

As per the report, Vision screening of 1,55,584 children shows that an overall of 39,674 (25.5%) children have abnormal vision. Of them, 29% of students screened with paediatric vision screeners and 22% of students screened using visual acuity method, were found to have abnormal vision. The number of children with uncorrected Myopia/ Hyperopia and wearing glasses touches nearly 50% in higher-secondary section indicating that potentially 1 in every 2 children may need glasses. Undetected vision problems at young age have a far-reaching impact on a child, not just on the eyesight impairment front but

also on the mental wellbeing of the child.

The report also notes that 1 in 3 children wear glasses but still have a non-normal vision indicating lack of periodic screening after the initial evaluation. School health screening programs can help mitigate this risk.

BMI

Statistics reported by Jarma Wellness reveal 30.4% of all students screened have been found to have abnormal BMI. Of this, 19.1% students have been found to be in the overweight and obese category. The report also shows a significant jump from 16% to 23% students in the overweight and obese category as the child moves from pre-primary to primary grades, and goes up to 26% in higher secondary.

Additionally, the report observes that while 21% children from Segment A schools fall under the overweight and obese category, in Segment B schools this number drops to a 10.5% of children. On the other hand, the situation swaps in the underweight category, with 17% children found to be underweight in Segment B schools compared to 10% children in Segment A schools.

Dental

Based on assessment of various dental/oral health parameters – presence of cavities, plaque, tartar, gum inflammation, bleeding, oral hygiene and teeth alignment – the report observes that over 50% of all students screened were found to have dental issues and close to 27% students have cavities. While alignment of teeth is more of a cosmetic issue, the other ones point towards hygiene habits and brushing techniques. Interestingly, dental health is one area where the least amount of action is taken by the parents; not realising that if left untreated, deteriorating oral health can impact the quality of a child's permanent set of teeth.

ENT & General

On the ENT parameters, overall 6,200 students were found with throat related issues, 106 students have been identified with impaired hearing and 711 cases of non-normal auscultation (wheezing etc.)

Of the total students screened 7,564 have pallor. The report notes that 18% of these children are from Segment B schools and only 2% are from Segment A schools. 4,504 students have allergy/skin related conditions and here again Segment B schools account for 2% of the total number, while Segment A schools have a 0.7% incidence.

During the screenings, there were 193 Heart Murmur cases detected and since 80% of the cases are in pre-primary children it considerably increases the chances of a better outcome. The report observes that most schools in the higher socio-economic background believe that good hygiene is a given, however the screening data shows that even in Segment A schools there are 13% students with 'poor hygiene'.

Follow up screening findings

As a part of the School Health Screening Program, Jarma also conducted a follow-up screening for students who have been observed with any significant findings during the primary screening. This analysis is based on the follow-up results covering 5,278 students. On an average 32% of students with dental issues, 43% of students with vision issues and 69% of students with general health issues have indicated to taking action. Dental health still remains the area with least 'action taken' as parents still believe in taking action only when the child complains of pain. Indians in general believe very little in preventive dentistry. This is an area that needs to improve.

"Observations from the follow-up screening tells us that 'Awareness' in Health & Hygiene of the child a key factor. Schools where we have been conducting health screenings for multiple years note a very high percentage of parents taking action as compared to schools where the screening happened for the first time, clearly proving that an aware parent will invest far more in Preventive Healthcare. It is imperative that schools take cognisance of this insight and initiate/continue to invest in health screening programs for students," says Nimish Thaker.

The Jarma Wellness report is based on findings and observations from their School Health Screening Program, conducted for over 40 plus K-12 Schools (kindergarten to 12th grade) and 300 pre-primary centers belonging to different socio-economic backgrounds spread across 20 plus cities in India for over 1,76,240 children ranging from 2 to 17 years of age.

The data has been categorised on the basis of school type Segment A (schools either in Tier I cities or with average cost to the parent ? INR 50,000 per year) and Segment B (government schools, schools supported by NGOs and private schools not falling in Segment A category). The cities covered in this report are - Ludhiana, Mathura, Renukoot, Jaipur, Patna, Kolkata/Howrah, Raipur, Sambalpur (Odisha), Mumbai Metropolitan Region (Mumbai, Navi-Mumbai, Panvel, Thane, Kalyan

etc.), Pune, Surat, Ahmedabad, Bharuch, Nagpur, Bangalore, Mysore, Chennai, Hyderabad, Coimbatore and Mangalore.