

# Skin Diseases among School Children - Can Research Lead to Policy and Action?

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## ABSTRACT

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Schools provide excellent arenas for public health research and interventions. Though public health interventions are often undertaken in schools serious epidemiologic health research is not very common. Healthcare interventions in schools are largely based on available information, sometimes generated in other parts of the world, and are often general in nature.

In Kerala, one recent development is the revitalization of the School Health Programme under the National Rural Health Mission (NRHM) and this initiative gives ample scope for translating these research findings to policy and action. The package of school health programme offered under NRHM could be elaborated with inclusion of services aimed at detection and management of skin diseases in school children which would go a long way in reducing the morbidity associated with these conditions.

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Schools provide excellent arenas for public health research and interventions. Though public health interventions are often undertaken in schools serious epidemiologic health research is not very common. Healthcare interventions in schools are largely based on available information, sometimes generated in other parts of the world, and are often general in nature. Focused interventions are possible only when specific information regarding health status of children is available. A recent research on school children published in this issue of Kerala Medical Journal provides ample chances of translating research in to policy and action aimed at better health of school children.

Skin diseases are neglected in healthcare, probably due to the fact that majority of them are not associated with mortality. However, morbidity caused by these problems are either not realized fully or not taken much seriously even by the healthcare administrators who have other competing priorities in the public health front. Since majority of skin diseases do not present any acute problems, serious public health interventions are also not forthcoming unlike in the case of diarrhoeal disorders or respiratory infections. Research on "prevalence and socio-demographic determinants of skin disease among lower primary school children in Kerala" by a group of authors published in this issue of KMJ gives insight in to the need for such interventions on a war-footing.

The research report amply testifies that the prevalence of "transmissible" and "non-transmissible" skin diseases is alarmingly high in urban schools in Kerala. The sample characteristics definitely give scope for extending these findings to the rural schools as well since the socio-demographic characteristics of the urban sample are almost akin to the typical rural setting in Kerala also. Independent research in rural schools is also likely to yield similar findings only. Among the transmissible skin diseases, the prevalence of "Pediculosis Capitis" was found to be exceptionally high among both the genders. This finding may evoke only very minimum curiosity among the lay public!!! Pediculosis Capitis, in Kerala settings, is often considered as a 'rule' among the female gender rather than 'exception' and presence of this infestation in female school children does not evoke any surprise or curiosity in our community. The adverse effects of this infestation, including the 'attention distraction leading to poor scholastic performance by children' caused by itching and irritation following the infestation is also not well understood by the community. Condition like Pityriasis Alba, though not of much significance from the point of view of treatment, is important since its differential diagnosis include Tinea Versicolor and Vitiligo, the former being a transmissible skin disease and the later requiring detailed workup to ascertain the cause. Thus, it is important to assess the prevalence of such skin diseases among the school children and come

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out with interventions to lessen the morbidity due to them. However, it is better said than done. 'Kerala Model' of healthcare, hailed high world over and sited as a replicable model for the southeast Asian countries<sup>1</sup> is community based intervention model with the grassroot level workers assuming very significant roles. Their services are at the household and school levels. Anyhow, their roles in certain areas need redefining. One such area is the services offered under the School Health Package. In this package, interventions aimed at prevention or treatment of skin diseases is very meagre. Not only that, the Multi Purpose Health Workers (MPWs) who play crucial role in the delivery of comprehensive primary healthcare have very little in their service basket related to skin diseases. MPWs' role in providing services other than maternal and child health services had even been suspected.<sup>2</sup> At the most, they are trained to detect "hypo pigmented patches with altered sensations" with very high suspicion of Leprosy in their mind and 'skin services' by the MPWs are limited to this extent only and it was also suggested that they required additional efforts like trainings for enhancing their skills in this aspect.<sup>3</sup> Thus, the role that the MPWs and those of Accredited Social Health Activists (ASHAs), recent entrants in the delivery of comprehensive primary healthcare care, is also limited in addressing these issues.

In Kerala, one recent development is the revitalization of the School Health Programme under the National Rural Health Mission (NRHM) and this initiative gives ample scope for translating these research findings to policy and action. The package of school health programme offered under NRHM could be elaborated with inclusion of services aimed at detection and management of skin diseases in school children which would go a long way in reducing the morbidity associated with these conditions. Moreover, the present research was limited by its urban sample and could not non- conclusively bring out all the determinants. For example, Socio economic status did not demonstrate statistically significant association with prevalence of skin disease in the present study which might call for more detailed studies to bring out all determinants of the high prevalence of skin diseases among school children.

However, the findings need to be noted by the policy makers and administrators and there exists ample scope for extensive interventions both at household and school levels. Awareness generation efforts are to be taken up at the household and community levels. MPWs, ASHAs and other grassroot level workers could be assigned this responsibility after empowering them for the same. The female MPWs who are currently in charge of running the school health programme could be empowered to detect these problems. Detection and management of skin diseases could be assigned as a specific task for the school health teams and their services could be supplemented with those of specialist doctors. We can again set an example by translating the research findings to policy and interventions.

## END NOTE

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