

# SITUATION AND ANALYSIS OF SCHOOL HEALTH IN INDIA AND TAMIL NADU

N. Durga Devi

& Dr.V.Kamala Kannan, M.Com, M.Ed, M.Phil, Ph.D.

Reg.No.1707ED2001

Department of Education,  
Prist University,  
Kumbakonam.

Principal,

School of Education,  
Prist University,  
Kumbakonam.

## **ABSTRACT**

This paper thoroughly examined the exact situation and analysis of School Health in India and Tamil Nadu State. To look at all other states in India, Tamil Nadu provides good health for its school children. At present we face many challenges to save our children from diseases due to most of the people in India are living in poor background and their children face struggles to get good food and health from their parents. Hence Indian Government has decided to allot money for school students and every year it sends money to all its' states through educational funds. Not only the Government involve in this process but also the state Government's private organisation joins with the government and help to the school students for getting good food and health.

## **INTRODUCTION:**

India's school-age population, aged between 5 to 14 years, currently stands at 192 million and it is growing day by day. Growth towards the millennium Development Goals for India's Primary Education and health hence stands to directly impact almost one-fifth the overall population (Government of India 2010). However, efforts to reach the marginalised including girls, scheduled casts and tribes and those from the poorest backgrounds must be enhanced to close the gap and bring India closer to the goal of Education for all. Nearly 100 million Indian Children are living in the poorest background. Therefore the disparities between rural and urban populations and classes are huge and approximately half of the poor children are hailing from scheduled castes and tribes.

## **STATISTICS FOR INDIA:**

### **1. POPULATION:**

Total population - 1,210,193,422

Male population	-	623,724,248
Female population	-	586,469,179
Total school-age population (5-14 years)	-	192 million

## 2. HEALTH STATISTICS:

Adolescent birth rate (per 1000 women)	-	37.2
Maternal mortality ratio (per 100,000 live births)	-	212
Under 5 mortality rate (per 100,000 live births)	-	64
Death rate for 5-14 year olds (per 1000 children)	-	0.9

## 3. GENDER:

Child marriage 2000-2010 married by 18	-	47
Age at first birth, women aged 20-24 who gave birth before 18	-	22
Adult literacy rate: females as a % of males	-	68

## 4. NUTRITION:

% under -5s (2006-2010) suffering from: underweight (WHO) severe	-	16
% under -5s (2006-2010) suffering from: wasting (WHO) severe	-	20
% under -5s (2006-2010) suffering from: stunting (WHO) severe	-	48

## SCHOOL-AGE CHILD HEALTH:

India faces more challenges to achieve the improved health of school-age children with particular difficulty in the North East, East and especially central region of the country and continuing disparities between Urban and rural contexts. Furthermore gender remains a key issue. Girl children are disproportionately affected by infectious diseases and pneumonia than their male counterparts (Morris et al 2011) reflecting continued gender-based challenges to prevent ill health in girls and in addressing health and treatment seeking behaviour for girls and their caretakers. Girl children are also disproportionately more likely to suffer morbidity and mortality due to anaemia and are less knowledgeable about their risks and prevention of HIV and AIDS (UNICEF 2011).

## EDUCATION IN INDIA:

Between 2002 and 2008 India's primary school net enrolment ratio (NER) increased from 78% to 98% (UNESCO-UIS 2011) with a grade survival rate of 72% in 2008 (Government of India 2010c). In recent years there has been a decline in pre-primary enrolment of girl-children; however efforts are being made to

address girls' access and participation in school and to ensure they are reached by SHN programmes. Example: the Mid-Day Meal Scheme (MDMS) has seen notable improvements in girls' access to primary education. Supporting their health especially during adolescence and protecting their right to education through secondary school is an ongoing priority for the Indian Government.

### **STATISTICS FOR TAMIL NADU STATE:**

<b>1. Population</b>	-	<b>Tamil Nadu</b>
Population of 0-6 year olds	-	6,894,821
Population of 0-6 year olds by sex (M)	-	3,542,351
Population of 0-6 year olds by sex (F)	-	3,352,470
<b>2. Education:</b>		
% of population literate	-	80.33
<b>3. Health Statistics:</b>		
Adolescent birth rate (per 1000 women)	-	20.1
Maternal mortality ratio (per 100,000 live births)	-	97
Under 5 mortality rate (per 100,000 live births)	-	33
Death rate for 5-14 year olds (per 1000 children)	-	0.5
<b>5. Gender:</b>		
Currently married non literate women 15-44 (%)	-	21
Currently married women with 10+ years of school aged 15-44 (%)	-	29
Girls married below age 18 (%)	-	9.1
Child sex ratio (0-6 years old) females per 1000 males	-	946
<b>4. Nutrition:</b>		
% children < 5 classified as underweight	-	29.8
% children < 5 classified as wasting	-	30.9
% children < 5 classified as stunting	-	22.2

This statistic indicates Tamil Nadu is better than the National average in many aspects including women's literacy and late marriage, under weight and stunting, and improved access to electricity and drinking water. Particularly former Chief- Minister of Tamil Nadu MGR's Nutritious Meal Programme boasts impressive coverage of children in classes 1 through 10 in recent years (Government of Tamil Nadu 2012). Tamil Nadu's MDMS is situated within the Department of social protection intervention. This contrasts to the national programme and most states, where it is housed in the educational department. In the same way Tamil Nadu Government is conducting many programmes such as:

- Adolescent Anaemia Control Programme
- Dental Programme
- Life skills Education Programme
- National Blindness and Deafness programmes are both being implemented at state level
- National Tobacco Control Programme
- School environment annual reviews by health inspectors

## **CONCLUSION:**

India continues to face rising levels of non-communicable diseases, a need for neglected tropical disease prevention, population growth, climate change and complex social and cultural challenges around gender and other forms of mainstreaming and equity in access. Sustainable and cost-effective initiatives to support the mental and physical development of healthy, happy and educated children equipped to navigate these challenges become ever more necessary.

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