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## Health program in Primary Schools

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### Abstract

The child who is physically fit looks willing and bound to pay attention to other tasks as well. Physical fitness, affects the child to a great extent particularly his interest and physical activities. Physical development is most important during the first ten years of life. The sharpness of mind is important and unless it is sound the whole body will tend to be inert and dull. Objectives of the present work are 1) to study the status of Health Program in Primary Schools. 2) To assess the condition of all components of Health Program in Primary Schools 3) To find out the most prevalence and least important component of Health Program. Self-developed observation schedule is filled by researcher in 30 primary schools of Lucknow. Results show that none of schools fall neither excellent nor very poor category. All the sample schools come under only three category - Very good (3 schools) Good (19 Schools) & poor (8 Schools).

**Keywords:** Health, health program, primary schools

### 1. Introduction

**“Healthy citizens are the great asset any country can have”**

Winston S. Churchill

Health plays a very important role in all types of developments like mental, social, emotional etc. If a child is physically unfit he will not be able to pay attention on any work in school or home. He may not be able to learn anything because of poor mental development. A weak child avoids playing with his age-mates; more over he may remain irritable or crying all the time. The social development is thus bound to be affected. Health has impact on the emotional development too. Person afflicted with illness is emotionally imbalanced. Only a healthy child grows normally. Health is a positive quality of life with physical, social, mental, emotional dimensions. W.H.O. defines the term health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity. (1948). The factors affecting health are not only physical but also interacting components of social, mental and emotional development, which plays an important role in life.. There is high co-relation between physical and mental development (Trudeau 2008 <sup>[13]</sup>, Hillman 2009) <sup>[5]</sup>. Physical activity increases circulation and blood flow, which may improve brain function. Exercise also decreases stress and may improve a student’s ability to focus in class. The mental fitness will make a child more useful person for the World. He will be able to help others as he is equipped to undertake more work and occupations. In the absence of sound mental development enduring body health remains missing. Our emotions play a significant role in directing and shaping our behavior and personality. The expressions of emotions in childhood are uninhibited, natural and powerful. Children may be frustrated if they are unable to do something physically or possess something they want. Children are often frightened by strangers or darkness. Children whose reactions are laughed at, punished or ignored may grow up to be shy and unable to express emotions normally. If parents or teachers have patience and sympathy when a child expresses strong emotions, the child is more likely to be happy, secure and well balanced in personality. The child as he grows up develops not only physically, mentally, emotionally, attitudinally but also socially. Looking at the present socio-economic scenario it is important that values are also to be imparted since the early childhood, to make it a part of the personality when he/she grows up as an adolescent or an adult. Primary age (5-10 years of age) is the most malleable stage and primary education is the baseline of all education. The whole life of the child is designed

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according to primary education because the habits formed during the period are likely to continue for the rest of the life. The above discussion shows that health is directly linked to all developments of a child. Therefore a program related to health improvement is necessary in the schools. The school is an effective place where attempts can be made for physical, intellectual, emotional and social developments of children. The children have an attitude for learning. Learning is their prime interest. This is ideal time to inculcate in them the good habits of healthy living. For a school child the school is the first experience of group life, outside the cloistered home environment. Children are constantly going under changes physically, mentally, emotionally and socially. The children are a vulnerable group and become easy victims of many diseases of childhood. Living together in the school incurs the dangers of communicable diseases. A sound health programme for the school going children is, therefore, considered very indispensable. Knowledge about health and good practices acquired by a child in a course of study in a school, become a part of his way of living. He is motivated in matters of health and can influence his parents and family in the cultivation and practices of healthful habits. Various researches show (Meadows 2004<sup>[7]</sup>, Aiello 2008<sup>[1]</sup>, Ejemot 2008)<sup>[3]</sup> that teachers' payoff in time and resources for practicing good habits (hand washing etc.) student illness and absences from school is reduced. Providing training to teachers and parents that builds skills for communication and conflict management with students also showed promise for preventing negative health behaviors (Jullia 2009<sup>[6]</sup>, Arthur *et al.* 2011). A well planned health related programme had positive impact on student's health and their performance. (Geierstanger 2005<sup>[4]</sup>, Murray *et al.* 2007<sup>[8]</sup> Rosas 2009<sup>[11]</sup>, Arthur *et al.* 2011)<sup>[12]</sup>. School health program is improving school readiness too (NHS 2014)<sup>[9]</sup>. Hence, School health programmes (SHP) are necessary to be planned. School health programme as observed by National Curriculum Framework for School Education is concerned with the total health of the learner and the community. Its scope, therefore, is very wide. School health programme is an integral part of general education. It includes all such instruction that enlightens a student about activities and functions contributing to preservation, promotion and restoration of health. A SHP has Components such as Healthy School Environment (HSE), Health Education (HE), Physical Education (PE), Health Services (HS), and Nutrition Services (NS) etc. Although Government of India has taken several initiations such as Operation Black Board, Mid-Day Meal Scheme, DPEP, Sarva Shiksha Abhiyan to improve the conditions of primary schools, but it is found that a number of schools do not have basic amenities e.g. school building, furniture, playground, drinking water, functional toilets etc. It is doubtful whether these schools have any such health programme. The pity conditions of these schools motivated the investigator to find out what is the condition of health program in schools? Do they have any well-framed health programmes? Are they consciously or unconsciously doing any effort regarding health and hygiene of students?

## 2. Objectives

The Present study is undertaken with a view to achieve the following objectives

1. To study the status of Health Program in Primary Schools.
2. To assess the condition of all component of Health

Program in Primary Schools.

3. To find out the most prevalence and least important component of Health Program.

## 3. Methodology

All primary schools of Lucknow city comprise the population of present work. The sample of the present study consisted of 30 primary schools, 10 each of government, government aided and unaided primary schools of Lucknow city through random sampling. A self-developed Observation Schedule (Status of school Health Program) is used to assess the status of health program of primary schools. This tool comprises five component of Health Program i.e. healthful school Environment (HSE), Health Education (HE), Physical Education (PE), Health Services (HS), and Nutrition Services (NS). Tool consists of 9 items for Healthful school environment, 8 for Health education, 12 for health services, 8 for physical education & 8 for Nutrition services. Inter-scorers agreement of the observation schedule is 90% in each dimension separately and 95% collectively.

## 4. Result and discussion

The main objective of the present work is to study the status of health programme in primary schools. A sample of 30 primary schools (recognized by U.P. Board) has been selected. Data collection is done with the help of self-prepared observation schedule. Observation schedules have been filled by researcher herself. The total sample has been categorized into various sub groups namely (i) excellent, (ii) very good, (iii) good, (iv) poor and (v) very poor on the basis of status of health program. The results are being presented in the tabular form.

**Table 1:** Status of Health Program (HP) in primary schools

Type of School	Government		Aided		Unaided	
	No.	%	No.	%	No.	%
Status of HP	No.	%	No.	%	No.	%
Excellent	None	None	None	None	None	None
Very good	2	20	None	None	1	10
Good	5	50	8	80	6	60
Poor	3	30	2	20	3	30
Very poor	None	None	None	None	None	None

The above table shows that none of schools are categorized as very poor but the condition of health Program in three governments, two governments aided and three unaided primary schools is poor. It is also observed that nineteen primary schools - five government, eight government aided and six unaided schools belong to good category in respect of total health Program. It is clear from above Table that only in two governments and one unaided school, health Program is properly run or provided. In none of schools, condition of health Program is up to the mark. The detail information about all the categories (very poor, poor, good, very good and excellent) is discussed as follows.

**Table 2:** Condition of the all components of health program in primary schools of poor category

Component/Condition	Hse	He	Hs	Pe	Ns
Excellent	None	None	None	None	None
Very good	1	None	None	None	4
Good	5	3	1	None	3
Poor	2	4	4	4	1
Very poor	None	1	3	4	None

The above table shows that only one school has healthy environment of poor category schools in respect of health program. In 5 schools condition of the component HSE is satisfactory and in two schools condition of HSE is poor. So, we can say that most of the schools have satisfactory condition of school building, classrooms, playgrounds etc. but the components HE, HS & PE are not satisfactory in maximum schools. Only in three schools condition of the component 'HE' is good & condition of 'HS' is satisfactory only in one school. It is found that 'NS' Program is properly run in most of the schools. Only one school is not providing good nutritional services. It means that the schools are careful for students', eating habits, provision of mid-day meals etc. it is clear from the above table that condition of 3 components i.e. HE, HS & PE is poor but the condition of two components i.e. HSE & NS is good. But the overall condition of health program in poor category schools is not satisfactory.

**Table3:** Condition of the all components of health program in primary schools of good category

Component/condition	HSE	HE	HS	PE	NS
Excellent	None	None	None	None	1
Very good	11	1	1	None	5
Good	8	7	3	6	13
Poor	None	10	12	11	None
Very poor	None	1	3	2	None

It is evident from the above table that most of schools have healthy environment. It means that these schools are careful about the aspect such as buildings; light, water, toilets & playgrounds etc for healthy school environment. The condition of the component 'HE' is not satisfactory in 11 schools. The condition of the components 'HS' and 'PE' is also poor in 12 and 11 schools respectively. In 3 schools condition of the component 'HS' is very poor. In this aspect only one school has very good condition. Out of 19, 3 schools have satisfactory condition in 'HS' component. In most of the schools 'NS' is good & in one school condition is excellent too. The total health programme is good indicating that all these schools have some sort of provision in the entire component.

**Table 4:** Condition of the all components of health program in primary schools of very good category

Component/condition	HSE	HE	HS	PE	NS
Excellent	2	None	None	None	1
Very good	1	None	None	None	2
Good	None	3	2	2	None
Poor	None	None	1	1	None
Very poor	None	None	None	None	None

It evident from the above table that the conditions of all components of health programme is good. In all the schools, environment is healthy. In all the three schools condition of the component of HE is also good. The condition of PE is

good in two schools and in 1 school it is poor. The condition of the component 'NS' is excellent in one school & very good in two schools. The total health program is very good, it means that these schools have good infrastructure like buildings furniture, black boards, drinking water facility, toilets, playgrounds etc. Moreover health education, medical checkups, vaccination, mid-day meal program run properly in these schools and schools principals and staff have been giving proper attention to health of students.

**Table 5:** Most important and least important component of Health Programme

Status of various component of HP/All the Component of HP	Excellent	very good	Good	poor	very poor
HSE	2	13	13	2	None
HE	None	1	13	14	2
HS	None	1	6	17	6
PE	None	None	8	16	6
NS	2	11	16	1	None

It is reveal from the above table that although none of the schools have unhealthy environment but environment of two schools is not satisfactory. Out of 30, 26 schools have healthy environment. It is clear that the condition of school environment is excellent in two schools. Hence, it can be said that maximum schools do take care of the school environment.

The second component of health Program is 'Health Education'. It is also clear from the above table that the condition of this component is not satisfactory in more than 50% sampled schools. Only one school is found to have very good condition. Out of 30, 13 schools have satisfactory condition. The existing condition regarding health education of schools indicates that most of the schools do not care about health education. While through this component a healthy attitude and practices regarding health may be developed.

One of the important functions of schools is to provide health services to students. It is observed from the above table that only seven schools have satisfactory condition of health services. In 23 schools condition of this component is not good. Thus it is clear that no serious attempt is being made to provide health services to students.

One of the important components of health Programme is physical education but it is found that none of schools have excellent or very good condition in this component. Only in 8 schools condition of this component is observed as good. In 73% schools condition of physical education is not satisfactory.

Another important component of health Programme is nutrition services. The above table shows that the condition of this component is satisfactory in maximum number of schools. The condition of nutrition services is found as poor, only in one school.

Thus, on the basis of Table 5 it can be said that two components i.e. 'HSE' and 'NS' are most prevalent component and 'HS' is least important component of Health Programme. 'HSE' is most prevalent component of health Programme, the reason being that most of the schools have an attractive, independent, sufficient infrastructure as it impresses parents and students. In government school, government provides some funds for development of school building, furniture etc. on the other hand, in unaided schools the school charges some developmental fee through which, they can afford some infrastructure in schools. 'NS' is also a most prevalent component, the reason may be that in government schools, MDMs are provided to student and in other type of school, and there is a compulsion to bring lunch. Hence it is inferred that the two components 'HSE' and 'NS' are fairly good in maximum schools.

'HS' component is the least important component of HP, the reason may be that most of the schools are neither have proper arrangements of consultants etc. in schools nor provision of medical checkup by the hospital doctors. The schools do not have facility for vaccination, maintenance of medical records etc. of the students and staff members. Therefore the condition of the component HS, is not satisfactory in maximum schools.

### 5. Findings and Conclusion

The child of today is the citizen of tomorrow and therefore, the maintenance of the health of the child is essential. Poor health is a deterrent to effective classroom interaction and the serious implications of the existence of this poor state are unimaginable causing all round loss. It will ultimately affect the creature and productive channels of the individual, retards harmonious his/her growth of the personality. It brings degeneration in the standards of individual and group activities and performances. It leads to psychological disturbances creating imbalances in the mode and style of behaviour and in certain cases leads to a state of delinquency. The result shows that most of the schools have 'Average Healthy School Environment' but none of the schools come under the category of 'Excellent' in total health programme but most of the schools have satisfactory Status of HP. Status of HP, in government aided schools, is not so satisfactory in comparison to government & unaided schools. Different Schools are categorized on the basis of total HP into five groups. None of schools fall neither excellent nor very poor category. All the schools come under only three category - Very good (3 schools) Good (19 Schools) & poor (8 Schools). If the environment of school is not healthy then proper development of a child is also questionable in such environment. The great poet Kalidas has aptly remarked, "The body is indeed the principal instrument of Duty". Kalidas's statement fairly reflects the logic of health in the absence of which it would be difficult to perform one's own duty. Physical and mental health is a dynamically integrated force to face the contemporary challenges and adjust accordingly without leaving any scope for backwardness and retardation and failures in the performance of life. Hence for proper development of child a comprehensive health program must be implemented in schools so that each and every child attains his/her maximum potentials.

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