CHILDREN'S PHYSICAL AND EMOTIONAL HEALTH, SCHOOL HEALTH AND EDUCATION

Maximum Marks: 100
External: 70
Internal: 30

Design of the Course

This course is designed to be one of the practicum courses offered in DIET. It offers the scope to engage critically with systems and practices related to health of children and school health.

Rationale and Aim

The relationship between education and health forms the core rationale behind this course. While the role of education on health has been widely acknowledged, the impact of health on education is often not recognized adequately. This course unfolds the reciprocal relationship between health and education. Health is a necessary condition for learning apart from being a basic right of every child. Enrolment, retention, concentration and learning outcomes in the classroom have a strong linkage with a child's physical and emotional health.

A holistic understanding of health implies a perspective on health that is not merely freedom from germs and disease but an understanding of the social, economic, mental/emotional and physical aspects of health. It becomes essential for the teacher to locate the social determinants of health and to root any health communication/ education in the socio-economic and cultural context of the child. This forms an essential foundational and theoretical component of the course. This approach will lead away from the 'hygiene-education' focus of health education which stresses behavioral changes and puts the responsibility of health on the child. Instead, the course aims to equip the teacher with a perspective that helps both the teacher and the children understand health issues as determined by socio-economic contexts. This will enable them to move beyond a solely behavioral change model to an approach that seeks to address larger health determinants. This is not to deny the importance of healthy habits but it is important to recognize that to tell a child to 'bathe every day' or 'eat nutritious foods' is not sufficient. The teacher will have to locate health messages and ideas in the lived reality of the children they teach so as to meaningfully engage with the issue.

It is important to see the role of the teacher as one that includes within it the perspective of a health worker. This does not in any way mean an additional workload. However we see this as inherent in her work itself. Here there is a clear overlap of ideas with the course on Child Studies. Understanding a child necessarily includes

understanding the health of the child within a social context. A course on health lends a natural opportunity for teachers to understand children in their life context and increases sensitivity to the children and their socio-economic background. It is possible to address issues of teacher attitudes, engagement and willingness to accept diversity in their classroom. This is likely to help teachers move towards a broad vision of inclusive education through an understanding of health and well-being in the broadest sense. Instead of speaking of teacher attitudes alone, the course gives student-teachers a chance to understand unequal and multiple kinds of childhood that children experience.

Specific Objectives

- To build a holistic understanding of the concept of health and well-being and understand children's health needs using a social determinants framework.
- To understand the reciprocal relationship between health and education and understand the role of the teacher and possible ways of engaging with health concerns.
- To examine specific programmes related to children's health operating in schools.
- To build knowledge and skills on teaching health and physical education and integration of their themes with other curricula areas of teacher education and school subjects.
- To link theoretical and conceptual learning with actual school/classroom realities through practical work.

UNITS OF STUDY

UNIT 1: Understanding Health and Well-Being

- The meaning of health and well-being
- Biomedical versus social health models
- Understanding the linkages between poverty, inequality and health
- Web of causation; Social determinants of health-stratification structures, food, livelihood, location, sanitation, access to health services etc.

UNIT 2: Understanding Children's Health Needs

- Reciprocal Linkage between Health and Education
- Childhood Health Concerns, Hunger and Malnutrition-concept
- Morbidity Mapping-Methods, observations, daily notes
- Methods to understand children's health perceptions and self assessment of health

UNIT 3: Health of Children in the Context of School

- Mid Day Meal Programme: Rationale, Objectives, Components, Functioning, Concept of Classroom Hunger
- Measuring the 'Health of the School': Issues of water, sanitation, toilets

- Role of the teacher and engagement with the programmes
- Capturing children's perceptions on food, work, play, Mid Day Meal

Practical Work based on Units 1, 2 and 3: Three hours before school internship and six hours after school internship through Projects. The practical work is visualized through integration with Pre Internship Programme. This involves discussion, guidance and inputs to undertake these projects before the Pre Internship Programme and is followed by reflective sessions where students share their project after Pre Internship Programme. These post Pre Internship Programme sessions are to be organized in a workshop mode with a stress on collective reflection and discussion. Given below are some themes/ideas for project and these topics are allocated across the students. As mentioned above before going for the Pre Internship Programme, sessions are held discussing the idea and rationale behind each theme and learning/ developing appropriate research methods and tools. Each student prepares a project plan inclusive of tools before going for the Pre Internship Programme.

Suggested Project Topics/Themes

1. The exercise undertaken in the Pre Internship Programme, of making a profile of a child and understanding his/her social context during the internship needs to also connect to the health of the child and understanding all possible determinants.
The student teacher is to observe and find out about the child's health conditions. The child's health profile is to explore the possible health determinants operating in the child's life. Issues of settlement/housing, livelihood of families, poverty and deprivation, food habits, water access and safety etc. are explored through observations, informal group discussions and visits to the community. The teacher educator prior to the Pre Internship Programme will guide the student-teachers on methods and ethical issues, sensitivity during questioning.

2. Morbidity Mapping Exercise to be conducted. In this the student-teacher tracks children's attendance and tries to find out reasons for children's absenteeism. He/She records illnesses he/she observes or as reported by children/peers and develops a health report card.

3. The student-teacher develops a report card for the 'health of the school'. He/She surveys parameters like water, toilets, sanitation, building, playground etc during the Pre Internship Programme. The idea is to encourage the student-teachers to explore multiple dimensions of each parameter that impacts on children's health in school. For eg.; It is not sufficient to just ask if there is a toilet. It is important to explore, is it functional? Is it clean? Is there water available for the toilets etc.

4. Student-teachers record observations using tools developed as well as creative methodologies to capture children's perceptions regarding Mid Day Meal to reflect on the health programmes operating in the school. The idea is to observe and comment on various aspects of the MDM programme such as quantity, quality,

distribution system, 'culture of the programme' and also give legitimacy to children's perceptions on the MDM. For e.g.: What they like, don't like of the MDM, what they eat before school, are they able to study if they are feeling hungry etc. These are explored not through interviews but through creative worksheets which the children fill out. Such methodologies are part of the readings mentioned for Unit III and should be made with the guidance of the teacher educator before Pre Internship Programme.

Practical Work can be divided across groups of students and must be followed by each group sharing with the larger class of ETE teachers. This sharing should be facilitated by the faculty to reflect on health observations, methods used, findings and a discussion on the culture of programmes, possible action a teacher can take etc. The idea of the project is not to just collect a lot of information on health aspects but to begin a process of exploration and inculcate sensitivity towards health and its linkage with learning processes.

UNIT 4: Developing a Critical Perspective towards Health Education and Pedagogical Aspects of Teaching Health

- Critical Reflection on the concept of Health Education Behaviour Change models v/s Health Communication approach.
- School Health Curriculum Areas-CBSE, Other thematic outlines (eg: Eklavya, SIHFP, FRCH, UNICEF (Nali kali Strategy-School Sanitation and Hygiene Education)

UNIT 5: Knowledge and Skills Development for Health Education

- Food and Nutrition:
- Communicable Diseases:
- Understanding One's body, Alternative systems of health and healing:
- First Aid(Workshop Mode):
- Child Abuse: This sub theme explores the meaning of abuse: its various forms and impacts: legal provisions. It also covers issues of corporal punishment and child sexual abuse. The idea is to build awareness/reflection as well as equip with basic skills/information to be able to respond to such situations as a teacher.

Practical Work: Based on Units 4 and 5: Before going for the Pre Internship Programme student-teachers must develop materials/activities/strategies based on select health themes and try to do this by integrating with another subject. The ideas and materials developed related to the health theme, research done to make sure information and content is correct and the actual transaction in class all form a part of the reflective report to be prepared. This report forms a part of Internal Assessment.

- Athletics
- Organizing of tournaments, marking of courts etc.

UNIT 6: Understanding Emotional Health Needs, Diversity and Inclusion

- Understanding Emotional Health
- Emotional Health-Physical Health-Cognition linkages
- School Practices and what these do to a child's emotional well-being
- Diversity in the classroom-different learners, different needs and the concepts of inclusion
- Learning Disabilities and engagement in the classroom

UNIT 7: Physical Education as integral to health and education

- Need for Physical Education: Linkages to health and education
- Physical Education and 'Play'
- Supervising and guiding children
- Development of team spirit, coordination, cooperation
- Diversity in capabilities and interest

Practical Work based on unit 7: To be learnt/conducted at the DIET. Basic Exercises and movements, Drill and Team Games (Kho-Kho, Kabaddi, Throw ball, Volley Ball, Football etc). The student-teacher must learn techniques and procedures to conduct these. As a practical activity during the student internship, it is suggested that student-teachers observe the physical education (play, exercise) related activities taking place in the school. Is there a space to play? What equipment is available? What is being played by whom (girls/boys)? And what is the culture of play? Is the teacher actively engaged? Are there children being left out? What about children with special needs? Also student-teachers are encouraged to document the unrecognized and indigenous games/play that students engage in. It is suggested that student-teachers share their findings in the form of a short report.

After the SIP, the course facilitator can also guide the class through a discussion of findings to re-emphasize the actual objectives of physical education for education and health and to also recognize the constraints operating in school in terms of lacks of space, no sports equipment, ways of innovating etc.

Essential Readings

1. *Aao Kadam Uthaein: Ek Sahayak Pustika.* USRN-JNU, New Delhi. (A resource tool/book for schools to address issues of health infrastructure and programmes)
2. Baru, R. V. (2008). School Health Services in India: An Overview. Chapter 6 in Rama V. Baru (ed.) *School Health Services in India: The Social and Economic Contexts*, New Delhi: Sage publication, 142-145.
3. CSDH. (2008), *Closing the gap in a generation*, Executive Summary of the

Final Report of the Commission on Social Determinants of Health. WHO. WHO, Geneva. 0-9.
4. Deshpande. M., R.V. Baru and M. Nundy. (2009). *Understanding Children's Health Needs and Programme Responsiveness*. Working Paper. New Delhi: USRN-JNU
5. Midday Meals- A Primer. (2005). *Right to Food Campaign*. Delhi.
6. Ramachandran. V., Jandhyala, K. and Saihjee A. (2008). Through the Life Cycle of Children: Factors that Facilitate/Impede Successful Primary School Completion in Rama V. Baru (ed.) *School Health Services in India: The Social and Economic Contexts*. New Delhi: Sage
7. Agarwal, P. (2009). Creating high levels of learning for all students together. *Children First*, New Delhi. (Hindi and English).
8. Ashtekar. S. (2001). *Health and Healing: A Manual of Primary Health Care*,Chapters 1, 3, 7, 8, 40. Chennai: Orient Longman.
9. Iyer, K. (2008), *A look at Inclusive Practices in Schools*. Source: RRCEE, Delhi University.
10. Sen. S. (2009). *One size does not fit all children*. Children First. New Delhi. (Hindi and English)
11. Shukla, A. and Phadke. A. (2000). Chapter- 2, 3, 4, 6 and 8. *Swasthya Sathi: Bhag 1*. Pune: Cehat.
12. VHAI (Voluntary Health association of India, 2000). *Mahamari ka roop le sakne wali beemariyan/swasthya samasyaein*. New Delhi: VHAI. (Hindi and English Versions).

Readings for Discussion

1. Ashtekar. S. (2001), Health and Healing: A Manual of Primary Health Care. *Chapter 36-Childhood Illnesses*, Chennai: Orient Longman.
2. Deshpande, M. R. Dasgupta. R.V. Baru and A. Mohanty. (2008). The Case for Cooked Meals: Concerned Regarding Proposed Policy Shifts in the Mid-day Meal and ICDS Programs in *Indian Paediatrics*, 445-449
3. Dasgupta, R., Baru, R.V. Deshpande, M. and Mohanty, A. (2009). *Location and Deprivation: Towards an Understanding of the Relationship between Area Effects and School Health*. Working Paper, New Delhi: USRN-JNU.
4. Samson, M., Noronha. C., and De, A., (2005). Towards more benefit from Delhi's Mid- Day Meal Scheme: in Rama V. Baru (ed.) *School Health Services in India: The Social and Economic Contexts*. New Delhi: Sage.
5. Zurbrigg. S., (1984). *Rakku's Story- Structures of Ill Health And Sources of Change*. Centre for Social Action. Bangalore. 19-41, and Chapters 1 and 2.
6. *Chhodo Re Chhadi*, (2007). Plan India. Delhi. (Resource book on Corporal Punishment)
7. Infocus Vol 2, No 2. March. 2009. *Zero Tolerance for Corporal Punishment*.

Newsletter of the National Commission for Protection of Child Rights (NCPCR), New Delhi.
8. Infocus, Vol 2, No 3, August, 2009, *More guidelines to stop Corporal Punishment*. Newsletter of the National Commission for Protection of Child Rights (NCPCR), New Delhi.

Advanced Readings for Faculty:

1. Ben-Shlomo, Y. and Kuh, D. (2002). A Life course approach to chronic disease epidemiology: conceptual models, empirical challenges and interdisciplinary perspectives in *International Journal of Epidemiology*, No. 31, 285 and figure 1 on page 286 to be discussed.
2. Dreze, J. and Goyal A., (2003). The Future of Mid-Day Meals, *Economic and Political Weekly, November 1*.
3. Frost, J. Wortham S.C; Riefel, R.S. (2005). *Play and Child Development*, Prentice Hall.
4. Jones, L. (1994), *The Social Context of Health and Health Work*, McMillan Press, Chapter 1, pp. 1-6, 11-17, 18-20, 32-36.
5. Gupta, A. Deshpande, M. Balasubramaniam, R. and Anil, C. (2008). Innovations in Health Education Curriculum in Schools: Towards an Art of the Possible in Rama V. Baru (ed.) *School Health Services in India: The Social and Economic Contexts*, New Delhi: Sage, 155-201.
6. Jalan, D. (2000) The diverse learning needs of children. Seminar No. 546
7. Werner, D. (1994). *Disabled Village Children*. Chapters 5, 10-13, 16, 17 and 24. New Delhi: VHAI.