

# “A Study of Health Education at School Level in Maharashtra State”

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**Abstract – Health education forms an important part of the health promotion activities currently occurring in the countries that make up the WHO Eastern Mediterranean Region. These activities occur in schools, workplaces, clinics and communities and include topics such as healthy eating, physical activity, tobacco use prevention, mental health, HIV/AIDS prevention and safety.**

**Keywords: Health, School, Education**

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## INTRODUCTION

Health education is a systematic, planned application, which qualifies it as a science. The delivery of health education involves a set of techniques rather than just one, such as preparing health education informational brochures, pamphlets, and videos; delivering lectures; facilitating role plays or simulations; analyzing case studies; participating and reflecting in group discussions; reading; and interacting in computer-assisted training. In the past, health education encompassed a wider range of functions, including community mobilization, networking, and advocacy, which are now embodied in the term health promotion. The primary purpose of health education is to influence antecedents of behavior so that healthy behaviors develop in a voluntary fashion (without any coercion). The common antecedents of behavior are awareness, information, knowledge, skills, beliefs, attitudes, and values. Finally, health education is performed at several levels. It can be done one-on-one, such as in a counseling session; it can be done with a group of people, such as through a group defined health promotion as "any planned combination of educational, political, regulatory and organizational supports for actions and conditions of living conducive to the health of individuals, groups or communities." The 2000 Joint Committee on Health Education and Promotion Terminology (Gold & Miner, 2002, p. 4) defined health promotion as "any planned combination of educational, political, environmental, regulatory, or organizational mechanisms that support actions and conditions of living conducive to the health of individuals, groups, and communities." The Ottawa Charter for Health Promotion (WHO, 1986, p. 1) defined health

promotion as "the process of enabling people to increase control over, and to improve their health." The Ottawa Charter identified five key action strategies for health promotion:

- Build healthy public policy.
- Create physical and social environments supportive of individual change.
- Strengthen community action. Develop personal skills such as increased self-efficacy and feelings of powerment.
- Reorient health services to the population and partnership with patients.

## REVIEW OF LITERATURE:

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 child [3, 4]. 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.

Oyibo. P.G. reveals that the average knowledge and practice scores related to basic personal hygiene recorded among the school children studied were 74.6 % and 54.9 % respectively. This high level of knowledge related to

basic personal hygiene exhibited by the children was not totally reflective of their practices of basic personal hygiene; as 29.4 %, 37.0 % and 46.3 % of them washed their hands after using the toilet, wash their uniform daily and wash their hands after playing respectively. The result of physical inspection of the children revealed that 17.9 %, 45.2 % and 57.4 % of them had dirty hair, dirty uniform and dirty nails respectively. This study have shown that although a sizeable number of the children studied had adequate knowledge related to basic personal hygiene, their practices related to same was poor.

### HEALTH EDUCATION:

The School health programme is the only public sector programme specifically focused on school age children. Its main focus is to address the health needs of children, both physical and mental, and in addition, it provides for nutrition interventions, yoga facilities and counseling. It responds to an increased need, increases the efficacy of other investments in child development, ensures good current and future health, better educational outcomes and improves social equity and all the services are provided for in a cost effective manner [1, 2].

An evaluation of the school health programme in relation to teacher's knowledge showed that elementary school teachers have misconceptions about health and health education. According to the study, the teachers possessed inadequate knowledge regarding the subject of health education. Though the health authorities were being involved in the school health programme there was little co-ordination between the education, health and social welfare departments. Health education and management of school health programme were not included in the pre-service or in-service education of teachers and hence the lack of integration of this subject areas with others (Potdar, R.S: 1989) Although the number of studies concerned with yoga and physical education are very few, the available studies throw some light on the status of this area [5, 6].

### CONCLUSION:

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.

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