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ASSOCIATION OF EDUCATION AND PHYSICAL FITNESS FOR HEALTH DEVELOPMENT

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Association of Education and Physical Fitness for Health Development

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Abstract – 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. This paper focuses on association of yoga and physical education for fitness and health.

Keywords - Physical, Health, Yoga, Health and Education.

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1. INTRODUCTION:-

Both yoga and physical education contribute to not merely the physical development of the child but have a positive impact on psychosocial and mental development as well. Playing group games have a positive impact on individual self-esteem, promotes better interaction among children, imparts values of co-operation, sharing and to deal with both victory and defeat. Similarly yoga practice contributes to the overall development of the child and various studies have shown that it contributes to flexibility and muscular fitness and also corrects postural defects among school children (Gharote, 1976; Gharote, Ganguly & Moorthy, 1976; Moorthy, 1982). In addition it plays an important role in improving cardio-vascular efficiency and helps to control and reduce excessive body fat while contributing to the overall physical and health related fitness (Ganguly, 1981; Bera, 1998; Ganguly, 1989; Govidarajulu,Gannadeepam & Bera, 2003; Mishra, Tripathi & Bera, 2003). Apart from contributing to physical fitness, yoga also contributes to improving learning, memory and dealing with stress and anxieties in children. (Kulkarni: 1997; Ganguly, Bera & Gharote, 2002)).

Both yoga and physical education have not been given the due importance in the school curriculum and neither has their contribution to the health and overall development of the child been adequately acknowledged. The constraints faced by yoga and physical education is related to a number of factors that affect the quality of school education in general and health and physical education in particular. These constraints include lack of appropriate school environment in terms of physical infrastructure, furniture, lighting, ventilation, water supply etc.; lack of budgetary support; lack of transport services; lack of adequately trained teachers and institutions for their training; lack of proper documentation and systematic evaluation of the area and lack of coordination between the education and health departments (GOI: 1961).

The observations made by this committee largely will hold true even today but what we do not have is adequate research in this area, which we feel is indicative of the importance it receives in the policy and research circles. In the following section we present the findings of a few studies on the status and transaction of the curriculum in this subject. A survey of 44 middle schools in Delhi on the status of school health programme showed that health education in schools does not get sufficient time or attention and most teachers are not equipped to deal with this subject.

This survey showed that only 12.5% of the teachers had received training in health education. Support facilities like books and audio-visual material were minimal in all the surveyed schools. Apart from health education activities, less than 50% of the schools offered games and physical training and less then that was devoted health teaching. The school health services were available to around 22% of the schools, the remaining did not have any significant input. As a result regular monitoring of children did not take place at all. This survey also looked at the

physical surroundings of the school in terms of ventilation, cleanliness, drinking water and latrines. The schools fared poorly on all these inputs and therefore are bound to affect their health in the long run.

2. REVIEW OF LITERATURE

A morbidity survey among the children in these schools revealed that they are related to poor nutrition and lack of access to safe water and sanitation facilities. (Raju, B.1970)

A paper of awareness among teachers of primary and secondary levels in Anna District of Tamilnadu showed a very low level of awareness regarding health promotion measures and was unable to carry out these measures systematically. There was lower awareness among male teachers and those in rural as compared to urban areas (Dhanasekeran: 1990).

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 paper, 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.

As far as physical education is concerned the available studies show that this area does not get the importance that it should and this gets translated into a negative attitude on the part of the teachers and head masters of schools. An evaluation of the physical education curriculum at the lower primary stage in Mysore district showed that eighty percent of headmasters, sixty percent of general teachers and 90 percent of physical education teachers had a positive attitude towards physical education. A significant percentage of general teachers had a negative attitude towards physical education. As far as the curriculum and syllabus is concerned, the aims and objectives of this area was not clearly stated and the existing syllabus for this area did not contain minimum levels of learning and the activities prescribed under yogic exercises were found to be inappropriate. The infrastructure for physical education was found appropriate but fifty percent of the lower primary schools of Mysore city did not have physical education teachers (Sudarshan and Balakrishnaiah: 2003).

The secondary status given to physical education is corroborated by a paper on attitude of secondary school students towards physical education. This paper showed that in government and private schools; across rural and urban areas and across gender there was a positive attitude towards physical education. This paper also showed that students in government schools had better attitude towards physical education as compared to the private schools. Students in urban areas had a better attitude to physical education than those in rural areas. The paper observed gender difference in the attitude towards physical education with boys having a more positive attitude than girls (Mishra,SK.,1996) The experience of introducing yoga in school curriculum has been quite a mixed experience. There is a tendency for yoga to be reduced to mere physical exercise that defeats the very essence of this practice.

At present there is a shortage of trained yoga teachers that is related to the non-availability of adequate number of institutions that have the capacity and expertise for this purpose. If yoga is to be effectively integrated then the government would need to overcome the shortage of yoga teachers beginning with the senior secondary level and then consider classes from sixth to tenth. In the interim period teachers who are trained in physical education are also getting some training in yoga education**.** It may be worthwhile to review the syllabus and pedagogy of the teacher's training programme offered by different colleges and deemed universities in this area.2

Apart from the concern about availability of trained teachers, there is also the negative attitude of administrators at the central, state and district levels within the education department and authorities within schools with respect to both yoga and physical education. The experience of both these areas has been that where there is a supportive school atmosphere the transaction of both these subjects has by and large been effective but examples of these are rather few in number.

3. HEALTH EDUCATION IN THE CURRICULUM

Conventional thinking places undue emphasis on the role of health education that stresses on behavioral change as a means to improving the health status of people. Health education is not merely giving information about diseases, their transmission and prevention but needs to relate it to the kind of health problems that children and their communities face. The causes of these diseases are not merely biological but have a strong social and environmental dimension as well. Given the multi-causal understanding of health, many of the health education concepts are being dealt by various subjects in the school curriculum that includes environmental studies, language, social sciences, science, and

physical education, yoga and population education. This then calls for greater interaction and coordination between the subject teachers that cover topics concerned with health and physical education. It also needs to be graded according to the developmental needs and intellectual ability at different levels of schooling. For example, at the primary level the focus could be much more on individual and environmental hygiene and provisioning of midday meal and health checkups. Keeping in view the inputs in science, social studies and environmental studies, the curriculum of health and physical education can also start introducing concepts of health, disease and environmental determinants of health not only as a repetition of theory but through experiential learning it can reinforce concepts that they have learned in other subjects and apply it to their life experiences. This kind of an approach can only work if there is adequate teacher preparedness, which needs to be addressed through the pre-service and in-service training programmes for teachers at all, levels.

4. PSYCHO-SOCIAL DEVELOPMENTAL IN THE CURRICULUM FOR HEALTH AND PHYSICAL EDUCATION

Addressing basic needs in terms of food is seen as an integral part of the school curriculum. However, apart from this there is a need to enhance skills for psycho-social competence at different stages of the child's development. These concerns are related to sexual development and sexuality during adolescence, stress and mental health related issues, learning difficulties and other such special needs. Adolescence is a critical period for development of self-identity. The process of acquiring a sense of self is linked to the physiological changes and also learning to negotiate the social and psychological demands of being young adults. Responsible handling of issues like independence, intimacy, and peer group dependence are concerns that need to be recognized and appropriate support be given to cope with them. The physical space of the outside world is one's access to it and free movement influence construction of the self. This is of special significance in the case of girls who are often constrained by social conventions to stay indoors. These very conventions promote the opposite stereotype for boys, which associate them with outdoor and physical process. These stereotypes get especially heightened as a result of biological maturational changes during adolescence. These physiological changes have ramifications in the psychological and social aspects of an adolescent's life. There is a growing realization that the health needs of adolescents, particularly their reproductive and sexual health needs require to be addressed. Since these needs predominantly relate to sex and sexuality that is culturally a very sensitive area, they are deprived of opportunities to get the appropriate information. As such their understanding of reproductive and sexual health and their behaviour in this regard are guided predominantly by myths and misconceptions, making them vulnerable to risky situations, such as drug/substance abuse and HIV/AIDS transmission. Age-appropriate context specific interventions focused on adolescent reproductive and sexual health concerns including HIV/AIDS and drug/substance abuse, therefore, are needed to provide children opportunities to construct knowledge and acquire life skills, so that they can cope with these concerns that are related to their process of growing up.

In recent times a great deal of importance has been given to adolescent health in school curricula and been dealt with as a co-curricular area. The thrust for this area has come from the Reproductive and Child Health and the HIV/ AIDS programmes and a number of modules have been tried and tested for creating awareness among adolescents by NGOs. The group strongly recommends that the curricular area must guide the scope and determine the appropriateness of the design, materials and pedagogy that are prescribed by health programmes as interventions in the school curriculum. This is critical because several of these programmes are tied to external funding and decisions are made at the central and state levels. Apart from adolescent health a comprehensive mental health programme should be part of the school health programme that includes health instruction at all grade levels, easily accessible health services, a healthful, nurturing and safe environment, and interaction with families and community organizations. The aim of school-based interventions is to provide an experience that will strengthen the children's coping abilities to counter environmental stress and disadvantages with which they have had to cope in growing up. There are a few initiatives that have introduced programmes for stress management in children and early identification of emotional and mental difficulties in schools but these are not part of the curriculum of 'Health and Physical Education'. An example of this is the VIMHANS project in urban and rural schools in Delhi.4

There is a growing recognition of the examination related stress and its effect on children. These concerns are complex and need to be addressed in different forums and levels. While it is important to identify and provide skills and support for children to deal with stress, it is necessary to recognize that stress cannot be dealt by only dealing with children, parents and teachers. What is required is the reform of the examination system, which is an administrative and political decision.

There are additional inputs being made under the National Population Education Programme, one of the major thrusts being Adolescent Reproductive and Sexual Health. These concerns have been

encapsulated in an emerging curriculum. Although efforts are on to ensure integration of these concerns in the content and process a school education and teacher education, the inputs are primarily being made separately from subject curricula as also the area of health and physical education. The issue that needs to be addressed here is how these areas have to be integrated into the school curriculum effectively while keeping in mind that several departments like health and family welfare, Sports and youth affairs, women and child welfare, home and education have initiated programmes that are part of the subject. There is a need for some form of co-ordination across these departments and the needs of the school curriculum must define the scope of the programmes initiated by these various departments. There are subjects that deal with aspects of these initiatives in a theoretical manner and merely including these under Health and physical education will only result in repetition. For example there are certain objectives in population education that would be a part of the Science, Social Science and Habitat and Learning. Across all these areas it would be inadequate if only theoretical inputs or awareness is generated. In fact many of these concerns require the imparting of skills to children, parents and teachers to deal with the issues arising out of their daily lives in the family, school and community. There are some NGOs that have tried some innovative approaches to address some of these issues. A few of these initiatives are discussed under 'Alternative Curriculum'.

4. CURRICULUM DESIGN

Based on the conceptual framework the National Focus Group committee has worked towards evolving the overall and specific objectives for this subject area. The subject shall continue to be a compulsory subject from primary to secondary stages, and as an optional subject at the higher secondary stage. However, it needs to be given equal status with other subjects, a status that it is not being given presently. In order to transact the curriculum effectively it is essential to ensure that the minimum essential physical space and material equipments are available in every school, and that the doctors and medical personnel visit the school regularly. Teacher preparation for this area needs well-planned and concerted efforts. This subject area, consisting of health education, physical education and yoga must be suitably integrated with the elementary and secondary pre-service teacher education courses. The potential of existing physical education and yoga training institutes may be adequately reviewed and utilized. Similarly there needs to be a review and formulation of appropriate syllabi and teacher training for the transaction of yoga in schools. It is also essential to ensure that these concerns are integrated in the activities of National Service Scheme (N.S.S.), Scouts and Guides and National Cadet Corps (N.C.C.)

The members of the focus group were unanimous in their opinion that this area must be a compulsory subject up to the tenth class and be treated on par with the core subjects so those students wishing to opt for it can do so in lieu of one of the five subjects for the board exams at the end of Class X.

CONCLUSION

This paper is based on effective and useful components of physical fitness that are directly health-related and the six components of physical fitness that are skill-related (or sports-related) should be incorporated into daily exercise routines. Combining all eleven components of fitness into your exercise program will certainly make you stronger, faster, improve your balance and increase your flexibility. Improving upon all the components of physical fitness will help you to perform daily routine tasks without fatique and exhaustion. There has been much progress in the field of exercise and physical conditioning. Concepts about exercise have moved from faddism to scientific legitimacy, thanks to researchers in physical education, exercise physiology, and medicine. Yet much remains to be learned, and experts need to work together to further develop the paper and promotion of exercise. There are many items that need further paper, from the cellular level to the population as a whole. For example, more information is needed on specifically how exercise affects blood lipoprotein levels, and further research is needed on rates of injuries in populations of exercisers.

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