



KNOWLEDGE, ATTITUDES AND PRACTICES OF SECONDARY SCHOOL TEACHERS REGARDING SCHOOL HEALTH SERVICE IN CHILDREN IN SANGLI DISTRICT OF MAHARASHTRA

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ABSTRACT

Introduction: Education is a best indicator for lifelong health with improved quality of life. In India, more than one fifth of our child population of 5-14 years of age usually opts for primary and secondary education. The studies regarding the KAP of school health service among teachers are rare in India. As a result of which there is generally a lack of information about the ground level scenario. The current study was undertaken to obtain baseline information regarding the KAP amongst teachers regarding school health.

Methods: A Cross-sectional observational study was conducted among 705 secondary school teachers of Sangli district of Western Maharashtra state. A self-administered pretested questionnaire in local language was given to study participants and responses were collected. Entire data was collected into Microsoft Office Excel Sheet and analysed by suitable statistical test.

Results: Of the rural school teachers, 54 (10.38%) received school health training (mean duration: 4.97 ± 5.95 days) as compared to only 14 (7.57%) urban teachers (mean duration: 3.67 ± 2.89 days).

Conclusion: There is a lack of knowledge amongst teachers, at the urban as well as rural level, regarding school health services.

KEYWORDS : KAP, School health, School teachers

Introduction

Education is a best indicator for lifelong health with improved quality of life. In India, more than one fifth of our child population of 5-14 years of age usually opts for primary and secondary education.¹ The number of children enrolled in schools are 80% whereas the rest remaining out of school. Out of the enrolled children, 65-85% are regularly attending school, on an average 200 days (54.79%) in a year. Thus, majority of the time is spent in school.^{1,2}

In India, the School Health program is a program for school health service under the umbrella of National Rural Health Mission (NRHM), which is launched in fulfilling the vision of NRHM to provide effective health care to population throughout the country. School health services comprise of immunization, screening, surveillance and counselling, early detection and treatment and referral services. School environment includes school building and its environs, class rooms, lighting and ventilation, furniture, water supply, meals, waste disposal, abatement of pollution if any, etc.^{3,4}

The studies regarding the KAP of school health service among teachers are rare in India. As a result of which there is generally a lack of information about the ground level scenario. The current study was undertaken to obtain baseline information regarding the KAP amongst teachers regarding school health.

Material and Methods

A Cross-sectional observational study was conducted among 705 secondary school teachers of Sangli district of Western Maharashtra state. Teachers were selected by simple random sampling methods from each zone. All these selected teachers were included as study participants. Institutional Ethics Committee approval and informed consent of participants were obtained. A self-administered pretested questionnaire in local language was given to study participants and responses were collected. Entire data was collected into Microsoft Office Excel Sheet and analysed by suitable statistical test.

Results and Discussion

Out of the 57 schools included in the study, 46 schools were in rural area, while 11 schools were in urban area. Of the 520 rural school teachers, 330 (63.46%) were males and 190 (36.54%) were females; 508 belonged to Hinduism and 12 were Muslims. Of the 185 urban school teachers, 90 (48.65%) were males as compared to 95 (51.35%) females; 184 were Hindus and 1 was a Muslim. The mean age of the school teachers in rural areas was 40.77 ± 8.88 years, while that of the teachers in urban areas was 41.37 ± 7.60 years

Of the rural school teachers, 54 (10.38%) received school health training (mean duration: 4.97 ± 5.95 days) as compared to only 14 (7.57%) urban teachers (mean duration: 3.67 ± 2.89 days). First aid training was received by 84 rural school teachers in contrast to only 24

urban school teachers. In a study by Bhesania NH et al, 2014 reported that 15.5% of teachers had received training related to epilepsy. These results were more or less similar to our study.⁵ The median knowledge score 1 in the 520 rural school teachers was 8 (range: 1-12) and that among the 185 urban school teachers was also 8 (range: 0-11).

The mean percent practice score among rural school teachers was 86.67% as compared to 76.67% among urban school teachers. Mann-Whitney indicated that the median score of practice regarding school health was significantly less in urban school teachers as compared to the rural school teachers. Win Naing's study revealed that the urban teachers were higher in their levels, of practice than the rural teachers, and this association was statistically significant. These reports were similar to our study.⁶

Table 1 : Practices about School Health among participants (n= 705)

Characteristics	Rural schools (n=520)	Urban schools (n=185)
Practice regarding school health, Median (Range)	26 (0-30)	23 (1-30)
Mean percent practices score	86.67%	76.67%
P<0.0001, using Mann-Whitney test		

In our study, the median score of attitude towards school health amongst rural school teachers was 9 with range from 1-19 whereas that of the urban school teachers was also 9 but with a range between 5 and 10. The mean percent attitude score among all the schools, irrespective of their location, was 90%. There were no studies to our knowledge that reported the knowledge and attitude scores of teachers.

Conclusion and recommendations

There is a lack of knowledge amongst teachers, at the urban as well as rural level, regarding health education. On the grounds of our study findings, we can conclude that school teachers should be imparted continued education and trainings related to health, which will help them to spread the importance of the need for better health in the community.

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