

A Comparative Study of the Health Record Cards in Primary Schools of Delhi

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ABSTRACT

A comparative study was undertaken to understand the various measures required to strengthen and improve the health record cards (HRC) of various schools that subsequently help in improving the medical examination of children. By using a multi-stage stratified random sampling method, 24 schools from Delhi, eight each from three broad categories of (i) corporation schools, (ii) other government schools, (iii) private schools were included in the study. The study finding revealed that in most of the government schools the health record cards were properly developed and structured as per the recommendations of various committee, though they are always in short supply.

Key Words: Delhi, Health Record Card, School Health Service.

INTRODUCTION

School health check-up is not just check-up at a point of time. But, the important part of this service is that the health records of all students are maintained with school authority and all the major illnesses that a student suffers throughout his school life are recorded on the card(1). Health Record Card is a comprehensive record for entering the details relating to personal data, family history, preschool history, childhood diseases and other diseases, growth particulars, immunization, finding of physical examination, treatment follow up, etc.(2). This is kept in the school till the pupil continues on the roll of the school and is issued to him when he leaves the institution. Its purpose is to have a cumulative information on the health aspects of school children. These are also useful in analyzing and evaluating school health programs and providing a useful linkage between home, school and the community. This study was done to compare the health record cards of different Government and private schools of Delhi.

METHODS

The study was conducted in city of Delhi in year 2004-2005. Method of sampling was multi-stage

stratified random sampling in which the schools were initially categorized broadly as government and private. In the *first stage*, from the government set up, five different types of organizations were stratified on the basis of their structure under school health service *i.e.* MCD, NDMC, Delhi Administration, Cantonment Board and Kendriya Vidyalaya. In the *second stage*, two school health clinics attached to each of these organizations were selected randomly except for the Cantonment Board in which only one school health clinic was functioning and so only one was selected. In the *third stage*, two schools under each school health clinics were randomly selected except for Kendriya Vidyalaya clinic and St. Stephen Hospital where only 1 school was selected because school health clinic of these organizations looks after the school health service of only one school. Then from the category of corporation schools (MCD and NDMC) eight schools were selected from four school health clinics. Eight schools were also selected from the other broad category comprising of Delhi administration (DA), Kendriya Vidyalaya (KV) and Cantonment Board (CB) schools. From the NGOs side, that are providing school health services to different government schools, two schools were included in order to give adequate representation.

WHAT THIS STUDY ADDS?

- The school health record cards are properly developed and structured in the Government schools of Delhi.

Similarly, equal number of private schools (eight) were randomly selected to compare with the 8 government schools selected from each broad category. Thus a total of 24 schools were selected in all. Health cards of 100 randomly selected students from these schools were reviewed for their contents and completion status. These health cards were compared with the health cards recommended by various committees(3-5).

RESULTS

The study results revealed that as compared to the private schools, the health cards of most of the government schools were properly developed and structured as per the recommendations of various committees. These also have column for the detailed systemic examination. In most of the private schools, there was no fixed pattern of health card and every time a fresh health card was made during the medical examination. However, the column for teacher's observation and the column for writing the immunization status were present in the health cards of most of the organizations studied. But the proportion of completion of this column was more in private schools as compared to different government schools.

There were pockets for placing extra continuation card as well as road to health card in the health card of NDMC. In the health card of DA there were instructions for filling of cards, column for the detail past, family and personal history as well as space for writing specialist observation. A list of referral hospitals were also printed on the health cards of few private schools.

DISCUSSION

School health committees(3) and the seminar on school health(4) made important recommendations regarding the component of the school medical check up. The various government organizations had made appropriate columns in their health cards. Therefore,

the health cards of most of the government organizations more or less match with the recommendations made by American Academy of Pediatrics(5). As compared to private organizations in the government due to the non-availability of the health cards, the medical examination is done on a plain paper and all components are not covered in it. A close look at the health cards of private organization reveals that it is just meant for screening the children for illness rather than a detailed medical examination. As the medical team performs the medical examination as per the column of the health cards, for detailed and complete medical examination of children, the health record card should be properly standardized and structured. The finding is similar to the previous studies(6,7).

The importance of previous health records consultation was mentioned in previous studies(8, 9). Non-consultant of previous medical records in private schools not only leads to unnecessary repetition of diagnosis and treatment but also produces difficulty in the follow up. Other than this, teacher's observation column and the parent's observation column have its own importance. However, the completeness of these columns as well as the column for writing the immunization history varies widely. This finding of the study matched with the previous study done in this regard(10). It is due to the fact that as compared to the private schools, the involvement of teachers and parents in the medical examination is less in the government schools.

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