

Krantijyoti Savitribai Phule
The First Woman Teacher of Modern India



1831-1897

- 1831** - Born in Naigaon, Satara district in poor peasant family.
1840 - Married to Jotiba Phule.
1841 - Jotiba began to educate her.
1848 - Became the first female teacher in the first school for girls in Pune.
1848 - Started school for adult learners in Usman Shaikh's *wada*.
1849 - 18 more schools started for girls, *Shudras* and *Anti-shudras*.
1852 - Awarded the Ideal Teacher Award by the School Inspection Committee.
1853 - Started Foundling home for children of widows.
1854 - Published first collection of poems *Kavyaphule*, making her the first modern poetess of Marathi.
1855 - Began teaching in a school for peasants and workers.
1868 - Opened their well for untouchables.
1877 - Provided famine relief through fifty-two food centres.
1890 - Jotiba Phule died; opposition to his last rites by adopted son, Savtribai with son led the funeral.
1897 - Nursed patients during the plague epidemic.
1897 - 19th March - Savitribai died of plague.
Published by Krantijyoti Savitribai Phule Women Studies Centre, University of Pune.

1882



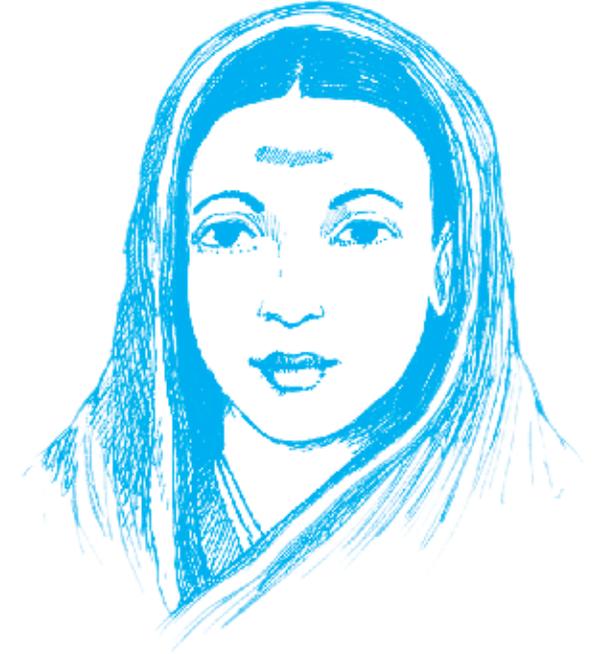
राष्ट्रीय शैक्षिक अनुसंधान और प्रशिक्षण परिषद्
NATIONAL COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING

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NCERT

Savitribai Phule
First Memorial Lecture
2008

DR. T. SUNDARARAMAN



1831-1897

Memorial Lecture Series

The Greatest Wealth

Early in the morning,
Perform your ambulation,
Having become clean and tidy,
Pay your respects to parents and elders.
Remembering the name of God,
Immerse yourself in studies,
Waste not these precious days,
by insisting on going home.
Study hard, get educated,
Treat knowledge as your God,
Diligently take advantage of it,
Concentrating with all your heart.
Knowledge is wealth,
Greater than all riches,
Wise is considered he,
Who acquires it.

The Plight of the Shudras

Haunted by 'The Gods on Earth',
For two thousand years,
The perpetual service of the Brahmins,
Became the plight of the Shudras.
Looking at their condition,
The heart screams its protest,
The mind blanks out,
Struggling to find a way out.
Education is the path,
For the Shudras to walk,
For education grants humanity
freeing one from an animal-like existence.

Adapted from: Mali, M.G.

If you have no knowledge, have no education,
And you yearn not for the same,
You possess intellect but work not on the same,
How then can you be called a human being?

.....

Birds, animals, monkeys, human beings too,
All go through life and death
But if you gain no knowledge about this,
How then can you be called a human being?

*From "Kavyaphule" Collection of Savtribai's
poems, 1854*

NCERT
MEMORIAL LECTURE SERIES

Savitribai Phule First Memorial Lecture

Organised in Collaboration
with Maniben Nanavati Women's College

Mumbai

12 December 2008

DR. T. SUNDARARAMAN



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So says Manu...

“Dumb are they
who plough the land,
Dumb are the ones
who cultivate it”,
So says Manu.
Through religious diktats,
The Manusmriti to the Brahmin tells,
“Do not your energy, on agriculture, waste!”
“Those born as Shudras,
All these Shudras!,
Are paying in this life,
For the sins of their past lives”
Thus they create
A society based on inequality,
This being the inhuman ploy,
Of these cunning beings.

Mali, M. G (Ed.) (1988), Savitribai Phule Samagra
Vangmaya (The Complete works of Savitribai
Phule), Maharashtra Rajya Sahitya ani Sanskruit
Mandal, Mumbai.

Learn English

Make self-reliance your occupation,
Exert yourself to gather the wealth of knowledge,
Without knowledge animals remained dumb,
Don't rest! Strive to educate yourself.
The opportunity is here,
For the Shudras and Ati Shudras,
To learn English
To dispel all woes.
Throw away the authority
Of the Brahmin and his teachings,
Break the shackles of caste,
By learning English.

Adapted from: Mali, M.G.

OUR OBJECTIVES

The National Council of Educational Research and Training (NCERT) is an apex organisation, assisting and advising the Central and State Governments by undertaking research, survey and development training and extension activities for all stages of school and teacher education.

One of the objectives of the Council is to act as a clearing house and disseminator of ideas relating to school and teacher education. We have initiated the Memorial Lecture Series in order to fulfil this role and to commemorate the life and work of great educational thinkers. Our aim is to strive to raise the level of public awareness about the seminal contributions made in the field of education by eminent men and women of India. We expect that such awareness will set off a chain of discourse and discussion. This, we hope, will make education a lively subject of inquiry while simultaneously encouraging a sustained public engagement with this important domain of national life.

The memorial lecture series covers public lectures commemorating the life and work of nine eminent Indian educational thinkers and practitioners.

Title	Venue
Gijubhai Badheka Memorial Lecture	Madras Institute of Development Studies, Chennai
Rabindranath Tagore Memorial Lecture	Regional Institute of Education, Bhubaneswar
Zakir Hussain Memorial Lecture	Regional Institute of Education, Mysore

Mahadevi Verma Memorial Lecture	Regional Institute of Education, Bhopal
B.M. Pugh Memorial Lecture	North East Regional Institute of Education, Shillong
Savitribai Phule Memorial Lecture	SNDT, Women's College, Mumbai
Marjorie Sykes Memorial Lecture	Regional Institute of Education, Ajmer
Sri Aurobindo Memorial Lecture	Presidency College, Kolkata
Mahatma Gandhi Memorial Lecture	National Institute of Education, New Delhi.

We invite men and women of eminence from academia and public life to deliver these lectures in English or any other Indian language. Our intention is to reach a large audiences consisting of teachers, students, parents, writers, artists, NGOs, government servants and members of local communities.

The annexure (Memorial Lectures organized in the year 2007- 2008) provides a summary of the lectures organized in the year 2007-08.

In due course the lectures will be made available on Compact Discs (CDs) and in the form of printed booklets in languages other than English or Hindi in which it is originally delivered for wider dissemination. Each booklet consists of two sections : Section one highlights the purpose of the memorial lectures and provides a brief sketch of the life and work of the concerned educational thinker and Section two gives the lectures in full along with a brief background of the speaker.

We hope these lecture series will be useful to our audience in particular and the public in and outside the country in general.

ANUPAM AHUJA
Convenor

SECTION 1
ON SAVITRIBAI PHULE :
DNYANAJYOTI SAVITRIBAI PHULE

PROF. HARI NARAKE*

“More than Jotirao, his wife deserves praise. No matter how much we praise her, it would not be enough. How can one describe her stature? She cooperated with her husband completely and along with him, faced all the trials and tribulations that came their way. It is difficult to find such a sacrificing woman even among the highly educated women from upper castes. The couple spent their entire lifetime working for people.”

– Narayan Mahadev *alias* Mama Paramanand
(31st July 1890)

In the social and educational history of India, Mahatma Jotirao Phule and his wife Savitribai Phule stand out as an extraordinary couple. They were engaged in a passionate struggle to build a movement for equality between men and women and for social justice. Recognising that knowledge is power and that the progress of women and *Dalit-Bahujans* was impossible without it, they dedicated their entire life to spreading education. The distinction of starting the first school for girls and the ‘Native Library’ in the country goes to them. They started the ‘Literacy Mission’ in India in 1854-55. In 1863, they started a ‘home for the prevention of infanticide’ in their own house, for the safety of pregnant, exploited Brahman widows and to nurture these children. By establishing the *Satyashodhak Samaj*

* Professor Hari Narake is currently Director, Mahatma Phule Chair

(Society for Truth Seeking), they initiated the practice of the *Satyashodhak* marriage – a marriage without dowry or a wedding at minimum cost. By throwing open the well in his house for ‘untouchables’, Jotirao directly initiated a programme to oppose the caste system. Both Jotirao and Savitribai did not just stop at opposing child marriage; they also organised widow remarriages. They had no children of their own but they ‘adopted’ a child of a Brahman widow, gave him medical education and arranged an inter-caste marriage for him.

This couple did the historical work of building a holistic and integrated revolutionary cultural, social and educational movement of women-shudra and-atishudras of the country. “This work is the beginning of a new epoch in the history of Hindu culture”, wrote an unknown journalist while reporting on their work in *The Poona Observer and Deccan Weekly*. This was the beginning of a new revolutionary age.

In the Pre-Independence era, we see that there was a debate about what should be given priority – social or political reform. Since the enemy in the form of the British was clearly visible, we gave priority to political freedom. People believed that once we got independence, our social problems would automatically be solved. But as days passed by, they were disillusioned. Social movements gained momentum out of this disillusionment. People organising movements for social justice in various sectors realised that the agenda scripted by Jotirao-Savitribai for these issues could serve as a guiding force even today. They started taking a special interest in the life, work and thoughts of Phule-Shahu-Ambedkar when they realised that their thoughts, reflections and analysis were applicable and relevant even today.

More than 200 books have been written on Jotirao and Savitribai in Marathi. Along with books in Marathi, books have also been published in Hindi, English, Telugu, Kannada, Punjabi, Urdu, Sindhi and Gujarati. About 40 of these books have been written on Savitribai. If we are to

look at non-literary, academic books among these, the *Savitriabai Jotirao Phule yanche Alpacharitra* written by Shantabai Raghunath Bankar in 1939 and *Krantidevata Sadhvi Savitribai Phule* written by Phulwantabai Zodage in 1966 are especially important. Following in their footsteps, Dr M.G. Mali wrote the biographical book '*Krantijyoti Savitribai Phule*' in 1980 and Dr K. P. Deshpande wrote *Agniphule* in 1982, based on Savitribai's life and literature. The books that were published following these are mostly based on the above and do not contain new information. But it is sad to note that not even, a single critical biography has ever been written on Savitribai yet.

Savitribai was born on 3rd January 1831 at Naigaon situated on the Pune-Satara Road, about 5 kms. from Shirval and about 50 kms. from Pune. She was the eldest daughter of Khandoji Neveshe Patil. In 1840, at the age of 10, she was married to Jotirao, who was born on 11 April 1827 in Pune and was thirteen years old at the time of his marriage.

Governmental records show that Jotirao educated Savitribai at home after their marriage. According to the Education Report for the period 1 May 1851 to 30 April 1852, "Jotirao educated his wife at home and trained her to become a teacher." According to a news item that appeared in the *Bombay Guardian* on 22 November 1851, the responsibility of Savitribai's further education was taken up by Jotirao's friends Sakharam Yeshwant Paranjpe and Keshav Shivram Bhavalkar (Joshi). Savitribai had also taken teacher's training at Ms. Farar's Institution at Ahmednagar and in the Normal School of Ms. Mitchell in Pune. If these documents are to be given consideration, Savitribai Phule may well have been the first Indian woman teacher and headmistress. Her stepping across the threshold of the home to teach marks the beginning of the 'public life' of the modern Indian woman.

In the deposition given by Jotirao to the Hunter Education Commission on 19th October 1882, making a note of his educational work, he said, "There was no school

for girls that could be called 'indigenous' at that time here. So, I was inspired to set up such a school. My wife and I worked in that school for several years. The Chairperson of the Education Board, Sir Arskin Perry and the then Secretary to the government, Lumsden visited the girls' school and expressed satisfaction about this new movement in the field of education."

In an interview given to *Dynanodaya* on 15 September 1853, Jotirao says, *"It did occur to me that the improvement that comes about in a child due to the mother is very important and good. So those who are concerned with the happiness and welfare of this country should definitely pay attention to the condition of women and make every effort to impart knowledge to them if they want the country to progress. With this thought, I started the school for girls first. But my caste brethren did not like that I was educating girls and my own father threw us out of the house. Nobody was ready to give space for the school nor did we have money to build it. People were not willing to send their children to school but Lahuji Ragh Raut Mang and Ranba Mahar convinced their caste brethren about the benefits of getting educated"*.

This historic work was started by Jotirao when he was just 21 years old, while his wife who supported him in every way, was merely 18 years old. The 'shudra' community, which had been denied education for thousands of years, started opposing Jotirao's work and calling it evil', having been instigated by the upper castes. This couple kindled by passion for their goal did not stop their work even though they had to leave their house. Jotirao would work part-time in a Missionary school for his livelihood and dedicated the rest of the time to the school, while Savitribai would work full-time, without any remuneration, at the school. The contemporary newspapers of that time report, "often, this couple did not even have the time to eat food." History has taken note of the contribution of his Brahman colleagues to Jotirao's movement but the contribution of his Dalit colleagues has

often been neglected. Actually, the work of those from the so-called 'untouchable' castes who had been denied education for thousands of years, should be considered especially revolutionary.

Jotirao and Savitribai lived in the Dalit-working class locality in Pune. The cultural environment surrounding them had an extremely important role to play in their socialisation. When Jotirao was a child, his father had stopped his education owing to complaints from an orthodox Brahman. At that time, Munshi Ghaffar Baig and Sir Lijit, having recognised the spark in Jotirao, had convinced Govindrao to continue his son's education. Jotirao never forgot this. He first started a school for Dalit-Muslim girls in the August of 1848.

While clarifying his reasons for doing so, Jotirao says, "Ignorance, caste discrimination and discrimination based on language are the bane of this country. When everyone is sad, the question often arises of whom to help. But instead of being paralysed by this question into inaction, it is better to help those for whom the suffering is the most. The Mahars and Mangs have to suffer inevitably due to caste discrimination. They can only overcome this suffering through knowledge. So, I first started work for them." Having convinced himself that there was no greater good for the country than educating the Mangs and the Mahars, Jotirao got to work.

Instead of working for a good cause alone, he established a *mandali* (institution) so that people who shared his vision could come together and work. A lot of work in the country became possible because of the institutional networks that came up in the last century. 'Institutionalisation' proved to be the foundation of Modern India. Jotirao-Savitribai started two institutions- Native Female School, Pune and the Society for Promoting the Education of Mahars and Mangs. They built a network of schools in the Pune region through these two institutions.

Some scholars feel that Jotirao-Savitribai started their educational work in 1851 but this does not seem to be

true. They had started this work in 1848 itself as is proved by both the newspapers- *Dnyanodaya* and *Bombay Guardian*. After Jotirao's death, *Dnyanodaya* had published an editorial obituary for him on 18 December 1890, in which it had clearly been mentioned that he started his work in 1848. The *Bombay Guardian* has given a detailed note about the same on 22 November 1851, "when Sadashiv Ballal Govande started working in the Judge's office at Ahmednagar in 1848, he had taken his friend Jotirao Phule there. One day, both of them went to visit Ms. Farar's school for girls. After seeing the arrangements there, they regretted the fact that girls were not given education in their own country. Phule returned to Pune and shared his plans of taking up this work with his friends. He started the school, having given training to his wife. Then he started a school for the Mahars and the Mangs. But within six months, misfortune befell them as his father threw them out of the house due to the influence of people's misconceptions and the school work came to a halt. Govande came to Pune and took Savitribai with him to Nagar. She returned with the onset of the monsoons. Keshav Shivram Bhavalkar then took up the responsibility of educating her. It was also decided to start training classes for young women who could later teach in the schools. Bhavalkar made efforts to gather such women and trained them."

Thus, the work that began in August 1848, and which was discontinued for a while, was restarted in 1851.

Among the documents at the Mumbai Archives is an application dated 5 February 1852 written by Jotirao asking for economic assistance from the government for his educational institution. The other copy of the letter is accompanied by a recommendation letter by Major Kandy, the Principal of Poona College. According to this, the first three schools for girls were started on 3 July 1851, 17 November 1851 and 15 March 1852 at the Chiplunkar Wada, Rasta Peth and Vetal Peth, respectively. It has been

noted that there were four, three and one teachers and forty eight, fifty one and thirty three girls respectively in these schools. Savitribai Phule was the Headmistress in the first of these schools along with Vishnupant Moreshwar and Vitthal Bhaskar as co-teachers. There were eight girls on the first day of the first school. Soon their numbers went up to more than forty eight.

The Inspector of Schools Dadoba Pandurang inspected the school and examined the girls on 16 October 1851. Though not much time had passed since the school began, the progress that girls showed was remarkable. The first annual examination of the schools was held on 17 February 1852 while the second annual examination was held in Poona College on 12 February 1853. These reports note that unprecedented crowds had gathered in Pune to witness the process of examinations. About 3,000 people had gathered in the campus of the college and there were even more people waiting outside. Two hundred and thirty seven girls sat for their exams. The annual accounts of the institution were audited. It had collected Rs.1947/- and 50 paise through donations and the participation of the people running the institution. They would get financial aid to the tune of Rs 900/- from the Dakshina Prize Fund of the government. Jotirao-Savitribai, believed in providing accurate and timely accounts of public money in the public domain.

A published, detailed report of the examination for the schools for the 'untouchables', held on 2 February 1858 in the Coach Factory of Babaji Manaji, is available in the Archives. The earlier examination was held on 29 August 1856. The institution already had three schools. Though it wished to expand, the Europeans cut funding after the Mutiny of 1857, pushing the institution into a financial crisis. Rupees 300/- was given from the Dakshina Prize Committee every year and the government had sanctioned a sum of Rupees 5000/- towards the Building Fund of the school. The report rues the fact that the school was facing closure just when the 'untouchable' classes were

warming up to the idea of being educated. A total of two hundred and fifty eight students were studying in three schools. Jotirao's colleagues Ganu Shivaji Mang and Dhuraji Appaji Chambhar also worked in these schools as teachers. In a letter sent to the government, a functionary of the Institution has written, *"Teachers cannot be paid good salaries as the economic condition of the institution is not good. So teachers prefer going to such schools which offer better wages. Teachers leaving out of turn like this leads to the school's loss. The headmistress of the school, Savitribai has generously decided to dedicate her life to the reform of women's education; she does this work without any remuneration. We hope that with the spread of information and knowledge, people will be able to fully appreciate the advantages of women's education."*

The Chairperson of the Education Board, Hon'ble John Warden declared in a public function, "When I came to Pune as the Commissioner for the first time in 1851, I visited the girls' school there. After going there, I remembered how Christians would initially run schools by barring the doors on the upper floor, due to the fear of Jews. The teacher in that school was the wife of a 'Malī' (from the gardener caste). This man had taught his wife so that she could be useful in the upliftment of his countrymen and help them overcome their pitiable ignorance. I requested her to ask the girls some questions in my presence. Training classes were also being run there for some young married women."

The progress of Jotirao- Savitribai's endeavours was remarkable. There were government schools for upper caste students. One of them had written in the *Poona Observer* on 29 May 1852, "The number of girl students in Jotirao's school is ten times more than the number of boys studying in the government schools. This is because the system for teaching girls is far superior to what is available for boys in government schools. If this situation continues, then the girls from Jotirao's school will prove

superior to the boys from the government schools and they feel that in the coming examinations, they can really achieve a big victory. If the Government Education Board does not do something about this soon, seeing these women outshine the men will make us hang our heads in shame.”

The British government, realising the importance of Jotirao's historic work, felicitated him publicly in a huge public function at Vishrambaug Wada on 16 November 1852. The orthodox, however, expressed displeasure that a Shudra like Jotirao should be felicitated by giving him a '*mahavastra*' (ceremonial shawl).

Jotirao and Savitribai focused on providing girls and boys with education that was vocational and trade-oriented in nature, to make their students self-reliant and capable of independent thought. In the 1852 report, they expressed the following opinion, “An Industrial department should be attached to the schools where children could learn useful trades and crafts and be able, after leaving school, to manage their lives comfortably and independently.” They created such a system.

The issue of drop-outs was even graver in those times. They found viable and practical solutions for this. They found that the reasons for the drop-out were, for most part, poverty and disinterest in education. They made provisions to give 'salary' to the students and planned a syllabus which was geared to the interests of girls and boys, who came from the poorer sections of society. They took up an awareness mission among the Dalit-Bahujans to introduce them to the 'advantages' and 'happiness' to be accrued from education. They started literacy for parents and through this, built a holistic educational project. The ways in which Jotirao overcame reasons for drop-outs like '*Jatra-Khetra*' (fairs and pilgrimages), caste panchayats, superstitions and poverty will prove to be a guiding force even today. The Maharashtra government has recently started a scheme of giving 'attendance allowance' to stop the drop-out of tribal girls and boys from school.

Jotirao and Savitribai always insisted that “education

should give one the ability to choose between right and wrong and between truth and untruth in life.” They were making special efforts to create spaces where the creativity of boys and girls could blossom. The success they achieved on this front was also remarkable. When a small girl from their school went up on stage to receive her prize, she spontaneously told the Chief Guest, “Sir, I don’t want toys or goodies as prize; we want a library for our school.” Her parents ‘complained’ that this girl would be engrossed in studies everyday till midnight. The government inspectors commended the clean and healthy atmosphere of the school, the promotion of good taste and creativity and the focus on character-building.

A Matang student of Savitribai called Mukta had written an autobiographical essay, in 1855 when she was merely 14 years old. This essay is so important; it can be considered a superior milestone in the history of Marathi literature. It could well mark the beginning of modern Dalit literature. She writes, “These ‘*ladukhau*’ (sweetmeats gobbling) Brahmans say that the Vedas are their monopoly. The non-Brahmans are not allowed the right to study the Vedas. Does this not prove that we are without religion since we have no opportunity to even look at the religious texts ? Oh God, please let us know soon which religion coming from you we should follow so that we can make arrangements thereof.” The Editor of *Dnyanodaya* heard the essay from this girl and was thoroughly surprised and impressed by its radical content. He published it in two parts, on 15 February and 1 March 1855 in his newspaper, published from Ahmednagar. This essay has been published by the government in the Education Report of the Mumbai Presidency for that year and has also been published by N.V. Joshi in his book *Pune Shaharache Varnana*’ (The Description of Pune City) published in 1868.

In spite of bitter opposition from society and in the face of abuses, Savitribai continued her work peacefully. Men wanting to play truant would purposely wait in the streets as she went to and from school and pass lewd remarks. They sometimes pelted stones at her and threw cow dung

or mud. Savitribai would have to carry two saris when she went to school, changing out of the soiled sari once she reached school, which would again be soiled on her way back, and yet, Savitribai continued her work with determination and without interruption. Since this abuse continued, the institution appointed a guard for her and the girls' safety. According to the memoirs written by Balwant Sakharam Kolhe, Savitribai would say to those who troubled her, "As I do the sacred task of teaching my fellow sisters, the stones or cow dung that you throw seem like flowers to me. May God bless you!" These memories of Balwant Sakharam Kolhe shed light on Savitribai's immense courage.

Accurate information about the 'Home for the Prevention of Infanticide' started by Savitribai-Jotirao in 1863 has become available only recently. What is significant is that this home had been started only for 'Brahman widows' and Savitribai had taken the initiative for it. All the information regarding this has been recorded in a letter written by Jotirao Phule on 4 December 1884 to the Under Secretary, Government of Mumbai.

A young Brahman widow named Kashibai used to work as a cook at the home of Jotirao's Brahman friend, Govande. Kashibai was a poor, young, beautiful, honourable Brahman widow from a good family. A scheming *Shastri* from the neighbourhood took advantage of this illiterate widow and as a result, she became pregnant. When all efforts at abortion failed, she gave birth to a beautiful baby. Since the *shastri* refused to take up any responsibility, Kashibai was in a quandary. Fearing that society will not let her live, she killed the innocent baby by slitting its throat. She threw the body in the well in Govande's compound, where it was later discovered. The Police filed a case against Kashibai and she was sentenced for life imprisonment in the Andamans. The incident took place in 1863. It was the first time a woman had been sentenced to such severe punishment.

Savitribai and Jotirao were very upset and saddened

by this trial and the turn of events. During that time, their own income was very limited. They were having trouble surviving but their heart was full of compassion and generosity. They immediately started a shelter home for such Brahman widows in their own house at 395, Ganj Peth, Pune. Others merely kept discussing this trial, which resonated throughout the country but Jotirao and Savitribai actually started work for these exploited widows. This brings out the difference between them and others of their times. They put up advertisements all over the city and at places of pilgrimage announcing it as a “way to avoid *kalepani* (life imprisonment in the Andamans)” and thus, the information about the shelter home spread. By 1884, 35 Brahman widows had come to them from different places. Savitribai would herself help in the delivery of their children and take care of them.

In 1874, another exploited ‘Kashibai’ came to them and they adopted her son. They brought up this child and educated him to become a doctor. Later, he grew up to continue the work started by them. On 10 July 1887, Jotirao made his will and got it registered at the office of the *Upanibandhak* (Deputy Registrar). In that, he notes with pride that Savitribai would take care of all these women as if they were her own daughters.

Savitribai was the inspiration behind the movement started by Narayan Meghaji Lokhande, the editor of *Deenbandhu* and the leader of the working classes, to put an end to the tonsure of Brahman widows by organising barbers and bringing about their strike. The report of this historic strike by barbers was published by *The Times* on 9 April 1890. Women from England even sent a congratulatory letter to them for the effort.

In 1877, Maharashtra was facing a severe drought. It was not possible for Savitribai and Jotirao, who were always keen to help in the face of adversity, to stay inactive, and more so, during such times the couple collected funds, going from village to village. They started the ‘Victoria Balashram’ in Dhankawadi with the aid of friends

like Dr Shivappa where one thousand poor and needy were given meals everyday. Savitribai, with the help of her friends, would cook all this food herself. At the same time, 'epoch-making thinkers' of Maharashtra like Vishnushastri Chiplunkar were engrossed in writing essays on the deteriorating condition of the grammar of Marathi language.

Jotirao and Savitribai were running a hostel in their own house, where students from far off places would stay for the purposes of education. A student from Mumbai, Laxman Karadi Jaaya had lived in this hostel and experienced Savitribai's motherly care and concern. In his memoirs, he has written, "I have not seen another woman as kind and loving as Savitribai. She gave us more love than even a mother could."

Another student has written a touching note in his memoirs about Savitribai's nature, her extremely simple lifestyle and the immense love between her and Jotirao. This boy, Mahadu Sahadu Waghole writes, "Savitribai was very generous, and her heart was full of kindness. She would be very compassionate to the poor and the needy. She would constantly give the gift of food; she would offer everyone meals. If she saw tattered clothes on the body of poor women, she would give them saris from her own house. Due to this, their expenses rose. Tatyra (Jotirao) would sometimes say to her, "One should not spend so much." To this, she would smile and ask "What do we have to take with us when we die?" Tatyra would sit quietly for some time after this as he had no response to the question. They loved each other immensely.

Savitribai was very passionate about the upliftment and progress of women. She was good looking and of medium build. Her demeanour was always calm and composed. She was so even-tempered that it seemed as if she did not know anger. She had an elusive, almost enigmatic smile. Everyone would call her '*kaku*' (paternal aunt). She would be extremely happy when guests would come home, and she would herself cook goodies for them. Jotirao respected Savitribai a lot as is apparent from the

respectful adjectives he would use in addressing her. Savitribai would call Tatya '*Shetaji*'. There was true love between them. Jotirao would never do anything that Savitribai didn't approve of.

Savitribai was far-sighted and could think clearly. There was a lot of respect for her among social acquaintances and kith and kin. Since she had worked as a teacher in a girls' school, there was a lot of respect for her among the newly educated women as well. She would always counsel the women and girls who came to her. Many well-known educated women from Pune including Pandita Ramabai, Anandibai Joshi and Ramabai Ranade would come to meet her.

Savitribai was always dressed very simply, like Tatya. She would wear no ornaments, except for a *mangalsutra* and a '*poat*' (string of black thread/beads) around her neck and a huge 'kunku' (vermillion mark) on her forehead. She would finish household cleaning and have a bath before sunrise everyday. Her house would always be clean; she could not stand even a speck of dust or dirt in the living room. The utensils in her house were always sparkling clean and arranged properly. She would cook herself and take great care of Tatya's diet and health."

This is a description given by a person who has himself lived in their company. This vision of Savitribai that comes across from authentic documents is more impressive than any imaginary description. This is proof of how a revolutionary woman lived her everyday domestic life.

The Satyashodhak Samaj (The Truth-Seeker's Society) was established on 24 September 1873, and Savitribai was an extremely dedicated and passionate activist of the Samaj. The Samaj undertook the programme of arranging marriages without a priest, without dowry and at minimum costs. The first such marriage was arranged on 25 December 1873. Later, this movement spread across the newly emerging nation. The first report of the Samaj proudly notes that Savitribai was the inspiration behind this revolutionary initiative of a constructive revolt to reject

centuries old religious traditions. The marriage of Radha, daughter of Savitribai's friend Bajubai Gyanoba Nimbankar and activist Sitram Jabaji Aalhat was the first 'Satyashodhak' marriage. Savitribai herself bore all the expenses on this historic occasion.

This method of marriage, similar to a registered marriage, is still prevalent in many parts of India. These marriages were opposed by priests and '*bhatjis*' (Brahmans) all over the country, and they also went to court on this matter. Savitribai and Jotirao had to face severe difficulties but that did not deter them from their path. On 4 February 1889, at the age of 16, they also got their adopted son married in this manner. This was the first inter-caste marriage in modern India.

The Satyashodhak marriage required the bridegroom to take an oath of giving education and equal rights to women. The '*mangalashtake*' (the Mantras chanted at the time of the wedding) were to be sung by the bride and the bridegroom themselves, and these were in the form of pledges made by the bride and the groom to each other. Yeshwant was married to Radha alias Laxmi, daughter of Satyashodhak Samaj leader Gyanoba Krishnaji Sasane in this manner. To ensure that they got better acquainted with each other and with each other's likes and dislikes, Savitribai had made Radha stay in the Phule household even before the marriage took place. She also made provisions for Radha's education.

The description of how Savitribai would behave with Radha during this time is found in a letter written by Jotirao on 24 September 1888. In a letter to the Sasane family, he writes, "My wife has taken up all responsibility of household chores and ensured that Laxmi has leisure, so that her studies can progress smoothly." Savitribai was obviously not a devious, oppressive mother-in-law. Rather, she was a mother-in-law who took up the entire household responsibility and encouraged the daughter-in-law's education.

In July 1887, Jotirao suffered from a heart attack

which paralysed his right side completely. Savitribai nursed him night and day through this illness. He recovered and even started writing again. This was a time when they were facing a financial crisis. The business of the 'Poona Construction and Contracting Company' had hit a low, sources of income were drying up and the expenses were tremendous. The couple was at their wit's end, with the expenses over the illness, the maintenance of the hostel, home for prevention infanticide, Satyashodhak Samaj and the education of the children. There came a time when they had no money to pay even for treatment and Dr Vishram Ramji Ghole provided treatment for free.

Jotirao's well-wisher and the great thinker and 'political sage' Mama Paramanand wrote letters to the King of Baroda-Sayajirao Gaekwad asking for financial help for Jotirao and Savitribai. In a letter dated 31 July 1890, written to recommend that financial help be given to Jotirao and Savitribai, he has recorded the historic work that the couple was engaged in. This evaluation by a contemporary thinker is especially significant. "In very adverse situations, Jotirao educated his wife and through her, educated the Brahman girls, and that too, in the very fort of the orthodox and much against their will. The task of starting schools for people from the Mahar-Mang classes and running them is akin to taking a dig at a lion. More than Jotirao, his wife deserves praise. No matter how much we praise her, it would not be enough. How can one describe her stature? She cooperated with her husband completely and along with him, faced all the trials and tribulations that came their way. It is difficult to find such a sacrificing woman even among the highly educated women from upper castes. The couple has spent their entire life working for people," he stressed.

Following this, Mama wrote another letter on 9 August 1890 requesting that financial help be given urgently. "Jotiba has spent many years of his life in selfless service of the masses and today, he is leading a life of helplessness and really requires immediate help", he urged.

The King of Baroda had respect for the work that Jotirao was doing, but it is possible that the upper caste bureaucrats never let these letters reach him. Meanwhile, on 28 November 1890, Jotirao passed away due to this illness. In December 1890, Mama wrote a third letter, in which he wrote, "That great soul never gave any importance to his happiness and sorrow. He was only worried about the welfare of his wife and his adopted son, Yeshwant. At least now, financial assistance should be given to the family members of Jotirao." The stubborn Mama persevered and followed-up this matter continuously for one and half years. He wrote another application in Yeshwant's name. Savitribai and Yeshwant were managing to survive on the basis of the minimal assistance that had been given to them by Mama and another friend of Jotirao, Ramchadraro Dhamanaskar.

At last, on 10 February 1892, Maharaja Sayajirao gave a cheque of Rs. 1,000 to Dhamanaskar for Savitribai. This amount was invested in the S. Narayan Company of Tukaramtatya Padwal and the interest amounting to Rs.50 per quarter was sent to Savitribai. On 2 March 1892, Dhamanaskar sent a letter to Mama which said, "The Maharaja feels that a huge memorial should be erected in the memory of Jotirao. The Maharaja will contribute substantially in monetary terms for it." He also wrote that the Maharaja had made solicitous inquiries about Savitribai. This memorial, however, never became a reality.

Savitribai was with Jotirao when he died. In his will, he had expressed his wish to be buried with salt covering his body, instead of being burnt on the pyre. He had also got a pit dug in the land behind his house for it. But since the Municipality officers did not give permission for burial on residential land, and since there was no other option, his body was consigned to flames. Whoever holds the *Titve* (earthen pot) during the last journey is considered the successor of the deceased and gets all the property of the deceased. Knowing this, Jotirao's nephew came forward and started contesting Yeshwant's rights to hold the *titve*.

At this time, Savitribai courageously came forward and held the 'títve' herself. She led the last journey of Jotirao, walking ahead of the procession and was the one who consigned his body to the flames. In the history of India, in a thousand years, this was probably the first time a woman had performed the death rites. On 30 November, his ashes were brought home and were ceremoniously buried in the place that Jotirao had prepared for his burial. Savitribai erected a '*Tulsi vrindavan*' on that spot. It can be seen even today. Simple stone '*padukas*' (marks of the feet of great persons) have been erected at its base. This is how Savitribai erected a memorial in the area behind their house for preserving Jotirao's memories unto eternity.

Savitribai led the Satyashodhak movement after Jotirao's demise, working till the very end. Yeshwant took up a job in the army after completing his medical education. During the course of his work, he had to travel to many foreign countries. While he was on one such foreign trip, on 6 March 1895, his wife Radha alias Laxmi passed away. Savitribai was left alone at home.

Savitribai Phule was the Chairperson of the Satyashodhak Conference held in 1893 at Saswad. She did a lot of work during the drought of 1896. The year 1897 dawned along with the menace of plague. Everyday, hundreds of people were dying of the scourge in the Pune region. The government took up the task of controlling the epidemic under the leadership of an officer called Rand. Savitribai asked Yeshwant to take leave and come back and made him set up a hospital on the fields of the Sasane family. She would herself pick up sick people and bring them to the hospital and treat them. Even though she knew that the disease was contagious, she continued to serve and take care of the patients.

As soon as she came to know that the son of Pandurang Babaji Gaekwad in the Mahar settlement outside the village of Mundhwa was afflicted with plague, she went there and rushed back to the hospital with the sick child on her back. She herself caught the disease in this process, and at 9 pm

on 10 March 1897, she passed away. '*Deenbandhu*' reported the news of her death with great grief and regret. Those who praise the 'heroic' act of Laxmibai, of fighting the enemy with her son strapped onto her back, however, have completely ignored the heroism of this woman who saved a sick child, carrying him on her back.

From 1848 to 1897, for 50 years at a stretch, Savitribai worked tirelessly for people. She set an extraordinary example of service and compassion.

After her death, the lonely Dr Yeshwant was very disturbed. In 1903, he married Chandrabhagabai and she gave birth to a girl child who was named Soni alias Laxmi. He worked in Hong Kong, Africa and China for the army. He passed away on 13 October 1906. The feeling of becoming orphaned and lonely was overwhelming for his wife, Chandrabhaga and his daughter, Soni. First, they sold all of Jotirao's books to a scrap dealer. Then, they survived by selling the utensils in the house, and finally on 28 October 1910, they sold Jotirao and Savitribai's historical house for a mere hundred rupees to Maruti Krishnaji Dedage.

Jotirao and Savitribai's daughter-in-law was rendered homeless and died a destitute in the temple of Rameshwar. Her last rites were performed by the Municipality. Her daughter later got married to Baburao Gangaram Holey. She gave birth to two children - a son and a daughter. The son, Dattatraya Baburao Holey stays in Dattawadi, Pune and daughter, Mathura Koddre lived in Mundhwa. Laxmibai died in 1938, and Yeshwantrao's wife Chandrabhagabai had died before that, around 1930.

A revolutionary family had to face such heart-wrenching destitution and adversity. The widowed daughter-in-law of Jotirao and Savitribai, who brought the light of happiness into the lives of hundreds of widows, had to die a destitute's death on the footsteps of a temple. If Jotirao and Savitribai had invested their hard-earned money, instead of generously spending it for social causes, their daughter-in-law and grand daughter would not have

had to undergo such grief and face such deprivation. Jotirao himself died due to lack of treatment, all for the social cause. Savitribai and Dr Yeshwant died while serving the sick during the plague epidemic. Savitri, Jotirao's daughter-in-law died on the footpath in acute penury and his grand daughter had to marry a widower, due to poverty. What can one say about this tragedy? How can one describe this extreme sacrifice?

Savitribai has put together some very valuable writing. The literature is as follows:

1. Kavyaphule- Collection of poems, 1854
2. Jotirao's Speeches, Edited by Savitribai Phule, 25 December 1856
3. Savitribai's Letters to Jotirao
4. Speeches of Matoshree Savitribai, 1892
5. Bavankashi Subodh Ratnakar, 1892

All this writing has been collected together in a one hundred and ninety-four paged volume - '*The complete works of Savitribai Phule*' edited by Dr M. G. Mali. The volume has an introduction by the famous thinker and philosopher Dr Surendra Barlinge.

'Kavyaphule' was the first anthology of Savitribai's poems published in 1854. It has a total of forty-one poems. It includes poems about nature, social issues, instructive poems and historical poems.

'Jotirao's Speeches' is a volume edited by Savitribai and the transcription has been done by Charles Joshi. This book was published on 25 December 1856 and contains four speeches by Jotirao.

'Savitribai's Letters to Jotirao' has a total of three letters written from Otur and Naigaon.

'Speeches of Matoshree Savitribai'- contains Savitribai's speeches on varied topics such as enterprise, imparting education, good conduct, addictions and loans among others. They have been edited by Shastri Naro Babaji Mahadhat Pansare Patil and were published by Vatsal Press, Baroda in 1892.

'*Bavankashi Subodh Ratnakar*' is collection of poems that narrates the history of India, including Jotirao's work in prose. It has fifty two compositions. This poetry was composed in 1891 after Jotirao's death and published as a book in 1892.

The support, cooperation and companionship that Savitribai gave Jotirao throughout his life is extraordinary and is beyond compare. The ideal of equality between men and women and of peaceful companionship that they have set, transcends the limits of time and space. The path-breaking work that they did in the fields of education, social justice, eradication of caste and the eradication of priestly power illuminates not only the past, but also the present. It is a contribution without parallels even in the present times. This legacy of Savitribai will continue to enrich our lives forever.

SECTION 2
SAVITRIBAI PHULE MEMORIAL
LECTURE
THE EDUCATIONAL INSTITUTION AS A HEALTH
FACILITY

- DR. T. SUNDARARAMAN

INTRODUCTION

Children of school going age and the adolescent of college going age represent almost 30% of the population. Of the approximately 19.39 crore children in the elementary education age group about 14.71 crore are enrolled in schools. Including the child attending the pre-school the number is nearer 22 crores with an attendance of 15.6 crores. Though there is an unfinished agenda of achieving universal schooling, as access to schools and retention improves, we now need to bring more focus on improving the quality of schooling.

The main challenge in quality is educational attainment. There has been increasing concern about the high degree of 'wastage within schools' - large numbers of children who pass out from the elementary school without even acquiring fluent literacy or an adequate level of numeracy. This is not only a problem of the elementary school. At every level, the educational system is challenged to ensure that students acquire the knowledge, skills and confidence needed for them to become useful citizens and develop their own latent abilities and creative potential to the maximum.

However, the focus on educational concerns has tended to marginalise the other dimensions of quality. One of these dimensions is health and hygiene. “Children’s health is an important concern for all societies since it contributes to their overall development. Health, nutrition and education are important for the overall development of the child and these three inputs need to be addressed in a comprehensive manner. While the relationship between health and education is seen more in terms of the role that the latter plays in creating health awareness and health status improvements, what is not adequately represented in the debates is the reciprocal relationship between health and education, especially when it comes to children. Studies have shown that poor health and nutritional status of children is a barrier to attendance and educational attainment and therefore plays a crucial role in enrollment, retention and completion of school education.”¹

The school and the college represent a unique opportunity for all aspects of health – preventive, promotive and curative. Further here is a field where one can address health in the spirit of the *Alma Ata* declaration as “a state of complete physical, mental and social well being and not merely as the absence of disease or infirmity.”²

In practice, though schools have always had some focus on health and physical education, this focus has been rather limited in both conception and implementation. Often it becomes reduced to one more subject in the syllabus, or a few chapters in a textbook. One of the reasons for this is the difficulty that governments face in building convergence across departments and sectors. This presentation argues for the recognition of every educational institution as a site for primary health care. The school should be charged with not only producing an educated child, but a healthy child as well.

¹ National Curriculum Framework; Position Paper on Health and Physical Education; NCERT 2007.

² World Health Organisation, Health for all by 2000AD, Declaration of Alma Ata, WHO, Geneva, 1978

Another responsibility of the educational institution is to prepare the student for citizenship-building a democratic and secular spirit in the future citizen of the nation. One could call these as part of social health.

A HISTORICAL INTRODUCTION

One of the earliest landmarks in the history of school health in India is in the “Report of the Health Survey and Development Committee” a committee set up just before independence and whose report presented in 1946, was to influence not only Indian public health planning but international public health as well. This Report³, commonly referred to as the Bhore committee report after its chairperson, Sir Joseph Bhore, clearly spelt out the scope of a school health programme, and till today is one of the most holistic views of this programme. According to the committee, the duties of a school health service are:

- “(1) Health measures, preventive and curative, which include
- (a) the detection and treatment of defects and diseases
 - (b) the creation and maintenance of a hygienic environment in and around the school, and
- (2) measures for promoting positive health which should include:
- (a) the provision of supplementary food to improve the nutritional state of the child,
 - (b) Physical culture through games, sports and gymnastic exercises and through corporate recreational activities and
 - (c) health education through formal instruction and practice of the hygienic mode of life.

In 1958, the school health division was established in the ministry of family welfare, and it was to serve as a resource center to NCERT and to the department of adult

³ Government of India: Report of the health survey and development committee : the Bhore committee Volume II, 1946

education and the department of elementary education. This stress on coordination was soon lost and each department was acting relatively independent of the other. In 1960 a governmental committee examined the issue of the health of school children and made a number of recommendations-but there was little follow up. A few states set up vibrant programmes, but most did not sustain this effort. During the nineties in most states school health had become a token programme of occasional health check-ups in the schools. The states of the north with the poorest health indicators were often the states with the weakest school health programmes as well.

One major positive development was that in 1995 the government of India took up support to the school mid-day meal programme. Till then only Tamil Nadu had a consistent school mid day meal programme and most other states had very small programmes or none at all. But even this central intervention in school health remained on a relatively low level of coverage and intensity. It took a public interest litigation and a supreme court ruling (November 28, 2001) before it became mandatory for every school to provide the mid-day meal and for the centre to bear the costs of this programme.

During the last two decades, several national health programmes like the Reproductive and Child Health programme and its adolescent and sexual health component or HIV/AIDS control programme or Tuberculosis or Mental Health or Tobacco Control programme have been emphasising health education. In this context school children are viewed as a potential 'target group' for preventive and promotive activities. Though the recognition of the importance of reaching the schools is welcome, each of these programmes are operationalised independent of one another. Each programme has its own targets of coverage and is poorly integrated with the rest of school health. Another concern with many programme-specific health education campaigns is that the focus is on disseminating information, which is by itself insufficient to change behaviour and promote better health.

One important development of the late nineties and the current period is the emergence of adolescent reproductive and sexual health as a priority. A large part of this is due to the AIDS pandemic. But part of this increased attention to adolescent health is due to the growing understanding we now have about the special health problems of this age and the lack of programmes to address it. With adolescent health becoming a priority, there has been a rise in interest in the higher secondary schools and the college as a site of health care and health promotion. However, as of today, adolescent health care in schools and colleges has not gained the minimum attention it needs and there is a long haul ahead on this issue.

The last two years have seen a spate of initiatives in the most recent of government efforts in school health. One of these is the launch of the National School Health Programme, under the National Rural Health Mission, which tries to learn from the past experiences and build on them. In parallel with this, under the National Curriculum Framework there has been a major thrust led by NCERT to revise and put in place an approach to Health and Physical Education which also approaches the whole issue from the holistic framework. The National AIDS control programme has also launched a major initiative in adolescent and sexual health which is coordinated with the efforts of the education department. Further the school mid-day meal programme, now a massive effort covering all government schools and government aided schools has also built in a health programme with a focus on correction of malnutrition and anemia and micronutrient deficiency.

It is in this historical and contemporary context that we review below the potential of specific strategies through which the educational institution could become a site of comprehensive primary health care, producing an educated and healthy citizen.

THE SCHOOL AS A CURATIVE FACILITY

School health programmes are perceived by many to be almost synonymous with an annual medical check up by a doctor in the school and the occasional immunisation.

This check-up is followed in most instances of any health complaint by a referral. This 'medical inspection' is highly unsatisfactory for a number of reasons. As far back as 1961, the government committee examining the issue of school health observed that: "We are of the opinion that the facilities available at present for school health in different states are not satisfactory although the system of school medical inspection has been in vogue for a number of years in many states. The carrying out of medical inspection in a perfunctory manner, the non-availability of remedial facilities, lack of follow up even in the cases of those declared to have defects and the lack of cooperation between the school authorities and parents are some of the factors which have contributed to unsatisfactory results in the school health services. We feel therefore, that unless the present system is considerably improved, it would be a mere waste of time and money to continue it."⁴

The best practices in developing the school as a health facility can be seen in a number of state programmes, namely Kerala, Tamil Nadu, Gujarat and West Bengal, as well as in a number of NGO led programmes like that of Naandi foundation in Hyderabad and in Udaipur.

Extracting from these best practices a comprehensive list of activities that would constitute the provision of health care services in the school would include the following:

- a) *Health screening:* Annual or once in six months check up for all children in a school. Given the huge load of children who would have to be screened, the ideal solution is to use trained nurses and paramedics for this task, supplemented by trained teachers, reserving the doctors visit for those children who are suspected to be having health problems. Training of such nurses, paramedics and teachers for this would be a massive task in itself but in terms of health outcomes, it would be a very sensible and cost effective and feasible input to provide.

⁴ Ministry of Health and Family Welfare, Government of India, Report of Expert Committee on School Health, 1961

A minimum list of conditions that would be screened for would include: Under this Programme all students of government and government-aided schools would be screened for a minimum set of pre-defined conditions which would include:

- Nutritional Status: Weight and Height recording with computation of BMI and identification of underweight or overweight children. This could be done by the teachers themselves. We can expect the under-nourished child to have greater difficulty in learning. Over 40% of children are today underweight in most states. This compares with about 6 to 20% in comparable third world countries. Unfortunately in parallel with such high levels of child malnutrition, obesity in about 10 to 15% is also rapidly emerging as a problem and this too needs attention. Malnourished children need counseling. Support is needed to the under-nourished child to ensure that adequate food is being accessed. Medical examination would be needed in severe or persistent malnutrition to rule out secondary causes of malnutrition.
- Clinical Laboratory assessment of Anemia: Over 70% of children are anemic by NHFS figures. In severe anemia, we also need to note response to treatment. Those that fail to respond should be explored for non dietary causes of Anemia - like sickle cell anemia. Most, however, are due to dietary gaps and due to worms and could be treated in the school setting itself. De-worming tablets like albendazole and a course of 120 tablets of iron, one tablet daily are given annually to every child in Gujarat in two six monthly packages. Other states in line with WHO's guidelines are trying one tablet of iron once a week, given under supervision. Anemia has an added concern in adolescent girls, many of who in the Indian rural setting would be getting married soon and probably getting pregnant soon after. Ideally Anemia should be corrected before onset of pregnancy as it is much more difficult to correct it adequately afterwards. The school can

potentially do more to reduce anemia than any other institution and the positive impact on school performance including performance in sports would be visible.

- **Eye examination:** Refractory errors, Night Blindness, Trachoma, Conjunctivitis are the common problems to be screened for. These problems admit of easy detection and often easy correction. Refractory eye problems are a major source of learning problems. The National Blindness Control Programme has a scheme for free spectacles to children with refractory errors. But without teachers assisting in the detection of refractory errors and its correction this objective cannot be universally achieved. Screening for refractive errors is something that any teacher can be taught in minutes and there is really no reason why it is not part of the annual school routine.
- **Ear Discharge and Hearing problems:** Repeated Ear Discharge can lead to deafness. Many times deafness remains unnoticed but contributes to poor scholastic performance. Screening proformas designed under national programme would be used for those students who have any such suspicion during annual health screening.
- **Common dental conditions:** Dental caries and periodontal disease are common ailments and need to be detected commonest of ailments and, detected early, further progression can be prevented. More intractable dental conditions could be referred. A dental assistant is desirable, but not essential for such screening. A school nurse could do as well.
- **Common skin diseases:** Scabies and Pyoderma, Lice etc are the common problems. These spread amongst school children and identification of all those affected with simultaneous treatment is the best way to cut down the spread. These illnesses are a source of considerable discomfort to children and interfere with learning.

- Heart defects – rheumatic and congenital. Screening by trained nurses can detect this, but it would require a high degree of medical follow up to establish the diagnosis and eventually costly surgery. Some states, notably Gujarat provides for this.
- Disabilities: visual, hearing, locomotor, others: Children with disabilities have special needs to be able to keep up with the class. Equipment, as well as support and guidance could help them. The point is in first identifying them as such and working out to what extent the school itself is disabled-friendly and what are the steps needed to make it so. Teacher counseling would be essential.
- Learning disorders, problem behaviors' etc.: Teachers need to be sensitised to identify children with such problems and send them for appropriate referral centers. This may not be detected in the screening camp, but a trained teacher would notice it during the course of her teaching. Similarly mental health problems would require a sensitive teacher to detect, plus a medical/psychiatric social worker or child psychologist to refer to.
- Psycho-social assessment and assistance for the child from broken families or from communities in conflict, in disaster situations or other difficult stressful environments and for children who are victims of abuse would also be needed.
- In addition to all of the above general health and hygiene of the child would be observed for follow up subsequently.

Cure in the school: Many of the conditions above can be managed within the school. In the Madhya Pradesh a sample study data from two districts showed that, 14 % had Anemia, a high 6 to 8% had vitamin A deficiency, 17 to 31% had symptoms of worm infestation, 8 and 30% had skin infestations/infections, about 5% had dental problems, about 4 to 8% had ENT problems and about the same amount had eye problems. In Dadra and Nagar

Haveli, about 35% of children have a dental problem, 8% have a skin problem and about 3 to 4% have an eye or ENT problem. Tamil Nadu mentions 45% to be having dental problems. (These studies are reported in the state programme implementation plans submitted by the states, and based on the data generated within the department).⁵

Also every school has its share of child injuries and emergencies. A trained first aid worker, or a trained nurse on hand and a dispensary is valuable and large schools have such a facility. However the focus should be on every school having such a facility. Where schools are small, they could share a nurse between themselves.

The referral back up: About 1% of children in most screening programmes would have a health problem that cannot be managed by a trained nurse and would require a visit to a doctor, often a specialist. An even smaller percentage would require a costly intervention. Though these are few, in absolute numbers there would be a very large number requiring assistance and few parents who are able to afford it. But without it the programme loses much of its credibility. Referrals therefore need special arrangements. Ideally it could be the child and the parent taken along by the school to visit the specialist, but at least a follow up to ensure that the child did make the visit and get quality medical advice. School health insurance has also been tried but it adds little cost savings, though where public services are limited it could improve access to private facilities. Yet another approach applicable for specialised specialist services like hearing loss, could be a voucher scheme, where the voucher provides access to cashless service to the child and the service provider is reimbursed by the government. For conditions like hearing loss or cardiac illness or Epilepsy or victims of sexual abuse or children needing aids for disability this could be very useful - for service providers are few and difficult to arrange for in the vicinity of the school and sometimes even in the district.

⁵ Dreze, J., and Goyal, A., (2003) 'Future of Mid-Day Meals' Economic and Political Weekly, Vol. XXXVIII, No. 44.

School Health Records: One of the best examples is what Kerala is trying – called the minus two to plus two health record. Each child has a health card made for it from pre-school, carrying forward the immunisation card that covers the first three years. This card carried details of growth and development annually, health screening records and records of serious illness or disability. It also has immunisation details. The school keeps the record and is transferred along with the transfer certificate - and the family too can have a copy. Often we know that the child got an injection in the school, but parents have no way of knowing or remembering what happened. Many states have simpler versions of this. The basic principle is documentation of the health history is a valuable aid to good health in itself.

PREVENTIVE CARE IN THE EDUCATIONAL FACILITY

Most communicable diseases, especially those that are food or water borne or that which is spread by droplets through respiratory tracts, spread within schools. Simple rules of hygiene would reduce disease burdens considerably. Safe drinking water and clean toilets with safe disposal of faces would also make a huge difference. Unfortunately as of today approximately 45% schools at the primary level lacks toilet facilities in 2005-06 and 15% lacks drinking water facilities. These are urgent priorities.

The observance of good hygienic practices like handwashing or not spitting etc, prevent disease not only at school but by setting example and communicating knowledge also prevent disease in communities.

Immunisation is another major school related preventive health activity.

Keeping the environment of the school hygienic and free of child hazards is also an important contribution that can be made. Recently there has been a spate of media coverage of children who fell down open bore-well holes and died after days of suffering. But this is only a small sample of the wide range of tragedies and disasters that visit the child at school or on its way to school and back home. As many

over-crowded private schools mushroom in unsafe buildings in densely populated urban localities, such hazards multiply many folds. School safety regulation is yet another urgent priority for social action.

HEALTH PROMOTION IN THE EDUCATIONAL FACILITY: NUTRITION IN THE SCHOOL

Approximately 40% of the children in this age group are malnourished and about 60% are Anemic. The school with the mid-day meal, now universalised, has the potential to address this problem more effectively than any other route currently available. The implementation of this programme is still varied with some states lagging far behind. In states where it is being implemented, one finds that children are being served a cooked meal for lunch. "The evidence suggests that the mid-day meals have enhanced school attendance and retention. It is definitely a motivating factor for children to attend schools more regularly. For poor children this programme does help in at least partially addressing classroom hunger and has helped in averting in the intensification of child under nutrition in drought-affected areas. Apart from addressing under nutrition, the mid-day meal programme also creates opportunities and conditions for greater social interaction across castes."⁶

Many states have improved impact on nutrition by improving quality of the mid-day meal – the addition of the egg in Tamil Nadu for example or the addition of a glass of milk. The programme is still slow to integrate the mid-day meal with systematic weight and Anemia monitoring and with support to the malnourished child with better attention to recurrent illnesses and better nutritional counseling addressed to family. In the absence of this too often supplementary meal becomes a substitute meal. Though there is some advantage is increasing food availability in

⁶ School Health in the State NRHM Programme Implementation Plans.2008: NHSRC note on school health: accessed at web-site: www.nhsrcindia.org.

the family as a whole it would be inadequate to impact on malnutrition. There is therefore a need to make an impact on such children coming from seriously affected families by providing a second meal before school or after school. This could also be used for addressing the child with severe malnutrition.

It is difficult to understand why this programme had to take over 60 years to really get going when it was mooted as early as the 1940s. One reason is that the 'free' school meal was seen as charity or even as creating dependency. One needs to note that almost all industrialised nations, including the United States, have a school lunch which is charged minimally or not at all, and provided free of charge to all children from poorer socio economic status. The social integration and mutual binding effect of eating together is so powerful, that even without the nutritional goals, the school meal would be of major use.

Micro-nutrient fortification of the locally cooked hot meal, by the use of sprinkles or fortified salt for example could also impact positively on the problem of micronutrient deficiency especially where iodine deficiency or calcium or iron deficiency is a problem. However, the need for micro-nutrients should not be used as a reason for arguing for pre-cooked and packaged foods. The experience with centrally cooked and distributed meals is that, it is costlier, reduces the potential for local employment and opens the doors for large scale corruption without any significant increase in either the quality of food or hygiene.

HEALTH PROMOTION IN THE EDUCATIONAL FACILITY: HEALTH EDUCATION IN THE SCHOOL

The educational institution as a center for health education could make a much larger contribution to preventive and promotive health than any other social institution. Health education takes two forms - those parts which are included into the formal curricula and those which are part of informal teaching-learning processes.

In the formal health curriculum, the gains of health education have been limited by its pedagogy. Information

is given largely as a list of 'dos and don'ts' in matters related to hygiene, food intake, water and sanitation. The messages are universal and do not factor in the varied socio-economic and cultural contexts in which children live. Often health education content tends to blame the victims for their illness, attributing disease causation to individual behaviours, rather than explain the social aspects that determine health. The ability to follow best practices on hygiene is also related to access to better quality of shelter and clothing and water and sanitation and this in turn is related to caste and class issues. There is an ongoing effort to change this - but it would take time to percolate to all states.

Some states are experimenting with special series of school health sessions organised across seven or eight themes and organised across the years. These health education sessions are not linked to the marks given in examinations, are imparted by trained teachers and monitored closely to make sure that it takes place with quality. Such an approach is potentially more promising, but it would need more investment.

Even more important than the formal curriculum is how the educational facility promotes better life styles and hygienic practices - by making facilities available, by peer education, by support and encouragement and positive reinforcement of good practices and strictures against practices that are harmful to themselves and others. Personal Hygiene, handwashing, waste disposal, use of toilets, avoidance of addictions are some of the key areas where an impact could be made. These are formative years and the impact made now would last a lifetime. And wrong habits acquired would be difficult to eliminate later.

HEALTH PROMOTION IN THE EDUCATIONAL FACILITY: PHYSICAL EDUCATION AND SOCIAL HEALTH IN THE SCHOOL

Physical education is closely related to sports, or ought to be, and is another neglected area. This is also an area which offers considerable avenues for innovative teaching. The teaching of yoga is also a part of this discussion. This

is not only about physical development but also about mental and social health - for such education promotes a number of values—team spirit, friendship, leadership, dignity of labour, confidence in oneself. Physical education also helps reduce anxieties and stress. Pedagogy in physical education is important as also the importance of role models. A physical education teacher who is supportive and inspiring and encouraging and who acts as friend and counselor would help a child gain a very balanced personality. A teacher who is negative, supporting only high achievers who can bring glory to the school team, and ignoring the rest, could be damaging to the majority of children. Team sports and team activities in the Indian context, like eating together, also helps weaken social barriers and build a democratic and secular spirit.

Paradoxically even as sports gets more and more prominence in the media, actual access to sports continues to worsen, both due to lack of facilities and due to lack of support and very competitive school leaving examination pressures. Yet no other single activity at any stage of life could be more aptly called promotive health than physical education and sports in this age group.

Another challenge and opportunity for school health are the health and social needs of marginalised sections within the school - the handicapped child, the child from the poor or broken home, the child from marginalised communities. Positive attitudes and interaction with the child with special challenges helps to inculcate the spirit of caring and an understanding of equity in all children. Thus it is important for healthy children to be supportive of the child with disabilities, the poor learner, the child with problems at home, the child who is “the other” whether this means a migrant family or a minority institution or caste group, or a child with HIV. Unfortunately we often hear of school authorities who refuse permission for a child with HIV infection to join their school and who are able to get away with such behaviour. Teaching values of caring and values of respect and tolerance for different cultures and ways of living is a challenge which school health programmes should be designed to help.

HEALTH PROMOTION IN THE EDUCATIONAL FACILITY: HEALTH EDUCATION IN THE INSTITUTIONS OF HIGHER EDUCATION

The problem of the student in high school and higher secondary schools and college students are more varied. These are problems of adolescence. The presence of concentrations of adolescents in educational institutions is an opportunity to reach out to them with meaningful health programmes.

Adolescence is a critical period of physical growth. This period requires a large amount of nutrients, the highest in absolute terms for any period of life. In India both under-nutrition and obesity are significant problems and both could get accelerated in this period. Anemia in this age also gets worse in girls as they come of age. Anemia in adolescent girls in our context should be recognised as a contributory factor to maternal mortality in the young woman.

Adolescence is the time for physiological changes that change their own perception of themselves and the way others perceive them. Mentally this is the period for the development of self identity. They are treated as children where they would want to be treated as adults and as adults where they would like to be treated as children. There is a need for them to learn negotiating the social and psychological demands of being young adults. There are high degrees of intimacy and peer group dependence.

Both males and females are forced to conform to some stereotypes – typically in India, the girl has to enter into a culture of silence and restriction and constriction of physical and social space whereas the male into a cult of exaggerated assertion on manhood. To girls it means restriction from outdoor activities and physical activities, which is injurious to health. To males there are pressures to be associated with violent and peer dictated negative stereotypes like smoking and drug abuse. A clear understanding of the dangers of such behaviour, alternatives for forming intimate groups and a much clearer understanding of themselves and their cultural contexts is essential. Thus for example

more than 90% of those who smoke pick up the habit at this period. Smoking is the single most important preventable determinant of non communicable disease and yet without an intervention that is centered in the educational facility, little dent can be made in this problem.

This is the age for the development of a variety of reproductive and sexual health needs. These needs are related often to sexuality. Sexuality is an area where the media gives the adolescent an image which is far from the reality and where there are no opportunities for them to get more culture specific and appropriate information. Myths and stereotypes abound. The risk of sexually transmitted diseases, especially of HIV infection, increases.

On one hand it is understood by most enlightened groups that education in life skills is essential and this should include education on responsible and caring sexual behaviour. On the other hand the dominant patriarchal culture and the way political leaderships pander to this, leads to political resistance to introduce these lessons.

One of the most important pedagogic tools in this area of adolescent and sexual health education is a number of peer education approaches and these need to be backed by informal and discreet access to both information and counseling. Both of these are not present in most of our educational institutions.

Another important area that needs to be developed is an educational institution based mental health programme. These are times of high stress. Suicides and violence and addictions in this age group are in the rise. Such a programme has to be accessible and include interaction with families and community organisations. Given on one hand the gap between soaring aspirations modeled on what they see in the media and the reality of their own futures in the jobless growth and financial meltdowns, given the rising inequities, given also the barriers to a healthy social including sexual life style, this age group is prey to campaigns of hate and violence. While it is important to directly counter all hate campaigns and

all divisive forces, merely responding to attacks and breakdowns limits peoples actions to a terrain chosen by the divisive force. In contrast, schools and educational institutions can, by state policy and by conscious choice, be shaped to become centers where children and young people experience the joy of growing up in a positive, supportive and creative environment. In the long run, this would be a more effective way to counter growing iniquities and hate in our society. Thus, it is not only sports that provide health promotion. Cultural activities too, provide an important space for psycho-social development and for developing healthy and responsible relationships across the gender divide and across caste and ethnic divides.

It is important to note that in all these areas there is almost nothing that the health sector can contribute by itself. Indeed almost all of health promotion in such domains occurs in the educational institution. The health sector needs to forge links so that it can back up the promotion efforts with adolescent-friendly access to appropriate curative services.

IN CONCLUSION

The notion of the educational institution as a health center therefore needs to be developed. And for this, health needs to be understood in the spirit of *Alma Ata* declaration— as attainment of the highest possible level of physical, mental and social well being, and not merely the absence of disease or infirmity. With the launch of the National Rural Health Mission and the renewed emphasis on building up a comprehensive public health system, such a potential space is emerging. But much more work would need to go into developing an integrated approach to school health as part of a comprehensive policy of attaining health and education for all.

ABOUT THE SPEAKER

Dr. T. Sundararaman,

Dr. T. Sundararaman is currently the Executive Director, National Health Systems Resource Centre, New Delhi. The NHSRC is an additional technical capacity to the Ministry of Health and Family Welfare. It is an autonomous registered society, but fully funded by the Government of India to support the National Rural Health Mission health sector reform process.

OTHER CURRENT ROLES

- Executive committee member and founder member of the Peoples Health Movement (Jan Swasthya Abhiyan) in India and a member of its executive committee from year 2000 to date.
- Executive committee special invitee and founder member of the Tamil Nadu and Pondicherry Science Forums and the all India Peoples Science Network and have been guiding them and working with them in health advocacy work and community health work since 1986.
- Advisor and founder member of the Public Health Resource Network since 2007—which is a network to provide resource support and build capacities of public health practitioners which runs a distance education programme on building equitable public health systems.

OTHER RECENT RELEVANT DESIGNATIONS

Director, State Health Resource Centre, Chhattisgarh from (2002 to 2007)

The SHRC is an additional technical capacity to the government of Chhattisgarh under the European Union funded Sector Investment Programme. It is an autonomous registered body but fully funded by the

Government of India and Chhattisgarh to support the Health sector reform process.)

On deputation from Jawaharlal Institute of Postgraduate Medical Education and Research in Pondicherry where the speaker is holding the post of Professor of Internal Medicine since 1999.

Recent relevant work experience:

- Headed the programme design and programme implementation of the Mitani programme since 2002: India's largest ongoing community health worker programme with an outreach to all 58,000 habitations of Chhattisgarh state (population : 20 million people).
- Providing Policy Support to Government of Chhattisgarh: Areas of policy development include- Systems Development, Human Resource Development Policy, District Level Planning, Drugs and Supplies Policy, Policy for Medically Underserved Areas, Public-Private Partnerships
- He conducted the study and authored the report on the Kolkata KMDA urban health programme a DFID funded appraisal done as part of an AAI and PWC team.- October 2004.
- Detailed study and main author of Workforce Management , Rationalisation of Health Services and Human Resource Development in the Health Sector in Chhattisgarh.
- Enhancing quality of primary health care through a block level microplanning approach (EQUIP): Developed and implemented programme for making FRUs operational in themselves and as apex of a health care pyramid given the many constraints of a medically and economically underdeveloped state. First phase on in 32 blocks. Ongoing from year 2003.
- Key organiser of the National Health Assembly 2000

and the nationwide campaign networking over 1000 health civil society groups for advocacy for health for all. Year 2000

- Design of the RCH-II proposal for Chhattisgarh State-2004 August.
- Assisted in evolution of NRHM policies as Member ASHA task force and Technical Support Task forces of National Rural Health Mission. Also currently member of National Mentoring Group for ASHA scheme of National Rural Health Mission.

FIVE RELEVANT PUBLICATIONS

- Strengthening Public Health Systems: Report of a study of workforce management, Rationalisation of services and human resource development in the public health systems. 2004
- Mitanin Programme-Conceptual Issues and Operational Guideines, 2003.
- Health for all now : A source book for health activists prepared for the peoples health assembly in 2000. (over all editing-other than writing key sections)
- Reaching Health to the Poor-Source Book for district health management-1996 Published for Lal Bahadur Academy of Adminstration.
- Issues Involved in Drug Policy-South Asian books-1984.

About the Author of Section I

Professor Hari Narake

Professor Hari Narake, Director, Mahatma Phule Chair is a renowned scholar, author and orator of repute. He is currently pursuing his doctoral work and to his credit research conducted the British Museum Library, London and the Archives of the India Office Library, University of Pune. He has published books in English, Marathi and Hindi.

Prof. Narake has taken the initiative for the building of the Mahtama Phule Memorial at Pune, Savitribai Phule Memorial at Naigaon and the erection of Mahatma Phule's statue in the Parliament house. He has also been responsible for initiating the joint commemorations of 11th April Phule Jayanti, 14th April Dr Ambedkar Jayanti, 3rd January Savitribai Phule Jayanti, 12th January Jijau Jayanti and Shahu Jayanti. Prof. Narake has been a recipient of many state and national awards.

Arise, awaken, to get education!

Arise my brothers, the Ati Shudras,
Awaken and arise,
Arise to overthrow the slavery of tradition,
Brothers arise to get education
The Manu and the Peshwas,
Are dead and gone,
The prohibition by Manu on receiving knowledge
Has at last been lifted
Gather knowledge, get educated,
Not in a thousand years
Had such an opportunity arisen.
Let's educate our children,
Let's educate ourselves,
Let us learn the religion of ethics,
increasing our knowledge,
Through education.
Let us saturate every vein of ours,
With a burning passion for learning,
Let us vow to wipe away
The stigma of Shudratva.
May we acquire knowledge,
In the regime of Bali,
May the drums of celebration
Proclaim our success.
May all our sorrows and plight disappear,
Let the Brahmin not come in our way,
With this war cry, awaken!
Strive for education.
Overthrowing the slavery of tradition,
Arise to get education.

Adapted from: Mali, M.G. (Ed.) 1988, Savitribai Phule Samagra Vangmaya (The complete works of Savitribai Phule), Maharashtra Rajya Sahitya and Sanskrit Mandal, Mumbai

Annexure

Memorial Lectures 2007- 2008

NAME	DATE	VENUE	SPEAKER	THEME	CHAIRPERSON
Mahatma Gandhi Memorial Lecture	17 January 2007	India International Centre, New Delhi	Prof. Christopher Winch, Professor Educational Philosophy and Policy, Kings College London, U.K.	Individuals, Workers or Citizens Reflections on the Limits of School Based Educational Reform	Prof. Mrinal Miri, Former Vice-Chancellor NEHU, Shillong
Zakir Hussain Memorial Lecture	19 January 2007	Regional Institute of Education, Mysore	Dr Radhika Herzberger, Director Rishi Valley School Chittor, Andhra Pradesh	Religion, Education and Peace	Prof. B.L. Chaudhary, Vice-Chancellor Mohanlal Sukhadia University, Udaipur, Rajasthan
Mahadevi Verma Memorial Lecture	17 August 2007	Regional Institute of Education, Bhopal	Prof. Karuna Chanana, Former Professor at Zakir Hussain Centre of Educational Studies School of Social Sciences, JNU	Women in Indian Academe; Diversity Difference and Inequality in a Contested Domain	Prof. R.S. Sirohi, Vice-Chancellor, Barkatulla University, Bhopal
B. M. Pugh Memorial Lecture	11 March 2008	Laitumkhrah Women's College, Shillong	Shri Ratan Thyiam Chairperson, Chorus Repertoire Theatre Shillong	Theatre Language and Expression	Prof. T. Ao Dean, School of Humanities, NEHU, Shillong

