

School Health Services — a neglected sphere of influence in Pakistan

Farah Ahmad, Syed Hasan Danish

School Health is a branch of preventive medicine which deals with the curative, preventive and promotive aspects of health in school settings. The fundamental aim is prevention, early detection and correction of disease. The School Health Policies and Programs Study (SHPPS) have described school health services as a "coordinated system that ensures a continuum of care from school to home to community health care provider and back".¹

The turn of the nineteenth century saw for the first time collaboration in health and education, when hospital staff was recruited by schools for examination of school children and identification of potentially contagious maladies. In the beginning, school health services was merely focused towards treatment rather than prevention of diseases. Though the concept was clear from the beginning that the school health service has a role in improving the health of children, especially those who cannot afford better health facilities, yet its full impact was not visible till the mid twentieth century when the Astoria plan placed more responsibilities on the schools regarding the health of the students. Immunization of the children, early detection through screening of selected problems like visual and hearing defects and scoliosis was routinely carried out by the school authorities. Subsequent refinement in the school health services led to school based clinics and the emergence of coordinated school health programme with focused areas developed for nutrition, mental well being, dental and adolescent health.

Schools are basically a community where at a time a large number of students and staff exist together. Therefore it becomes all the more important to have a system in place to deal with issues of day-to-day emergencies, first aid and early detection of communicable and non-communicable diseases. Students who require special care as those suffering from chronic diseases like asthma, renal problems and diabetes benefit the most as they might not have the extent of knowledge to assist them in monitoring their symptoms and administering medications.

In Pakistan, School Health Services was a part of the

.....
Department of Community Health Sciences, Ziauddin University, Karachi.

Correspondence: Farah Ahmad. Email: farga24@yahoo.com

government health infrastructure since 1952 but in actuality it is still non-existent. The Sindh government rolled back its school health programme in 2006 because it was not achieving its objectives due to the presence of ghost doctors. UNICEF funded school health services with full time school clinics were also started in all the provinces. Each School Medical Officer was placed in charge of 3,000 to 5,000 school children and was provided with a school clinic in one of the schools. Several other programmes in collaboration with UNESCO and Melinda and Bill Gates foundation have been initiated but their full impact is yet to be seen. School Health Services in the private sector has evolved in the last two decades. Non-governmental Organizations have played a key role in implementing this programme in private schools. Schools which opt for these services understand the importance of school health. The information shared by the non-governmental organizations are an eye opener and if properly utilized can pave the way for a number of interventions related to Public Health.

It is unfortunate that the strategic role of school health services in promoting and protecting health not only for the children but for the community as a whole is still to be recognized in Pakistan. Schools can be utilized as a hub to fight against infectious diseases and for provision of a wide range of health related services to the children and the families. Since children spend a significant portion of the time in schools, it is seen by many analysts as the commonsensical site for services that are based on public health principles of population-based prevention. Schools are keynote players for promotion of health and safety of young people and helping them establish lifelong healthy behaviours.

The association of an effective school health program with better academic performance cannot be denied as absenteeism among students is clearly associated with school failure.² Research has highlighted that students who miss more than two weeks of schooling in a term have difficulty in maintaining their grades. Children who are poor are two to three times more likely to miss school due to their illnesses.³

Research has also shown that school health programmes can reduce the prevalence of health risk behaviours

among young people and have a positive effect on academic performance. A study conducted by Botvin and colleagues⁴ reported positive long-term results in a study involving more than 3,500 students in grade 12 who were randomly assigned to receive either the Life Skills Training substance use prevention programme in grades 7 through 9 or "treatment as usual." Significant reductions in tobacco, alcohol, and marijuana use were evident at the follow-up in grade 12, and effects were greater among students whose teachers taught the programme with commitment.

School Health Services in recent times have become even more important for schools to adopt as our children and youth are more vulnerable to adverse life experiences because of unprecedented exposure to the outside world.

Advocacy from the Public Health platform for public private partnership for introduction of comprehensive school health services that can benefit the masses is the need of the hour.

References

1. Small ML, Majer LS, Allensworth DD, Farquhar BK, Kann L, Pateman BC. School health services. *J Sch Health* 1995; 65: 319-26.
2. Wolfe BL. The influence of health on school outcomes: a multivariate approach. *Med Care* 1985; 23: 1127-38.
3. Egbuonu L, Starfield B. Child health and social status. *Pediatrics* 1982; 69: 550-7.
4. Botvin GJ, Schinke SP, Epstein JA, Diaz T, Botvin EM. Effectiveness of culturally focused and generic skills training approaches to alcohol and drug abuse prevention among minority adolescents: two-year follow-up results. *Psychol Addict Behav* 1995; 9: 183-94.