



ORIGINAL ARTICLE

A Study on the Status of School Health Services in Chalous, Iran

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ABSTRACT

This study aimed to evaluate the status of health services in Chalous elementary schools in 2013, using descriptive method. The study was conducted on all elementary schools in Chalous (17 rural schools, and 30 urban schools) selected through census sampling method. Data collection was carried out through systematic observations and interview using validity content and test-retest methods to determine the validity and reliability of data, respectively. In order to collect data, the researcher attended the schools, conducted interviews with school officials or health officers, observed health care facilities and analyzed the collected data using descriptive method.

Over half of the Chalous's schools lacked health coaches with relevant education, none of the schools carried out periodic health check-ups completely. The results of the check-ups were not recorded in any school. With the exception of informing the parents (74%), and over half of the schools didn't take further measures to treat disorders detected during check-ups. Besides, only 4% of the schools had aid worker, health educator or a person has been trained. None of the schools made further attempts to help sick children other than informing their parents or conveying them to hospital.

Keywords: Health, school health, health services, treatment

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INTRODUCTION

Elementary school is the first social institution that children enter and spend the most important years of their lives there (coinciding with their physical and mental growth) [1]. In fact, schools are considered as a safe place to educate human beings, and play an important role in providing a safe and welcoming environment, training and enforcement of their health behavior[2].

In terms of population, students make up a large part of our country's population. According to the figures released by the year 2012, 6 million and 854 thousand students are merely enrolled in primary schools[3]. Regarding the above mentioned figures, what draws too much attention is vulnerability of this age group. Undeveloped body and immune system, increased respiratory rate, increased frequency of eating and drinking, certain behavioral habits such as putting fingers or objects in mouth are the factors which make elementary school students more vulnerable to environmental risks[1]. Schools reopening is always associated with the outbreak of infectious diseases. For example, 20 to 25% of students are being infected with colds and the flue during the school year, and each of the students infect 30-40 other pupils in the classroom [4]. Head and body lice are the major health problems of students and their families[5]. Unfortunately, in addition to incidence of excessive itching, anemia, weakness, emaciation, and transmission of epidemic typhus, lice infestation can bring about health problems, psychological effects and social stress in affected children which will lead to their educational failure [6].

On the one hand, life events can have large effects on physical, mental, social, and spiritual health of individuals [7]; on the other hand, according to epidemiological studies, elementary students more than other children face slip and fall accidents[8] , disability and even death[9]. However, despite the problems mentioned above (infectious disease outbreaks, accidents, etc.), students are required to attend school. Therefore, it is necessary to secure students health through focusing on physical, health, and safety issues in the school environment, and providing adequate health services [10]. It is also necessary to conduct further investigations on this issue.

Considering that most of the studies conducted in this country have concentrated merely on services such as health of physical environment or school security, and due to his observations of unfavourable health care services during his occupational experiences and reporting, the researcher attempted to evaluate the status of health services in Chalous elementary schools personally. He hopes that his findings can be used in school health planning.

MATERIALS AND METHODS

This research was conducted on all elementary schools in Chalous using descriptive method (30 urban schools and 17 rural schools). Data collection was conducted through systematic observations and interview. The checklist used in the interview was a questionnaire consisting of 29 multi-choice questions. The first four questions were about school profile and the other questions contained information about the characteristics of school health care services, including the provision of health services, necessary equipment for health services, health education, physical examination, treatment of injured or ill students. It should be noted that items 10-15, 20 of the questionnaire were related to the observation and the rest of the questions were about the interview. The validity content and test-retest methods were used to determine the scientific validity and reliability of data, respectively. In order to use the means of data collection, after determining the validity and reliability of the questionnaire, the researcher attended Chalous elementary schools having in hand a letter of recommendation from Islamic Azad University of Chalous and an authorization letter from Education Bureau of Chalous. He tried to motivate school officials and health coaches (if there are any health coaches in the schools) to cooperate with each other by explaining about the subject of the research and his objectives. While interviewing with the people above and observing cases such as health services equipments, the researcher completed the checklists personally. Ultimately, the data were collected and analyzed using descriptive statistics (number and percent).

RESULTS AND DISCUSSION

According to the studies, most of the elementary schools in Chalous in terms of their type, location, number of students, and their gender are classified as public schools (89.4%), urban (63.8%), with a population of 100-200 people (51.1%), co-educational (42.6%), respectively.

Studies indicated that 38% of the schools were not supervised by health authorities or health coaches, and over half of the schools either lacked health coaches or they didn't have relevant education (Tables 1 and 2). Not all the schools performed 100% periodic health examinations of students. The highest rate of periodic examination was related to the oral health check-ups (74%), and the lowest periodic examination pertaining to childrens' behavioral health status (2%) and skeletal check-ups(6%) (Table 3). Besides, the results of periodic examination were not recorded in 81% of schools (Table 4). If a disorder was detected during the periodic health examination, over half of the schools were not capable of taking further measures other than informing the parents (74%) (Table 5). Only 4% of the schools enjoyed health coaches or individuals who had completed practical first aid courses (Table 6). Except for the first aid for minor disorders, schools took no further measures to treat sick children other than informing their parents and conveying them to hospital (Table 7).

Table 1: Frequency Distribution of Schools in terms of Health Coach

Health Coach			Have	Don't Have	Sum
School Types	Public	QTY	24	18	42
		Percent	57	43	100
	Private	QTY	5	0	5
		Percent	100	0	100
Location	Urban	QTY	12	18	30
		Percent	40	60	100
	Rural	QTY	17	0	17
		Percent	100	0	100
Sum Total		QTY	29	18	47
		Percent	62	38	100

Table 2: Frequency Distribution of Schools in terms of Health Coach Education

Education Types			Relevant	Non-Relevant	Sum
School Types	Public	QTY	20	4	24
		Percent	48	10	
School Types	Private	QTY	3	2	5
		Percent	60	40	100
Location	Urban	QTY	6	6	12
		Percent	20	20	
Location	Rural	QTY	17	0	17
		Percent	100	0	
Sum Total		QTY	23	6	29
		Percent	49	13	

Table 3: Frequency Distribution of Schools in terms Periodic Health Examination of Students

Organ		Oral	Vision	Hearing	Behavioral	Skeletal	Height and Weight	Skin and Appendages	S Su	
School Types	Public	QTY	30	22	19	0	1	5	26	103
		Percent	71	52	45	0	2	12	62	
School Types	Private	QTY	5	5	5	1	2	5	5	28
		Percent	100	100	100	20	40	100	100	
Location of Schools	Urban	QTY	19	11	8	1	3	10	14	66
		Percent	63	37	27	3	10	33	47	
Location of Schools	Rural	QTY	16	16	16	0	0	0	17	65
		Percent	94	94	94	0	0	0	100	
Sum Total		QTY	35	27	24	1	3	10	31	131
		Percent	74	57	51	2	6	21	66	

Table 4: Frequency Distribution of Schools in terms of Treating Detected Disorders

Measures			Inform Parents	Connect to Health System	Treatment by Health Coach
School Types	Public	QTY	30	17	17
		Percent	71	40	40
School Types	Private	QTY	5	0	0
		Percent	100	0	0
Location	Urban	QTY	19	0	0
		Percent	63	0	0
Location	Rural	QTY	16	17	17
		Percent	94	100	100
Sum Total		QTY	35	17	17
		Percent	74	36	36

Table 5: Frequency Distribution of Schools in terms of aid worker

Aid worker		Health Coach or a Trained Person	Personnel	Both	Sum	
School Types	Public	QTY	1	37	4	42
		Percent	2	88	10	
School Types	Private	QTY	1	1	3	5
		Percent	20	20	60	
Location	Urban	QTY	2	21	7	30
		Percent	7	70	23	
Location	Rural	QTY	0	17	0	17
		Percent	0	100	0	
Sum Total		QTY	2	38	7	47
		Percent	4	81	15	

Table 6: Frequency Distribution of Schools in terms of the Treatment of Sick Students

Organ			Inform Parents	Convey to Hospital	Both	Other Cases	S Sui
School	Public	QTY	0	0	42	0	42
		Percent	0	0	100	0	100
Types	Private	QTY	0	0	5	0	5
		Percent	0	0	100	0	100
Location of	Urban	QTY	0	0	30	0	30
		Percent	0	0	100	0	100
Schools	Rural	QTY	0	0	17	0	17
		Percent	0	0	100	0	100
Sum Total		QTY	0	0	47	0	47
		Percent	0	0	100	0	100

The results of this study indicated that elementary schools in Chalous are not enjoyed qualified health coaches or health care personnel. Over half of the schools didn't have health care employees or else they didn't have relevant education. In this regard, and according to the studies conducted in the year 2012, in contrast to the schools above, schools in Connecticut State in USA not only enjoyed qualified nurses, but benefited from medical services provided by physicians, particularly pediatricians[11]. British international schools health status in 2008 was also opposite to Chalous schools. According to the announcement of the International Group of Five , a school under their study with a population of 66 students had a full time nurse (attending all days of the week) present in the school; besides, the school had the advantage of the availability of a surgeon nearby who could be present in the school if necessary[12].

Periodic medical examinations in the elementary schools of Chalous were not performed properly, since the highest rate of periodic examination pertained to oral health check- ups (74%) and skin and appendages (66%). Only half the schools performed periodic health examinations for the students' vision and hearing and a small percentage of schools examined the skeletal system (6%), and mental or behavioral status of the students (2%). Only 6% of the schools performed a complete periodic examination of the 6 systems of the students. Based on the instructions of Net Development Center for Health Care Management, all students are required to undergo health examinations associated with their nutritional, height and weight, oral, skeletal (spine), skin, hair, nail, vision, hearing, and mental or behavioral status[13], Therefore, findings of this research are apparently inconsistent with the above mentioned instruction. According to Stroser, Jozsock, and Ammerman, the performance of school health examinations in eleven states of America during the years 2007-2008 was far better than findings of this research; since most of the schools in the states above conducted extensive health examinations (96.6%), vision, hearing, and spine (92.7%), and mental health check-ups (73.3%), etc[14].

Only 19% of Chalous elementary schools recorded the results of the students' periodic health examinations, which is contrary to the existing instructions. Based on the documents of Net Development Center for Health Care Management, all schools are required to record the results of the students' periodic health examinations[13].

Informing parents and negotiating with them were the only measures taken by elementary schools in Chalous to treat disorders detected (during clinical examinations of the students). Unfortunately, over half of the schools took no measures to communicate with health services. Therefore, given the emphasis of Net Development Center for Health Care Management on the necessity to treat disorders in students by schools through negotiating with parents, referring them to a physician or health centers, etc[13], it could be concluded that Chalous elementary schools made no proper attempts in this regard; since the only measure taken by Chalous schools was informing parents and negotiating with them.

Unfortunately, in the published findings of other researchers no status report on informing parents has been reported, therefore, findings of this research cannot be compared with other findings. Although the Connecticut State Department of Education has made no references to the type of remedial measures

taken by schools to eliminate vision, hearing, and skeletal disorders, most schools in Connecticut were in a better health status, since they benefited from medical services (especially pediatricians), and even 9, 3.6, 3.2 hours of nursing work per week was devoted to evaluation of health needs, medication and special care, respectively[11]. According to the investigations on eleven states of America during the years 2007-2008, 96.1% and 86.8% of schools by linking with community health systems attempted to treat students with acute and chronic diseases, and they even provided dental services such as filling and pulling the teeth (10.3%), and orthodontics (5%) [14]. 81.9%, 65.8%, and 39.1% of schools in America and parts of Columbia during the years 2000-2006 undertook consultative, experimental and referral activities in order to treat chronic disorders, oral problems and HIV. 41.9% of schools had a physician available in order to use his medical specialty if necessary. 43.5% of schools had access to a physician through other means.

About 94.8% of schools in America and parts of Columbia during the years 2000-2006 recorded the results of examination which indicates that in this regard the schools mentioned above had performed far better than schools in Chalous [15].

Office staff in 81% of Chalous elementary schools provided first aid, and only 4% of schools devolved this duty to health coaches or the personnel who had attended practical first aid courses. The above mentioned issue is against the school health recommendation because the schools are required to have at least one full time employee who is trained in first aid [10] as well as the ability to provide emergency care [15].

Findings of this research are contrary to the findings of other investigations carried out in Britain and America. According to the studies of the International Group of five, all teaching and non-teaching staff in British International Schools during the year 2007 were attended the first aid retraining courses. Besides, they have the advantage of having a nurse among their personnel to provide students with better medical and health services [12]. An important part of health care needs in the schools of Connecticut State was provided by nursing staff, so that they devoted 9 hours per week of their activities to treat students [11]. All first aid activities in America's schools during the years 2007-2008 were performed by qualified staff [14].

All elementary schools in Chalous took no measures to help sick students except for informing parents and conveying them to hospital. However, keeping parents informed and conveying sick students to hospital are included in the responsibilities of school health services [16]. It can be concluded that Chalous elementary schools didn't take all necessary measures to help sick children.

Findings of the studies conducted in America were contrary to the findings of this research because 96.1% of schools in America took measures to treat acute disorders in students, in 94.6% of schools attempts were made to treat asthma, and 96% of schools administered medication[14].

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