

Integrating Health and Education: A Medical Student's Teaching Experience in a Government School

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The Experience

In today's dynamic world, the concept of social responsibility has become deeply rooted in communities. One powerful way this impact is felt is through education. This story reflects my journey as a part-time teacher in a government school, in collaboration with Teach For Change - an NGO that is dedicated to addressing disparities in education.

My commitment to social responsibility in education has shaped my professional aspirations. While I was motivated to make a positive difference, the challenge was finding the right platform to channel my passion. This journey as a part-time government school teacher, began with a chance encounter on Instagram, where an advertisement conveyed a powerful message about closing educational gaps in government schools and helping underserved communities. I strongly believe teaching offers hands-on experience that complements my medical education by giving me invaluable insights into the socio-economic factors that impact both health and education. A study conducted in Spiti valley, India on integrating health education into the curricula showed that the community valued the curricula content and it also considered health literacy as a mediator in maternal and infant health outcomes.¹

Thus, drawn by the compelling message and deeply believing in the transformative power of education, I eagerly signed up, hoping to contribute to a brighter future for the students and communities I would soon serve. What began as a spontaneous decision evolved into a fulfilling chapter of my life - one that allowed me to make a genuine difference.

Balancing the intense demands of medical school with the responsibilities of a part-time teaching role in a government school required careful planning, commitment and dedication. In medical studies, where learning is intense and time-consuming, finding a balance became a crucial part of my journey. A mixture of excitement and nervousness accompanied me as I stepped into the classroom for the first time. Standing before a group of young learners, I felt the weight of the responsibility to positively influence their development, which motivated me to design a

learning experience that was both inspiring and engaging. The challenge lay in building rapport with the students and capturing their attention. To overcome this, I focused on creating a supportive and interactive environment which kept them actively involved in the lessons. As I continue my journey as a teacher in a government school, I have found deep fulfillment in expanding educational initiatives beyond the traditional classroom. Recognizing the transformative power of extracurricular activities, with initiative from Teach for Change, I have organized art and music competitions for the children. [Figure 1](#) illustrates children enthusiastically displaying their artistic talents.

Over time, having observed the common patterns of illness and behavioral practices of my students, I gradually stepped into my role as a healthcare provider alongside my duties as their teacher. Integrating health and education serves as a strong tool to improve health literacy. Public health pioneer Lemuel Shattuck wrote that "every child should be taught early in life, that to preserve his own life and his own health and the lives of others, is one of the most important and abiding duties".² Recognizing that young minds are quick to learn and share knowledge with their peers and families, I saw an ideal opportunity to introduce essential health practices. To effectively integrate health education into their existing curriculum, I collaborated with my colleagues and gained their support. After obtaining the necessary institutional approvals, I organized focused sessions on hand hygiene education. Teaching students handwashing techniques and the importance of personal hygiene not only supports their immediate well-being but also instills lifelong habits that help prevent the spread of diseases.

Building on my initial efforts, my enthusiasm for enhancing the students' health and lifestyle practices grew stronger each day. With volunteer support, including from my mother, I organized a health study aimed at benefiting the children titled "*Study on nutritional status, prevalence of vitamin deficiencies and morbidity pattern among school children in Mandal Parishad Primary School, Miyapur, Hyderabad.*", after obtaining appropriate consent from the headmaster of the school and guardians of the study subjects. This cross-sectional study was

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subsequently published, marking a significant milestone in our efforts to improve student well-being. A total of 100 children in the age group of 9-12 years were studied by a convenient sampling method, using a pre-tested questionnaire and thorough clinical examination was done. Chi-square test was used to analyze the statistical significance. The study significantly showed that 34% of them were suffering from anemia out of which 21% of them were girls. 60% of the students had a healthy BMI while 35% were underweight, 4% were at a risk of developing overweight, 1% were overweight.³ Other morbidities including parasitic and worm infestations were also studied.

Reviewing the results of the study, I felt a strong desire to apply my medical knowledge to improve the children's health. At this point social and preventive medicine took center stage, leading me to implement health education and preventive measures to improve their well-being. Providing foundational education on health, nutrition, basic sanitation, and hygiene became the first step in this journey. With the children's enthusiasm for learning, I was able to make learning engaging and effective by encouraging them to grow their own food. The next milestone involved collaborating with the school principal to inspect the school's surroundings, kitchen, and ration storage room for hygiene standards and take corrective actions wherever needed. Additionally, I highlighted the importance of regular health camps and hygiene inspections to ensure a safe, healthy environment for the students. Literature review showed that 80% of all cases of heart diseases, strokes, type 2 diabetes and one third of all cancers can be prevented through health education with schools being the ideal setting of action.⁴ Thus by providing children and parents with proper nutrition and knowledge of healthy practices, one can enhance their physical and mental well-being, boost academic performance, and improve their quality of life.

Being both a teacher and a healthcare provider for my students was deeply rewarding, enabling me to integrate theoretical knowledge with practical application while pursuing my passion for education. By encouraging creativity, teaching essential life skills, and promoting health and hygiene, I strive to create an educational environment that extends far beyond textbooks, empowering students to lead healthier lives. Although balancing medical training with my extensive school activities was often exhausting, the gratitude and appreciation my students showed on my final day were immeasurable. I left the school with satisfaction and confidence that I had made a positive difference and grown into a more responsible and compassionate individual.

Conclusion

This experience has taught me invaluable lessons in time management, task prioritization, and resource optimization. As a medical student, I gained insight into the practical challenges faced in implementing preventive care and the strategies needed

to overcome them. As a future physician, it deepened my understanding of the critical role preventive medicine plays beyond curative approaches in hospital settings. To enhance impact, collaboration between educators and health care professionals is recommended to design practical and age appropriate and culturally acceptable health programs. Also, including community based health education projects in medical training further enhances understanding of social and preventive medicine. In conclusion, including preventive health education in both school and medical training curricula is crucial to advance public health goals.

Figure 1. Extracurricular Activities for the Children.



Summary – Accelerating Translation

This experience highlights my dual role as a medical student and a part-time teacher in a government school through the NGO Teach For Change — a journey that began with a chance encounter on Instagram. One of the initial challenges was balancing the demands of medical school with my teaching responsibilities, as well as building rapport with the students. I overcame these by following a structured schedule and using interactive teaching methods to keep students engaged.

While teaching, I began noticing common health issues among the children, which inspired me to include health education in my lessons. With appropriate permissions and support, I first conducted a hand hygiene session and later organized a health study involving 100 students aged 9–12. We assessed their nutritional status and common illnesses using simple questionnaires and physical check-ups. The study revealed that 34% of the children had anemia, with a higher proportion among girls. While 60% had a healthy BMI, 35% were underweight, and a few were at risk of becoming overweight and 1% were overweight. Other morbidities including parasitic and worm infestations were also studied. In response, I held sessions on hygiene, nutrition, and basic sanitation, encouraged home gardening, and helped inspect the school kitchen and surroundings for cleanliness.

This experience benefited the students and taught me valuable life skills like communication, leadership, and the real-world importance of preventive medicine. It also reinforced the idea that schools are ideal settings for health education. Including such initiatives in school and medical curricula can promote healthier communities and shape socially responsible future healthcare professionals.

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Conflict of Interest Statement & Funding

Appropriate consent was obtained for the use and display of photographs. Verbal consent was secured from study participants and guardians of the participants for organizing the health study and institutional consent obtained. The data collected was non-invasive, non-identifiable and posed minimal risk to the participants. The guardians were fully informed that the data collected would be used solely for educational and research purposes. Financing: None

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