

**Knowledge and Practice of School Health Programmed in
Community and Institutional Schools**

Submitted By:-

Arun Kumar Chaudhary

Exam Roll No: 2180097(2069)

T.U. Regd. NO: 6-1-999-1612-2004

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RECOMMENDATION

This is to be recommended that the research report entitled “**Knowledge and Practice of School Health Programmed in Community and Institutional Schools**” has been carried out of Mr Arun Kumar Chaudhary for the partial fulfillment of Master’s Degree in Health Education. This original work was conducted under my supervision. To the best of my knowledge, this research report has not been submitted for any other degree.

Sanjib Kumar Yadav
Head of Health Education Department
Supervisor

Date:

APPROVAL SHEET

This Thesis entitled “**Knowledge and Practice of School Health Programmed in Community and Institutional Schools**” submitted by **Mr Arun Kumar Chaudhary** in partial fulfillment of the requirements for the Master's Degree in Health Education has been approved.

Thesis Evaluation Committee

Sanjib Kumar Yadav

Lecturer

Supervisor/ chairperson

Birendra karki

Asst Lecturer

Member

Hari Bahadur Baidhay

Reader

Thakur Ram M campus Birgung

External

DECLARATION

I hereby declare that to the best of my knowledge this thesis is original; no part of it was earlier submitted for the candidature of research degree to any university, college or educational institutions. The subject matter presented in this thesis report is the result of my own work.

Date:

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Arun Kumar Chaudhary

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Arun Kumar Chaudhary

ABSTRACT

This is field-based study to assess the knowledge and practice of HPE teachers, Headmaster and parents using various method and media in primary school of Biratnagar Metro Politian city. This study is mainly based on primary data with their view by questionnaire.

The main objective of the study is to find out the existing knowledge, practice of school health programme of primary school teacher in Biratnagar Metro Politian city. It is most important factor to develop quality education. Due to this education, students can advocate in the support of HPE Education, students can advocate in the support of HPE Education. This study also aimed to compare the knowledge in community school and institutional school of primary school teacher, head-teacher and parents of the students. The study's nature was descriptive and statistical analysis in type, which was conducted in the primary school of Biratnagar Metro Politian city for selecting purposive sampling method.

All the headmaster. HPE teacher and parents of institutional and community school having 1-5 grade programme. For the study, 20 percent school were selected as sample from both school and were surveyed by the researcher himself. In this study, required information was collected from 12 school in 60 community schools and 12 schools out of 60 in institutional schools. The questionnaire schedule was used as chief tool for data collection. Simple statistical techniques were used for data analysis and interpretation.

On the basis of analysis and interpretation of collected data the researcher found that 67.33 percent of the respondents were having sex status with female. The respondent teachers were teaching H PE without HPE background. Similarly, regarding knowledge on SHP and respondent were familiar in the area of school health programme. The community and institutional both school's respondents were paid attention on accident and they referred injured student to home. Seventy three percent respondents of community school and 26.67 percent respondents of institutional school had knowledge on objectives of health instruction. The community and institutional both school were participate of school in community and organized parents teacher association in found good.

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ABBREVIATIONS

CBS	: Central Bureau of Statistics
CMR	: Child Mortality Rate
FOE	: Faculty of Education
HI	: Health Instruction
HPPE	: Health, Physical and Population Education
HSE	: Healthful School Environment
IMR	: Infant Mortality Rate
MOE	: Ministry of Education
NESP	: National Education System Plan
NGO	: Non-Community Organization
PTA	: Parents Teacher Association
SCR	: School Community Relationship
SHS	: School Health Service
SHP	: School Health programme
SPSS	: Statistical Package of Social Science
VDC	: Village Development Committee

CHAPTER-ONE

INTRODUCTION

1.1 Background of the Study

Health is the fundamental needs of the human life. So healthy life is the human right of every person. Health education is the important part of the education which helps the person for the healthful living on healthful environment. Health education is a process of learning scientific knowledge about health into desirable health attitude practice and habits by means of educational process. The essential goals of health education by simulation students interested in good health and by guiding their efforts to improve their own health and their family.

School health programme is the composite of procedures and activities designed to protect and promote the well-being of students and school personnel. These procedures and activities include those organized in school health services providing a healthful environment and health education. (Reelican Oslen and Boffi).

In late 17th century in Europe school health programme was initiated the person who were not related of school health programme, Health education has an accident and complex history. It's beginning can be located within the very foundation of civilization much of the early history of the profession closely. Parallel that of medicine and its associated sciences. In later time particularly since 1800, the history of health education has taken on a richness and characteristically its own history of school health education can be dated back to period of reorganization (1850-1880) when people start to recognize that school could be used to education for disease and solve health problem. From 1880 to 1920, school health education experienced a period of exploration when children's health problems were emphasized and funded. In 1910 the American

physical education was renamed American school health association was founded. Since the 1980s more sophisticated school hygiene and physical education. On 1927 the American school health association was founded. Since the 1980s more sophisticated school health education programme were developed which brought school health programme into a new area. The growing researchers in school health programme demonstrated that school health education.

Offers student not only the opportunity for improved health status, but also the opportunity to achieve a life-style that would lead to a satisfying and productive life. (www.articalbase.com)

Modern school health programme integrated the effort and resources of education, health and social service agencies to provide a comprehensive set of programme and service to promote health and prevent chronic and their risk factors among young people such school health programme systematically coordinate the following eight components there are health service, health counseling, school environment, health promotion for staff. These components are supports the implementation of a coordinated approach to school health. Bringing together key resources, programme and discussion makes within a supportive structure demonstrates that school health programme are priority and models a collaborative structure for those involved in implementing school health coordinator position should be encouraged to establish one to facilitate communication and coordination of programme among key players.

In these days, the importance of school health programme is rising rapidly due to the demands of time. In other words, people have understood the importance of school health programme and its value of their better health. In the context of Nepal, expect very few number of NGOs and INGOs, non SHP has been run community organization. Such NGO and INGOs have been running a few number of programmes like Health, sanitation welfare of learning mothers and babies. Nepal is one of the poor and less developed country the world. Now a

days it is affected by conflict between the internal political system. Rapid, haphazard and uncontrolled growth of population which is common to all the third world is constantly alarming the country especially for health, education and social security, infrastructure development, ecological balance etc.

primary responsibility maintains good health of the school age children on their parents but the school should assist them in building up and maintaining the highest possible level of health of developing necessary competences in each child to deal with health and developing necessary to deal with health problems of the life. The best way of promoting a maintaining the optimal health status of school going children is school health programme which could be viewed as the composition of producer and activities designed to protect and promote the well being of students. and school personnel. These procedure and activities included those organized in school health service, providing a healthful environment and health instruction.

It will be seen very essential to apply school health programme from either primary, secondary level to higher level to provide the, health service to manage school environment to make formal or informal curriculum of health instruction with regular reforms,

1.2 Statement of the problem

The modern education system recognizes that child comes to school for all round and harmonious development. It aims at the development of the total responsibility of the child and for that school provided opportunities for experiences provided to the pupils. To fulfill the purpose variety of educative experiences is to provide in the school programme which many contribute to a long happy and normal life of the child. This comprise school health programme provided inside as well as conduct into the school.

All the aspect of school health programe are included in school of developed countries were the community school of the developing country like Nepal has

not been able to run such programme. Among the total population 41% is accepted by the peoples under 16 among them yearly 200 children goes to school 6 to our students spend their time in school. School environment affect a lot in students mental and physical development every school should run SHP in order to improve students health. But the Nepalese Community School staff and teachers don't know much about SHP and even the programme related to 17 is not properly been implanted. In order to promote students health school should be initiated.

Children and adolescent and aged between 6-16 have right to go school and have right to acquire education. But illiterate parents from the poor economic background are opposing their children to their right from school and parents, as they are not able to bright their thetrue. In addition community policy to some except are blamed from unavailability of schooling facilities in nearby area and improper management of educational materials among the school. School going children easily copy other behavior and are more conscious to hygiene aspects once they are told. So the primaryresponsibility to promote and maintain the health status of school going children is the teacher and the best means of applying it. Although school health programme is now to development countries, this concept was introduced in before implementation of national educational system plan.

Many children suffer from different health problem because of inadequate health facilities in school. Beside this, the qualified and skilled manpower are not carried out in the proposed are in the past. There is not proper information of school health programme to the member of the school management committee higher the health educator has. It is urgent to identify the existing knowledge and practice of the teacher regarding the school health those the secondary school teacher should have appropriate I knowledge, very positive attitude and good practices in each aspect of school health programme. This study wasattempt to compare the knowledge level and practice among the primary school teacher on the school health programme.

There for the title was identify as "Knowledge .And practice of school health programme in community and institutional school.

1.3 Objective of the Study

This research basically concerned 'with investigate the knowledge and practice of school health programme in community school and institutional school of Biratnagar metropolitan city. It The research was conducted to achieve same objectives. The objectives of this research are would categories as specific objectives which are follow :

1.3.1 To find out the knowledge about community school and institutional school teachers and parents on SHP.

1.3.2 To identify the practice of community school and institutional school in carrying, out school health programme.

1.3.3 To compare different aspects of SHP in the institutional and community school of Biratnagar metropolition city

1.4 Significance of the Study

Each type of study or research have own significance in related field so this study has following some significance:

1.4.1 The finding of this study may be helpful for the improvement of school health programme in the study area.

1.4.2 This study may be beneficial for the administrator, supervisor, and educational policy makes for planning effective SHP in school.

1.4.3 It may be useful for school curriculum planners to charge and modify school curriculum provide.

1.4.4 It may also provide to basic guideline for the implementation of school programme for concerned organizations.

1.4.5 The study will serve as a reference material to the research, scholars and other personnel who are interested study in this area in the future days.

1.5 Delimitations of the study

The delimitation of the study was done as follows :

1.5.1 The research was conducted within Biratnagar metropolitan

1.5.2 The study was delimited to community and institutional primary school

1.5.3 Mainly headmaster, health education teacher and parents was included as a respondent of study.

1.6 Definition of the Related terms used.

School health programme : The school health programme includes all the activities carried on school about the student and school in provides and utilizes a variety of experiences for the curriculum is a written document purpose of improving sound health knowledge attitude and practices relating to health.

School health service: It includes all school activities and procedure designed to affect the present health status of school children and personal. This encompass appraised of student health prevention and control of diseases , prevention and correction of physical defect health guidance, supervision and emergency care.

Health instruction : it is medical importing information and knowledge. It include a formal planned classwork as well as the special assignment, project and incidental learning experiences that the teacher utilizes to impact future understanding (Anderson 1974)

Healthful school environment : The promotion, maintenance and utilization of safe and wholesome surrounding. Origination of day experience and planned learning procedure to influence forever emotional physical and social health.

Health appraisal : Health appraisal is the process of determining the total status of a child through such means as health histories, teachers and nurses, observation and medical examination (Lochher, 1993)

Screening test : Examination of a group to separate well person from those who have an undiagnosed pathologic condition or who are of higher risk (Dorland, 1995)

Communicable disease: Disease capable of being transmitted from one person to another bial different media, eg. water, air, soil etc.

Knowledge:Knowledge refers to understanding of concept and principles of school health programe.

Practices : It refers to the application of concept, principle and method concerning SHP.

CHAPTER- TWO

REVIEW RELATED LITERATURE

A research cannot be fulfilled without study similar of parts studies. It is necessary to learn different type of incidence to get authentic evidence in research the nature of related field can provide various techniques and information about the study. The review literature process can helpful to planned and conduct study systematically and more scientifically. Here the research to review some related literature as guidance to process the present variable systematically and scientifically.

2.1 Theoretical Literature

Theoretical literature is a main part of this section. Under this subheading the researcher can review and present the theories, principles, laws, ideas etc. which are 'published in books, articles, journals and directly related to own research topic. After reviewing above empirical literature and data, the researcher has got various theories, principles ideas and knowledge about delivery care practice. But the researcher selects only two theories or model of health for assessing study problem, The most useable two model of health selected by researcher are given below:

According to the theory of Ecological model (David K.Lohrmann-2008) a complementary ecological model of the coordinated school health programme reflecting 20 years of evolved change in proposed. Ecology refers to the complex interrelationship among intrapersonal factors, interpersonal processes and primary groups, institutional factors community factors and public policy. Public policy health and child development theories that incorporate the influence of personal and social environment on health behavior, along with models that incorporate the influence of Ecology were consulted. Concepts from several models were combined with the eight components of S11P to formulate an ecological model involving six programme and services

components in an inner circle surrounded four concentric rings representing the healthy school, environment, essential structure of SHP, local school district governance and community involvement. This complementary ecological model is intended to serve as an additional conceptual approach to SHP practice, evaluation and research and should prove especially useful to practitioners and researchers who already have fundamental understanding of SHP.

According to the journal of school health (2007), conducted study on coordinated school health programme and academic achievement, the strongest evidence from scientifically rigorous evaluations exists for a positive effect on some academic outcomes from school health programme for asthmatic children that incorporates health education and parental involvement. Strong evidence also exists for a lack of negative effects of physical education on academic outcomes limited evidence from scientifically rigorous evaluation support the effect of nutrition service, health service and mental health programme but on such evidence is found in the literature to support the effect to staff health promotion programme or school environment intervention on academic outcomes.

According to the social cognitive theory (Jane Kolodinsky and AbbieHelson (2013) conducted a study on Farm to school related activities implication for children nutrition. Farm to school programme are getting attention. for many reasons, one of which is the recognition that they could help stem the increase in childhood overweight and obesity most FTS programme that have been evaluated have increased student selection or intake of fruits and vegetable following the incorporation of FTS components. This study review existing researcher on dietary health impacts and implication of 3 key FTS related activities and explore to components activities of FTS in terms of their potential to address the key constructs of social cognitive theory (SCT) which is a current best practice in the field of nutrition suggesting that FTS programme in

corporating a dimities upper to be most promising. The result of this research that components of FTS programme incorporate many of the key theoretical constructs in SCT and show that FTS programme have great potential to facilitate movement toward designed dietary change. However, it is unlikely that a set of activities in any one current programme address multiple contracts of the theory in a systematic manners.

According to save the children (2014) conducted study on school health programme in Nepal. '1-he result of this study was kept 68,478 children safe from harm. More than 782, 720 children got the opportunity to learn in times of crisis 82,094 children received emergency relief more than 3S.4878 children and 4 healthy. starting life,18,675 people to help fight the spread of AID ,'arc the sick and protect or phase left behind by the terrible disease. To help parents feed their children 35,960 received support to start businesses, improve faming practices and invest in their children futures and to fight malnutrition nearly 150,019 received nutrition and vital supplements.

2.2 Empirical Literature

DushowMI. et. al. (1984) in his study "A Comparatively Study of Three Model Comprehensive Elementary School Health Programme." The main objectives of the three most popular comprehensivehealth education programme in Michigan including each programmes curricular content, student outcomes and cost effectiveness. The three programme were cross-referenced with the Michigan essential performance with the Michigan. Survey method was used to collect tot the data for the study.

Neupane Ishower Prasad (1998) conducted "A Research on the Title or Study of knowledge Attitude and Practice of Secondary Teacher on School Health Programme in Kathmandu District." The main objective of the study were to find outthe knowledge of secondary school teacher on school health

programme to real the attitude practice of the secondary school teacher in implementing school health programme, to identify different activities related to school health programme in the secondary school of Kathmandu district, to find the aspect of the school health programme on which the school teacher need training to suggest for the improvement of the school health programme in the secondary school of Kathmandu district. Descriptive type design was used to select the stratified random sampling to select the respondent. Interview and questionnaire tools were used to collect the data for the study. The major findings were on respondent were familiar about the needs of school health programme accordingly, scope, improvement meaning and objective of school health programme were known to the respondent running as 83.3%, 36.1%, 69.8% and 61.9% respectively 8.7% of respondent had knowledge on the importance immunization, out of 63 respondents 98.4% of respondents were clear about the concept of health instructions 90.47% respondents were believed that clean drinking water is essential for sound health; 73.01% respondent familiar with the way of developing the school community relationship and 36.52% respondents accepted the need for the closing school due to the spread of communicable disease.

Tripathi Prasad (2001) conducted "A Research on the Title Teacher Attitude in Implementation of the School Health Programme in kaski-District." The main objectives of the study were to find out the effect and relationship between school and community and suggest for the improvement of SHP in secondary school in Kaski-district. Descriptive type of survey method designed was used simple random sampling to select the respondent interview and observation tools was used to collect the duty for the study. The major finding were most of the respondent felt the needs of SHP as a compulsory programme. All the teacher felts training about school health programme is necessary most of the respondents believed that proper building was the affecting factors for implementing SHP. The teacher who had got long term training their attitude and practice was slightly higher than the short term trainee teacher, 95.23%

respondent believed that clean drinking water is essential for sound health. 53.75% health teachers were from other base. They were most from health base, 42.85% school participated for cleaning the community and 50% school participated in the public health education.

K .C. Sarala (2001) conducted a research on the title or study of "A Comparative Study of Knowledge, Attitude and Practice among the Primary School Teachers of Kathmandu and Chitwan District on School Health Programme." The main objectives of the study were to compare the knowledge, attitude and practice between the primary school teacher of Kathmandu and Chitwan district on school health programme and to suggest for its development and implementation in schools. The descriptive type of research design was applied to this study questionnaire tools were used to collect the data for the study. The major findings of this study were the majority of the teacher (56.66%) of Kathmandu district belonged to the age group 20-29 years whereas in Chitwan district, it was found that majority of the respondents 51.67% were belonged to the age group 31-39 years, 63.3% respondents of Kathmandu district and 38.33% respondents of Chitwan district were female, 50% respondents of Kathmandu district and 43.33% respondents of Chitwan district were clear about the aim of school health services. about 47.0% respondents of Kathmandu and 42% respondents of Chitwan district had knowledge on aim of healthful school environment, majority of the respondent of the study area applied discussion method for importing health education and only 40% respondents Kathmandu district' and 53.33% respondent of Chitwan district participated in community activities.

Aachrya Ramjee (2004), conducted a research on the title "A Study on School Health Education Programme in Secondary School of Rupandehi District." The main objective of the study were to identify to what extent does the knowledge of health corresponds with health service, to state the management of physical facilities and sanitation in the study area needs identification on the secondary

level health education teacher both health instructor tore improvement, to suggestion for the implementation of school health programme. Descriptive type of survey method was used simple random sampling to select the respondents, questionnaire and observation sheet was used to collect the data for the study. The major findings majority 66.66% teacher are bachelor degree holder among total health teacher only 20.83% are graduate in health and physical education only 12.5% respondent used to conduct health clinic and keep record only 20.83% school found closed due to epidemic disease and the teacher attitude toward the curriculum found positive.

Sharma Rajeshwor (2006)Conducted a research on the title comparative "Study on Knowledge and Practice of School Health Programme among the Rural and Urban Primary School Teacher of Kaski District." The main objectives of the study were to assess the knowledge and practice on SHP among the primary school teacher of Kaski district and to compare the knowledge and practice between the rural and urban of primary school teacher of Kaski district. Descriptive type of survey method designed was used purposive sampling to select the respondents. Interview and observation tools was used to collect the data for the study major findings 'were the majority of teacher (25%) of urban area doing to the age group 25-29 years (33.3%) were belong to the age group 30-34 years, 90.3% respondents of urban and 73.6% respondents of rural have clear knowledge about the aim of school health, majority (83.1%) respondents of rural were clear about the chairman of parents teacher association. About (83.1%) respondents of urban and (77.8%) respondents of rural were used proper drinking school and in the study area it's found that majority of respondentsSchool lend established parents teacher association which is good motivates community in participation GE (Of ovwe, 2007) conducted a research on the title "knowledge, Attitude and Practice of School Health Programme." The main objective of the study were to assess knowledge attitude and practices of school health programme among head teacher of primary school in Egor local community area of Edo state, higeria. Apre-test

questionnaire designed to evaluate the knowledge attitude and practice of SHP by the researcher was administered by assistant to 133 head teacher of 104 institutional and 29 public primary school in Egor local community area of Edo state, Higeria. Findings of this study were 1 ton of the head teacher had adequate knowledge of SHP. 93.1% from institutional compared to 48.3% from public school had poor knowledge of SHP. A favorable attitude was demonstrated by the entire teacher up to 40A% of institutional compared to 31.0% of public. schools have SHP. Overall 27.7% the school and toilet facility, 33.3% had pit latrine while 40.4% had water closet. Only 25.6% had hand washing facilities. Regarding health service 51.0% of situational schools. Compared to 27.6% of public schools perform medical inspection of the pupils.

AP Vivas (2010) conducted a research on the title "A Study of knowledge Attitude Practice (KAP) of Hygiene among School." The main objective of the study were to evaluate the KAP of hygiene among rural school children in Ethiopia and assessed the extent to which proper knowledge of hygiene was associated with hygiene characteristics.

Cross-sectional method was used to select the respondent. Interview scheduled tools was used to collect the data for the study. The major findings were approximately 52% of student were classified as having adequate knowledge of proper hygiene. Most students reported hand washing before meals 99.0% but only 36.2% reported using soap. Although 76.7% of student reported that using hand after defecation was important, only 14.8% reported actually following this practices. Students with adequate knowledge of proper hygiene were more likely to have clean clothes and to have a lower risk of practice infection although statistical significance was not achieved for the latter study findings underscore the needs for more handwashing and hygiene education in schools.

V. Sekhar (2014) conducted a research on the title "A Study of Knowledge,

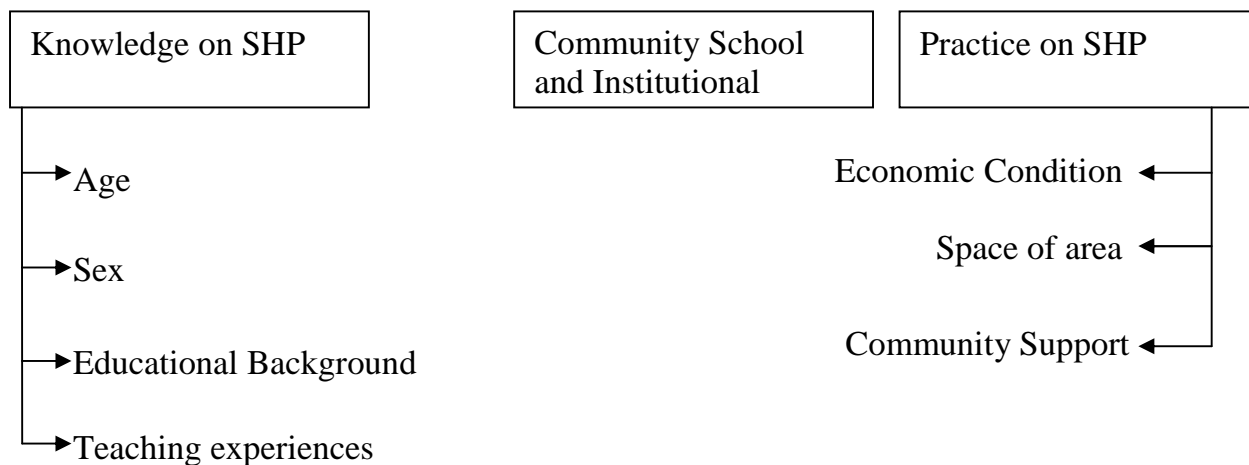
Attitude and Practice of School Teacher Towards oral Health in pondenensy. The main objectives of the study were to assessing the knowledge, attitude and practice of school teachers towards oral health. Cross-sectional survey method was used to select the respondent. Questionnaire tools were used to collect the data the study. The major findings were around 47%' of the participants felt that bacteria and sugar are the main case of dental caries, while 42% felt that are the main agents for periodontal disease. Around. 82.5% teacher brushed twice daily. However, only 32% felt it is necessary to visit dentist regularly whilarly. While 86% of the teachers felt that children's teeth should be checked by dentist only 51% agreed that it is their duty to impart oral health education to the students etc.

2.3 Implication of Review for the Study

From the above mentioned literature, it was helpful to prepare the given research. It was helpful to know about the conduction of school health programme of Biratnagar metropolitan city. It was also helpful about the background of the study, objectives of the research, significance and limitation of the study respectively. It enriched the researcher to make a brief study about the research methodology where research design, source of data, tools and. procedures of data collection etc were identified and discussed. Furthermore, it helped in analysis and interpretation data in which the conduction of school health programme were better known.

2.3 Conceptual Framework of the Study

The researcher has developed a conceptual framework for purposed study after the intensive literature review of the precious suggestion from experts and supervisors thefollowing conceptual framework with particular concept is purposed to be used in this study. Their relevance for the study a dimension of empirical reality that is needed tobe explored for investigating the problems under the study may be indicated as follows:



Practice of SHP and knowledge on SHP both are very essential part for community school and institutional school. Practice and knowledge both are key of SHP on school. The practice on school programme depends upon every condition like conic condition, social supports, space of area and social condition are also the pillar of success for school health programme, Beside that knowledge is the major factors for going any institutional organization as like school and college. Knowledge also .depend upon age*sex, educational background and teaching experiences are very important to gain the knowledge especially for school health programme. So, knowledge and practice are very close part of community school and institutional school for conducted school health programme.

CHAPTER -THREE

METHODS AND PROCEDURES OF THE STUDY

It is essential to select proper method to do deep wide study for obtaining intended goal or objectives of a research in any subject. Methodology is taken as very important aspect for the study/research. Significance method should be used for the proper collection explanation and analysis for required data, unless the studied method is scientific and contextual. We may not obtain acquired the expected goal. This research has been done on the basis of 60 respondents of community school and 60 respondents of institutional school of Biratnagar metropolitan city.

The research was prepared using following research methodology for sampling in data collection, data analysis and interpretation which was briefly described below:

3.1 Design and methods of the study

Research design is the important part of research methodology. Quantitative and descriptive research design was in this study.

3.2 Study Area/ Field

Biratnagar is the one of the metropolitan city of Morang district. It is one of the place where different caste and ethnic of people live with harmony and peace. The more populated castes are Madhesies (mainly Mandal, Yadav, Shah, Jha, Karna, Pashan), Brahman (Bhandari, Koirala, Dahal, Poudel) Chhetri (Khadka, Hamal, Karki) and many others so-called small castes. It is one of the place which is well developed area of eastern developed region, where well renowned colleges and school can be found. In aspect of climate, it is very hot in summer and very cold in winter. It is bounded by Kathari in east, Sunsari in the west, Tankisinwari in the north and India in the south.

3.3 Population, Sample and Sampling strategy

This research was conducted in 12 community and 12 institutional primary schools of Biratnagar metropolitan. Hence 60/60 respondents were selected from 12 community and institutional primary schools as the population of the study. The study population of this research was community and institutional primary school teacher, head teacher and parents of the Biratnagar metropolitan city. The researcher selected 12 institutional schools and 12 community schools out of Biratnagar metropolitan city. The research will select headmaster, health teacher and parents from each school, using purposive convenient sample method of the total population, hence 60/60 in total 120 about respondent was selected using purposive sampling method. Before using random sampling method, the researcher counts the total number of the respondents and was selected randomly by lottery method.

3.5 Data Collection Tools and Techniques

The main purpose of this study was to identify the knowledge and practice of community school and institutional school teachers, head teacher and parents on school health programme. The questionnaire was designed to obtain the information about SHP knowledge and practice among primary school teachers and parents. The first part of questionnaire sheet was related to demography characteristics of the respondent, while the second part of SHP, the researcher asked two types of questions on knowledge and practices.

Finalization of the Tool

) **Pre-test:** After designing the questionnaire it was tested in five primary schools in Biratnagar metropolitan (see in Appendix A)

• **Revision of the instrument:** The tools were revised on the basis of the difficulty level and suggestion of the advisor and subject experts.

3.5 Data Collection Procedure

Mainly this study is based on primary data but secondary data was used if necessary. For primary data the researcher was -visit selected 24. School of the study area and then asked to fill the prepared questionnaire. They were teacher, health teacher and parents. The essential information was received from 120 respondents. Secondary source from other related books, related published and unpublished thesis.

3.6 Technique of Data Analysis and Interpretation procedure :

After collecting the data, all the necessary information was tabulated, refined or explained analysis carefully from master chart on remove the possible errors and in consistencies. It is the main path of the study according to the questioners, all the collected data about demographic characteristics and school health programme was tabulated including its knowledge and practice. Data collected through questionnaire is categorized. Processed, analyzed with the help of SPSS 11.5 data analyzing software.

After gathering necessary data the research checked and verified the collected data minimize confusion. The collected data was master chart, no special statistical method was applied for treating data.

CHAPTER- FOUR

ANALYSIS AND INTERPRETATION OF RESULTS

This chapter deals with the analysis and interpretation of data which were collected by the researchers from the respondents. To simplify analysis and interpretation of collected data, they were tabulated according to the propose of the study of compare the knowledge and practice of primary school teacher, head teacher and parents on SI IP. After tabulation, responses were grouped under the main heading to the make presentation more scientific and meaningful. This chapter has been sub-divided into a following two main components.

1. Background of the main respondent teacher
2. School health programme
 -) Knowledge on SHP
 -) Practice on SHP

4.1 Background of the Respondents

This part focuses on the description and analysis of the important parameters background of the respondent teacher and parents on the basis of collected information such as age, sex, educational status, teaching experiences of teacher etc. Demographic characteristics have been divided into the following sub-division.

4.1.1 Age Group of the Respondents Teacher and Parents

Age composition generally refers to the distribution of the respondent with different age group. Age group was clustered at every 10 years interval range from below 20 years to above 50 years.

Table 1 : Age of Respondent

S.N.	Age group in Year	Total no. Respondent in Community School	Percentage	Total no. Respondent in Institutional school	Percentage
1	20-29	3	5%	27	45%
2	30-39	18	30%	19	31.66%
3	40-49	24	40%	10	16.66%
4	50 above	15	25%	4	6.66%
	Total	60	100%	60	100%

Source : Field Survey-2018

Table 1 shows that below 29 years respondent have 5% in Community school and 45% in institutional school. Similarly 30%, 40%, 25% from 30-29, 40-49 and 50-above in Community school whereas 31.66%, 16.66% and 6.66% respondents from 30-39, 40-49 and 50-above in institutional school.

4.1.2 Sex of the Respondents

In Nepalese society, the role of women is limited in household chore as well as minute in every aspect of society. Attempt was also made to compare the distribution of the respondent on the basis of their sex.

Table 1 :Sex of Respondent

Community School		Institutional School	
No. of Female	No. of Male	No. of Female	No. of Male
40(67.33%)	19(32.67%)	37(61.43%)	23(38.33%)

Source : Field Survey-2018

Table 2 shows that out of respondents in both 41 (67.33%) were female and 19 (32.67%) respondents were male in community schools whereas 37 (61.43%) were female and 23 (38.33%) were male in institutional school. The composition in sex respondent of female were in both area is greater than male.

4.1.3 Educational Background

Education is considered as chief weapon, which helps to bring drastic change

in the life of an individual. In the context of our country SLC level education sufficient for the primary level teacher. But in this study research classified the respondents according to their educational background which has been shown in the table below.

Table 3: Educational Background of the Respondents

Education	Total no of respondent in community school		Total no on respondent in institutional school	
	No	Percentage	No	Percentage
SLC	14	6.66	29	48.33
Intermediate	19	31.66	26	43.33
Bachelor	25	41.66	5	8.33
Master Degree	2	3.33	-	-
Total	60	100%	60	100%

Source : Field Survey-2018

Table 3 shows that teacher of Community school having SLC were 14 (6.66%), intermediate 19 (31.66%), bachelor degree 25 (41.66%) and master degree 2 (3.33%). In institutional school 29 (48.33%) were SLC, 26 (43.33%) intermediate and 5 (8.33%) were bachelor degree were respondents, but master degree respondents were not found in institutional school,

From the above table, it is concluded that the respondents of community school have higher educational background. Respondents teachers with HPE background were found very low in the study area. It may be the result of considering HPE as less interesting and easily discipline.

4.1.4 Teaching Experience of the Respondent Teacher

The respondents were classified in different group according to their teaching experiences. All the respondents are distributed at 5 years interval running below 5 years to above to 5 years. As shown in the table below:

Table 4: Teaching Experience of the Respondents

teaching Experiences	Community School		institutional school	
	No	Percentage	No	Percentage
0-5	5	8.33	15	25
5-10	18	30	24	40
10-15	12	20	8	13.33
15-20	20	33.33	3	5
20-25	3	5	4	6.66
25- above	2	3.33	6	10
Total	60	100%	60	100%

Source : Field Survey-2018

Table 4 shows that 5 (8.33%) respondents from community school and 15 (25%) respondent from institutional school were found the group having teaching experiences below 5 years, whereas 18 (30%), 12 (20%), 20 (33.33%), 3 (5%) and 2 (3.33%) respondent of Community school and 24 (40%), 8 (13.33%), 3 (5%), 4 (6.66%) and 6 (10%) respondent of institutional having 5-10 years, 10-15 years, 15-20 years, 20-25 years and above 25 years teaching experiences respectively. In community school, the experienced teacher were found within 15-20 years and institutional school the experience teaching were found within 5-10 years.

From the analysis it is clear to see that the majority of the respondent teachers of community school and higher teaching experience in comparison to the respondents teacher of institutional school. It may be the result of getting other occupational opportunity in community school other than teaching profession.

4.2 School Health Programme

"School health programme is such an important and creative instructional activities that change not only the intellectual aspect but also social, moral, physical and environment aspect of an individual." (Jesse Helen Flagg). Now a days school community relationship is also considered as an integral pan of

SHP. Good knowledge, right attitude and best practice of the primary teacher concerning school health play an important role in maintaining the health status of the student as well as being of school personnel.

4.2.1 Knowledge on School Health Programme

Teachers were asked different question to evaluate their level of knowledge on different areas of SHP. All the responses were grouped according to their nature and presented under their perspective headings.

(A) Knowledge on School Health Service

This is one of the important parts of the school health programme provided by the physician, nurses, and dentists. Health educators and other applied health personnel with social workers, to appraise, protect and promote health status of student and school personnel such procedures are designed to:

-) Appraisal the health status of public and school personnel.
-) Counsel pupils, teachers, parents and others for the purpose of helping pupils to obtain health care for arranging.
-) Help in preventing and control of communicate disease
-) Provide emergency care for injury or sudden illness n
-) Promote and provide optimum sanitary conditions and safe facilities.
-) Protect and promote health of school personnel and
-) Provide concurrent learning opportunities which are conductive in maintaining and promotion of individuals and community health.

(Radican: 1986)

The detailed information on knowledge of school health service of the respondent is given below in the table:

Table 5: Knowledge of School Health Service of the Respondent

S.N.	Areas	Community school			Institutional school		
		No. of familiar respondent	No. of unfamiliar respondent	Total	No. of familiar respondent	No. of unfamiliar respondents	Total
1.	Type of school health service	54 (90%)	6 (10%)	60 (100.0%)	56 (93.33%)	4 (6.76%)	60 (100.0%)
2.	Aim of school health service	56 (93.33%)	4 (6.67%)	60 (100.0%)	52 (86.36%)	8 (13.34%)	60 (100.0%)
3.	Area of school health service	48 (80%)	12 (20%)	60 (100.0%)	52 (86.66%)	8 (13.34%)	60 (100.0%)
4.	Propose of health appraisal	37 (61.66%)	23 (83.4%)	60 (100.0%)	41 (68.33%)	19 (31.67%)	60 (100.0%)
5.	Function of referral programme	47 (78.33%)	13 (21.67%)	60 (100.0%)	49 (81.66%)	11 (18.34%)	60 (100.0%)
6.	Distance between student and chart in optic screenings test	48 (80%)	12 (20%)	60 (100.0%)	53 (88.33%)	7 (11.67%)	60 (100.0%)

Source : Field Survey-2018

The aim of school health service is to provide different type of health service which helps in protection, promotion and maintenance of health status of pupils and school personnel. The above data shows that among the respondent of community school 54 (90%) were familiar and 6 (10%) were unfamiliar. Similarly, 56 (93.33%) respondents were familiar and 4 (6.76%) were unfamiliar in institutional school with aim of school health services.

School health service includes all school activities and procedures design effect the promotion of health status of the young. This encompasses appraisal of students health prevention and control of disease prevention and correction of physical defect, health guidance, supervision and emergency care among the respondent of community school 56 (93.33%) were familiar and remaining 6.67% were familiar about the aim of school health service, likewise in

institutional school 57 (95%) respondents were familiar and 3 (5%) respondents were unfamiliar in institutional with aim of school health service. The respondent of community school 48 (80%) *were* familiar and remaining 12 (20%) were unfamiliar about the area of school health service likewise in institutional school 52 (86.66%) were familiar and 8 (13.34%) respondent were unfamiliar.

i) **Health Appraisal**

Health appraisal is a continuous process. It begins from the entrance health examination by the class room teacher and ends with the last health examination evaluation in the final year of high school. The appraisal of child health status runs throughout his/her school career. However, in the final analysis the appraisal of health is not end in itself but means to end greater of students. Its value come from its usage and the appraisal for health will thus contribute to the general well being of young.

Table 6: Health Appraisal

Community School		Institutional School	
No. of Familiar	No. of Unfamiliar	No. of Familiar	No. of Unfamiliar
32(53.33%)	28(46.66%)	51(83%)	9(15%)

Source: Field Survey-2015

Table 6 shows that 32 (53.33%) respondent in community school and 51 (83%) of institutional school were familiar about health appraisal where 28 (46.66%) of respondents of community school and 9 (15%) respondents of institutional school were unfamiliar.

It is clear that the knowledge of health appraisal in the institutional school than community school. It may be the result of good knowledge and skill of both of school respondents regarding the health appraisal.

ii) Function of Referral Programme

The referral process is usually initiated in one of the two ways firstly during the screening process of the particular students is found to have some potential health problem is referred to the family physician or school nurse secondary teacher makes an observation that a student might have a health problem and refers to school nurse (Curry et. Al. 1986).

Table 7: Function of Referral Programme

Community school		Institutional school	
No. familiar	No. of unfamiliar	No. of familiar	No. of unfamiliar
32 (52.80%)	28 (47.20%)	40 (66.66%)	20 (33.34%)

Source : Field Survey-2018

Table 7 shows that 52.80% respondents of community school 66.66 respondents of institutional school were familiar with knowledge about the function of referral programme whereas 47.20% respondents of community school and 33.33% respondent of institutional were unfamiliar.

From the analysis, the institutional school is found better knowledge in function of referral programme than that of the respondents of community school. It is actively involved to develop awareness of the public towards health.

iii) Appropriate Distance between Student and Chart in Optic Screening Test

Appropriate distance should be maintained between student hart in optic screening test. Sight is one of the most precious and complex process of human life. With sight we are able to interpret environmental events that include not only actions and stimuli from a variety of common source about also those events that occur within classroom such as lecture, written work and general classroom activities. (Carry et. Al. 1986) It is important that health

teacher and head master of school should have knowledge of the procedures to be followed in detecting by use of Snellchart view at a distance of 20 feet.

Table 8: Distance between Students and Chart in Optic Screening Test

Community school		Institutional school	
No. familiar	No. of unfamiliar	No. of familiar	No. of unfamiliar
11.11%	88.80%	26.38%	73.61%

Source: Field Survey-2018

Table 8 shows that in the study area 11.11 % respondent of community school and 26.38% respondents of institutional schools were familiar whereas 88.8% respondents of community school and 73.61% respondent of institutional schools were unfamiliar with the appropriate distance between students and chart in vision screening.

iv) Optic and Auditory Test

Optic and auditory test come under health screening. Health screening is a useful tool in the appraisal of the overall health of student. However, the screening should not be confused with diagnostic procedure for it merely provided a preliminary evaluation of the state of development of function various body organ to uncovered health problems not identified by observation of pupils appearance and behavior regarding the appropriate method of auditory and vision test.

Table 9: Optic and Auditory test

Community school		Institutional school	
No. familiar	No. of unfamiliar	No. of familiar	No. of unfamiliar
41 (69%)	19 (31%)	51 (85%)	9 (15%)

Source : Field Survey-2018

Table 9 shows that 69 respondents of community school and 85% respondent of institutional school were familiar remaining 31% of respondents of

community school and 15% respondent of institutional school were unfamiliar about appropriate method of vision and auditory test.

It is found that the respondent teacher of community school stood better knowledge of optic and auditory test. It may be through of respondents conducting optic and auditory test on their school.

(B) Knowledge on Health Instruction

Health instruction refers to that part of health education that is sequentially planned and carried out segment of the individual school instructure, regardless the utilized to deliver that instruction. It may be designed to alter health demanded behavior all to influence over the total well being of individual (Carry et. A1.1986). Health education is mass oriented subject and directed toward providing knowledge about health to the mass which developed positive attitude and compel them to do healthy behavior, knowledge on different aspect of health instruction is the most for a good health educators.

Some questions in this aspect of health instruction were also asked in the given table, presenting the response on knowledge of health o teachers teaching health education and headmaster of primary school.

Table 10: Respondent's Knowledge on Health Instruction

S. N.	Area	Community School		Institutional School	
		No. of Familiar	No. of Unfamiliar	No. of Familiar	No. of Unfamiliar
1	Objective of Health instruction	44 (73.33%)	16 (26.67%)	25 (41.66%)	35 (58.34%)
2	Teaching method to keep new teach	38 (63.33%)	22 (36.67%)	8 (30%)	42 (70%)
3	Instructional Materials for teaching environmental population	51 (85%)	9 (15%)	37 (61.66%)	23 (38.34%)
4	Emphasized area by primary school health curriculum	35 (58.33%)	25 (41.67%)	21 (35%)	39 (65%)

Source : Field Survey-2018

Health instruction is directed toward the health programme of the child well-prepared teacher knows the type of health problem and needs an characteristics of children or youth. By this his/her works knowing health education as a continuous process of helping the pupil increases his/her health along with the others. In the area, it was found that 73.33% respondent of community school and 26.67% respondent of institutional school have knowledge about the objective of health instruction.

i) Teaching Materials

In order to clarify the meaning of the content teacher skillfully use instructional materials in each lesson plan. Instruction materials are supplementary devices to enhance the public learning. The materials are objective not subject matter. Health education instruction materials are

unlimited while asking the teacher for their knowledge about the instructional materials.

Table 11: Use of Teaching Materials

Community school		Institutional school	
No. of familiar	No. of unfamiliar	No. of familiar	No. of unfamiliar
23 (38.33%)	37 (61.66%)	47 (78.33%)	3 (21.66%)

Source : Field Survey-2018

Shows that in the study area 23 (38.33%) respondent of community school and 47 (78.33%) respondents of institutional school were familiar whereas 37 (61.66%) respondents of community school and 3 (21.66%) respondents of institutional school were unfamiliar.

From analysis of the data, it is clear that knowledge of teaching materials is poor in community school. It may be the result of few experiences of teaching and poor knowledge of SHP.

ii) Teaching Method

Method is a systematic plan for presenting instructional materials. . Method means through which the teacher organized and guided learning experiences for the optimum achievement of educational goal. There are various teaching methods, which can be gainfully used in classroom situation

However it is hardly found that teachers in the school use different teaching methods. Therefore an attempt was also made to collect information on teaching methods used by the teacher in the teaching health, population and environment education. The following present the methods used by teachers.

Table 12: Teaching Method to Keeping New Teacher

S.N.	Method	Community school	Institutional school
1.	Lecture	3 (5%)	-
2.	Demonstration	19 (31.66%)	13 (21.66%)
3.	Discussion	11 (18.33%)	9 (15%)
4.	Roleplay	27 (45%)	38 (63.33%)
	Total	60 (100.0%)	60 (100.0%)

Source : Field Survey-2018

The table 12 shows that 5% respondents in community school were used are method but the institutional school was not found it. 31.66% respondents in community school and 21.66% respondents in institutional school were used Demonstration method. 18.33 respondents of community school and 15% respondents were used Discussion method whereas 45% respondents of community school and 63.33% respondents of institutional school were used Role play method.

From this analysis it is clear that the role play method was mostly applied both of school. That means majority of the respondents were higher knowledge of teaching method.

C. Knowledge on Healthful School Environment

A healthful environment is one that supports the holistic nature of the study by providing with health service, food service, and gymnasium and play area for physical activity and satisfactory classroom instruction. The environment sets for health education and the development of sound health habits (Carry et. A1.1986). To examine the knowledge of the respondents on healthful environment, researcher collected some information by asking question which has been shown in table below:

Table 13: Knowledge on healthful School Environment

S.N. .N.	Area of healthful School Environment	Community school			Institutional school		
		No. of familiar	No. of unfamiliar	Total	No. of 1 familiar	No. of unfamiliar	Total
1.	Aim of healthful School Environment	24 (40%)	36 (60%)	60 (100%)	22 (36.66%)	38 (63.66%)	60 (100%)
2.	Required area of Establishing primary school	22 (36.66%)	38 (63.34%)	60 (100%)	21 (35%)	39 (65%)	60 (100%)
3.	Size of for primary level Appropriate classroom temperature	12 (20%)	48 (80%)	60 (100%)	8 (13.33%)	52 (36.87%)	60 (100%)
4.	Acceptable level in classroom	26 (43.33%)	34 (56.67%)	60 (100%)	24 (40%)	36 (60%)	60 (100%)
5.	Best method Maintaining climate in school	29 (48.33%)	31 (53.67%)	60 (100%)	23 (38. 33%)	37 (61.67%)	60 (100%)

Source : Field Survey-2018

School that is well planned and maintained enables teaching and learning to enjoyable and non-stressful experiences. Such environment is supportive of the student's health and their quality of life. It also promotes safety and reduces the like hood of accidental injuries.

Table 13 shows that 40% respondents of community school and 36.66% respondents of institutional schools were familiar and 60% respondents of community school and 63.66% respondents of institutional school were unfamiliar about the aim of healthful school environment.

Table also shows that 43.33% respondents of community school and 35%

respondents of institutional school were familiar about the required are of establishing primary area whereas 63.34% respondents of community school and 65% respondents of institutional school were unfamiliar about the required are of establishing primary care.

Twenty percent respondents of community school and 13.33% respondents of institutional school were familiar about the size of classroom for primary level appropriate classroom temperature and 80% respondents of community school and 36.87% respondents of institutional school were unfamiliar about the size of classroom for primary level appropriate classroom temperature.

Similarly, 43.33% respondents of community school and 40% respondents of institutional school were familiar about the acceptable noise level in classroom and 56.67% respondents of community school and 60% respondents of institutional school were unfamiliar about the acceptable noise level in classroom.

And table also shows that 48.33% respondents of community school and 38.33% respondents of institutional school were familiar about the best method of maintaining emotional climate in school whereas 51.67% respondents of community school and 61.67% respondents of institutional, school were unfamiliar about the best method maintaining emotional climate in school.

D. Knowledge on School Community Relationship

Primary responsibility of maintaining health of school children rests on their parents but the school in a strategic position to contribute effectively to every school age child. The school doesn't assume the role of parents nor substitutes for the parent rather the school health programme is planned to fortify and supplement the efforts of the parents. The school health programme could be viewed as an extension of public health programme designed to research a specific population group.

This programme concentrates almost exclusively on student. School community relationship is really something more basic than the present teacher or student community relationship. Table 14 present the knowledge of school community relationship among the respondent teacher.

Table 14: Knowledge on School Community Relationship

S.N.	Area	Community school			Institutional school		
		No. of known respondents	No. of unknown respondents	Total	No. of known respondents	No. of unknown respondents	Total
1.	Purpose of establishing Between school and community	11 (18.33%)	49 (81)	60 (100%)	16 (26.60%)	44 (73.4%)	60 (100%)
2.	Function of school health council	29 (48.33%)	31 (48.33%)	60 (100%)	35 (58.33%)	25 (41.67%)	60 (100%)

Source : Field Survey-2018

Promoting the health of the school age child is not an easy task. To maintain the quality of health of the school age child, participation of the community in school health programme is necessary.

The above table 14 indicates that 18.33% respondents of community school and 81.67% respondent of institutional school were found known with the purpose of establishing relationship between school community.

There are many community agencies and school personnel interested in the health and well being of students often these group will be found working independently rather than together. A bonding agent is needed to bring them together so that their efforts are coordinated one such agent is the school health council.

From the table 14, 48.33% respondents of community school and 58.33 respondents were know about the function of school health council and 48.33% respondents of community school and 41.67 respondents of institutional school were unknown about the functions of school health council.

i) Establishment Parents Teacher Association (PTA)

No organized can start on its legs unless guiding capable leadership. Leadership is the backbone of programme. In SHP leadership has one of *the great* importance because to carry out different activities of SIIP. Trained and experienced leader is needed. A well trained, experience and educated chairman of SIIP is an asset to the students, organization and the professional as well.

Table 15: Knowledge on Parents Teacher Association

Community school			Institutional school		
No. of known respondents	No. of unknown respondents	Total Respondent	No. of known respondents	k respondents	Total
77.70%	22.20%	60	81.94%	18.05%	100%
41		(100%)			

Source : Field Survey-2018

For the table 15 shows that in this studyarea 41 (77 .70%) respondents of community school and 81.94% respondents of institutional school were known about the PTA were as 22.20% of respondents of community school and 18.05% respondents of institutional school were unknown of PTA. It shows that majority of respondent were cleared about the PTA, which is positive of school and community.

(B) Practice on School Health Programme

Practice means the way which thing or a person acts conducts manner mode of behavior reaction under a set of imposed condition. The practice of the respondents regarding school programme have been presented below:

a.School Health Service

(1) Health Examination and its Appraisal

Health examination means to an end potentially it is perhaps the most effective single instrument mankind possesses for elevating the standard of health (Anderson 1974). The practice of respondent on health examination and its appraisal is shown in the table.

Table 16: Practice on Health Examination of Student

S.N.	Practice and keeping record of health examination	Community school			Institutional school		
		Yes	NO	Total	Yes	NO	Total
1	Health examination of student and staff	21 (35%)	39 (65%)	60 (100%)	51 (85%)	9 (15%)	60 (100%)
2	Keep it record	19 (31.66%)	41 (68.33%)	60 (100%)	51 (85%)	9 (15%)	60 (100%)

Source : Field Survey-2018

Table 16 involved in investigation, where 35% respondents of community school and 85% respondent of institutional school did health examination among their pupils, whereas 65% respondents of community school and 15% respondents of institutional school had not done health examination.

Table also shows that 31.66% respondents of community school and 85% respondent of institutional school had recorded health examination of their student and staff whereas 68.33% respondent of community school and 15% respondents of institutional school had not kept its record.

It is clear that the practice of health examination of pupils and its appraisal in this study is poor in community school than institutional school. It is the result of poor knowledge and skill of respondents regarding the health examination and its appraisal.

(ii) Immunization

Immunization raises the resistance of human body to the effective poison called "Toxins" created by non-pathogenic bacteria, which are distributed in the tissue. Actually immunization is means of protection agents results infection disease within human body. The responses of respondents have shown in the table below:

Table 17: Practice of Immunization Programme

Community school			Institutional school		
Yes	No	Total	Yes	No	Total
39 (65%)	21 (35%)	60 (100%)	58 (96.66%)	2 (33.3%)	60 (100%)

Source : Field Survey-2018

Table 17 shows that 60 respondents were involved in investigation where 65% respondents of community school and 96% respondents of institutional school had done immunization programme whereas 35% respondents of community school and 3.33% respondents of institutional school had not done immunization programme on the school.

The practice of immunization in both area were found satisfactory it shows that the school and other health agency play good role.

(iii) Emergence Care

Immediate medical care is need in uncontrollable sever bleeding. Simple and compound fracture, bites of poisonous snake and rabbig animals, burn internal injuries and sever infection of wounds. The respondent practice on emergence

care is shown in the table below:

Table 18: Emergency Care Practice

S.N.	School	Practice of taking with accident			Manner of taking with accident			
		Yes	No	Total	First aid	Refer to specialist	Sent to home	Total
1.	Community	41 (68.33%)	19 (31.66%)	60 (100%)	11 (26.82%)	8 (19.51%)	22 (53.65%)	41 (100%)
2.	Institutional	57 (95%)	3 (5%)	60 (100%)	18 (31.57%)	26 (45.61%)	13 (21.66%)	57

Source : Field Survey-2018

From the table 18 shows that 68.33 respondents of community school and 95% respondents of institutional school had done practice of taking with accident whereas 31.66 respondents of institutional school and 5% respondents of institutional school not talked with practice with accident.

The table also shows that out of 41 respondents of community school and 57 respondents of institutional school tackled with accident among 11 (26.82%) respondent gave first aid treatment to the injured 8 (19.51%) respondent send injured to the specialist and 22 (53.65%) respondent send to the injured to home. But in institutional school, out of 57 respondents who paid attention towards accident which was occurred in school area. 18 (31.57%) respondents gave first aid treatment to the injured, 26 (45.61%) respondent sent injured to specialist and 13 (21.66%) respondents sent pupils to home.

It is disclosed that practice of first aid treatment in the school of community school is not found in satisfied condition, which may be the result of poor economic condition of community school and lack of skilled manpower in school.

b. Practice on Health Instruction

i) Lesson Plan

Regardless of the organizational plan used on instruction unit is composed of all the basis ingredients necessary for the teaching process. To determine the practice of the respondent in preparation of lesson plan, one question was supplied to them on same. Whatever they respondents has shown below:

Table 19: Practice of Lesson Plan

Community school			Institutional school		
Yes	No	Total	Yes	No	Total
48 (80%)	12 (20%)	60 (100%)	53 (88.33%)	7 (11.67%)	60 (100%)

Source : Field Survey-2015

From the table 19 shows that 48 (80%) respondents of common community school and 53 (88.33%) respondents of institutional school have prepared lesson plan before entering in the classroom whereas 12 (20%) respondent of community school and 7 (11.67%) respondent of institutional school are entering the classroom without lesson plan.

ii) Teaching Method

It has been recognized that the key to effectively teaching is the teacher but the appropriate use of method of learning *activities is* what makes that teacher successful. The method and activities must be appropriate for students needs and activities practice of the respondents regularly teaching methodology is mentioned below:

Table 20: Using Teaching Method of Respondent

S.N.	Method of teaching	Community school		Institutional school	
		No.	Percentage	No.	Percentage
1.	Lecture	6	10%	5	8.33%
2.	Discussion	25	4.66%	17	28.33%
3.	Role play	18	30%	27	45%
4.	Exhibition	11	18.33%	11	18.33%
	Total	60	100.0%	60	100.0%

Source : Field Survey-2018

The data mentioned in table no. 20 shows that 10% respondents of community school applied lecture method in classroom and 8.33% respondents of institutional school also applied lecture method whereas 4.66%, 30% and 18.33% respondents frequently applied discussion, Role play and exhibition method respectively in the classroom likewise; in the institutional school 28.33%, 45% and 18.33% respondents applied discussion method. Role play method and exhibition method in the classroom teaching.

From this analysis it is clear that the institutional school are better than the community school of Biratnagar metropolitan city due to the participation of student teacher in school in the period of their teaching practice.

iii) Instructional aids

Instructional aids are materials or resource used in the conduction of the health instructional programme that included text books, photographic, record, models and films strips, photograph, slides, films etc.

Table 21: Use of Instructional Aids

Community school					Institutional school				
Yes	Percentage	No	Percentage	Total	Yes	Percentage	No	Percentage	Total
46	76.66%	14	31.66%	60 (100%)	57	95%	3	5%	60 (100%)

Source : Field Survey-2018

The data presented in the above table indicate that 76.66% respondent of community school and 95% respondents of institutional school used teaching aids in the classroom whereas 31.66% respondents of community school and 5% respondents of institutional school have not used any instructional aid in classroom teaching learning process.

From analysis of the data, it is clear that practice of utilizing instructional aid

in the study area is poor. It may be result of poor economic condition of school as well as more teaching. Load of the teacher and Lack of knowledge on construction of instructional device.

c. Practice on Healthful School Environment

I) Method of Disposing the Waste

Neat and clean school environment have an important role in maintaining health status of student as well as effective teaching learning process. The practice of the disposing the waste is shown below:

Table 22: Conducting of Cleaning Camping

S. N.	School	Method of disposing the waste			Frequency of dispose		
		Incretion	Damping	Other	Daily	Weekly	Monthly
1	Community	18 (30%)	11 (18.33%)	31 (51.66%)	5 (8.33%)	21 (35%)	34 (56.66%)
2	Institutional	25 (41.61%)	29 (31.61%)	16 (26.66%)	28 (46.69%)	19 (31.69%)	13 (21.66%)

Source : Field Survey-2018

This data presented in the table no. 22 shows that 30% respondents of community school and 41.61% respondent of institutional school used incretion method whereas 18.33% respondents of community school and 31.66% respondents of institutional school were used Damping method and 51.66% respondents of community school and 46.66% respondents of institutional school were used other method of disposing the waste.

The data also shows that among those who were conducting cleansing camping 8.33%, 35% and 56.66% respondent of community school conducted cleaningcamping daily, weekly and monthly. Similarly, 46.66%, 31.66% and

21.66% respondent of institutional school conducted cleaning camping daily, weekly and monthly.

From the above analysis, it is clear that the majority of the respondents mostly used other method of disposing the waste in community school whereas incertion method was used mostly in institutional school. About the frequency cleaning camping majority of the respondent conducted sometimes of their school that means majority of the respondent were poor condition of her cleaning campaign.

ii) Problem to Dispose the Waste

School most properly manage to dispose waste at proper location various disposed method can be employed as per the requirements and the quantity of disposal. One question was asked to the teacher *for* their problem of disposed the waste giving three alternatives.

Table 23: Waste Disposal Problem

S.N.	School	Problem of disposal of waste			Main problem of it		
		Yes	No	Total	Lack of site	Lack of power	other
1 .	Community	37 (61.66%)	23 (38.33%)	60 (100.0%)	22%	43%	35%
2.	Institutional	13 (21.66%)	47 (78.33%)	60 (100.0%)	41%	19%	40%

Source : Field Survey-2018

According to the data given in the above table 61.66% respondents of community school and 21.66% respondent of institutional school have a problem of dispose the waste and 38.33% respondent of community school and 78.33% respondent have not any problem of dispose the waste.

The table also shows that 22% respondent of community school and 22%

respondent have lack of site, 43% respondents have lack of power and 35% respondents have other problem of waste disposal in community school whereas 41.19%, 19% and 40% respondent of institutional school have lack of site, lack of power and other problems of waste disposal.

In study majority of respondents of community school was found many problem of dispose the waste than the institutional school.

d. Practice on School Community Co-operation

i) Parents Teacher Association

The main function of school health teacher is to teach health education course in school regularly. In addition he/she assist the health coordinator to develop school health programme. To regulate school health programme in an effective way and to mobilize health resource of community parents teacher association plays a vital role.

Table 24: Established PTA

Community school			Institutional school		
Yes	No	Total	Yes	No	Total
57 (95%)	3 (5%)	60 (100%)	59 (98.33%)	1 (1.66%)	60 (100%)

Source : Field Survey-2018

From the table 24 shows that 95 respondent of community school and 98.33% respondents of institutional school established in PTA whereas 5% respondents of community school and 1.66% respondents of institutional school have not established the PTA.

In this study area, it is analyzed that majority of the respondent school established PTA, which is positive aspect mobilize health resources of community and improve the relationship between school and community.

ii) Community Member to Participate in School Programme

Teacher should be familiar with the role of school and community as precisely as possible in meeting the needs of school for the fulfillment of SHP goal. Community play a greater role so the school has to motive community o participate in every activities of school. Information on practice of the respondents regarding the motivation of community to participate in school programme is shown below:

Table 25: Participation of Local People in School

S. N	School	Encourage local people to participate in school			Frequency of encouragement			
		Yes	No	Total	Daily	Frequently	Sometimes	Total
1	Community	43 (71.66%)	17 (28.33%)	60 (100.0%)	6 (13.95%)	5 (11.62%)	32 (74.41%)	43 (100.0%)
2	Institutional	55 (91.66%)	5 (8.33%)	60 (100.0%)	11 (20%)	7 (12.72%)	37 (67.27%)	55 (100.0%)

Source : Field Survey-2018

Table25 shows that 71 .66% respondents dents of community school and 91.66%respondents of institutional school encourage local people to participate inschool whereas 28.33% respondents of community school and 8.33% respondents of institutional school don't encourage local people to participate in school.

From above analysis, both school study area is people are positive for school activities and encourage people to participate in school programme. Organization Health Education Awareness Programme

To know practice of the respondents regarding the condition of health awareness programme in community, questions were asked in community for

information acquired from the respondents. Their responses have been shown below:

Table 26: Organizing Health Awareness Programme

S. N.	School	Organizing awareness programme			Type of awareness programme			
		Yes	No	Total	Naturatio n education program me	Environ ment awarenes s program	Disease control program me	Total
1.	Community	39 (65%)	21 (35%)	60 (100.0%)	11 (28.20%)	15 (38.46%)	13 (33.33%)	39 (100.0%)
2.	Institutional	53 (88.33%)	7 (11.66%)	60 (100.0%)	17 (32.07%)	25 (47.16%)	11 (20.75%)	53 (100.0%)

Source : Field Survey-2018

The data presented in the table 26 indicates that 65% respondents of community school and 88.33% respondents of institutional school had organized health awareness programme in community whereas 35% respondents of community and 11.66% respondents of institutional school had not organized awareness programme in community. Those who organized health education awareness programme in community, out of 39 respondent of community school 11 respondents organized nutrition programme, 15 respondents organized environmental awareness programme and 13 respondents organized disease control programme. Similarly, 17 respondents, 25 respondents and 11 respondents of institutional school were given awareness programme, nutrition, environmental, disease control respectively.

From the above analysis the institutional school is found better positive in organization of health programme awareness programme in community than respondents of community. They are actively involved to develop awareness of

the public towards the health.

iv) School Participation in Community Programme

School participation in community activities encourages local people. Students can learn how to work together in community. To identify respondents and their intuitions participation in community activities the researcher collected information which is presented in the collected information which is presented in the table below:

Table 27: School Participation in Community Programme

S.N.	Programme of Community	Community school		Institutional school	
		No	Parentage	No	Percentage
1.	Health awareness Programme	2	3.3%	3	5%
2.	Immunization	5	8.33%	3	5%
3.	School lead Sanitation	3	5%	6	10%
4.	All above	51	85%	48	80%
	Total	60	100.0%	60	100.0%

Source : Field Survey-2018

According to the data, 3.3% respondents of community school and 5% respondents of institutional school participated in health awareness programme, 8.33% respondents of community school and 5% respondents of institutional school participated only immunization programme whereas 5% respondents of community school and 10% respondents of institutional school participated school lead sanitation programme and 51% respondents of community school and 80% respondents of institutional school participated all above these programme.

It is found that the respondents teacher and parents of community school stood better position in participation of community activities. It may be through of respondents providing health education to mass through

incidentally,

e. Practice on School Nutrition Programme

i) Canteen

The school canteen is a great place to promote an enjoyment of healthy eating. For student who uses the canteen regularly, the food purchased makes a significant contribution to their total food intake and nutrition, therefore it makes sense to ensure the best food possible is available to enhance their ability to learn and take in the information presented to them in class.

Table 28: Canteen for Nutrition

S.N.	School	Canteen in school			Condition of canteen		
		Yes	No	Total	Good	Satisfy	Poor
1.	Community	46 (76.66%)	14 (23.33%)	60 (100.0%)	15%	33%	12%
2.	Institutional	57 (95%)	3 (5%)	60 (100.0%)	35%	19%	6%

Source : Field Survey-2018

This data presented in table 28 shows that 76.66% respondents of community school and 95% respondents of institutional school has a canteen but 23.33% respondents of community school 5% respondents of institutional school haven't canteen on the school.

The data also shows that 15% respondents of community school and 35% respondents of institutional school have good condition of canteen whereas 33% respondents of community school and 19% respondents of institutional school have a condition of canteen is satisfy and 12% respondents of community school and 6% respondents of institutional schools were canteen condition are poor.

From the above analysis it is clear that the majority of the respondents the school canteen condition is institutional school good better than community school canteen.

f. Practice on physical education and extracurricular

activities i) Conduct extracurricular activities

Extracurricular activities are designed to supplement school curriculum and provided additional opportunities for students to develop skills, character and leadership. This provides an opportunity for parents to pass on positive attitude about the activity.

Table 29: Conduct Physical Education and Extracurricular Activities

Community school			Institutional school		
Yes	No	Total	Yes	No	Total
42 (70%)	18 (30%)	60 (100%)	57 (95%)	3 (5%)	60 (100%)

Source : Field Survey-2018

This data presented in the table 29 shows that 70% respondents of community school and 95% respondents of institutional school had conducted physical education and extracurricular activities whereas 30% respondents of community school and 5% respondents of institutional school had not conducted physical and extracurricular activities.

From the above analysis it is clear that the majority of the respondent physical and extracurricular activities was conducted in institutional school better than community school. It may be result poor economic condition of school, lack of knowledge and lack of physical instrument and sports facilities.

ii) Sports Facilities on the School

Sports and games curriculum is an integral and compulsory part of education process. Sports help to build character and teach the importance of discipline in life. It includes a respect for rules and allows the participants to learn the value

of self control.

The respondents schools has sports facilities which are numerated as below:

Table 30: Sports Facilities on the School

S.N.	Facilities	Community school		Institutional school	
		No	Percentage	No	Percentage
1.	Outdoor	11	18.33%	5	8.33%
2.	Indoor	17	28.33%	7	11.66%
3.	Both	32	53.33%	48	80%

Source : Field Survey-2018

Table 30 shows that 18.33% respondents of community school and 8.33% respondents of institutional school were outdoor facilities on the school whereas 28.33 respondents of community school and 11.66% respondents of institutional school were indoor facilities of the school and 53.33% respondents of community school and 80% respondents of institutional school were both facilities on the school.

From the above analysis it is clear that the majority of the respondents, institutional schools have given many sports facility compared to the community schools. It may be result poor economic condition of community school that institutional school.

4.3 Summary of Findings

Primary responsibility of maintaining good health of the school age children rest on parents. But the school should assist them in building up and maintaining the highest possible level of the health in each child and developing the necessary competence in each child to deal with health problem of the life. The best way of promoting and maintaining the optional level of health of school going children is the responsibility of school health programme. School health programme could be viewed as the composite of

procedure and activities designed to product and promote the well being of the students and school personnel proper knowledge and practice of the teacher and school health programme certainly decrease the physical and social disabilities of the school going children.

It has been found that very few research works were carried out regards to school health programme in study area. But whatever has been done they do not show the condition of SHP much satisfactory. So the researcher had tried here do identify the level of knowled^ge and practice of the teacher and parents on SHP.

To accomplish this comparative study the researcher had selected community and institutional school of Biratnagar Metropolitan city. This study was descriptive type mainly based on primary source of data, which were collected by the researcher himself for making the selection of the respondent. The study was limited to the questionnaire and interview scheduled were used as a chief tool for this research. Those community and institutional school having grade 1-5 to collect necessary information on SHP. In the process of collecting information, 12 primary schools were surveyed by the researcher visiting door to door. In this way the required data were collected from 12 schools of community school and 12 school o]institutional school of Biratnagar Metropolitan city. From each selected school health teacher, headmaster and parents were considered the respondents of the study.

After collecting data it was code tabulator analyzed and interpreted with the help of software and also researcher analysis different headings and sub-headings knowledge and practice about the SIIP of respondents were calculated in no. percentage and statistics analysis in their respective areas.

4.3.1 Demographic Characteristic of the Respondents

- a) The majority of teacher (40%) of community school belong to the age group 40-49 years, whereas n institutional school it was found that

majority of respondents (45%) were belong to the *age* group 20-29 years.

- b) The majority of sex respondents in both area were female; 67.33 percent respondents of community school and 61.43 percent respondents of institutional school.
- c) The majority of the respondents, 41.66 percent of community schools were with educational background bachelor degree and 48.33 percent respondent of institutional school were with educational background SLC.
- d) Out of the 60 percent respondents of community school majority of respondent 33.33 percent were within the range of the teacher experience 15-20 years, whereas in institutional majority of respondents 40% were found in the range of teaching experience within 0-5 years.

4.3.2 Knowledge on School Health Programme

- a) About 90 percent respondents of community school and 95 percent respondents of institutional school have knowledge on the type of school health service.
- b) In community school 93.33 percent respondents were introduced with aim of school health service whereas it was 95 percent in institutional school.
- c) About 78.3 percent respondents of community school and 49 percent respondents of institutional school have knowledge on function of health appraisal.
- d) At 52.80 percent respondents of community school and 66.66 percent respondents of institutional school have knowledge on function of referral programme.
- e) Majority 73.33 percent respondents of community school and 26.67 percent respondents of institutional school have knowledge on objectives of health instruction.

- f) In community school 58.33 percent respondent have knowledge on emphasized area by primary school health curriculum where as 41.67 percent respondents of institutional school have knowledge on emphasized area by primary school health curriculum.
- g) About 45 percent respondents of community school used *role* play method on the classroom study and 63.66 percent respondents of institutional school also used this method of in the classroom.
- h) Only 40 percent respondents of community school and 36.66 percent respondents of institutional school had knowledge on aim of healthful school environment.
- i) At 43.33 percent respondents of community school and 40 percent respondents of institutional school have knowledge about the appropriate classroom temperature.
- j) Majority 48.33 percent respondent of community school and 38.33 percent respondents of institutional school were clear about the best method of maintaining emotional climate in school.
- k) About 18.33 percent respondents of community school and 26.60 percent respondents of institutional school were knowledge about the purpose of establishing between school and community.
- l) Only 48.33 percent respondents of community school and 58.33 percent respondents of institutional school had knowledge on function of school health council.
- m) At 77,70 percent respondents of government school and 81.94 percent respondents of institutional school were clear about the knowledge on parents teacher association (PTA).

3.3 Practices on School Health Programme

- a) Out of 60 respondents of community school majority of respondents 35% were practice on the health examination of student and staff whereas in institutional school majority of respondents 85% were found.

- b) The majority of the respondent 31.66% of community school kept it record whereas 85% respondents of institutional school also kept it record.
- c) About 65% respondents of community school and 96.66% respondents of institutional school had conducted immunization programme on the school.
- d) 68.33% respondents of community school and 95% respondents of institutional school were takes with accident.
- e) Out of 41 respondents of community school 53.65% respondents had sent to home for taking with accident on the school and out of 57 respondents of institutional school, 45.61% respondents had referred to specialist when the accident on the school.
- f) 80% respondents of community school and 88,33% respondents of institutional school were used lesson plan on the classroom study.
- g) Majority of the respondents of the study area are applied roleplay method percentage are 30% in community school and 45% respondents of institutional school.
- h) 76.66% respondents of community school and 95% respondents of institutional school were used instructional aids on the classroom study.
- i) Out of the total respondents of community school only 30% respondents used incretion method of disposing the waste and majority of them at 56.66% practiced in monthly. But in institutional school only 41.61% respondents used incretion method of them used daily.
- j) 61.66% respondents of community school and 21.66% respondents of institutional school have problem of waste disposal.
- k) About 95% respondents of community school and 98.33% respondents of institutional school established parents teacher association.
- l) Out of the total respondents of community school, only 71.66% respondents

encouraged the local people participate in SHP and majority of them at 74.41% frequency of sometimes. But in institutional school only 91.66% respondents encouraged the local people participation in SHP and among them majority 67.27% respondents of them used sometimes.

- m) 65% respondents of community school and 88.33% respondents of institutional school were organized health awareness on the school.
- n) 38.46% respondents of community school and 47.16% respondents of institutional school were organized environmental awareness programme on the school.
- o) 85% respondent of community school and 80% respondents of institutional school were participated on community programme.
- p) At 76.66% respondents of community school and 95% respondents of institutional school have canteen on the school.
- q) 70% respondent of community school and 95 respondents of institutional school were conducted physical education and extracurricular activities on the school.

CHAPTER - FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATION

5.1 Conclusion

The study was conducted to fulfill the partial requirement of master degree in education (health education) sound body produces sound mind. For sound body there is necessary of sound health. It is necessary to use appropriate knowledge and practice in school health programme to conduct the quality of life.

After going through the findings of the study the following major conclusion are drawing.

Knowledge of School Health Programme

In course of this study most of respondents were found almost equal in demographic characteristics. The majority of respondents of community school are with higher education and majority of community school are with higher education and majority of respondent female in both schools whereas majority of respondents community school have slightly more teaching experience than that of institutional school. The respondents teacher and parents of both school are found almost equal in the level of knowledge regarding different aspects of school health programme. Some notable similarities are found in type of school health service, aim of school health services, function of referral programme, emphasized area by primary school health, healthful school environment, appropriate classroom temperature, parents teacher association programme. But the level of knowledge of the respondents is found some difference are function of health appraisal, objectives of health instruction, used of methodology, purpose of establishing between school and community and school health council.

Practice on SHP

There were only few aspects under the practices on school health programme, which were found unsimilar between respondent of both school. Some notable unsimilarities were found in health examination of the student, kept it record, conduct immunization programme, taked with accident; role play method, problem of waste disposal,organized health awareness programme, spans facilities. But some similar views were taking wit accident, used lesson plan, used instructional aid, established PTS, encouraged to the local people participated in SHP organized environmental awareness programme, school were participated on community programme.

5.2 Recommendation

After analysis, interpretation and going through all the findings and conclusion of the study, the following recommendations are made to carry out further investigation more reliable in the day and years to come.

5.2.1 Recommendations for Practice Relation

- a) It is suggested to carry out similar study or research work covering broad areas and population focusing the geographical and educational background should be carried out to obtain more reliable information.
- b) There should be proper coordination among health agencies like the health posts, hospitals and the school for conducting SHP.
- c) It is recommended that such type of study should be carried out in other places among the teacher of different levels of school.
- d) The proper implementation of SHP is essential for the improvement of teachingearning environment and to improve the health status of the school children through quality health education.

5.2.2 Recommendation for National Policy

- a) School health programme have been included n national policy but implication aspects are very poor. So strong programme implementation policy should be emphasized by the concerned department and ministry.
- b) Local NGOsICBOs should develop awareness programme among teacher, parents and students and implementation in the community to assist national policy.
- c) The following areas have been included in national policy:
 -) Preventive and promotive health service
 -) Curative health service
 -) Basic primary health service
 -) Community participation Organization and management
 -) Research on health

5.2.3 Recommendation for Further Research

- a) This type of research should be carried out at regional and national level in broad spectrum in order to determining the actual situation of school health programme of community school and community school.
- b) The same title of the study can be useful for study of health promotion of the student, school management etc.
- c) A study comparing the community school management and institutional school management of different school can be conducted within the one.
- d) The research should be conducted in large sample size to find out the national figure.
- e) A study comparing the knowledge and practice of school health programme of different school staff can be conducted within the one.
- f) This research should be utilized by planner is policy makers and program implementation for improvement of school health programme in future.

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APPENDIX 'A'

QUESTIONNAIRE

Questionnaire for Teacher

This questionnaire aims at determining the teacher and parents knowledge and practice in school health program in Biratnagar metropolitan city. It will be used exclusively for the study undertaken in partial fulfillment of master level in health education. It will be appreciable very much, if you please fill of your answer freely and frankly.

Thank you for your co-operation.

Part I: Personal Data

Name School:

Name of Teacher :

Age:

Sex :

Education Status:

Teaching Experiences:

Major.. Subject:

Part II: Knowledge on School Health Programme

1. What type of programme is known school health Programme ?
 - a. Programme what helps to promote the health standard of the students.
 - b. Programme that evaluates the developments of various aspects of the students.
 - c. Programme lunched by the school for it's benefit.
 - d. Programme conductive to enhancing the health standard of the student teacher and school staff.

2. Which of the following are the main objectives of health service?
 - a. Provide loading and fooling facilities to the student.
 - b. Keep physical and financial record of the school.

- c. Promote, protect and maintain the health status of students.
 - d. Continue the teaching learning programmed effectively.
3. Which of the following areas is not included in SHP?
- a. Health appraisal and communicable disease control.
 - b. School building and canteen.
 - c. Health curriculum and teaching method.
 - d. Relation between administrator teacher and student.
4. What is the purpose of health appraisal?
- a. Keep the health record of students and school personnel
 - b. Provide the basic Knowledge on health education.
 - c. Controlling communicable disease.
 - d. Managing safety and emergency care.
5. What is function of referral programmed?
- a. Introduce parents about the problem of students.
 - b. Cure the health problem of students.
 - c. Compel to handicapped students to change the school.
 - d. Send the chest for consulting specialist or school nurse.
6. Which one of the following does not come under the health appraisal aspect?
- a. Health examination.
 - b. Screening test
 - c. Health observation by teacher/nurse
 - d. Referral service
7. What is the distance between student and than in the optic screening?
- a. 10 feet
 - b. 15 feet
 - c. 20 feet
 - d. 25 feet
8. What are the main objectives of health instruction?
- a. Provide knowledge about disease.
 - b. Teach the people practice anatomy a physiology of human body.
 - c. Create favorable condition for teaching learning process.
 - d. Provide knowledge about the developed positive attitude and healthy practice.
9. What of the following is the best method of optic and auditory test?
- a. Inspection
 - b. Observation
 - c. Screening
 - d. Inquire

10. Which method will appropriate for teaching health instruction?
 - a. Lecture
 - b. demonstration
 - c. discussion
 - d. Role play

11. Which instructional material is better for teaching environment pollution?
 - a. Chart
 - b. Audio visual aids
 - c. Photography
 - d. Resource person

12. Which of the following area is not included in primschool health curriculum?
 - a. Physical health
 - b. mental health
 - c. Community health
 - d. Nutritional health

13. Which of the following is the best method for managing emotional climate inschool?
 - a. Making the good relationship among school members.
 - b. Physical facilities should be constructed well.
 - c. Community participation in school programme.
 - d. Health service should be implemented in good manner.

14. What is the main purpose of establishing relationship between school and community?
 - a. Develop good relation with parents.
 - b. Compel community to participate in school programme.
 - c. Lunch and implementation the school health programme effectively
 - d. Acquire the information about familybackground of the student.

Part III: Practice on School Health Service

1. Which type of health services are you conducting in your school?
 - i. Apprisl service
 - ii. Preventive service
 - iii. Remedial service
 - iv. All above

2. Did you conduct health examination in your school?
 - i. Yes
 - ii. No

3. If yes in which time do you conduct health examination?
 - i. one-one month
 - ii. three-three month
 - iii. six-six month
 - iv. one-one year

4. Each year how many epidemic communicable disease ue seen in your school?
 - i. every three month
 - ii. every six month
 - iii. every eight month
 - iv. never
5. Is school closed in epidemic?
 - i. Yes
 - ii. No
6. Which technique are you follow for assign the health behavior of the students in the school and community?
 - i. Observation
 - ii. Health examination
 - iii. Screening test
 - iv. All above
7. If yes have you kept report?
 - i. Yes
 - ii. No
8. Have you organized immunization programme in your school?
 - i. Yes
 - ii. No
9. If yes, what type of immunization are you giving to the student?
 - i. Rabbis
 - ii. Encephalitis
 - iii. other
10. I do you take emergency situation occured in your school?
 - i. Referring the injured to the specialist.
 - ii. Providing the first aid treatment.
 - iii. Sending the injured student to his / her home

Practice on Healthful School Environment

1. Which method do you follow disposing the waste in the school?
 - i. Incretion
 - ii. Damping /Composting
 - iii. Other
2. How often is disposed?
 - i. Daily
 - ii. weekly
 - iii. monthly
3. Do you have problem to dispose the waste?
 - i. Yes
 - ii. No
4. What is the main problem to dispose of waste?
 - i. Lack of site
 - ii. lack of main power
 - iii. other

5. Has the school conducted my sanitation campaign in the village?
 - i. Yes
 - ii. No
6. If yes how often?
 - a. Monthly
 - b. Annually
 - c. Occasionally
7. Who clean the school?
 - i. weepers
 - ii. Students
 - iii. Other
8. How many times does the classroom clean?
 - i. Daily
 - ii. Weekly
 - iii. As the necessary
9. Is the drinking water sufficiently available in your school?
 - i. Yes
 - ii. No
10. What is the source drinking water?
 - i. Hand Pipe
 - ii. Tap
 - iii. Well
 - iv. Other
11. What is the cleanliness condition of toilet?
 - i. Nod
 - ii. Satisfactory
 - iii. Poor
12. What is the type of toilet room?
 - i. Toilet with septic tank
 - ii. Pit latrin
 - iii. Sulavehal

Practice on Health Instruction

1. Which method do you used to teach health education mostly?
 - i. Lecture
 - ii. Demonstration
 - iii. discussion
 - iv. Other
2. you instructional materials while providing health instruction?
 - i. Yes
 - ii. No
3. If yes in what me r?
 - i. Daly
 - ii. Frequently
 - iii. Sometimes

4. Did any aan or involve in providing health education in last session:
 - i. Yes
 - ii. No
5. If yes,what was the issue?
 - i. Environmental health
 - ii. Communicable disease
 - iii. Personal hygienic
 - iv. AIDS/ STD
6. Do you pry daily Lesson plan?
 - i. Always
 - ii. Usually
 - iii. Never
7. Which of health curriculum you think mom effective?
 - i. Separate
 - ii. integrate
 - iii. Co-related
8. Have you participatedin special health related training?
 - i. yes
 - ii. No

Practice School Community Co-oration

1. Have you establishedparentsteacher association in your school?
 - i. Yes
 - ii. No
2. You encouraging the local people to participatein the school programme?
 - i. Yes
 - ii. No
3. If yes how often participate in t school program?
 - i. Daily
 - ii. Frequently
 - iii. Sometimes
4. flaw you organize any health education awareness programmer
 - i. Yes
 - ii. No

Practice on School Nutrition Programme

1. Is there canteen in the school?
 - i. Yes
 - ii. No
2. If yes, what is the condition?
 - i. Good
 - ii. Satisfy
 - iii. Poor

3. If no, from where do the teachers and students take their Tiffin?
 - i. They do not snack
 - ii. Take from hotel
 - iii. Take from hotel
 - iv. Take their Tiffin themselves
4. Is their canteen and food seller neat and clean?
 - i. Yes
 - ii. No
5. Do the students take their Tiffin?
 - i. Yes
 - ii. No
6. Is the canteen neat and clean?
 - i. Yes
 - ii. No

Practice on Physical Education and Extra Curriculum Activities

1. Do you conduct extra curriculum activities regularly?
 - i. Yes
 - ii. No
2. Are sports facilities in your school?
 - i. Outdoor
 - ii. Indoor
 - iii. Both
3. Name of equipments:

Description	Number
Football	
Basket ball	
Tennis ball	
Short Javelin Throw	
4. Is there any hall for recreation programme?
 - i. Yes
 - ii. No

Interview Seclude for parents

Name of School :

Name of Parents :

Age :

Sex :

Educational Status :

1. Are you supported in the school programme ?
 - i. Yes
 - ii. No
2. What kind of programmes school has brought for the community ?
 - i. parents teachers association (PTA)
 - ii. Parent's day
 - iii. Parents's meeting
 - iv. All above
3. What kind of Participation school is doing the in the programme of community?
 - i. Health awareness Programme
 - ii. Immunization
 - iii. School lead cleanliness and sanitation camping
 - iv. All above
4. Is there parents teachers association ?
 - i. Yes
 - ii. No
5. What kind of support can be done for the development of school ?
 - i. Economical
 - ii. Manpower
 - iii. Physical
 - iv. All above

APPENDIX-B

School Visit for Trail Test

S.N.	Name of the Community Scholl	Location
1	Fulbari English School	Biratnagar-7, Morang
2	Star Boarding School	Biratnagar-17, Morang
3	Mother Teresha Memorial English Boarding School	Biratnagar-12
4	Janta Namuna Ucha Ma.vi	Shankarpur -3, Morang
5	Mahendra Ma.vi	Gaheli -11

APPENDIX-C

SCHOOL VISIT FOR GATHERING THE DATA

S.N.	Name of the Community School	Location
1	AdarshBalikaMa.Vi. School	Gaheli –Tole
2	ArunodayaNi.Ni.Ma.V.	PanchamukhiChowk
3	BakhariNi.Ni. ma.vi	Biratnagar-16
4	Bhanu Morang Pravi -13	Sansarimaistan
5	GayatriSanskritMa.Vi.	SaraswatiTole 10
6	JanachetanaPravi.	Biratnagar-7
7	JanapathU.Ma.Vi.	Janapathtole -15
8	JanataBalkalyanMa.Vi.	Biratnagar 16
9	SaraswatiUchaMa.Vi.	Thakurbadi Road
10	Satya Narayan Pravi	Bijuli Office 8
11	Satya Narayan UchaMavi	Sibamandirtole 8
12	SikshyaSadanMa.Vi.	Sarochiya -7

Institutional School

S.N.	Name of the Community Scho	Location
1	Merrygold Secondary English School	Biratnagar-7
2	Manitara English AwashiyaMa.Vi. School	Biratnagar-7
3	Birat Co-operative English Boarding School	Biratnagar-6, Monalpath
4	Lord Buddha Niketan	Biratnagar-3, Munalpath
5	Sunrise National English National Boarding School	Biratnagar-16
6	Sumnima English School	Biratnagar-15

7	Sagarmatha Higher Secondary Boarding School	Biratnagar -15
8	BalKalyanBidhyaMandirMavi. Bidhalaya	Biratnagar 15, Janapath
9	Devkota Public Sec. Eng.Boarding School	Biratnagar-16
10	Nepal Youth Buplic School	Biratnagar16
11	SivBidhyaMandir	Biratnagar-15 Janapath
12	Holyland Boarding School	Biratnagar16