygiene in the school.

Responses to this statement are given in table -3 below in terms of their agreement with the statement.

**Table-4.3.1.3:** Responses of teachers on statement-a separate lunch room is amajor contributor to overall hygiene in the school

Teacher Type	Strongly Disagree	Disagree	Not sure/Don't know	Agree	Strongly Agree	Total
Govt. Teachers	0 (0.0%)	0 (0.0%)	2 (1.5%)	54 (40.9%)	76 (57.6%)	132
Private Teachers	0 (0.0%)	0 (0.0%)	0 (0.0%)	56 (42.4%)	76 (57.6%)	132
Total	0 (0.0%)	0 (0.0%)	2 (1.5%)	110 (41.7%)	152 (57.6%)	264

Figures in the bracket indicate percentages.

Almost all at 99.3% either strongly agree or agree that a separate lunch room is a major contributor to overall hygiene in the school. Teachers badly feel the absence of a separate lunch room. They see leftover food crumbs scattered all over the corridors and even in classrooms. It makes a disgusting sight and also attracts ants and insects all over.

Absence of a lunch room is highly inconvenient to the students who have to search for corners to sit and enjoy their lunch. It is difficult to arrange mid-day meals in the government schools in the absence of a lunch room. Cleaning the food remnants is also challenging if there is no lunch room as in such a case it will be spread all over in the premises.

Teachers are aware that street food is not advisable for children. Street food distracts the attention of students who are tempted to consume the same during intervals, especially lunch time. If permission is extended to students, their safety is also put to risk as it is not easy to monitor their movements out of the school premises.

Street food is normally unhygienic though it may be very tasty and well presented. So, it upsets the stomach health of primary school children, if made available to

them daily. Street food also generates disinterest in the homely food or mid-day meals that are served. Street food is mostly junk food, low in calories.

**Table-4.3.1.2:** Responses of teachers on statement-Green, clean, peaceful and centrally located surroundings do positively influence the school health environment.

Teacher Type	Strongly Disagree	Disagree	Not sure/Don't know	Agree	Strongly Agree	Total
Govt. Teachers	4 (3.0)	4 (3.0)	0 (0.0)	60 (45.5)	64 (48.5)	132
Private Teachers	0 (0.0)	0 (0.0)	0 (0.0)	58 (44.0)	74 (56.0)	132
Total	4 (1.5)	4 (1.5)	0 (0.0)	118 (44.7)	138 (52.3)	264

Figures in the bracket indicate percentages

A very large chunk at 97% of respondents strongly agree or agree that green, clean, peaceful and centrally located surroundings do positively influence the school health environment. The aforementioned parameters are always desired for by adults at both their workplaces and homes as these are strongly associated with healthy environment. It is little wonder then that teachers are in favour of these variables. In fact, the presence of these elements motivates teachers to work efficiently in the school. Greenery, cleanliness, peacefulness and central location mean a lot to the physical health and mental health of the students, support staff and teachers. Greenery has a soothing effect on the nerves. Cleanliness ensures absence of risks to health caused by dust, dirt and rubble.

#### 4.3.1.3.A separate lunch room is a major contributor to overall hygiene in the school.

Responses to this statement are given in table -3 below in terms of their agreement with the statement.

**Table-4.3.1.3:** Responses of teachers on statement-a separate lunch room is a major contributor to overall hygiene in the school

Teacher Type	Strongly Disagree	Disagree	Not sure/Don't know	Agree	Strongly Agree	Total
Govt. Teachers	0 (0.0)	0 (0.0)	2 (1.5)	54 (40.9)	76 (57.6)	132
Private Teachers	0 (0.0)	0 (0.0)	0 (0.0)	56 (42.4)	76 (57.6)	132
Total	0 (0.0)	0 (0.0)	2 (1.5)	110 (41.7)	152 (57.6)	264

\* Figures in the bracket indicate percentages.

Almost all at 99.3% either strongly agree or agree that a separate lunch room is a major contributor to overall hygiene in the school.

Teachers badly feel the absence of a separate lunch room. They see leftover food crumbs scattered all over the corridors and even in classrooms. It makes a disgusting sight and also attracts ants and insects all over.

Absence of a lunch room is highly inconvenient to the students who have to search for corners to sit and enjoy their lunch. It is difficult to arrange mid-day meals in the government schools in the absence of a lunch room. Cleaning the food remnants is also challenging if there is no lunch room as in such a case it will be spread all over in the premises.

#### 4.3.1.4 Poorly-maintained toilets not only generate bad smell but also lead to unhealthy toilet habits among the students.

Responses to this statement are given in table -4 below in terms of their agreement with the statement.

**Table-4.3.1.4:** Responses of teachers on statement- Poorly-maintained toilets not only generate bad smell but also lead to unhealthy toilet habits among the students

Teacher Type	Strongly Disagree	Disagree	Not sure / Don't know	Agree	Strongly Agree	Total
Govt. Teachers	0 (0.0)	0 (0.0)	0 (0.0)	48 (36.4)	84 (63.6)	132
Private Teachers	0 (0.0)	0 (0.0)	0 (0.0)	56 (42.4)	76 (57.6)	132
Total	0 (0.0)	0 (0.0)	0 (0.0)	104 (39.4)	160 (60.6)	264

\* Figures in the bracket indicate percentages.

All agree or strongly agree that poorly maintained toilets not only generate bad smell but also lead to unhealthy toilet habits among the students.

Teachers themselves see that students are discouraged to visit poorly maintained toilets and later urinate in unnoticed corners around the premises. Some students also urinate in the toilet corridors. And there are some students who suppress their nature calls out of aversion towards the foul smelling and misused toilets.

Stinking toilets create nausea and poor concentration due to the foul smell which affects both teachers and students. Further, unhealthy toilet habits harm the long-term health of these students like creating kidney complications or urinary tract infections.

#### **4.3.1.5 Physical activities or lack of it during school hours directly influence obesity or overweight or normal weight.**

The responses to the statement mentioned above are presented in table-5 and analysis is followed below.



**Table-4.3.1.5:** Responses of teachers on statement-Physical activities or lack of it during school hours directly influence obesity or overweight or normal weight among the students

Teacher Type	Strongly Disagree	Disagree	Not sure / Don't know	Agree	Strongly Agree	Total
Govt.	0	0	4	66	62	132
Teachers	(0.0)	(0.0)	(3.0)	(50.0)	(47.0)	
Private	0	0	2	54	76	132
Teachers	(0.0)	(0.0)	(1.5)	(40.9)	(57.6)	
Total	0	0	6	120	138	264
	(0.0)	(0.0)	(2.3)	(45.4)	(52.3)	

Figures in the bracket indicate percentages.

A remarkable 98% of teachers as respondents agree or strongly agree that physical activities or lack of it during school hours directly influence obesity or overweight or normal weight among the students.

Teachers are subjected to heavy media exposure of late due to which they are aware that lack of physical exertion leads to overweight or obesity. They themselves feel the need for the same and agree that the same is applicable to students, especially in Hyderabad which is invaded by fast food outlets of all hues and shades.

Physical activities like exercises, games, sports and yoga have a positive influence on health and also ensure growth and development in these young children. In Hyderabad many students do not have enough access to open spaces close to their homes in order to enjoy games and sports. In such a scenario, school can play a vital role in preventing the risk of overweight or obesity and enhance their health by providing opportunities to play and participate in games/sports.

#### **4.3.1.6 Every school should collect suggestions from parents/families/guardians/students for improvement of school health environment and school health services**

Analysis and interpretation on the responses of teachers on aforementioned statement is given below:

**Table-4.3.1.6:** Responses of teachers on statement-every school should collect suggestions from parents/ families/guardians/students for improvement of school health environment and school health services

<b>Teacher Type</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Not sure / Don't know</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Total</b>
Govt. Teacher	2 (1.5)	2 (1.5)	10 (7.6)	60 (45.5)	58 (53.9)	132
Private Teacher	0 (0.0)	0 (0.0)	4 (3.0)	52 (39.4)	76 (57.6)	132
Total	2 (0.8)	2 (0.8)	14 (5.3)	112 (42.4)	134 (50.7)	264

\* Figures in the bracket indicate percentages.

A very high 93% of respondents agree or strongly agree that every school should collect suggestions from parents/families/guardians/students for improvement of school health environment and school health services.

Teachers know that their school management will not be very responsive to their suggestions for improvement of school health environment and school health services as they are employees. The school management is more likely to respond to inputs from parents and guardians as they pay the fees, especially in case of private schools. Also, teachers feel that suggestions and feedback from parents will enable the school management to make more informed decisions regarding school health.

If the major concerns of all the stake-holders are addressed, school health will automatically be boosted. Schools that respond well to all on school health matters will be able to position themselves well as healthy schools. The school management that is more inclined towards optimal utilization of resources will find some sensible, thought provoking and smart suggestions from other stake-holders to be very useful to improve school health environment and health services.

#### **4.3.1.7 Drinking water is potable as per municipal norms.**

Responses to this statement are given in table-7 below in terms of their agreement with the statement.

**Table-4.3.1.7:** Responses of teachers on statement-Drinking water is potable as per municipal norms

Teacher Type	Strongly Disagree	Disagree	Not sure / Don't know	Agree	Strongly Agree	Total
Govt. Teacher	2 (1.5)	4 (3.0)	86 (65.2)	24 (18.2)	16 (12.1)	132
Private Teacher	0 (0.0)	16 (12.1)	84 (63.6)	18 (13.6)	14 (10.6)	132
Total	2 (0.8)	20 (7.6)	170 (64.4)	42 (15.9)	30 (11.4)	264

4.3.1.7 Figures in the bracket indicate percentages.

As much as 64% of surveyed teachers are not sure or don't know whether drinking water is potable as per municipal norms. Only 27% agreed or strongly agreed that drinking water is potable.

It appears that the teachers do not know about sample water testing in labs and the expected standards of drinking water, especially the municipal norms. As long as students do not suffer from health complications caused by drinking water consumption, teachers believe that drinking water is not unsafe. Such ignorance is because of lack of training in water sanitation and hygiene.

Drinking water that is not potable may not cause immediate health complications but will definitely lower the overall immunity of the students. Everybody needs safe drinking water to lead a healthy and long life. Hyderabad has a vulnerable drinking water infrastructure. So it is all the more important for every primary school to ensure safe drinking water to its employees and students.

#### **4.3.1.8 The students are satisfied with the mid-day meals.**

Following is the analysis and interpretation of responses obtained with respect to the statement mentioned above:

Table-4.3.1.8: Responses of teachers on statement-the students are satisfied with the mid-day meals

Teacher Type	Strongly Disagree	Disagree	Not sure / Don't know	Agree	Strongly Agree	Total
Govt. Teachers	8 (6.1)	24 (18.2)	88 (66.7)	6 (4.5)	6 (4.5)	132
Private Teachers	2 (1.5)	0 (0.0)	124 (93.9)	4 (3.0)	2 (1.5)	132
Total	10 (3.8)	24 (9.1)	212 (80.3)	10 (3.8)	8 (3.0)	264

\* Figures in the bracket indicate percentages.

Four-fifths of the teachers in govt. schools are not sure or don't know whether the students are satisfied with the mid-day meals.

Students provide contradictory opinions about their experiences associated with mid-day meal consumption. So, teachers are confused about the satisfaction of students or otherwise with the mid-day meals. Most teachers bring their own lunch boxes to school and hence do not themselves partake of these meals.

It is important to provide mid-day meals that are tasty, nutritious, sumptuous and hygienic. Such a wholesome meal will not only satisfy the students but also help the school to retain its students and keep under-nutrition at bay.

#### **4.3.1.9 The classroom condition affects the physical fitness and health of teachers and students.**

Responses to this statement are given in table -9 below in terms of their agreement with the statement.

Table-4.3.1.9: Responses of teachers on statement-the classroom condition affects the physical fitness and health of teachers and students

Teacher Type	Strongly Disagree	Disagree	Not sure / Don't know	Agree	Strongly Agree	Total
Govt. Teachers	0 (0.0)	0 (0.0)	12 (9.1)	82 (62.1)	38 (28.8)	132
Private Teachers	0 (0.0)	0 (0.0)	10 (7.6)	74 (56.1)	48 (36.4)	132
Total	0 (0.0)	0 (0.0)	22 (8.3)	156 (59.1)	86 (32.6)	264

As much as 92% of teachers strongly agree or agree that the classroom condition affects the physical fitness and health of teachers and students.

The teachers have themselves experienced the ill-effects of unhealthy classroom condition and hence affirm the given statement. For example, a dusty blackboard has been found to affect the lungs of many a teacher. Similarly, cracked and moist walls are some of the factors affecting the classroom condition and also health of students and teachers.

Suitable classroom conditions not only positively influence the physical fitness and health of teachers and students but also ensure sound learning and teaching.

**4.3.1.10 The infrastructure is such that it is not conducive to eyes and body comfort of students at times.**

The following is the table of teachers' responses on the above statement.

**Table-4.3.1.10:** Responses of teachers on statement- the infrastructure is such that it is not conducive to eyes and body comfort of students at times

<b>Teacher Type</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Not sure / Don't know</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Total</b>
Govt. Teachers	0 (0.0)	2 (1.5)	8 (6.1)	64 (48.5)	58 (43.9)	132
Private Teachers	22 (16.7)	4 (3.0)	6 (4.5)	36 (27.3)	64 (48.5)	132
Total	22 (8.3)	6 (2.3)	14 (5.3)	100 (37.9)	122 (46.2)	264

Big chunks of 84% of teachers strongly agree or agree that the infrastructure is not conducive to eyes and body comfort of students at times.

Many teachers feel that the blackboard is not large enough or not kept at an appropriate position on the wall. They also feel that ventilation and lightning is not sufficient sometimes because of the season or weather.

Constant or excessive use of the blackboard is a factor that causes eye strain to students. Long sitting hours in the classroom with inadequate and non-ergonomic infrastructure tend to bring body discomfort to the students.

**4.3.1.11 The school health environment has a direct influence on educational outcomes like absenteeism, drop outs and school failures.**

Responses to this statement are given in table -11 below in terms of their agreement with the statement.

**Table-4.3.1.11:** Responses of teachers on statement-the school health environment has a direct influence on educational outcomes like absenteeism, drop outs and school failures

Teacher Type	Strongly Disagree	Disagree	Not sure / Don't know	Agree	Strongly Agree	Total
Govt. Teachers	0 (0.0)	0 (0.0)	8 (6.1)	68 (51.5)	56 (42.4)	132
Private Teachers	0 (0.0)	0 (0.0)	0 (0.0)	58 (43.9)	74 (56.1)	132
Total	0 (0.0)	0 (0.0)	8 (3.0)	126 (47.7)	130 (49.2)	264

Figures in the bracket indicate percentages.

There was a strong agreement or agreement from 97% of teachers that the school health environment has a direct influence on educational outcomes like absenteeism, drop outs and school failures.

Teachers may not be sensitised but are definitely aware about the deep connection between school health environment and educational outcomes. Private school teachers believe that a suitable school health environment will enable the school to achieve higher educational standards. Govt. school teachers believe that the students are prompted to drop-out from the school if the school environment is unhealthy. A healthy environment leads to a healthy body and sound mind. A sound mind in a healthy body leads to fine learning. Fine learning leads to superlative educational outcomes.

#### **4.3.1.12 Use of blackboard and white chalks serves as a health risk to the school teachers.**

The responses obtained with regard to this statement are tabulated and the analysis is presented as follows:

##### **4.3.2.1 School Health Services**

**In general parental feedback regarding school health services is more negative than positive.**

**Table-4.3.1.12:** Responses of teachers on statement-Use of blackboard and white chalks serves as a health risk to the school teachers.

<b>Teacher Type</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Not sure / Don't know</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Total</b>
Govt. Teachers	0 (0.0)	0 (0.0)	4 (3.0)	66 (50.0)	62 (47.0)	132
Private Teachers	0 (0.0)	0 (0.0)	2 (1.5)	52 (39.4)	78 (59.1)	132
Total	0 (0.0)	0 (0.0)	6 (2.3)	118 (44.7)	140 (53.0)	264

Figures in the bracket indicate percentages.

Use of blackboard and white chalk serves as a health risk to the school teachers. This is strongly agreed or agreed to by 98% teachers. School teachers are noting the new trend in classroom of white boards and coloured markers replacing the traditional blackboards and white chalks. This has made them realise the disadvantages of the latter. Now they are openly complaining about the blackboard and white chalks which are causing respiratory ailments to them.

School teachers need to be protected from blackboard and white chalk by either asking them to minimise its use or avoid its use. Doctors have reported that both are long-term health hazards with many teachers suffering from lungs disorders due to long and excessive use of the blackboard and white chalks.

Responses to this statement are given in table -13 below in terms of their agreement with the statement.

**Table-4.3.2.1** Responses of teachers on statement-In general parental feedback regarding school health services is more negative than positive

<b>Teacher Type</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Not sure / Don't know</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Total</b>
Govt. Teachers	0 (0.0)	2 (1.5)	12 (9.1)	62 (47.0)	56 (42.4)	132
Private Teachers	0 (0.0)	0 (0.0)	2 (1.5)	52 (39.4)	78 (59.1)	132
Total	0 (0.0)	2 (0.8)	14 (5.3)	114 (43.2)	134 (50.8)	264



Figures in the bracket indicate percentages.

A good 94% of teachers strongly agreed or agreed that in general, parental feedback regarding school health services is more negative than positive. Teachers themselves face the brunt of negative feedback from parents about school health services. This researcher learnt that it is ironically so whenever particular health services are offered by the school to their children. It appears to be so because school health services are incomplete and half –hearted in nature.

More than the number or variety of school health services, it is the quality of school health services that matter. Unfortunately most of the school health services that are being offered are of a low scale and delivered half-baked. Such an approach will not yield the expected dividends.

#### 4.3.2.2 School health services staff like school counsellor should be exclusively appointed to ensure consistent and robust school health services

The responses obtained with regard to this statement are tabulated and the analysis is presented as follows:

**Table-4.3.2.2:** Responses of teachers on statement- School health services staff like school counsellor should be exclusively appointed to ensure consistent and robust school health services

Teacher Type	Strongly Disagree	Disagree	Not sure / Don't know	Agree	Strongly Agree	Total
Govt. Teachers	0 (0.0)	0 (0.0)	0 (0.0)	58 (43.9)	74 (56.1)	132
Private Teachers	0 (0.0)	0 (0.0)	0 (0.0)	62 (47.0)	70 (53.0)	132
Total	0 (0.0)	0 (0.0)	0 (0.0)	120 (45.5)	144 (54.5)	264

Figures in the bracket indicate percentages.

All the teachers strongly agree or agree that school health services staff like school counsellor should be exclusively appointed to ensure consistent and robust school health services. Teachers feel that instead of them pushing for school health services amidst their crammed teaching schedule, it is preferable for a full-time

health counsellor or a health educator to personally plan, implement and monitor school health services. Such an employee will be able to convince the school management easily about the need for scaled-up and consistent school health services. school health services. It will also ensure that school health environment and school health education are enhanced on the basis of supervision, initiatives and suggestions from such staff.

#### 4.3.2.3 Every school requires a separate budget for school health.

Responses to this statement are given in table -4 below in terms of their agreement with the statement.

**Table-:4.3.2.3:** Responses of teachers on statement- every school requires a separate budget for school health

Teacher Type	Strongly Disagree	Disagree	Not sure / Don't know	Agree	Strongly Agree	Total
Govt. Teachers	0 (0.0)	0 (0.0)	0 (0.0)	54 (40.9)	78 (59.1)	132
Private Teachers	0 (0.0)	0 (0.0)	0 (0.0)	52 (39.4)	80 (60.6)	132
Total	0 0.0	0 0.0	0 0.0	106 (40.2)	158 (59.8)	264

Figures in the bracket indicate percentages.

All teachers strongly agree or agree that every school requires a separate budget for school health. The teachers are pragmatic enough to know that only if there is a separate school health budget, will there be committed funds to improve school health scenario. Every school is hard put to allocate its financial resources. So, in the absence of a school health budget, there is little or no chance for the school health issues to be taken serious note of for some worthwhile expenditure to occur on the school health front.

Lack of a school health budget is a virtually insurmountable hurdle for the cause of school health. Even urgent, pressing school health matters may have to be ignored because of absence of a school health budget.

#### 4.3.2.4 Lack of monetary and infrastructural resources form a barrier to improve school health services.

Responses to this statement are given in table-16 below in terms of their agreement with the statement.

**Table 4.3.2.4:** Responses of teachers on statement- Lack of monetary and infrastructural resources form a barrier to improve school health services

Teacher Type	Strongly Disagree	Disagree	Not sure / Don't know	Agree	Strongly Agree	Total
Govt. Teacher	0 (0.0)	0 (0.0)	2 (1.5)	52 (39.4)	78 (59.1)	132
Private Teacher	0 (0.0)	0 (0.0)	0 (0.0)	54 (40.9)	78 (59.1)	132
Total	0 (0.0)	0 (0.0)	2 (0.8)	106 (40.2)	156 (59.1)	264

\* Figures in the bracket indicate percentages.

The fact that lack of monetary and infrastructural resources form a barrier to improve school health services is strongly agreed or agreed to by 99% of respondents. Teachers know that money and infrastructure are essential to offer school health services from their own experiences. For example, a small but moderately equipped rest-room for injured or sick students appears to be essential. A playground is needed to conduct games/sports. Money is required to maintain such infrastructure.

The quality of school health services is largely dependent on the availability of infrastructure and funds. Governments and healthcare NGOs are unable or unwilling to sponsor school health services in a big way. This makes it imperative for each school to spend on its health services.

#### **4.3.2.5. Lack of school district administrative support is a greater barrier to improve school health services.**

The table below presents the responses obtained on this statement. This is followed by an analysis and interpretation of these responses.

**Table-4.3.2.5:** Responses of teachers on statement- Lack of school district administrative support is a greater barrier to improve school health services

Teacher Type	Strongly Disagree	Disagree	Not sure / Don't know	Agree	Strongly Agree	Total
Govt. Teachers	0 (0.0)	0 (0.0)	8 (6.1)	40 (30.3)	84 (63.6)	132
Private Teachers	0 (0.0)	0 (0.0)	0 (0.0)	60 (45.5)	72 (54.5)	132
Total	0 (0.0)	0 (0.0)	8 (3.0)	100 (37.9)	156 (59.1)	264

Figures in the bracket indicate percentages.

As much as 97% of teachers strongly agree or agree that lack of school district administrative support is a greater barrier to improve school health services.

The teachers believe that school education authorities need to be sensitized to the cause of school health first. Then they will be able to provide the required policy and financial inputs to improve school health services. Teachers are of the opinion that any initiative in the realm of school health should be taken by the school education authorities in order to make it an integral aspect of elementary education.

It is the school education authorities who can stimulate school health services. An empathetic approach and moral support can pave the way for effective school health services apart from sanctioning funds.

#### **4.3.2.6 There is a need to adopt a specific model for development and implementation of a comprehensive school health package**

Responses to this statement are given in table-18 below in terms of their agreement with the statement.

**Table-4.3.2.6:** Responses of teachers on statement- There is a need to adopt a specific model for development and implementation of a comprehensive school health package

Teacher Type	Strongly Disagree	Disagree	Not sure / Don't know	Agree	Strongly Agree	Total
Govt. Teachers	0 (0.0)	0 (0.0)	10 (7.6)	46 (34.8)	76 (57.6)	132
Private Teachers	0 (0.0)	0 (0.0)	0 (0.0)	44 (33.3)	88 (66.7)	132
Total	0 (0.0)	0 (0.0)	10 (3.8)	90 (34.1)	164 (62.1)	264

The need to adopt a specific model for development and implementation of a comprehensive school health package is strongly agreed or agreed to by 96% teachers. Teachers are of the opinion that since both school management and them selves are not knowledgeable about school health matters, it is better to borrow a good workable model of comprehensive school health and execute it meticulously. As it is being implemented, teachers will be able to identify its shortcomings and develop the model.

The WHO has developed such a model but it needs to be customized to suit Indian or Hyderabad–based schools. Any other model may also be accepted because what is important is initial guidance to kick start the process of school health. Later, a tailor-made model can be evolved based on successes and failures.

**4.3.2.7 Meetings and in-service activities for school administrators and teachers need to be exclusively conducted to discuss and promote school health resources**

The following is the table of teachers’ responses on the statement supplemented by an interpretation.

**Table 4.3.2.7 :** Responses of teachers on statement- Meetings and in-service activities for school administrators and teachers need to be exclusively conducted to discuss and promote school health resources

Teacher Type	Strongly Disagree	Disagree	Not sure / Don't know	Agree	Strongly Agree	Total
Govt. Teacher	0 (0.0)	0 (0.0)	6 (4.5)	62 (47.0)	64 (48.5)	132
Private Teacher	0 (0.0)	0 (0.0)	0 (0.0)	56 (42.4)	76 (57.6)	132
Total	0 (0.0)	0 (0.0)	6 (2.3)	118 (44.7)	140 (53.0)	264

\* Figures in the bracket indicate percentages

Nearly half of the government teachers and more than half of the private teachers strongly agree that meetings and in-service activities for school administration and teachers need to be exclusively conducted to discuss and promote school health resources.

It is very clear from the above table that teachers do feel a strong need to learn much more about school health, regardless of the learning methods. So, the teachers expect the school management to facilitate their diverse school health learning, especially through a variety of platforms, viz. seminars, orientation, workshops, etc.

If meetings and in-service training are held regularly, the overall school health consciousness will be enhanced among the teachers, later leading to small initiatives by individual self-motivated teachers. For e.g. the regular class can be utilized by a teacher to spend some time sharing one's own experiences in connection with healthy behaviour so that students inculcate certain healthy behaviour.

#### **4.3.2.8 Every school must formulate an action plan to create itself as a health promoting school**

The following is the table of teachers' responses on the statement.

**Table-:4.3.2.8.** Responses of teachers on statement-every school must formulate an action plan to create itself as a health promoting school.

Teacher Type	Strongly Disagree	Disagree	Not sure / Don't know	Agree	Strongly Agree	Total
Govt. Teachers	0 (0.0)	0 (0.0)	6 (4.5)	58 (43.9)	68 (51.5)	132
Private Teachers	0 (0.0)	0 (0.0)	0 (0.0)	66 (50.0)	66 (50.0)	132
Total	0 (0.0)	0 (0.0)	6 (2.3)	124 (47.0)	134 (50.7)	264

Figures in the bracket indicate percentages

About 63% of government teachers and 66% of private teachers either strongly agree or agree that every school must formulate an action plan to create itself as a health promoting school. Not a single teacher disagreed or strongly disagreed with the need for a school-health action plan.

The teachers are very aware that only if the school health action plan is formulated would the management be willing to spend on the school health infrastructure, facilities, services and resources. Often lack of planning is a major cause of neglect. The same applies to school health. A school health action plan may not be excellently implemented at first instance, but it lends direction to the management and teachers in order to put efforts to improve health aspects in the school.

#### **4.3.2.6 Routine immunization services (TT and hepatitis B) must be offered to all the students in the school.**

Responses to this statement are given in table-21 below in terms of their agreement with the statement.

Table-4.3.2.9: Responses of teachers on statement- Routine immunization services (TT and hepatitis B) must be offered to all the students in the school

Teacher Type	Strongly Disagree	Disagree	Not sure / Don't know	Agree	Strongly Agree	Total
Govt. Teachers	0 (0.0)	0 (0.0)	2 (1.5)	52 (39.4)	78 (59.1)	132
Private Teachers	0 (0.0)	0 (0.0)	0 (0.0)	56 (42.4)	76 (57.6)	132
Total	0 (0.0)	0 (0.0)	2 (0.8)	108 (40.9)	154 (58.3)	264

Figures in the bracket indicate percentages.

Almost all the government and private school teachers strongly agree that routine immunization services including TT and hepatitis B must be offered to all the students in the school.

Such a unanimous agreement sends across the message that school is indeed a suitable platform where routine immunisation can be done with ease, convenience and methodicity. The schools can also aid in maintenance of systematic immunisation records. Routine immunisation done in school registers optimum impact. It also helps to project the school as not just a temple of learning but also as a repository of comprehensive healthcare.

#### **4.3.2.6 Implementation, preventive measures must be adopted regularly to prevent infections like dengue, diarrhoea, malaria and parasites.**

Responses to this statement are given in table-22 below in terms of their agreement with the statement.



**Table 4.3.2.10:** Responses of teachers on statement- Simple, preventive measures must be adopted regularly to prevent infections like dengue, diarrhoea, malaria and parasites

<b>Teacher Type</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Not sure / Don't know</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Total</b>
Govt. Teachers	0 (0.0)	0 (0.0)	4 (3.0 )	54 (40.9)	74 (56.1)	132
Private Teachers	0 (0.0)	0 (0.0)	0 (0.0 )	52 (39.4)	80 (60.6)	132
Total	0 (0.0)	0 (0.0)	4 (1.5 )	106 (40.2)	154 (58.3)	264

Figures in the bracket indicate percentages.

Except two, all other government and private school teachers strongly agree or agree that simple, preventive measures must be adopted regularly to prevent infections like dengue, diarrhoea, malaria and parasites.

The teachers have emphasised the obvious that when it comes to infections, the best way out is to adopt constant preventive action. But even this approach requires will-power and commitment. “Prevention is better than cure”. This adage applies best to infections. The consequences of infections, particularly vector-borne ones, could be fatal but can be easily prevented through simple measures. So it becomes imperative to adopt this approach.

#### 4.3.2.6 Expenditure on healthy school environment and school health services is complementary to the goal of universalisation of elementary education

Following table presents the responses of teachers on this statement, with brief analysis and interpretation.

**Table-4.3.2.11:** Responses of teachers on statement- Expenditure on healthy school environment and school health services is complementary to the goal of universalisation of elementary education

Teacher Type	Strongly Disagree	Disagree	Not sure / Don't know	Agree	Strongly Agree	Total
Govt. Teachers	0 (0.0)	0 (0.0)	2 (1.5)	50 (37.9)	80 (60.6)	132
Private Teachers	0 (0.0)	0 (0.0)	0 (0.0)	54 (40.9)	78 (59.1)	132
Total	0 (0.0)	0 (0.0)	2 (0.8)	104 (39.4)	158 (59.8)	264

Figures in the bracket indicate percentages.

Except one, all govt. and all private teachers strongly agree or agree that expenditure on healthy school environment and school health services is complementary to the goal of universalisation of elementary education.

The teachers are convinced that sound school health is a crucial determinant of student retention in school. For instance, introduction of mid-day meals has not only drawn many poor children to the government schools, but has also been able to retain them.

The link between universalisation of elementary education and expenditure on school health is pronounced, as evidenced in research literature. The better the school health is, the more motivated the students are to learn longer and the keener the parents are to continue to send their wards to school.

<b>Teacher Type</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Not sure / Don't know</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Total</b>
Govt. Teachers	0 (0.0)	0 (0.0)	2 (1.5)	52 (39.4)	78 (59.1)	132
Private Teachers	0 (0.0)	0 (0.0)	0 (0.0)	56 (42.4)	76 (57.6)	132
Total	0 (0.0)	0 (0.0)	2 (0.8)	108 (40.9)	154 (58.3)	264

Figures in the bracket indicate percentages.

Almost all the government and private school teachers strongly agree that routine immunization services including TT and hepatitis B must be offered to all the students in the school.

Such a unanimous agreement sends across the message that school is indeed a suitable platform where routine immunisation can be done with ease, convenience and methodicity. The schools can also aid in maintenance of systematic immunisation records. Routine immunisation done in school registers optimum impact. It also helps to project the school as not just a temple of learning but also as a repository of comprehensive healthcare.

**4.3.2.10 Implementation, preventive measures must be adopted regularly to prevent infections like dengue, diarrhoea, malaria and parasites.**

Responses to this statement are given in table-22 below in terms of their agreement with the statement.

**Table-4.3.2.10:** Responses of teachers on statement- Simple, preventive measures must be adopted regularly to prevent infections like dengue, diarrhoea, malaria and parasites

Teacher Type	Strongly Disagree	Disagree	Not sure / Don't know	Agree	Strongly Agree	Total
Govt. Teachers	0 (0.0)	0 (0.0)	4 (3.0)	54 (40.9)	74 (56.1)	132
Private Teachers	0 (0.0)	0 (0.0)	0 (0.0)	52 (39.4)	80 (60.6)	132
Total	0 (0.0)	0 (0.0)	4 (1.5)	106 (40.2)	154 (58.3)	264

Figures in the bracket indicate percentages.

Except two, all other government and private school teachers strongly agree or agree that simple, preventive measures must be adopted regularly to prevent infections like dengue, diarrhoea, malaria and parasites.

The teachers have emphasised the obvious that when it comes to infections, the best way out is to adopt constant preventive action. But even this approach requires will-power and commitment.

“Prevention is better than cure”. This adage applies best to infections. The consequences of infections, particularly vector-borne ones, could be fatal but can be easily prevented through simple measures. So it becomes imperative to adopt this approach.

**4.3.2.11 Expenditure on healthy school environment and school health services is complementary to the goal of universalisation of elementary education**

Following table presents the responses of teachers on this statement, with brief <https://deepscienceresearch.com>

analysis and interpretation.

**Table-4.3.2.11:** Responses of teachers on statement- Expenditure on healthy school environment and school health services is complementary to the goal of universalisation of elementary education

<b>Teacher Type</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Not sure / Don't know</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Total</b>
Govt. Teachers	0 (0.0)	0 (0.0)	2 (1.5)	50 (37.9)	80 (60.6)	132
Private Teachers	0 (0.0)	0 (0.0)	0 (0.0)	54 (40.9)	78 (59.1)	132
Total	0 (0.0)	0 (0.0)	2 (0.8)	104 (39.4)	158 (59.8)	264

Figures in the bracket indicate percentages.

Except one, all govt. and all private teachers strongly agree or agree that expenditure on healthy school environment and school health services is complementary to the goal of universalisation of elementary education. The teachers are convinced that sound school health is a crucial determinant of student retention in school. For instance, introduction of mid-day meals has not only drawn many poor children to the government schools, but has also been able to retain them.

The link between universalisation of elementary education and expenditure on school health is pronounced, as evidenced in research literature. The better the school health is, the more motivated the students are to learn longer and the keener the parents are to continue to send their wards to school.

### 4.3.0 School Health Education

#### 4.3.0.1 Health education is more important relative to other academic subjects.

The following is the table of teachers' responses on the statement

Table-4.3.3.1: Responses of teachers on statement-Health education is more important relative to other academic subjects

Teacher Type	Strongly Disagree	Disagree	Not sure / Don't know	Agree	Strongly Agree	Total
Govt. Teachers	0 (0.0)	0 (0.0)	50 (37.9)	34 (25.8)	48 (36.4)	132
Private Teachers	0 (0.0)	0 (0.0)	0 (0.0)	60 (45.5)	72 (54.5)	132
Total	0 (0.0)	0 (0.0)	50 (18.9)	94 (35.6)	120 (45.5)	264

Figures in the bracket indicate percentages.

#### 4.3.3.2 Health education needs to be introduced as a mainstream subject alongside science, math, language, etc.

Responses to this statement are given in table-25 below in terms of their agreement with the statement.

Table-4.3.3.2: Responses of teachers on statement- Health education needs to be introduced as a mainstream subject alongside science, maths, language, etc.

Teacher Type	Strongly Disagree	Disagree	Not sure / Don't know	Agree	Strongly Agree	Total
Govt. Teachers	4 (30.0)	0 (0.0)	56 (42.4)	44 (33.3)	28 (21.2)	132
Private Teachers	0 (0.0)	0 (0.0)	0 (0.0)	64 (48.5)	68 (51.5)	132
Total	4 (1.5)	0 (0.0)	56 (21.2)	108 (40.9)	96 (36.4)	264

Figures in the bracket indicate percentages.

Nearly 42% government teachers are not same but all private school teachers do strongly agree or agree that health education needs to be introduced as a

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mainstream subject. Health education could be introduced as a mainstream academic subject, if one notes the overall perception about the significance of health education. One can safely infer now that health education will be welcomed as a school subject by the teachers. But a decision about its introduction needs to be taken by the school education department of the state government.

The introduction of health education along with mainstream subjects to students will be a radical but brilliant initiative as it is likely to spur a mass movement of health consciousness in the schools in due course of time.

### 4.3.3.3 Health education needs to be integrated with mainstream subjects instead of being taught as a separate subject

The following is the table of teachers’ responses on the statement

**Table-4.3.3.3:** Responses of teachers on statement-Health education needs to be integrated with mainstream subjects instead of being taught as a separate subject

Teacher Type	Strongly Disagree	Disagree	Not sure / Don’t know	Agree	Strongly Agree	Total
Govt. Teachers	4 (3.0)	0 (0.0)	58 (43.9)	32 (24.2)	38 (28.8)	132
Private Teachers	74 (56.1)	6 (4.5)	14 (10.6)	16 (12.1)	22 (16.7)	132
Total	78 (29.5)	6 (2.3)	72 (27.3)	48 (18.2)	60 (22.7)	264

Figures in the bracket indicate percentages.

As much as 44% teachers in government schools are not sure about integrating health education as a mainstream subject. Whereas more than half (56%) of private school teachers strongly disagree with this idea.

It is apparent that health education as a part and parcel of mainstream subjects is not accepted, particularly by the private school teachers. It is perhaps felt that health education, as a distinct subject, may lose its identity due to such integration. They are of the opinion that in the absence of a distinct curriculum, a universal approach by teachers cannot be adopted by the already over-burdened teachers. There is also

a view held by and large by the teachers that health education is a desirable part of biology and social sciences.

Health education if blended with mainstream subjects might influence the health-seeking behaviour of students. But such an approach may reduce the significance of health education as a distinct subject.

**4.3.3.4 Student-centred instructional activities such as group activities, role play and hands-on activities are required to be adopted by teachers to address a variety of health education content areas.**

Responses to this statement are given in table-27 below in terms of their agreement with the statement.

**Table-:4.3.3.4** Responses of teachers on statement- Student-centred instructional activities such as group activities, role play and hands-on activities are required to be adopted by teachers to address a variety of health education content areas.

Teacher Type	Strongly Disagree	Disagree	Not sure / Don't know	Agree	Strongly Agree	Total
Govt. Teachers	0 (0.0)	0 (0.0)	6 (4.5)	66 (50.0)	60 (45.5)	132
Private Teachers	0 (0.0)	0 (0.0)	2 (1.5)	66 (50.0)	64 (48.5)	132
Total	0 (0.0)	0 (0.0)	8 (3.0)	132 (50.0)	124 (47.0)	264

Figures in the bracket indicate percentages .

Teachers do perceive the need to adopt practical learning methods when it comes to health education for optimum impact but they do need thorough training regarding the subject to disseminate the same to their students.

Student-centred instructional activities in health education will ensure a positive enhancement in the health-behaviour of both students and teachers.” Teaching is the best form of learning.” So even teachers would benefit by organizing and conducting such activities.

**4.3.3.5: Health education content areas should be designed to enhance students’ knowledge, attitudes and skills in healthcare.**



Responses to this statement are given in table-28 below in terms of their agreement with the statement.

**Table-4.3.3.5:** Responses of teachers on statement-Health education content areas should be designed to enhance students’ knowledge, attitudes and skills in healthcare

Teacher Type	Strongly Disagree	Disagree	Not sure / Don’t know	Agree	Strongly Agree	Total
Govt. Teachers	0 (0.0)	0 (0.0)	4 (3.0)	58 (43.9)	70 (53.0)	132
Private Teachers	0 (0.0)	0 (0.0)	2 (1.5)	52 (39.4)	78 (59.1)	132
Total	0 (0.0)	0 (0.0)	6 (2.3)	110 (41.7)	148 (56.1)	264

Figures in the bracket indicate percentages

Except two and one government and private school teachers respectively, all the teachers strongly agree or agree that a well-designed health education content shall be result-oriented. In essence, what the teachers are asking for is a carefully designed health education curriculum instead of dumping general health education reading resources on the students. This requires painstaking educational research followed by qualitative health education courseware preparation by subject experts.

Customized health education courseware will serve as a valuable resource for years to come. It will prove to be a powerful tool to bring about the desired change in the health-seeking behaviour of the students by enhancing their knowledge, skills and attitudes that are sought by health professionals. For eg., a good chapter on hand washing, replete with visuals and guidelines, will help to ensure proper hand washing habits among students lifelong.

**4.3.3.6 Parents and local community members are afforded few opportunities for involvement in elementary health education.**

Responses of teachers on this statement, with brief analysis and interpretation is reflected in the following table –

**Table-:4.3.3.6** Responses of teachers on statement- Parents and local community members are afforded few opportunities for involvement in elementary health education

Teacher Type	Strongly Disagree	Disagree	Not sure / Don't know	Agree	Strongly Agree	Total
Govt. Teachers	0 (0.0)	0 (0.0)	6 (4.5)	56 (42.4)	70 (53.0)	132
Private Teachers	0 (0.0)	0 (0.0)	2 (1.5)	64 (48.5)	66 (50.0)	132
Total	0 (0.0)	0 (0.0)	8 (3.0)	120 (45.5)	136 (51.5)	264

\* Figures in the bracket indicate percentages

Except three government teachers and one private teacher, all the other teachers strongly agree or agree that parents and local community members are afforded few opportunities for investment in elementary health education.

This table reflects the latent need for parents and local community to support the teachers in health education initiatives. Health education works best if it is participative and consultative in nature, as demonstrated by successful health education projects in different spheres. Teachers cannot be burdened with health education in its entirety, apart from teaching and supervision responsibilities.

Lack of support from parents and local community will be de-motivating to the teachers as the former two are also equal stakeholders in the realm of school health. Feedback from these two quarters will definitely enable teachers to do their best in innumerable school health matters.

**4.3.3.7 The role of physical education teacher needs to be enlarged to promote health education in the school.**

Responses to this statement are given in table-30 below in terms of their agreement with the statement.

**Table-4.3.3.7:** Responses of teachers on statement- the role of physical education teacher needs to be enlarged to promote health education in the school

<b>Teacher Type</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Not sure / Don't know</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Total</b>
Govt. Teachers	2 (1.5)	0 (0.0)	0 (0.0)	62 (47.0)	68 (51.5)	132
Private Teachers	0 (0.0)	0 (0.0)	0 (0.0)	54 (40.9)	78 (59.1)	132
Total	2 (0.8)	0 (0.0)	0 (0.0)	116 (43.9)	146 (55.3)	264

\* Figures in the bracket indicate percentages.

Almost all the government and private school teachers strongly agree or agree that the role of the physical education teacher needs to be enlarged to promote health education in schools.

The teachers are of the view that the physical education teacher is underutilized and can enact a larger role in health education. They expect the physical education teacher to be at the helm of health education in every school as physical education is a significant part of health education. If the physical education teacher has a larger influence on health education, then the theme will be a synergy in terms of ideation and endeavours.

#### **4.3.3.8 School teachers are obliged to impart informal, relevant health education to students with minor disabilities**

Responses of teachers on this statement is tabulated and a brief analysis and interpretation is given below-

**Table-4.3.3.8:** Responses of teachers on statement- School teachers are obliged to impart informal, relevant health education to students with minor disabilities

Teacher Type	Strongly Disagree	Disagree	Not sure / Don't know	Agree	Strongly Agree	Total
Govt. Teacher	4 (3.0)	0 (0.0)	4 (3.0)	50 (37.9)	74 (56.1)	132
Private Teacher	0 (0.0)	0 (0.0)	0 (0.0)	58 (43.9)	74 (56.1)	132
Total	4 (1.5)	0 (0.0)	4 (1.5)	108 (40.9)	148 (56.1)	264

\* Figures in the bracket indicate percentages.

Except only four government teachers, the remaining government teachers and private teachers are obliged to impart informal relevant health education to students with minor disabilities.

The teachers know that only a few students with disabilities are admitted in their schools. The teachers are also affiliated to their students emotionally. They do not mind to spend some time to impart health education to such students, mostly belonging to poor families.

#### 4.3.3.9 Responses to this statement are given in table-32 below in terms of their agreement with the statement.

**Table 4.3.3.9:** Responses of teachers on statement- Students suffering from communicable diseases need to be kept out of school until they return to normal health.

Teacher Type	Strongly Disagree	Disagree	Not sure / Don't know	Agree	Strongly Agree	Total
Govt. Teachers	4 (3.0)	0 (0.0)	10 (7.6)	50 (37.9)	68 (51.5)	132
Private Teachers	0 (0.0)	0 (0.0)	0 (0.0)	54 (40.9)	78 (59.1)	132

Total	4 (1.5)	0 (0.0)	10 (3.8)	104 (39.4)	146 (55.3)	264
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If teachers do their bit for students with minor disabilities, this will have a positive impact on health and learning of such students and encourage many such students to join the school as even special education schools tend to refuse admissions to them, providing preference to students with major disabilities. In such a situation, even minimal support from teachers would make a difference. Students suffering from communicable diseases need to be kept out of school until they return to normal health.

All private school teachers and most govt. school teachers agree or strongly agree that students suffering from infections need to be kept out of school until they return to normal health.

Some government school teachers are surprisingly not aware that infections spread fast. Regarding private school teachers and much government school teachers, though they are aware about the threat of infections, their inability to detect students suffering from infections acts as a major impediment.

Infections among primary school children are quite common, but certain infections like conjunctivitis and chickenpox can become widespread affecting the health of children heavily.

#### **4.3.3.3 here is a need for dissemination of information to school educational administrators that underscores the importance of the school's role in promoting health for children**

A response of teachers on this statement in table-33 is supplemented with analysis and interpretation as follows: All private school teachers strongly agree or agree that there is a need for dissemination of information to school administrators that underscores the importance of school's role in promoting health of children. Four government teachers are not sure and the rest subscribed to the affirmation of the private school teachers.

In interaction with the teachers, this researcher learnt that the state and district educational administration needs to be first convinced about the school's cardinal role in health promotion. Only then can it sanction enough funds for the implementation of some of the school health programs every year. If the school education authorities are convinced about the need to project the school

as a health promoting centre, this would definitely lend an impetus to the schools as even the management obtains cues and instructs teachers and support staff to promote health in small, meaningful ways.

**Table-4.3.3.10:** Responses of teachers on statement- there is a need for dissemination of information to school educational administrators that underscores the importance of the school’s role in promoting health for children

<b>Teacher Type</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Not sure / Don’t know</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Total</b>
Govt. Teachers	0 (0.0)	0 (0.0)	8 (6.1)	60 (45.5)	64 (48.5)	132
Private Teachers	0 (0.0)	0 (0.0)	0 (0.0)	60 (45.5)	72 (54.5)	132
Total	0 (0.0)	0 (0.0)	8 (3.0)	120 (45.5)	136 (51.5)	264

Figures in the bracket indicate percentages.

**4.3.3.2 Teachers and students sorely require updated info regarding the risks associated with lack of physical exercise, poor nutritional habits, and various infections.**

Responses of teachers on statement-Teachers and students badly require provision of health-related strategies and materials for development of comprehensive school health.

Responses obtained on both the aforementioned statements, are shown in tables 4.3.3.11 and table 4.3.3.12. The analysis and the relevant interpretation is presented commonly below in table-4.3.3.13.

**Table-4.3.3.11 :** Responses of teachers on statement- Teachers and students sorely require updated info regarding the risks associated with lack of physical exercise, poor nutritional habits, and various infections

<b>Teacher Type</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Not sure / Don't know</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Total</b>
Govt. Teachers	0 (0.0)	0 (0.0)	2 (1.5)	50 (37.9)	80 (60.6)	132
Private Teachers	0 (0.0)	0 (0.0)	0 (0.0)	52 (39.4)	80 (60.6)	132
<b>Total</b>	0 (0.0)	0 (0.0)	2 (0.8)	102 (38.6)	160 (60.6)	264

Figures in the bracket indicate percentages

**Table-4.3.3.12:** Responses of teachers on statement- Teachers and students badly require provision of health-related strategies and materials for development of comprehensive school health

<b>Teacher Type</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Not sure / Don't know</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Total</b>
Govt. Teachers	0 (0.0)	0 (0.0)	12 (9.1)	48 (36.4)	72 (54.5)	132
Private Teachers	0 (0.0)	0 (0.0)	6 (4.5)	54 (40.9)	72 (54.5)	132
<b>Total</b>	0 (0.0)	0 (0.0)	18 (6.8)	102 (38.6)	144 (54.5)	264

Figures in the bracket indicate percentages

About 242 out of 264 surveyed teachers strongly agree or disagree with the affirmation that teachers and students badly require updated information regarding the risks associated with lack of physical exercise, poor nutritional habits, and various infections. A huge majority also strongly agrees or agrees

that teachers and students badly require provision of health-related strategies and materials for development of comprehensive school health.

School offers a unique platform for health promotion, especially for primary school-aged as health-related behaviour can be inculcated right from their formative years. So, they need simple, visually rich charts, posters, placards, books, etc. Through a variety of audio-visual aids it is possible to instil interest and reinforce crucial health-related information among children. The harmful consequences of lack of physical exercises, poor nutritional intake and prevention of various infections must be explained through examples and stories. As far as teachers are concerned they need to be sensitized about various health issues and need to undergo health awareness workshops to develop a thorough understanding of the very concept of comprehensive school health.

Lack of school health information and health communication has several visible and invisible effects. Health is wealth. Knowledge and awareness of health and healthy behaviour and practices is a form of treasure which must be passed on to both teacher and students in order to keep themselves healthy and also enable the school to be a healthy place of learning.

#### **4.3.3.11 very school must conduct classes on special topics related to healthy eating (e.g. body image, eating disorders)**

Responses to this statement are given in table-36 below in terms of their agreement with the statement.



**Table-4.3.3.13:** Responses of teachers on statement- every school must conduct classes on special topics related to healthy eating (e.g. body image, eating disorders)

Teacher Type	Strongly Disagree	Disagree	Not sure / Don't know	Agree	Strongly Agree	Total
Govt. Teachers	0 (0.0)	0 (0.0)	2 (1.5)	54 (40.9)	76 (57.6)	132
Private Teachers	0 (0.0)	0 (0.0)	0 (0.0)	42 (31.8)	90 (68.2)	132
Total	0 (0.0)	0 (0.0)	2 (0.8)	96 (36.4)	166 (62.9)	264

Figures in the bracket indicate percentages.

Setting aside one unsure government teacher, all other teachers strongly agreed or agreed with the need for the school to conduct classes on special topics related to healthy eating. Special health-education classes have the potential to generate curiosity in the young minds and also would be refreshing addition to the regular subjects. A fresh topic for such special classes lends focus as well as variety to the learning. A considerable amount of time needs to be spent to impart learning slowly to these small children, making special health education classes an appropriate means to deliver health information.

Lack of health education classes will deny the students a simple, convenient means to learn and imbibe the lessons. Classes conducted by subject experts and specialists from healthcare sector would encourage students to adopt healthy practices and also encourage the teachers to reinforce such behaviour among their students.

#### 4.3.3.0 Opinions of Teachers about School Health

The opinions of the teachers regarding school health environment and school health services were further explored by asking them to respond to the following ten open ended questions included in the second part of the Questionnaire:

1. Do you get safe drinking water in your school? If no, what are thereasons?  
Are the tanks/pots cleaned regularly? If not, why?

2. Did you ever suffer from any health complications due to consumption of water from your school? What remedies do you suggest?
3. Are you satisfied with the classroom arrangements including fan- positioning, fan-working, lighting and ventilation? If not, what alternate arrangements do you prefer?
4. Is there an exclusive person to clean the toilets? What disinfectants are used? Does somebody supervise the cleanliness of toilets and other parts of the school?
5. Where do the students dump food-waste, litter and other crap in the premises? Do you instruct them regarding waste-disposal? Do you experience any foul smell in your premises? Can you inform the sources of such smell? What can be the possible suggestions?
6. In what different ways can you contribute to enhance school health environment?
7. Do you inspect students' nail, hair, teeth, etc? If yes, how often? Are the parents informed about children's' health status regularly? If so, what are the areas of health profile that are touched upon? Does the school aid students in identifying and managing their health problem?
8. What kind of health awareness events are held in your school? What is the extent of your participation in such events?
9. What forms the menu of your mid-day meals? Do students enjoy eating it?
10. What do you suggest to improve the quality of the MDM?
11. Are you aware of the availability of emergency medical services? How does the school manage accidents? What other services do you expect from the school

The main purpose of including such open ended questions was to know the opinions of teachers regarding school environment and health services in their own school as well as their views and awareness regarding various aspects of school health. Another reason was that this mode of questioning enables the respondents to spell out minor and major challenges as well as to discover novel ideas and initiatives.

However, these open-ended questions were not answered in detail by many. This is not surprising because answering open-ended questions requires the respondents to

be able to reflect on their opinions and practices objectively. Also, teachers are likely to shrug off from verbalizing their beliefs because of their low self-esteem and diffidence. Another reason is that writing entails one to think and give some work to the hand which is a little tougher than just marking the responses on the closed-ended questionnaire. The same was evident in the present study too. Out of 264 respondents, though all of them attempted the questions as researcher sat with them and requested them to give their opinions objectively, only 176 were able to reflect on their knowledge and practices regarding school health and could write coherently.

Q1. Do you get safe drinking water in your school? If no, what are the reasons? Are the tanks/pots cleaned regularly? If not, why?

Many teachers were quite vocal about the unavailability of safe drinking water in their school. One lady teacher from a government primary school commented, “The water brought to our school in the water tanker is stored in a Sintex tank and is consumed as drinking water. Nobody in the school bothers to find out whether it is fit for consumption. Nobody wants to know whether the mobile water tanker is cleaned regularly or not. The claim of the Hyderabad Metro Water Sanitation and Sewerage Board (HMWSSB) that it is pure drinking water is believed blindly. Nobody also knows where a drinking water sample can be tested. Such is the pitiable condition”. Another government primary school teacher spoke along different lines by stating, “The students studying in our school largely belong to the lower class. They don’t anyhow consume safe drinking water in their homes. Both their parents and themselves don’t expect to drink safe drinking water in our school. So it is not a serious issue to be dealt with.” To support her stand, her colleague remarked, “These poor children develop immunity to unsafe drinking water. So it is not a health hazard to them in the short-term though it may hurt their health in the long-term.”

About 50% teachers are not sure about the tanks/pots being cleaned properly. One private primary school teacher observed, “These sweepers/ cleaners are instructed to clean tanks/ pots regularly by the administration but some of them either lie or do the cleaning in a half-hearted manner. They need to be first convinced about the health benefits of regular and proper cleaning of tanks/ pots. Their good work also needs to be acknowledged by the teachers and support staff. Then they will be motivated to clean well and often.” A government primary school teacher felt, “These cleaners expect additional payment for their laborious task of cleaning tanks/ pots. Since there is no fund to pay them extra, they are least interested to

clean tanks/ pots at all.” Another government teacher wryly remarked, “In this age of outsourcing, this task should perhaps be entrusted to a private agency.” Another government teacher was sure that “Most of the concrete tanks are unfit for water storage due to green moss collected around the inner walls.” And one private school teacher lamented, “Many pots are not covered with lids most of the time due to constant use by the students who are not specifically and appropriately instructed. Teachers are also sick of advising on so many small matters to these students.”

Q2. Did you ever suffer from any health complications due to consumption of water from your school? What remedies do you suggest?

Most teachers were confused while answering this question. One government school teacher observed, “I myself cannot say for sure when my health is down due to unsafe drinking water. How can the students find out on their own? Only when the colour of drinking water is stale, I become alert and caution students. But such occurrences are normally reported during the monsoon.” A private school teacher recollected that “Whenever I suffer from stomach ache soon after drinking water in the school I can be sure that drinking water is the culprit.” A government school teacher stated, “During diarrhoeal outbreaks in our immediate locality, we check the drinking water quality in our school and strictly advise students to bring boiled water from their homes. But many students continue to drink unsafe water and themselves become sick. We feel helpless on such occasions.”

Regarding remedies, almost all are unanimous about drinking boiled water brought from home as the cheapest and best remedy. One government school teacher commented, “Most parents lack the will to supply boiled and cooled drinking water to their children but expect clean drinking water from the school.” A private school teacher criticised the school management as “They are more interested to gobble up the profit rather than spend on basic amenities like safe drinking water.” Her colleague added, “Aerated drinking water can easily be supplied in 20-litre water jars as these are nowadays moderately priced. But the school management treats it as a luxury.” A teacher from another private school remarked, “Our school does keep aerated war jars in the corridors but the water poured into these are collected straight from the water taps. We teachers are ashamed of telling this to our own blissfully ignorant students and their parents.” Another private school teacher offered an alternative remedy saying, “Alum can be stirred into pot water. This will ensure that the dirty particles are deposited at the bottom of the pot. I have grown up drinking alum-treated water in my house. I am sure it will be the best remedy for our school students as well.”

Q3. Are you satisfied with the classroom arrangements including fan-positioning, fan-working, lighting and ventilation? If not, what alternate arrangements do you prefer?

The teachers vented out different grievances regarding these matters. One government school teacher observed, “Most fans are too old and hence don’t make a real difference to the quality or coolness of air in the classroom.” Another government school teacher complained, “Too much sunlight enters our classrooms, so the windows are closed. But this leads to sweaty and suffocating air.” A private school teacher remarked, “Our classrooms are stuffy and damp with inadequate lighting and ventilation. Though tube lights are installed, these bring strain to my eyes during the afternoon.”

Teachers were sceptical while being asked about alternate arrangements with one government school teacher asking, “Do you think that our management does not know that fans should be replaced when not working properly? Due to bureaucratic hassles, even simple measures are not adopted.” A private school teacher strongly felt, “Every classroom should be spacious, airy, exposed to natural ventilation and welcoming of natural light. Otherwise, the very purpose of learning is not truly served.”

Q4. Is there an exclusive person to clean the toilets? What disinfectants are used? Does somebody supervise the cleanliness of toilets and other parts of the school?

Most teachers affirmed that there is no exclusive person to clean the toilets. A government school teacher stated, “Sweepers double up as toilet cleaners. This is done to save manpower expenditure.” Another government school teacher informed, “Liquid disinfectants and bleaching powder are used but the cleaners just sprinkle them liberally and don’t bother to scrub or mop.” To substantiate his point, his colleague added, “The moment disinfectants are sprinkled all over, passersby as well as users are intimidated by the strong smell wafting around and are scared to use the toilets until the smell subsides.” Talking about supervision, a private school teacher commented, “The support staffs consider this as a duty of the teachers while the teachers leave it to the support staff. The outcome is that no one is bothered to supervise cleanliness of the toilets.” The headmistress of a government school informed proudly, “I myself make random visits to the toilets and encourage students, teachers and support staff to complain to me about its conditions. So there is combined supervision of the school toilets.”

Q5. Where do the students dump food-waste, litter and other crap in the premises?

Do you instruct them regarding waste-disposal? Do you experience any foul smell in your premises? Can you inform the sources of such smell? What can be the possible suggestions?

Teachers informed on a unanimous note that almost all students do not bother about dumping rubbish in the dust-bins. One government school teacher commented, “These children have not been taught by their parents to use dust-bins in their own homes. Why will they obey us when we ask them to use the dust-bins?” Another government school teacher remarked sympathetically, “When enough dust-bins are not around, it is unjust on our part to expect these children to chase dust-bins whenever they need to dump rubbish.” A private school teacher criticised the school management for “not constructing an exclusive lunch hall, making it very inconvenient for the children to dump food-waste in far-away dust-bins.”

Regarding foul smell, one government school teacher commented, “Action can be expected only when the headmistress herself experiences foul smell. If it is confined to a classroom or a limited area and distanced from the headmistress’ room, then one has to just cope with it.” Talking about sources of foul smell, a private school teacher informed, “It tends to come from a huge municipal dust-bin located outside our premises. The smell stinks and is unbearable. Even if some rat or bird dies within the premises, it is not disposed of by the sweepers until they are specially instructed to do so.” A private school teacher suggested, “A head sweeper should be appointed to supervise all the sweepers and ensure that the campus is free of foul smell.”

Q6. In what different ways can you contribute to enhance school health environment?

A government school teacher suggested, “First of all, management, parents and teachers should sit down together and determine their common school health environment priorities. Once a consensus is reached, the management should not hesitate to spend, the teachers should be ready to cooperate and the parents should be willing to extend moral support.” Another government school teacher felt, “Location, greenery, sanitation and hygiene are crucial factors. So teachers can prod the management and educate the parents on these basics.” A private school teacher felt, “It is our duty to convince management about the long-term benefits of a healthful environment in the school. Otherwise, they won’t see anything beyond profit.” By and large the teachers of government and private schools opined that management of the schools needs to take the initiative in this regard as financial resources and planning for a healthy environment is a pre-requisite. If school health

environment is accorded due priority by the management then teachers, students and all other members of the school then may respond positively.

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Q7. Do you inspect students' nail, hair, teeth, etc? If yes, how often? Are the parents informed about children's' health status regularly? If so, what are the areas of health profile that are touched upon? Does the school aid students in identifying and managing their health problems?

One conscientious government school teacher affirmed, "Yes, I make it a point to check the students' nail, hair and teeth daily in the class of which I am the class teacher. I am their virtual mother and am attached to them. So I do it out of pure affection." Another government class teacher informed, "Any sick child is promptly reported to the parent with full details." A private school teacher commented, "To the extent that I know about the health status of the child, I explain it first to the headmaster. It is not my duty to call every parent and explain. Some parents are aggressive and may blame me for the child's sickness. So why should I take the risk?" Regarding the role of the school, a private school teacher felt, "The school can only hand over the sick children safely to their parents. The teachers are not doctors to detect and diagnose symptoms of students and then counsel their parents." Another private school teacher commented, "If the parents are alert at home in the first place, there won't be any need for teachers to report sickness of these students back to their parents."By and large the teachers do care for sick children, but need more orientation

and training to manage sick children. They also need to focus on certain measures and practices to prevent students from different kind of illnesses.

Q8. What kind of health awareness events are held in your school? What is the extent of your participation in such events?

A government school teacher informed, "Naandi Foundation personnel come to our school and interact with students and teachers about food and general health matters. Government doctors do drop in once a year to conduct a general health screening camp." A private school teacher informed, "There is more show than

sincerity in our occasional health awareness events. These do not serve any purpose.”

Regarding participation of teachers in such events, a government school teacher commented sadly, “We are willing to contribute well. But unfortunately our role is confined to passive spectatorship.” Whereas a private school teacher remarked, “Any health awareness event is a cause for scare to us as we have to be engaged in event management, which is indeed a painful prospect to us.” By and large the teachers are not contented as they feel they have either no role or overworked during such activities. Q9. What forms the menu of your mid-day meals? Do students enjoy eating it? What do you suggest to improve the quality of the MDM?

A government school teacher informed, “There are two items to be mixed with rice in every meal. The items are curry, dal, rasam and sambar through the week. I myself eat the same whenever I don’t bring packed meals from my house. I find rasam and sambar to be diluted. The curry is normally tasteless.” Another government school

teacher felt, “Students sometimes eat greedily and develop indigestion. Some items are partially unhygienic due to the uncleaned vessels used to store food. So a closer supervision of cooked food is needed on the part of the school.” According to some other government school teacher, “These meals are cooked in semi-mechanised kitchens at a huge campus by Naandi Foundation. No wonder, the taste part of food is not taken care of. So it is better to entrust cooking to one or two full-time cooks in the school itself. They can do a much better job.” By and large teachers expressed, “The government. Sanctioned rate for a meal per student is too low. So the cooked ingredients are of poor quality. Hence, the government should enhance the meal support price.”

Q10. Are you aware of the availability of emergency medical services? How does the school manage accidents? What other services do you expect from the school?

A government school teacher informed, “I know well about 108 services. So I have informed many parents myself that they must access the ambulance through 108 toll-free numbers. But so far our school has not had the need to call this ambulance.” A private school teacher informed, “Our school has a medical consultant who is available at a nearby home-cum-clinic to treat any medical emergency. He is even ready to visit the school, if such a need arises.” Another private school teacher commented, “Our school is only ready to immediately inform the parents if any accident has occurred so that there is no risk or expenditure incurred. So it has



compiled a directory of mobile phone numbers of parents.” One government school teacher lamented, “Only one small first-aid kit is available in the HMs room. If any medical emergency or accident occurs, the HM is informed promptly. It is up to him to decide the needful.”

#### Focus Group Discussion: Students perception about School Health Environment and School health Services

As discussed in chapter III , a series of focus group discussion is conducted with students to understand their perception about school health. It is felt desirable to understand students’ ideas, thoughts and imagination about school health. For the purpose of realizing this objective the about five items were considered as framework to conduct FGD sessions with students. The FGD framework for the students of class V revolves around the following items.

What differences do you find between health conditions at home and school?

What do you like and dislike with regard to school health environment at school?

What do you like and dislike with regard to school health services at school?

What do you like and dislike with regard to school health education at school?

Do you have any suggestions or comments to make with regard to school health on the whole?

As mentioned above a series of focus group discussions were held with primary school students, primarily students of class V. Five government schools and five private schools were carefully selected to conduct the FGDs. A group of 8-12

students were assembled in a classroom at every selected primary school after

undergoing the formal procedure required for permission. It took some time for this researcher to break ice with these students. The researcher, in the first visit just talked to the students about their hobbies and played few games to build up rapport and gain their confidence. She also explained them the concept of school health environment and school health services. In the second visit by the researcher to these students enabled them to interact freely. It is during this interaction that they opened out and adopted new angles to explain their unique version.

The data in the form of notes taken during the FGDs were systematically and

carefully analysed by the researcher to ascertain the pattern of the respondents' opinions articulated by them. Then, a question-wise and area-wise analysis of their opinions was done, duly classifying the data.

When asked whether the government. Primary schools in Hyderabad enjoy healthful school environment, the government. Primary school students replied negatively with unanimity. They replied so after being told in simple terms what healthful school environment really meant. Upon being asked to explain, they responded by saying that they were not pleased with any aspect, be it cleanliness of the premises or greenery (trees and plants) or classroom condition or building condition or drinking water or fans or toilets. But the same students have surprisingly adopted a comparative stance to further refer to their more or less equal healthful living environment in their homes. So they concluded that in spite of unsatisfactory school health environment, they were content with the same.

The government. School students were told clearly about the entire gamut of health services. They expressed complete ignorance about some of them like school health policy, school health club, school health committee, school health budget, etc. The most well known school health service to them was mid-day meals. Most students expressed delight with the taste and variety contained in the weekly MDM menu. Many looked forward to the weekly boiled egg. A few students affirmed that they did experience first aid facilities when they sustained minor injuries. All students confirmed that they did undergo a medical checkup at least once a year. When asked what the students' parents discussed about in their regular interactions with their teachers, they replied that these interactions were hardly done in their presence. So, they don't properly remember what was discussed.

Another activity that the students loved to talk about was the games. One student remarked, "I enjoy games the most because when I am at home my parents don't want me to go outside and risk injury". Another student remarked, "I am very good at running and it is the large playground that allows me to run as much as I can until I cannot run anymore." It is clear that this is one school health service which enables these students to discover joy and also develop physical fitness. But the students did not look forward to the mandatory exercises period every week as they opined that it is too boring. One student commented, "Our P.T. teacher is too strict and always threatens us with his heavy stick. He scolds us whenever we make wrong movements in our exercises. So we hate physical exercises."

The private school students sounded different notes. They saw their respective private schools as virtual jails where they were condemned to "study, study and

study” to use the words of a student. They pleaded for more fun and less studies at school. They too felt that their school was unhealthy on the whole. They were unhappy with the cluttered premises and the irregularly constructed building. During intervals, especially lunch time, they bump into each other too often. One student remarked in this connection “I am scared to walk out of the classroom during interval because someone or the other pushes me and I am down on the ground in spite of walking carefully”. Another student expresses his reaction in this way. “I feel so happy and safe when I reach home”.

Another view expressed by a student is that he finds it a little painful to sit on overcrowded benches in the classroom. A student summarised well by stating, “The desk and benches are nice but space to sit is less”. One student further stated, “On a bench meant for two students, three sit”.

Regarding the lunch place, students were confused about where to sit as there was no special lunch hall or dining hall. One student described his confusion in this way: “On many days, I waste my lunch time chasing for a good corner to sit and enjoy lunch box”. Another student was frank enough to disclose that sometimes he fought with other students over a corner to sit for lunch.

Regarding Almirahs /cupboards, the students informed that they do keep their bags/lunch baskets in such spaces if at all they find empty space. One student told, “Most of the times, I keep my bag and lunch basket at a safe corner nearest to my sitting place in the classroom”. Coming to the blackboard, students found it difficult to concentrate on the notes written on it as they had to read it fast and write faster in their notebooks before fresh points replace earlier points on the blackboard.

Most students brought their own drinking water bottles from their homes to school as their parents were not sure of the quality of drinking water in their schools. But one student pointed out “There are many occasions when my water bottle becomes empty. Then I fill water into my bottle from the school tap.” The students find it convenient to wash their hands, after eating lunch, from the wash basin taps.

Talking about the health services, the students were unhappy with a few co-curricular events and first aid. But by and large, this researcher felt from his observations that they did not truly expect these health services from the school as their parents were anyhow taking care of their day-to-day health. Whenever they were unwell, their parents took them to a clinic and advised them not to go to the school until they became well. Most of them informed that they have never seen any health related material in their schools.

#### 4.4.0 General observations

The government. and private school students are keen to learn more about health from their teachers. The students were particularly excited about sharing their opinions and feelings about whatever little they know about school health in their FGD sessions with this researcher. The students identified food, water and toilet as the main aspects of school health. Though they were able to speak at length on food and water, they had no idea what to tell about the toilets though of course they expressed aversion to the foul smell emanating from the toilets.

The students were surprised to know that school health is so important to education. From probing talks, one felt that they have been responding well to health- related advices by practicing healthy behaviour. A few students were quick to point out that they did not like a few of their teachers smoking in their premises. It proved the saying that a good example is better than tons of teaching in the context of school health education.

This researcher wants to emphasize that though primary school students struggled to articulate well, their ideas were refreshingly offbeat. The fact that they are quick to learn and respond was reiterated by their quality of discussion during the FGD proceedings.

#### 4.5.0 A brief case studies of selected sample schools

In order to supplement the data collected through observation checklist, opinionaire and FGDs ,it is felt desirable to conduct a few brief case studies of the sample schools. For this purpose a total number of six schools, three governments and three private are identified on the basis of school health environment background .The criteria followed for the selection of the six schools is as follows :-

- A school which has scored high on school health environment.
- A school which has scored average on school health environment.
- A school which has scored low on school health environment.

One government and one private school from each of the category mentioned above is selected randomly for the purpose of conducting case studies. Hence a total of three government schools (GPS-I,GPS-II and GPS-III) and three private schools(P-I, P-II and P-III) make up for the six case studies. These case studies, however, are not in-depth case studies. The researcher has spent six days to understand the major health dimensions of the selected schools.

The series of brief case studies conducted are presented as follows:

#### **4.5.1 Government Primary School –I (GPS-I)**

A Government primary school at Mallepally is selected as a role model among the Hyderabad-based government. Primary schools as part of a series of six case studies that this researcher has undertaken in order to investigate the school health scenario comprising school health environment and school health services.

This school was set up in 1995. It was originally a part of a high school since 1982, but was bifurcated to be an independent primary school. It has a current strength of 385 students. The Headmistress is efficiently running this school since 1995 was earlier a secondary grade teacher in the old high school. All the students belong to either low or lower middle class Muslim households. 25% of the children work after school hours in garment shops and small restaurants to cater to their family's financial needs. Around 65% of the students are girls and 35% are boys. Of 11 teachers, eight are ladies, including the headmistress. All the support staffers are ladies. This school is located in the heart of Old Mallepally and caters primarily to the Urdu medium students residing in and around Old and New Mallepally, Nampally and Vijaynagar Colony. The premises are spread over 480 square yards also shared by the independent Urdu-medium high school.

This campus is quite healthily located in a small residential area with less exposure to pollution. It is well enclosed on all four sides by a moderately tall and sturdy boundary wall, which has been recently whitewashed. The boundary wall has two big gates. Each gate has two tall doors with spikes at the top.



Thanks to its peaceful location, the premises always witness a flurry of serious academic and co-curricular activities. The greenery of the premises is marked by the presence of a long cluster of pot-saplings on the right flank of the school building. The entire premises wear a striking look to any visitor due to its spick and span appearance. It is free from remnants or unsafe structures. The entire surface is well leveled and smooth. By and large the premises look new though the school building is an old one. This can be attributed to good maintenance and care.

The building appears to be built with fine and strong construction material and is well maintained. It has been recently whitewashed and repainted. The corridors are well directed in order to leave more space for the classrooms which are more or less uniform in size and shape.

Though there are only two-full times Ayahs, they do a very good job of keeping each and every room neat and tidy. They make it a compulsory duty to sweep and dust all the rooms and belongings soon after the day's classes are over by 3.00 pm.

The headmistress of this school is very particular about limited admissions to each and every class (I to V) in order to ensure that no classroom is over crowded. All the desks and benches are relatively free of dust and dirt and offer minimum comfort to the students. An annual review of the state of class-room furniture is undertaken

wherein the unfit furniture are removed from the respective classrooms and replaced within three months. Every classroom is naturally cross ventilated and well lit. Each room is fitted with a functional tube light and a fan. Classroom walls are well

plastered and repairs are undertaken periodically. Teacher's tables and chairs (aluminum) are available.

Electric supply is adequate, constant throughout the year. Ample safe drinking water is kept in one closed Sintex tank and taken with a tap which is cleaned regularly. A bore well sanction has been issued by an MLA under constituency development fund, sometime back at a cost of 1 lakh rupees, thank to which a huge bore well has been set-up inside the campus. The water from bore well is for used for other purposes.



Mid day meals are arranged in the earmarked corridor early afternoon as against practice of late arrangement of MDM in classrooms. The lunch place is cleaned by the ayahs. Toilets – one each and separate toilets for girls and boys are available. The staff has been instructed to use the respective toilets in order to monitor the cleanliness.

In every classroom, the blackboard is found to be of reasonable size with neat surface and furnish. The almirahs are available only in the headmistress room-cum-staff room which is well arranged and maintained. The headmistress has expressed willingness to procure a few more Almirahs. The playground is small as most of the space is occupied by the school building. Games and sports are not available.

It is highly harmonious and cordial with almost all the children being dropped and picked by the parents themselves. PTAs are held once every six months in order to review the child's performance (curricular and co-curricular and health) apart from discussing about ways and means to upgrade the existing infrastructure and facilities and look at alternative solutions to pressing issues. One major achievement of the PTA is that a suggestion put forth by a parent that a local leader (MLA) can be approached for sanction of a bore well was well translated into action. Since <https://deepscienceresearch.com>

parents are also part of the local community, they do contribute to the betterment of the school as part of which a few innovative initiatives are undertaken every year. For eg. During the month– long Ramzan festival, the parents mobilise resources from the neighbourhood to arrange a special Iftar (feast) at least once every week for the teacher, non-teaching staff and students.

Sometime back SSA organized a HIV/AIDS awareness workshop for three select teachers from the school. Unani doctors conduct health awareness sessions for all the teachers every year. Teachers are deputed for any training conducted or sponsored by Department of School Education every year. The headmistress reported that she receives an annual maintenance budget of Rs. 15,000 which is used exclusively for maintenance of existing infrastructure and facilities. The headmistress also makes periodical indents for fresh purchases by personally presenting the involved issues and requirements to the concerned authorities.

The school health services are moderate but effective in the sense that whenever private (unani) or NGO doctors do drop in at the campus, the headmistress ensures that all the available students undergo a thorough continuous medical check- up including dental examination. Those children reporting health complications are identified with their relevant details being enclosed in a school health file so that the concerned parents are later informed with the essential facts about the health condition.

Free unani medicines are offered to the students for the sake of preventive and promotive health. If any child is suffering from a communicable disease, the concerned parent is informed promptly and asked not to bring the child to school until normalcy is restored. A complete first aid kit is placed in the headmistress room. Science teachers take the initiative to teach basic health-related facts. The headmistress has expressed the requirement of a regular training in basic healthcare for herself and teachers in order to contribute to school health effectively.

All the eleven teachers are quite happy with the overall treatment though they felt the need for robust SHS. They were appreciative of their dynamic headmistress who motivates them with pep-talk and also advises them to emphasise on basic personal hygiene. It was felt by and large by the teachers that superlative leadership skills play a critical role in shaping up a healthy school with optimal use of existing infrastructure and facilities.

#### **4.5.0 Government Primary School –II (GPS-II)**



A government primary school, at Vijaynagar colony is selected as an average school with respect to school health environment. This school is selected as part of a series of six case studies undertaken by this researcher in order to investigate the school health scenario comprising of school health environment and school health services.



This primary school is located in a large 1600 square yards campus well located amidst greenery. It is situated beside the main road in New Mallepally. It is located in a residential colony largely inhabited by middle class families as well as upper middle class families. This school has a spacious look and feel to it. A tall boundary wall surrounds the campus on all four sides with two entrance-cum-exit gates. The wall is built of quality construction material and does not show prominent cracks anywhere.

This school does boast of a large playground to be able to accommodate a sizable chunk of its enrolled students at any point of time. But this playground has become a health menace to its teachers, non-teaching staff and students as it is filled with dust and dirt. Whenever children play on it, more dust is raised in the air, causing air pollution in the entire premises. In fact, many students and teachers are themselves suffering from bronchial asthma being exposed to the dusty playground daily. All those who visit the campus on two-wheelers also use the playground to move some distance and park their vehicles at different spots around the school buildings. This adds to the suspended particulate matter (SPM) presence in the campus air. The few trees and some saplings that do odorize the premises are not sufficient to lend a soothing green touch to the campus.



This primary school was set up way back in 1982 with an independent identity to it though it shares the campus along with a high school. It is a telugu medium school ever since its existence. It has strength of around 320 students. It is known as one of the better government primary schools due to its relentless focus on academic standards. It has been lately taken over by a new headmaster who is yet to familiarise himself thoroughly with the school.

One large building and a small, single-floored building towards the right of the campus accommodate both primary school and high school. Those are sturdy concrete buildings. But the smaller one appears older due to its fading colour. But when one enters the buildings, one is surprised by the appalling amount of dust that has settled itself on the floors as well as the desks and benches. It is virtually impossible to sit on the bench without making oneself covered by a swathe of dust. A major source of the classroom dust is the playground itself.

The walls in the school building are fine without any leak of traces. Even the classroom design is congenial. A medium– size blackboard is visible to even the back-benches in every classroom but in the highly dusty environs of the campus, the blackboard makes a dreadful presence as it is seen to contribute more dust to the classroom due to use of white chalk pieces and the duster.

The sitting space, leg space and elbow space are comfortable to the students, introducing a compensatory touch to the students constantly troubled by dust. Thanks to limited intake of students, the threat of classroom congestion does not stare down the faces of these students. Since the building is well designed, each classroom is exposed to natural lighting as well as ventilation.

This school has a mixed record on the facilities front. On one hand, the campus has

an outpatient clinic set up by Sarva Shiksha Abhiyan. But on another hand, the campus suffers from lack of drinking water as well as other water. The headmistress informed that HMWSSB water tankers are called in regularly to supply drinking water as well as water for other uses but a common complaint of students as well as teachers is that the available drinking water and untreated water is inadequate. The students particularly miss drinking water during the time they consume mid day meals (MDM).

One large Sintex plastic tank is available to store drinking water but simply cannot quench the thirst of students. Many water taps are also broken. Most of the time the water is not available from these taps.



The toilets, one for girls, another for boys and a small one for staff, are irregularly cleaned. On the days when these toilets are cleaned, these do appear to be usable but are reeking of unbearable odour on the days when these are not cleaned. No full-time cleaner is available. An outsider is called in to clean the toilets now and then. Electric supply is regularly available in all the rooms with functional fan and lights. There is no sewerage pipeline as well as storm-water drain. Garbage is collected from small bins kept all around the premises and disposed in the municipal bin lying just outside the boundary wall. Playground equipments are not available. Even though an exclusive school health clinic is available, it does not even have single medical equipment, thereby rendering the clinic unproductive.

The PTA does exist, but basically on paper. The PTA meeting is held on the basis of the discretionary power enjoyed by the school headmaster. Every headmaster is scared of convening a PTA meeting out of the fear that parents will utilise it as an

opportunity to raise uncomfortable issues about the school. The school health committee does exist on paper like the PTA but is dysfunctional. Though this is one of the lucky select schools under the SSA OP clinic scheme, a passive school health committee is unable to press home the advantage. No other committee exists to deal with school issues.

The aspect of community involvement is sorely lacking. Considering that this school is doing well on the infrastructure front but woefully lacking in facilities and services, community involvement can truly help to address some urgent and important concerns. The local neighbourhood is not able to contribute its mite towards the welfare of the school due to lack of a convenient forum to sit together, debate and decide. The teacher does not enjoy any form of in-service training. But teachers do show keen interest in health awareness training and were asking this researcher for the same.

Most of the students hail from lower middle class families. Around 90% of the students are from SC/ST background, as proudly claimed by the new headmaster. Around 62% of students are boys while the rest 38% are girls. But what makes this school noteworthy inspite of its several limitations is the fact that this school enjoys high academic standards thanks to a committed team of well-qualified and

experienced teachers and an equally dedicated pool of students. No doubt, this school enjoys considerable respect among the state-wide government. Primary schools. The new headmaster was yet to settle down in his new job and hence could not offer any budget info. But he did frankly lament the minuscule size of school budget as it could not address the considerable expenditure requirements of the school.

Though a medical checkup is conducted a few times for students every year, it is not comprehensive and is only ritualistic. No full-time or part-time doctor is posted in the school health clinic. The clinic is also not stocked with essential medicines. The clinic wears a desolate look. The first aid kit is available but kept unused most of the time as reported by a teacher. The students, when suffering from health complications, are asked to visit the nearby Mahavira hospital for free treatment. The students are repeatedly instructed to use their student identity cards while turning up for free medical treatment at the hospital.

The teachers revealed their perception regarding the school health concerns. One lady teacher spoke on behalf of all the school teachers with this researcher, saying that though this school has demonstrated educational excellence, the department of

school education has not reciprocated by rewarding the school with better infrastructure, facilities and services. She felt that it is a pity on the part of this school to be highly wanting on the SHE front even though it is one of the privileged schools under AP SHP.

The new headmaster strongly pleaded for basic health services and facilities to this school, since most of the students are socially underprivileged and are also dedicated towards education. He felt bad that his poor budget simply cannot take into account such health services and facilities. Another teacher Mr. P. Satya Narayana, an English speaking urbanite, expressed pride about being able to uplift the educational knowledge of his students but felt that this school needs to showcase itself to the local community and media in order to mobilise financial resources on its own and spend a good part of it on health-related infrastructure, facilities and services. By and large, the teachers are of the perception that this school shows plenty of promise, but sadly lacks a rewarding system for its teachers, students and support staff.

#### **4.5.0 Government Primary School –III (GPS-III)**

A government primary school, located in Vijayanagar Colony was found as one of the deplorable cases as far as SHE and SHS are concerned. This school was established in 1975 and was the only government. Primary school catering to the very large area. Later, some new government primary schools emerged as a result of which this school has been gradually neglected to such an extent that it has now become an anathema to join the same. One of the major stumbling blocks to this school's revival is the fact that it occupies a building owned by Andhra Pradesh Housing Board. This school has a current strength of 192 students. Almost all the children hail from low socio-economic backgrounds. According to the Headmistress, the gender– mix is almost equal. There are eight lady teachers running the entire teaching schedule.



This school building is based on a 430-square yard plot located amidst a contiguous cluster of private schools as well as independent houses in Vijayanagar Colony. The premise is devoid of any greenery and a playing space. A narrow front yard, backyard and much narrower side yards with lot of litter and dirt portray the despicable condition of the premises. A short boundary wall encloses the premises on all sides but appears to be on the verge of collapse as it shows wide cracks and partially broken bricks emanating out of it. A small gate has been found to be locked most of the time keeping the safety of children in mind and is opened only on the headmistress's instruction.

The entire building is in a dilapidated state since it has not been renovated even since it was instructed. Most of the classrooms are partially roofless or laid with broken walls, not a single classroom has a door. The classrooms have no sitting furniture except a single chair meant for the teacher. All the students sit on floors that are partially broken, dusty and dirty. Some classrooms also emit unbearable foul smell, since some children secretly urinate during the absence of the teacher. Even the concrete steps leading towards the first floor and terrace are partially broken, making it a constant source of injury. Some of the classrooms and blackboards are not available, while in those where these are available, one only finds them of limited use.



Safe drinking water is not at all available. Limited water meant for washing is collected from HMWSSB water tankers and stored in three medium-sized, open and unclean concrete containers. Due to lack of tap to these containers, children use tins to draw water during the process of which they put some dirty water back; this school does not enjoy electric supply. The teachers particularly find it frustrating to sit and teach without a fan or bulb. During sweltering heat, it becomes all the more difficult for them.

The few available toilets have become completely unusable for both teachers and students. All the staff has taken permission to use toilets in a nearby private school. There is absolutely no drainage system existing. Garbage disposal is done on rotation basis by the students themselves, due to non-availability of ayahs.

The garbage is deposited in medium-sized containers which are collected by the headmistress irregularly. PTA is non-existent. No other committee was formed since many years. There is absolutely no community involvement but recently the neighbourhood has raised its voice against the deplorable condition and has been complaining to the different government officials and Telugu media due to which the media has started highlighting the multifarious plight that the school finds itself in. There is no promotion for in-service training



Since this school occupies an APHB owned building, the Department of School Education as well as Hyderabad District Collectorate has been constrained from disbursing fund for the renovation or maintenance of the building.

No routine medical check-up is conducted any time in the academic year. Doctors dread to visit the premise due to its unclean premises and condition, as told by the headmistress. All the teachers who are hailing from middle class background are desperate to be transferred out of the school but are continually denied transfer.

Even when this researcher visited the premises, all the teachers gathered around her and pleaded to do something for the very survival of the school. One solution that was perceived to be the best available one by these teachers is that the school can shift to a large campus occupied by some existing government. School.

#### **4.5.0 Private Primary School –I (PS-I)**

A private primary school at Khairatabad is selected as a role model among private primary schools. This school started in 1962 from a small campus in Khairatabad and evolved into a four campus multi-section school comprising an primary school in a sprawling campus. The children are drawn from mostly upper class families, as the annual fees are very high at a range of Rs. 36,000 – 48,000. 620 students are enrolled. Each class has students. There are 3-4 sections for each primary class about 40 The location is scenic, peaceful and idyllic. It is nestled a little away from the main road and hence free of house as well as air pollution. The entire premise is well covered with greenery comprising small trees, saplings and a small lawn.

Though the greenery penetration is not dense, it is well-spread out and evenly



spaced, thereby lending an aesthetic appeal to the premises. The campus is well protected with a tall and sturdy boundary wall on all the four sides. One entrance gate has been set up to closely monitor the inward and outward movements of visitors and safety of the students is taken care of by two watchmen.



The building is large and sturdily built. It is excellently maintained. Any repairs that are needed are attended to promptly by the school management. Each classroom is well-designed with adequate seating furniture consisting of well-laid out desks and benches. Only two students occupy each bench in order to enable them to enjoy adequate sitting and writing space. Every classroom is cleaned twice, once before classes start and once after classes end.

Every classroom is equipped with a tall, vertical white board mounted on a stand, so that it is easily viewable to all the students. The whiteboard is meant to do away with respiratory complication arising due to chalk dust. Each classroom possesses a cupboard, which has adequate space for each student, and is well maintained i.e. well-painted and dusted regularly.

The ventilation in each classroom is adequate. Electric supply is adequate. Tube lights and fans are adequately placed. Each class has 3 sections in order to prevent overcrowding.

Though an exclusive lunch room or hall is not available, care is taken to clean the corridor, where the students take lunch, before and after the lunch break. Many taps have been set up in a long wash basin for hand washing. Drinking water is arranged with the aid of a huge water purifier-cum-cooler. Students normally bring empty water-bottles from their homes and fill these with water from school as per need.

The entire premises are well-covered with an elaborate drainage network consisting of sewerage pipelines and closed storm-water drains. The large maintenance team regularly monitors the proper functioning of the drainage network, as a consequence of which no pipeline leakages or water-logging are reported.

Garbage is collected at every waste bin kept outside the classroom. Once the school-session ends for the day, the sweepers carry them in large polythene covers and dump them at a far away municipal waste-bin.

A sincere team of cleaners liberally uses disinfectants to clean the toilets 3 times during the day. The headmistress does a random check of the toilets once a day in order to ensure cleanliness and also emanation of fragrance from the air-freshener used in the toilets.

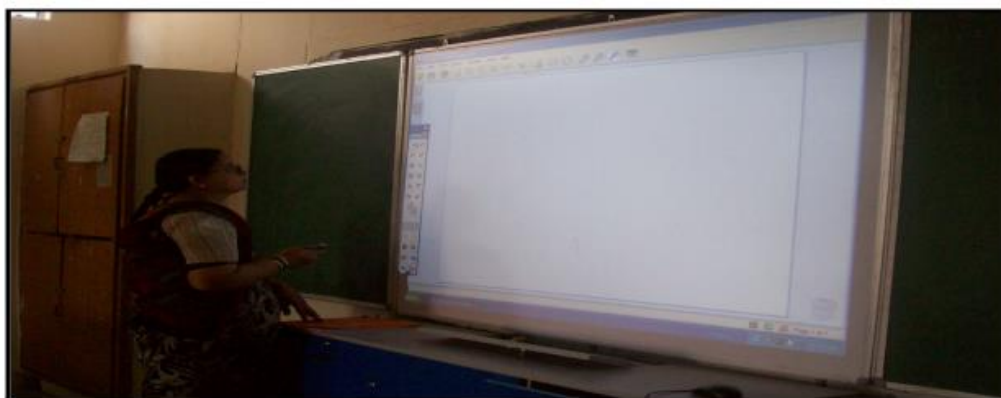
A playground is small, but well maintained and arranged with relevant sport equipments. Play equipments have been set up in two large halls in order to enable children to have fun and physical activity during intervals.



The school sets an annual schedule of the monthly PTA meetings and strictly adheres to the same. All kinds of suggestions that are put forth by the parents are listened to and recorded in the minutes. Later, all the sensible and relevant suggestions are adopted by the management. Due to the responsive attitude of the school management towards parents, the PTAs are well attended and looked forward to, by parents. Health issues are also discussed. In fact, one interesting decision that was adopted was that one of the ayahs has been exclusively entrusted with the responsibility of administering first aid and taking care of the sick students during the school hours. She maintains a register of telephone numbers of all the

parents, so that she can report to the concerned parent in case of a health emergency. The school informs the parents – first in case of health emergency, but assists the parents till the treatment is over.

Among the various student-oriented clubs like environment club and hobbies club, the sanitation and hygiene club is also formed. In the sanitation and hygiene club, the students attend relevant teaching sessions as part of co-curricular learning and participate in micro projects for the sake of practical exposure and experiential sharing.



An example of a micro project on sanitation and hygiene is that the students collected water samples from different points in the campus, and then they were taken by their teacher to water-testing lab, where they were exposed to the water-testing process and were informed about the quality of water in detail.

As far as community involvement is concerned the school has won acclaim in the entire city and also the regard of the local Muslim community. All major Muslim festivals in the school are sponsored by local Muslim cultural associations. All teachers are sponsored for at least one workshop participation in the city. These workshops cater to a wide range of subject areas including healthcare. Any information regarding budget is not disclosed.

Every year one thorough medical checkup including dental checkup is sponsored by the school in association with a private team of doctors. A medical profile of every student is prepared and handed over by the doctor to the school, which keeps a photocopy of the same and passes on the original copy to the parents for appropriate follow up action. Vulnerable cases are monitored until the parents have adopted remedial measures.

The school prepares an annual activities schedule which incorporates celebrations of World Health Day, World Sanitation and Hygiene Day and World Environment Day. As part of the celebrations, students themselves participate in arrangement and display of an exhibition or a fair with an overall supervision and guidance of teachers. For eg: on occasion of world environment day, an environment exhibition is conducted for the benefit of parents as well. A sapling–plantation drive in the neighborhood is also conducted, wherein the saplings are planted by students.

Nutrition supplements in the form of powder sachets and tablets are distributed by a few Muslim charitable organizations to the students. Healthy food promoting companies are also permitted to offer free sample in the school and also promote sales of their products in order to generate awareness about healthy food alternatives. Canteen is run by the school management itself to make sure that unhealthy foods are not cooked. As part of science classes, the teachers disseminate on an eclectic range of health topics.

On the whole, all the 25 teachers are deeply satisfied with the school health dimensions, but feel that more emphasis can be lent to health activities as part of co- curricular learning. Most of the teachers acknowledged that they are highly inclined to preach the significance of personal hygiene, and also are very particular to observe the same in each and every child.

#### **4.5.0 Private Primary School –II (PS-II)**

A private English-cum-Telugu medium primary school located at Vijayanagar colony is chosen as a partially healthy school with respect to school health environment. This school started in a humble manner in 1968 and has risen slowly and gradually to its current status as a six-campus school network including an exclusive primary school. It is located in the busy arterial Vijayanagar colony-Mehdipatnam link road. As a result, the school is exposed to constant noise and air pollution. A 560 square yards plot makes up the school premises. Since the school charges Rs. 30,000 as annual fee, it is only the upper middle class who can afford to be educated here. The students are largely Christians. The school could not offer correct information on the gender-wise enrolment, but the total enrolment is about 632. From I to V each class has 3 sections and the number of teachers is fifteen.



The premises totally lack in greenery but is kept neat and tidy, since full-time sweepers are available. The premises are enclosed by a boundary wall only on the front side with an entrance without a gate. This building shares common walls with three neighbouring houses on three sides.

The school building is a make-shift structure with no compact building design. Even the stairs leading to first and second floors are constructed in a haphazard manner. At some point, a new visitor is likely to bump his/her head into the low lying roof while walking up the stairs of the building. The walls and ceilings appear to be irregular and disjointed due to constant renovations.

Each classroom is medium in size but overcrowded with excessive seating furniture which is without backrest due to unlimited admissions.

The entire building fares poorly as far as natural light and ventilation are concerned due to lack of windows. The teacher is provided with a table and a chair. Classrooms are neat and tidy and the blackboard is of large size with good finish. Every classroom has a set of almirahs where students keep their text books, notebooks and stationary but they are asked to keep their lunch baskets in a long row outside the classroom. Dust bin is placed in every classroom. Playground does not exist due to dominance of the building space.



Aerated water bottles of 10-20 litres size have been set up at vantage points in corridors with a large tray kept beside plastic glasses. Though the principal claims that aerated water is provided, a reason for suspicion has arisen by the sight of the drinking water bottle kept in almost every lunch basket brought by the children from home. At every floor, a narrow long washbasin has been constructed with a line-up of taps offering ample water in a medium stream for washing of hands and faces. The water is stored in large Sintex plastic tanks installed on the terrace of the building.

Toilets are constructed at every floor. Toilets are separate for boys, girls and staff. These are cleaned frequently by the lady cleaners during the day. Some toilets are door-less while some have partially broken doors.



Electric supply is regular throughout the building but some classrooms which are constructed in the interiors have tube lights which generate eyestrain in some students because of their brightness. Drainage is moderately maintained and both sewerage line and storm water drain are available but not sufficiently corresponding with the volume of used water. Garbage is regularly collected and disposed keeping the classroom corridors and premises clean. An exclusive lunch room is not available but students are allowed to eat in a few unused classrooms which are meant to be renovated shortly. The food left over is quickly cleaned after the lunch is over.

Some computers have been installed at corridors so that these can be utilized for hands-on exposure by the students with the aid of a computer instructor. Many educational CDs including ones on health matters are available to be seen on the computers, but due to the lack of time most of the CDs are left unused. Fresh CDs are bought by the school every year from Educomps, India's largest educational technology company.

A quarterly meeting is held in order to facilitate exchange of feedback of ideas and feelings, but this forum is sadly not utilized by both school management and parents in order to raise issues and concerns related to school health, though there is scope for substantial improvement. Unfortunately, even the parents are found to be low on school health awareness front as revealed by interactions with a few parents.

Though committees related to health or hygiene are claimed to exist by the school management, this was personally verified by the researcher during confidential interaction with the teachers, same is the case with the staff club. Community

involvement is reflected by the fact that the local Christians do contribute by arranging for celebrations of Christian festivals in the school. In-service training is not conducted. The budget details are not disclosed.

The SHS presents a discouraging scenario compared to the fee charged. Routine medical checkups are not arranged by school managements. But the school welcomes NGOs contribution in this regard. A complete first aid kit is available at every floor. Parents are promptly informed if any child reports sickness.

A few teachers with whom this researcher had an informal conversation shared their satisfaction about the decent monthly remuneration, but were unhappy with long teaching hours, and some of the unhealthy school conditions. The teachers perceived the school management to be profit-obsessed as a part of which they were willing to offer essential infrastructure and facilities but were not willing to make bought by the school every year from Educomps, India's largest educational technology company.

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learning ambience and overall condition good enough. In a nutshell, they considered Loyola primary school as a fine teaching–learning shop.

#### **4.50 Private Primary School –III (PS-III)**

A private primary school at Yousufguda is chosen as a deplorable case among private primary schools. This school was established in 2003. The current strength of the students is 342. It occupies a small, dilapidated rented building which was originally a house. No wonder, the classrooms look more like house rooms with different shapes and sizes. It is a two-floor building on a 440 sq.yard plot. It used to offer Telugu medium education but was recently changed to English medium. The HM of this school is a senior person, with vast experience as a teacher in different primary schools at Hyderabad. Around 70% of the students are boys. Since the school prescribes moderate fees with minimal infrastructure and facilities, it has been able to attract the children residing in the nearby slum. The information related to budget was not forthcoming from the HM.

This school is located in a busy commercial-cum-residential locality at Yousufguda. It is on a narrow street, but close to the main road. The location is not peaceful with traffic sounds and heavy dusty air filling the premises. Due to the small plot size, no playground and no green area are available. The school does not have a boundary wall.



Each ground floor classroom has its own entrance in place of a common entrance to the building. In fact, only a close look at the building and the welcome board would make one realize that it is a school and not a house. The building is in a

dilapidated shape as it appears to be an old house. Faded colour and innumerable tiny cracks can be observed in the building exteriors. The corridors inside the building are too narrow, making it very convenient to enter or leave the classrooms during intervals. The roof is vulnerable as it is prone to leaks. Due to small classroom, every blackboard is also small in size and is in a worn-out condition. Many classrooms are jammed in between with absolutely no natural lighting and ventilation. Even those classrooms that have windows are not better placed, as the meshes of the windows are filled with dust. The classroom walls are also surrounded with high dangling cobwebs.

The limited classroom space is filled with excess, byzantine rusty iron seating furniture. The students occupying these benches suffer from very poor sitting and writing space, leg and elbow space. There is no table, but an iron chair in every classroom. The classroom is devoid of Almirahs or cupboards. The HM room has one almirah. Slow moving and old fans without regulators are operating in the classrooms and HMs room. Fans are filled with unacceptable level of soot and grime. The whole building does have electricity supply, but it is erratic. Whenever there is power cut the students seated in the classrooms without windows find it



unbearable to cope with the darkness and sweating.

There are small containers in both the floors to store drinking water, but it is of poor quality though the HM claimed it is otherwise. Municipal water connection is available for other usages, but due to less no. of taps, students do not enjoy adequate access. No exclusive lunch room is available but since the school closes by 2 pm,

students are expected to consume lunch at home. Toilets are inadequate, marked by lack of doors and regular water supply.



Dustbins are placed in every corridor at both the floors. A team of sweepers collect the garbage and dispose it in the GHMC bin.

This school has an access to a common sewerage line which is connected to all the buildings in the neighborhood. PTA is non-existent. Since almost all students belong to lower class households, it was felt by the HM that parents are not aware enough to articulate about the school concerns and issues. Committees of any form do not exist. Since this is a profit-oriented private school with no interest in the local neighborhood, the latter also does not feel the need to contribute to this school.

Medical checkups are not a part of the school scheme of things. First aid is not available. Children are not imparted health awareness by teachers because of the limited hours which are from 10.30 – 2pm. As many as fourteen teachers work in this school. Even the teachers are not provided any health awareness. The HM held the perception that this being a low-end school catering to the economically disadvantaged children, it cannot afford to think about concepts like SHE and SHS but she claimed that students do not suffer from health complications arising from the existing school and classroom conditions. The male teacher-cum-care taker with whom this teacher interacted sounded optimistic about the school as he believed that this school offers minimum services at moderate fees with sufficient educational standards. He also felt that since students spend only 3 and 1/2 hrs in the school, it hardly matters whether sound infrastructure and facilities are available or not.