

A Study To Assess The Knowledge And Participation of School Teachers In Providing School Health Services And The Problems Faced By Them In Selected Schools of District Patiala, Punjab

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Abstract : The child is the future citizen of the nation. The healthy development of children is an investment in national development and productivity. School children constitute a vital segment of the population (25%) in our country and are one among the vulnerable group. School health is a part of community health program through which comprehensive care of the health and wellbeing of children throughout the school years is taken care of and the school teacher is an important member of the school health team..

This study attempts to assess the knowledge and participation of school teachers in providing school health services and the problems faced by them in providing school health services.

Methodology

A descriptive study was conducted in selected govt. schools of district Patiala Punjab. A total 100 school teachers working were selected by using a purposive sampling technique. A self administered questionnaire was used to collect the data. Data was analyzed by using descriptive and inferential statistics and presented through tables and figures.

Results

The study revealed that majority (77%) of the school teachers had average knowledge regarding school health services , (10 %) had good knowledge & (13%) was having poor knowledge. The findings also showed that more than half of the school teachers (57%) had low participation in school health services and only (2%) had a good participation in school health services. The majority of teachers faced the problems as lack of infrastructure, improper training and knowledge i.e 86% and 80% respectively. 70% Of the teachers mentioned that they had funding and budget constrains and 69 % mentioned that had crowded curriculum , 58% expressed that they lack time to be provided for school health services.No association was found between the knowledge and participation scores at ($p < 0.05$) because of the various problems faced by them.

The present study findings stress the responsibility of the Govt. and health agencies to take necessary steps regarding school health services so that these services will be able to create a healthy community.

Key Words: School teacher, School health services.

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I. Introduction

Schools are settings where children learn, where character is molded, where values are formulated and where the future citizens of the world are groomed to face challenges of life. School makes a substantial contribution to a students' health and well-being.¹ It is a place that play one of the most important role in physical, mental, social and emotional development of child.²

Promoting the health of children through schools has been an important global goal of the World Health Organization since 1950s. They have recognized that the link between a child's health and education is a powerful one. The WHO defines a health promoting school as one that is constantly strengthening its capacity as a healthy setting for living, setting for learning and working. It focuses on creating health and helping school children, staff, family and community to care for them, to take informed decisions over circumstances that affect their health and create conditions that are conducive to health.³

In India in order to improve the health of children and to prevent recurrence of diseases, Govt. of India started school health programme on 12th march 2008 in 21 states of India. The School Health Programme intends to cover 12, 88,750 Government and private aided schools covering around 22 Crore students all over India.⁴

School health programmes has become one of the most efficient, powerful, and economical approach to be made available for almost every nation in the world to improve significantly the well-being of its people.

Consequently, such programmes could become a critical means of improving the condition of mankind globally.⁵

School health is a part of educational programme through which changes are brought about in knowledge, skills and behavior for a healthy living.⁶ It has been grown from the narrow concept of medical examination of children to the more comprehensive care, integrated set of planned, sequential, school affiliated strategies, activities and services that are designed to promote the optimal social and educational development of student so as to give them a good start in life.⁷

The National Health Policy, 2002 envisages giving priority to school health programme which aim at preventive-health education, providing regular health check-ups, and promotion of health-seeking behavior among children. School health services provide an ideal platform to detect the health problems early and treat them. Early detection of the morbidities through regular survey helps in prompt treatment and prevention of serious complications.⁸

An effective school health programme is administered jointly by the education and public health department. But the most important person in the community and the most of the things concerning the school health programs depends upon the teacher. Much of the success of school-based health programs is based on the commitment of teachers, which therefore relies on their personal perspectives on the health needs of students. Regardless of the administration, the school is the official agency having a major responsibility for the health of the child in school. The school principal is responsible for every activity that is carried out in school under his authority⁹

The teacher is not only the key person in the school health and education programme but he/she is also a key person in the community. Teachers are well-respected leaders and considered as role models by students and their families, therefore they have an important impact on their learning and actions and can be often referred to as a “change agent” who can influence others to accept new ideas which will lead to better conditions.¹⁰

Teachers have the greatest influence on the lives of school children and is essential in every aspect of the school health programme as they can witness the effects of poor health on child’s academic performance.¹¹

The responsibilities of a teacher for child health are most important particularly in rural areas, where medical facilities are limited. There is considerable emphasis on engaging health care providers, educational officials, and teachers in planning and designing the policies and interventions to make the school a healthy place.¹²

Need of the study

Children are nature’s gift and the foundation of life. Health status of the children of a nation is highly reliable index of the health of the population and is considered as the national investment in the development of its future manpower.¹³

As children are considered as the most potential unit of future human resources in every country. It has been recognized that universal education couldn’t be achieved while the health needs of children remain unmet.¹⁴ Therefore it is necessary in the interest of every country to look after the health and welfare as they form the vulnerable segment of the population. A better tomorrow depends much on the wellbeing, safety and development of the school children today.¹⁵

School children particularly in developing countries face various health problems which hamper their normal growth and development. Most of the diseases which cause illness and morbidity in later life have its roots in minor ailments neglected during this period.¹⁶

A health survey was conducted in Indian schools and the results showed that the morbidity and mortality rates of school children are among the highest in the world. Only 40% of the school children are found to be healthy and free from defects, 33% are malnourished, 3.4% have defective vision, 20% tuberculosis and other diseases.⁸

The education sector reveals that more than 87.2% children go to school and they spend nearly 200 days each year in the school, so the child spend a large portion of each day and week in school, which make the primary responsibility of school, not only to build up their intellectual capacity and knowledge but also to develop physical and mental health.¹⁷

The national policy for children 2012 formulated by the Govt. of India laid emphasis on areas like health, nutrition and welfare of children. The policy also emphasized that the health services for school children should be an integral part of school activities and should include health checkups, immunization, referral services and availability of minimal healthful conditions.¹⁶

With the entrances of the child to the school system the school environment becomes the second family and the school teachers take the role of second parent. There is an interaction between the school and the

homes of the children as both facilitate an organized approach to health promotion, health appraisal and health restoration.⁶

Good health message and health practices can be started with school children and slowly make their ways into the school health programmes which focuses on health promotion and propagates child to child activities and bring about health changes in the life style of children, families and the community Children power can be used to carry messages to home to their parents and communities and it can play a significant role in motivating adults and communities to take crucial steps that will lead to better health.¹⁸

The child's growth and developmental needs present opportunities' for educating parents and teachers as their responsibilities for providing services within the school and the community to help each child attain his/her own maximum health status.¹⁹

The role of nurse and teacher is important and fundamental in implementation of school health services along with medical personnel who conduct periodical medical examinations to prevent the children from various diseases and promote the health of the children. The participation of a teacher in child care is of great value and there is no substitute for this.²⁰

During 1958, a school health education project for strengthening health education in schools was started and was completed in 1961. Based on the finding of the survey to determine the health education components in various school curricula, syllabi on health education, teacher training in B.Ed and teacher training of elementary level were developed and circulated to state ministers of health and education.⁹

In 2000, a survey was conducted in 204 schools of Delhi to assess availability of health education facilities being provided by the school teachers and the results showed that due to various problems only 20% of the school teachers provided health education to the school children.²¹

Available records show that the school teacher's role in school health services has been merely evaluated. It is envisaged therefore, that the outcome of this study will throw light on areas in the school health services that need intervention from the stakeholders (State & Local Government) for improvement. The outcome of the study would also serve as a source of reference material to people who may be interested in similar areas of study in future. Keeping in view the above reasons the researcher felt the need to conduct this study.

Research problem

A study to assess the knowledge and participation of school teachers in providing school health services and the problems faced by them in selected schools of District Patiala, Punjab.

Objectives

- To assess the knowledge of school teachers in providing school health services.
- To determine the participation of school teachers in providing school health services.
- To identify the problems faced by them in providing school health services.
- To determine association between the knowledge and participation of school teachers in providing school health services.

Operational definitions

- **Knowledge:** In this study refers to the written responses received from the teachers for the knowledge items regarding school health services.
- **Participation:** In this study it refers to the written responses received from the teacher for the participation items regarding school health services.
- **Problem:** Refers to difficulties faced by teachers in the implementation of school health services.
- **School health services:** School health services are the services provided by the school teachers in respect of the student's health supervision, health services and health instruction.

Assumptions

- School teachers have minimal knowledge regarding school health services
- School teachers do not participate in school health services due to some problems.

Delimitations

The study was limited to the school teachers working in the selected Govt. schools of District Patiala, Punjab

II. Research Methodology

Research design:

The present study was to assess the knowledge and participation of school teachers in providing school health services and the problems faced by them in selected schools of District Patiala, Punjab. Hence in the view of the nature of the problem selected for the study, the descriptive research design was selected.

Research Setting:

The study was conducted in the 14 selected Govt. schools of rural community area of District Patiala, Punjab. The Govt. schools included in the study were within 10-20 km away from Gian Sagar Medical College & hospital.

(1) **Target Population:** The target population of the present study consisted of school teachers working in the Govt. schools of District Patiala Punjab.

Variables:

- **Independent Variables:** Problems faced by school teachers.
- **Dependent Variables:** Knowledge, Practice.

Sample size and Sampling Technique:

The 100 teachers were selected from the mentioned schools of rural community of District Patiala, Punjab by using a purposive sampling technique.

Inclusion and exclusion criteria

Inclusion criteria

- Both male and female Govt. school teachers were included.
- Teachers who were willing to participate in the research study.

Exclusion criteria:

- Teachers who were not available during data collection period.

Selection and Development of tool

Based on the research problem and objectives of the study the following steps were undertaken to select and develop the data collection tool. The tool was developed after the extensive review of literature on relevant topic and after discussion with experts and guide.

Selection of tool

- Demographic Performa
- Structured knowledge questionnaire was prepared to assess the knowledge of school teachers regarding school health services.
- 5 point Likert scale was used to assess the participation of school teachers in providing school health services
- A check list was prepared to identify the problems faced by school teachers in providing school health services.

Description of tool:

The tool for data collection consisted of four sections:

Section - 1: Demographic data

The demographic profile consisted of identification data of the school teachers such as age, sex, general education, professional education, years of experience and the type of school.

Section– 2

Structured knowledge questionnaire

It comprised 20 questions which covered 7 areas of school health services. Each correct answer was given 1 score and wrong answer was given 0 score.

Area	Questions
Aspects of school health services	2
Health appraisal	4
School health records	1
Therapeutic services	5
Nutrition	2
Healthful school environment	4
Immunization	2

Criteria follows as :

Knowledge	Score	%
Good	14-20	65 & above
Average	8-13	35-64
poor	0-7	≤ 34

Section- 3: 5 point Likert scale to assess the participation of school teachers in providing school health services.

The five point Likert scale consisted of 74 items regarding school health services.

Areas	Items
Health Appraisal	4
Nutrition	11
Immunization	2
First Aid	10
Wholesome school environment	8
Maintenance of personal hygiene	8
Promotion of mental health	8
Treatment and follow up	2
School health Records	1
Health education	20

Criteria follows as

Each statement had five options as daily, after one week, after one month, before inspection and not involved. These options were scored a 5, 4, 3, 2 and 1 respectively.

Participation	Score	%
High	272- 370	75 & above
Moderate	173-271	48- 74
low	74-172	≤ 47

Section- 4

Check list regarding problems faced by school teachers in providing school health services.

It included 9 items i.e. insufficient number of staff, crowded curriculum, insufficient infrastructure and facilities, lack of support from administration, large class size, funding and budget constraints, improper training and knowledge, insufficient no. of staff and lack of time.

Validity of tool: The prepared tool was sent to 9 experts for the establishment of content validity.

The permission for tool validation was obtained by sending requisition letter and acceptance form. The validators were requested to give their opinion to the appropriateness; accuracy and relevance of the items of the tool in term of strongly agree, agree and disagree. The suggestions of the experts were incorporated into the tool and it was further modified with the opinion of the experts and consultation of the guide & co-guide.

Reliability of tool:

In order to establish the reliability, the tool was tested on 10 school teachers.

- To test the reliability of structured knowledge questionnaire on knowledge regarding school health services Karl Pearson Co relational coefficient followed by the application of Spearman brown prophecy was used. The (r') obtained was 0.79. Hence the tool was found reliable.
- To test the reliability of 5 point likert scale for the participation of school in providing school health services split half method was applied. Karl Pearson correlation coefficient formula was used to find the correlation between the halves. The reliability of whole tool was then estimated by Spearman Brown Prophecy formula. The tool was found reliable ($r' = 0.87$) for measuring the participation of school teachers in providing school health services.
- And to assess the reliability of observation checklist on problems faced Karl Pearson Correlation coefficient was used followed by the application of Spearman brown prophecy. The r' was found to be 0.9213.

Pilot study:

After obtaining formal administrative approval from the District Education Officer Patiala, the pilot study was conducted on 10 samples of Govt Girls high schools 'of district Patiala Punjab from 11th February 2013 to 18th February 2013 .Subjects were selected by purposive sampling. The purpose of the study was explained and informed to the teachers who were willing to participate in the study .The sample selected for pilot study was excluded in the actual study. The pre testing of the self administered questionnaire was done to check the clarity of the items, their feasibility, reliability .It was found that it took 30-40 minutes to complete the self administered questionnaire. All the items in the tool were clear to the subjects.

The collected data was analyzed by using descriptive and inferential statistics. The study was found feasible.

Data collection method:

Data collection for the study was done from the fourteen selected Govt. schools of Patiala Punjab after getting the written permission from the concerned authority of the education department i, e the District Education Officer Patiala.

The investigator personally visited the Govt. school teachers. The purpose of the study was explained to the subjects and informed consent was obtained from them. The teachers were assured for the confidentiality. Number of sample covered per day was five to seven. The study was conducted according to the convenience of school teachers.

Time of data collection:

- Month : 26-02-13 to 23-03-13
- Time : 9am-3 pm
- Days : Monday- Saturday

Research/ Ethical committee approval:

The proposed study was conducted after the approval of research ethical committee of Gian Sagar Medical College & Hospital and authority of selected schools of Dist. Patiala, Punjab. Anonymity of subjects and confidentiality of information was maintained. It was ensured that the study would not affect the participants in any way.

Plan of analysis: - The data was analyzed by using descriptive and inferential statistics.

III. Results

Table 1: Frequency and percentage distribution of sample characteristics (N=100)

Sample characteristics	(n)	%
Age in years		
21-30	26	26
31-40	35	35
41-50	24	24
sex		
Male	53	53
female	47	47
General education		
Higher secondary	06	06
Graduation	32	32
M.A	35	35
M.sc	13	13
M.phil	11	11
phd	02	02
Any other	01	01
Professional qualification		
Diploma in education	20	20
B.Ed	45	45
M.ed	25	25
Experience in years		
1 -10	24	24
11-20	34	34
21-30	29	29
31 above.	13	13
Type of school		
Primary	19	19
Middle	26	26
High	29	29
Higher secondary	26	26

The data present in the table -1 depicts that out of 100 respondents 35 % belonged to the age group of (31-40), 26% belonged to (21-30), and 24% were in the age group of (41-50). Only 15% were in the age group of (51-60). More than half of the teachers were males i.e. (53%) and (47%) were females. Regarding the respondent's general education (35%) were M.A, (32%) were graduate, (13%) were M.sc, (11%) were M.Phil, (6%) were just higher secondary. Only (2%) Of the school teachers' were PhD and just (1%) were having some other educational qualification. In response to the professional qualification (45%) of the teachers had B.Ed as their professional qualification while as 25% have M.Ed, 20% had diploma in education.

Regarding the years of experience one third (34%) of the teachers had 11-20 years of experience, (29%) had 21-30 years,(24%) had 1-10years and only (30%) were having above 31 years of experience. With respect to the type of school in which they were working 29% Of School teachers were from high school .Both middle and high schools included 26% each. Only 19% were from the primary school.

Table 2 ; Range, Mean, Median and Standard Deviation of the knowledge of school teachers in providing school health services. **N=100**

Level of Knowledge	Scores	Range	Mean	Median	SD
Good	(14-20)	(4-19)	10.17	50.85	2.857
Average	(8-13)				
Poor	(0-7)				

Table 2 depicts the school teachers’ knowledge regarding school health services. It was found that the school teachers had a mean score of 10.17 ± 2.857 . Hence it was concluded that majority of the school teachers had insufficient knowledge regarding school health services under the arbitrary scoring.

Table 3: Frequency and Percentage distribution of school teachers as per their level of knowledge regarding school health services.

N= 100

Level of knowledge	f	%
Good (14-20)	10	10
Average (8-13)	77	77
Poor (1-7)	13	13

Table 3 reveals the frequency and percentage distribution of school teachers in providing school health services. It was found that majority (77%) of the respondents had average knowledge regarding school health services whereas less than one third (13%) had poor and (10%) had good knowledge. Hence it was concluded that school teachers had inadequate knowledge in providing the school health services.

Table 4: Range, Mean, Median & SD of the participation of school teachers in providing school health services.

N=100

Level of participation	score	range	mean	media n	SD
High	272-370	81-287	163.4	157.5	58.72
Moderate	173-271				
low	74-172				

Table 4 depicts the school teachers ‘participation in providing school health services .It was found that the participation score of school teachers had a mean score of 163.40 ± 58.722 . Hence it was concluded that most of the teachers had low participation in providing the school health services.

Table 5: Frequency and percentage distribution of the participation of school teachers in providing school health services.

N=100

Level of participation	f	%
High (272-370)	2	2
Moderate (173-271)	41	41
low(74-172)	57	57

Table 5 : highlights the frequency and percentage distribution of school teachers in providing school health services. It was depicted that more than half (57%) of the respondents had low participation whereas less than half (41%) had moderate participation and only (2%) of the school teachers had high participation in providing school health services. Therefore it was concluded that school teachers had low participation in providing school health service

The fig 1 shows percentage of the problems faced by school teachers in providing school health services. It was revealed that majority(86%) of the school teachers faced the problems in providing school health services due to lack the infrastructure & facilities followed by improper training and knowledge (80%) , funding and budget constaints (70%). Where as more than half (58%) of the teachers mentioned that they had lack of time due to crowded cirriculum (69%).

Whereas less than half of the respondents mentioned personal factors(35%) followed by inadequate number of staff(33%), lack of support from administration(25%),large class size (22%) as the problems faced in

Therefore multidisciplinary approach to improve school health services should be an essential aspect which is to be stressed upon. Besides multidisciplinary approach social commitment along with political commitment is required to improve quality of health services in school.

V. Recommendations

Based on the findings of the study the following recommendations are made:

- A similar study may be conducted on a larger sample for wider generalization.
- A comparative study can be conducted on urban and rural schools.
- The similar study may be replicated among private school teachers.
- An experimental study can be conducted with structured learning programme on knowledge and participation of school teachers regarding school health services.
- Comparative study can be done between primary and secondary Govt. school teachers.
- Government at the State and Local levels should show more interest in school health services providing the needed human and materials resources to ensure the effective implementation of the school health services
- The government should make sure that curriculum planners make appropriate Curriculum and should include school health services in it. School health nurse should be appointed in every school.

VI. Limitations

- The study was conducted on a smaller scale of subjects.
- Only quantitative approach was used.

Implications: The findings of the study can be used as follows:

Nursing education

- Nurses play an important role in providing adequate knowledge to the school teachers about different aspects of school health services.
- The nursing students should be made aware of their role in school health programme in present and future year, which helps to improve the health of school children.
- The nurse educator should periodically organize special training programme for school teachers.
- The nurse educators should help the nursing students and staff to acquire clinical skills and develop an ability to critically analyze nursing care situations and utilize problem solving approach to nursing practice.

Nursing practice

- School teachers have a vital role in school health services. Teaching programme can be conducted to improve their knowledge on school health services.
- Nurses especially the community health nurses must participate in educating the school teachers in providing school health services.
- Nurses have to develop instruction module to educate school teachers.
- Student nurses can be posted in school health clinics to obtain skills in meeting the needs of the school children by providing care and management.

Nursing research

- Findings in this study will act as catalyst to carry out more extensive research on a larger population, subjects in different areas of community.
- Through publication these research findings can pinpoint the various problems faced by school teachers in providing school health services.

Nursing administration

- Nurse administrator can plan and organize training programme for the nursing personnel and school teachers on school health services.
- Nurse as an administrator has to organize educational programmes in the schools and community settings.
- Necessary administrative support can be provided to conduct health educational workshops in school campus with appropriate A.V aids, mass media, posters and role.

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